

Image guided percutaneous drainage

What is it?

A percutaneous drainage is a procedure in which a fluid collection, usually in the abdomen, pelvis, or overlying soft tissues, is drained through a small puncture in your skin. Oftentimes, a small catheter is temporarily left in place to drain the fluid out of your body. The procedure will be performed by a doctor (radiologist) using CT or ultrasound guidance.

Before the procedure

Your doctor will explain the procedure to you and answer any questions that you may have about the procedure. Risks include, but are not limited to, the following: bleeding, infection, discomfort/bruising at the procedure site, and damage to adjacent tissue and organs. Most complications require only additional observation, although administration of fluids, medications or blood products may be needed. Rarely, surgery could be needed if a life-threatening complication is encountered.

Percutaneous drainage may be more dangerous in patients with bleeding disorders.

You will be asked to sign a consent giving permission to undergo the procedure.

Inform the doctor if you have a bleeding disorder or if you take an anticoagulant (blood thinner), aspirin, ibuprofen, or any other medication that may affect blood clotting. In some cases, these medications may need to be temporarily discontinued prior to undergoing this procedure. Additional lab work may be required in order to verify your blood is not too thin.

Do not eat or drink anything after midnight prior to procedure. Please make sure someone is available to drive you home as you may be given a sedative during the procedure.

During the procedure

We will attempt to make you as comfortable as possible for the procedure. You may have to lie in the same position for up to an hour. You may be asked to follow breathing instructions during the procedure.

Your skin will be cleaned with an antiseptic solution then draped to create a sterile field. Local anesthetic (e.g. lidocaine) will be used to numb the skin and soft tissue. This may cause a brief stinging sensation.

A needle will be inserted through the numbed area and into the fluid collection. A small wire will be placed through this needle and into the collection. You may feel some pressure as the tract is gradually dilated. A small catheter will then be placed over the wire into the collection. The catheter will then be sutured to your skin to keep it in place.

A dressing will be placed at the site of the catheter exit from the skin. A drain or bag is usually attached to the catheter to collect the fluid that is being drained.

After the procedure

You will be monitored closely for 2-3 hours in a bed on the floor prior to being considered for discharge (if this is done as an outpatient). Your vital signs will be monitored closely during this time. Please report any shortness of breath, chest pain, or other symptoms you feel may be related to today's procedure to your nurse.

The catheter exit site may be sore for several days after the drain placement. Take a pain reliever for the soreness as recommended by your regular doctor; acetaminophen (Tylenol) is a good over the counter option. Aspirin and certain other pain could increase the risk of bleeding. Be sure to only take medications approved by your doctor.

Avoid strenuous activity and heavy lifting while the catheter remains in place.

If you discontinued a blood thinner prior to undergoing this procedure, please contact the doctor who sent you for this study to determine when you can safely resume taking this specific medication.

Notify your doctor or report to the ER if you experience and of the following:

- Fever and/or chills
- * Redness, swelling, draining, or bleeding at procedure site
- ❖ Worsening pain at the procedure site or elsewhere
- Chest pain, shortness of breath and/or difficulty breathing

If you have any questions before and following your procedure call the Radiology nurse at 662-293-1404

| Date: | | |
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| | | |
| | (Patient Signature) | |
| | | |
| | (Witness) | |