聖保祿醫院
St. Paul's Hospital

ZDIC_PIS13_P	(V1) Jul 2023

Procedure Information Sheet
Percutaneous Drainage of Fluid / Abscess

Visit No.:	Dept.:
Name:	Sex/Age:
Doc. No.:	Adm. Date:
Attn. Dr.:	
Patient No.: PN	*Please fill in / affix patient's label*

Introduction

1. Antibiotics may help small abscesses or fluid collections but they are not usually effective against large collections. Pus or abnormal fluid collections can be drained to relieve symptoms. Pus/fluid obtained can also be sent to the laboratory for analysis.
2. This procedure will be performed by radiologists with special training in interventional radiology. The procedure will generally be performed in the Department of Radiology under image guidance, such as X-ray, ultrasound.

The Operation / Procedure

1. The procedure will be performed under local anesthesia and aseptic technique.
2. The abscess or fluid collection is drained by inserting a needle followed by a fine plastic tube, called a drainage catheter, through a tiny skin incision. This procedure is called percutaneous (through the skin) drainage. It is designed to obviate or delay a major operation.
3. During the procedure, patient's vital signs (e.g. blood pressure, pulse) will be monitored.
4. What happens next will vary in different situations. The pus or fluid collection may simply be drained through the needle or catheter which is then withdrawn. Sometimes, the catheter is attached to a drainage bag so that pus can be drained for some days. In such circumstances, the catheter will be secured to the skin by stitches and adhesive tapes.
5. Patients should take care not to dislodge the drainage catheter.
6. Usually the catheter is removed when the drained fluid becomes scanty and clinical condition improves. Repeated imaging is sometimes required to monitor progress.
7. The success of percutaneous drainage of uncomplicated abscess or fluid collection exceeds 90%. This decrease significantly (down to 65%) with complicated collections such as those with loculation or inflammation (e.g. pancreatic abscess).

Before the Operation / Procedure

1. A written consent is required.
2. Inform medical staff before the examination if the patient thinks she is pregnant.
3. Inform medical staff if patient has any allergies to food, drug, local anesthesia or contrast media. Oral or Intravenous steroid premedication may be needed before injection of contrast medium
4. Inform medical staff if the patient is on anticoagulant or antiplatelet drugs. Withhold the medication as doctor prescribed.
5. Check clotting profile for any bleeding tendency, to be corrected if abnormality detected.
6. Fast for 3 hours before examination.
7. Appropriate antibiotics may be given to the patient before and after the procedure.
8. For diabetic patients on Metformin medication, patient should inform medical staff before examination.
9. Set up venous access when necessary.

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Risk and Complication

1. Overall complication rates are less than 15% and procedure-related mortality is rare.
2. Major complications:
   - 2.1 Puncture of a blood vessel in the path or adjacent to the abscess can cause severe bleeding that may require blood transfusion, interventional procedure or even open surgery to stop bleeding.
   - 2.2 If the drainage site is in the abdomen, puncture of adjacent organ such as bowel can cause peritonitis (inflammation of abdominal cavity), bowel obstruction, or bowel fluid draining from the catheter. Surgical repair may then be necessary.
   - 2.3 In the drainage of pleural effusion, lung abscess or upper abdominal abscess/fluid collection, the lung may be punctured. Sometimes blood may enter the pleural cavity, causing hemopneumothorax (blood and air in the pleural cavity). Pus may also leak into the pleural cavity, necessitating further drainage or surgical procedure. A wide-bore plastic tube (called a chest drain) may have to be inserted into the pleural cavity under local anaesthesia to relieve the air and/or blood.
   - 2.4 Drainage of abscess may cause septic shock, which may be life-threatening.
3. Minor complications
   - 3.1 Include local pain, bleeding (bleeding from the catheter site is usually self-limiting), infection and leakage along the catheter track.
   - 3.2 Catheters may also be dislodged, kinked or blocked. In such cases, a new catheter may have to be inserted.
4. The overall adverse reaction related to iodine-base non-ionic medium is below 0.7%. The mortality due to reaction to non-ionic contrast medium is below 1 in 250,000.
5. Allergic reaction to intravenous contrast medium.

General Risks

- 4.1 Mild reactions

  For example, itching, mild skin rash, nausea, vomiting, feeling of warmth, arm pain, sneezing, coughing, and chest tightness. A few patients may experience delayed reactions usually within 24 hours, which include pain at injection site, itching, rash, painful or swollen salivary glands. The symptoms are usually transient, requiring minimal or no treatment.
- 4.2 Moderate reactions

  These symptoms are more severe and last for longer duration. Patient may also experience rash or urticaria, fever and chills, an increase or decrease in blood pressure and palpitation. Specific treatment and close monitoring are required.
- 4.3 Severe reactions

  The symptoms include shortness of breath, irregular heartbeat, chest pain, severe kidney failure, convulsion and unconsciousness. If these symptoms occur, the patient will require urgent medical treatment.

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Should a complication occur, another life-saving procedure or treatment may be required immediately.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

The Hong Kong Society of Interventional Radiology Limited, Patient Information Leaflet: Percutaneous Drainage of Abscesses or Fluid Collections (2010)

I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

Name of Patient / Relative	Signature	Relationship (If any)	Date