



## **Percutaneous Drainage of Abscess or Fluid Collections – Patient Information Sheet**

### **Introduction**

1. Antibiotics may help small abscess or fluid collections but they are not usually effective against large collections. Pus or abnormal fluid collections can be drained to relieve symptoms. Pus or fluid obtained can also be sent to the laboratory for analysis.
2. This procedure will be performed in the Department of Radiology under image guidance, such as X-ray, ultrasound or computer tomography.

### **Procedure**

1. The procedure will be performed under local anaesthesia.
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.
3. The pus or fluid collection may simply be drained through the needle or catheter which is then withdrawn.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 a few more days. In such circumstances, the catheter will be secured to the skin by stitches.
4. The catheter will be removed when the drained fluid becomes scanty.

### **Care & Advice**

1. Please keep the drain wound clean and dry
2. Do not dislodge or kink the drainage catheter
3. Inform nurses immediately if you find severe wound pain or leakage along the catheter track.

### **Potential complications**

1. Major complications:
  - 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.
  - If the drainage site is in the abdomen, puncture of adjacent organ such as bowel can cause peritonitis, bowel obstruction, or bowel fluid draining from the catheter. Surgical repair may be necessary.
  - 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 haemopneumothorax. Pus may also leak into the pleural cavity, necessitating further drainage or surgical procedure.
  - Drainage of abscess may cause septicaemic shock which may be life-threatening.
2. Minor complications include pain, bleeding, infection and leakage along the catheter track.
3. 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 250000.

\*Should you have any queries, please consult your doctor-in-charge