

## Percutaneous Drainage of an Abscess or Fluid Collection

This handout explains why you might need to have a drain placed into a fluid collection in your body. We will explain how the procedure is performed and what to expect before and after. It also explains how to take care of the drain. Before the procedure, our Interventional Radiology team will explain what will happen and ask for your consent.

### What is an abscess or fluid collection?

This is an abnormal collection of fluid within the body. It can cause pain, infection, or prevent healing. Some small fluid collections may go away on their own. For larger collections you need a drain placed to get the fluid out of your body.

You will need a drain placed if:

- There is a large volume of drainage.
- There is concern the fluid may come back.
- The fluid is infected.
- You may have a fistula.

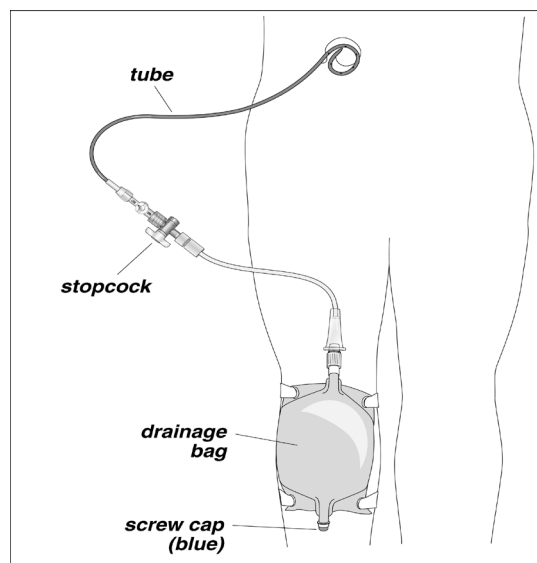
### How is the abscess or fluid collection treated?

Many fluid collections can be safely drained by placing a small drain through the skin and into the fluid collection. A CT (computerized axial tomography) scan, ultrasound, or fluoroscopy is used to find the best entry site for this drainage.

### How do I prepare for this procedure?

- You will need to stop eating at least 6 hours prior to the procedure.
- You will need to stop some of your medicines. You will be allowed to take other medicines with a sip of water.
- If you are on a blood thinner, you will need to stop taking it.

- Tell our staff if you are allergic to latex, contrast dye, or any medicines. Also, tell us if you are pregnant or could be pregnant.



### How is the procedure performed?

Before the procedure, we will place an IV to give you fluids. We will also use it to give you medicine for pain and to help you relax.

We will bring you to the Interventional Radiology suite. We will position you on a procedure table. The doctor will then mark the spot where the drain will go in. We will clean the skin and cover the area with a sterile drape. We will numb the skin and tissue with lidocaine.

We will place a small needle through the skin and tissue to the fluid collection. We replace the needle with the drainage tube. We may draw out fluid at that time and send it to the lab for testing. We will apply a dressing. We will attach the drain to a bag or bulb that will collect the fluid.

### **What happens after the drain has been placed?**

- You will return to your hospital room or the recovery area.
- Nurses will watch you closely for the first 2-4 hours.
- Nurses will check the amount and color of the fluid from the drain and will flush the drain every shift.
- Tell the nurses if you have:
  - Nausea
  - Fever or chills
  - Pain at the entry site

### **How do I care for myself at home?**

Most patients are sent home with the drainage tube in place. It is very important that you know how to care for the drain once you are home.

Change the dressing every 3 days. Clean the drain site when the dressing is changed. Use soap and water to clean the site. Then, place a small sterile gauze over the site and cover it with a Tegaderm™ dressing.

If your skin is sensitive to the Tegaderm™ dressing, you will follow the same steps, but you can tape the gauze in place instead. In this case, you need to change the dressing daily.

### **How do I change the dressing?**

1. Gather all supplies needed.
  - Mild soap (ie: Dove)
  - Sterile 2x2 gauze dressing (1)
  - Medium size Tegaderm™
  - Clear adhesive tape or paper tape (if sensitive to Tegaderm™)
2. Wash hands well with soap and water for 30 seconds.
3. Open the sterile 2x2 gauze, and Tegaderm™.
4. Remove the old dressing.

5. Check the site for signs of infection:
  - Increased tenderness or pain.
  - Increased redness or swelling.
  - Drainage that is green in color or has a bad smell.
6. Check that the stitches at the skin site are still tight and not loose.
7. Using a clean wash cloth, clean around the tube site with soap and water.
  - Gently scrub the skin around the exit site.
  - Rinse site with wet wash cloth
  - Allow the area to dry before putting the dressing on.
8. Place a sterile 2x2 gauze over the drain site.
9. Cover the gauze with the Tegaderm® dressing.

### **Managing Your Drain**

Your drain will be attached to extension tubing and a drainage bag or bulb. Keep the drainage bag lower than the drain exit site. This helps it drain by gravity.

If you have a bulb type drain:

1. Open the cap on the bulb to empty out the contents.
2. Squeeze the bulb and compress the entire bulb in one hand.
3. Recap the opening with your other hand.

You should empty the bag or bulb every day and record the amount of fluid that drained out. You can record the amount on the sheet that is included in this handout.

You may have a 6-8 week follow up visit scheduled, but if the drainage is less than 20mls we may have you come in earlier.

### **Flushing Your Drain**

You need to flush the tube each day. We will give you a sheet telling you how to flush your drain (Health Facts for You #5721).

### **When to Call**

- Redness at the site
- Greenish drainage
- Leaking of fluid when you flush the drain
- Excess swelling at the site
- Fever over 100.4° F (check for fever if you are not feeling well)
- Pain at or around the drain site that does not go away with pain medicine
- The stitches at the site come undone
- The drain falls out
- Severe nausea, vomiting, or diarrhea
- If you have less than 20mls of drainage for 3 days in a row

### **Who to Call**

Radiology Department (608) 263-9729, **option #3.**

Evenings, weekends, and holidays, this number will give you the paging operator. Ask for the interventional radiologist on call. Leave your name and phone number with the area code. The doctor will call you back.

If you live out of the area, please call **1-800-323-8942.**

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©1/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6402.

## Drain Log

<b>Week 1</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Drain 1 Amount</b>							
<b>Drain 2 Amount</b>							
<b>Week 2</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Drain 1 Amount</b>							
<b>Drain 2 Amount</b>							
<b>Week 3</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Drain 1 Amount</b>							
<b>Drain 2 Amount</b>							
<b>Week 4</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Drain 1 Amount</b>							
<b>Drain 2 Amount</b>							