



York Teaching Hospital
NHS Foundation Trust

Image Guided Drainage (Abdomen and Pelvis)

Information for patients, relatives and carers

① For more information, please contact:

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Caring with pride

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About this leaflet

This leaflet tells you about the procedure known as image guided drainage. It explains what is involved and what the possible risks are. It is not meant to replace the informed discussion between you and your doctor, but we hope you find the information helpful.

What is an image guided drainage?

Image guided drainage is a procedure to remove a collection of fluid that should not be present inside the body. The fluid may be in the form of an abscess or may be free within a cavity of the body. The procedure is carried out using a local anaesthetic and involves inserting a needle, and/or a drainage catheter, into the area of fluid. Either an ultrasound or CT scanner are used to check the position of the needle/catheter. The fluid removed will be sent to the laboratory to be analysed. In some cases a drainage tube may be left in for a few days following the procedure to allow any remaining fluid to drain out.

Why do I need a drainage?

A drainage may be needed as the result of information from tests, x-rays or scans that show you have a collection of fluid. Your doctors have decided that this fluid needs to be drained off as part of your treatment.

Sometimes when a fluid collection is seen during a CT scan, the radiologist (a doctor who specialises in examinations and procedures that use x-rays and scanning equipment) may feel that you require the collection to be drained immediately. If this is the case, the radiologist will explain why it needs doing.

Drainage of the fluid will usually speed your recovery and may help avoid surgery. Analysis of the fluid removed can give important information about why it is there and where it has come from.

The medical staff are always anxious that your views are taken into account. If, after discussion with your doctors you do not want the procedure carried out, then you can decide against it.

Are there any alternative procedures?

This procedure is recommended so that open surgery can be avoided.

What happens before the drainage?

If you are not already an inpatient, you will be admitted to a ward in the hospital on the day of the procedure.

If it has not already been done, a sample of your blood will be taken on the ward and tested to make sure it clots normally.

A member of the medical staff will see you and take a short medical history. They will answer any questions that you may have about the procedure and you will be asked to sign a consent form to give your permission to go ahead with the drainage.

Please remember that the hospital staff are there to help you. If you have any questions or worries at any stage then please ask.

What actually happens during the drainage?

The drainage will be carried out in the X-ray department in a scanning room. It will be performed by a radiologist, a doctor who specialises in examinations and procedures that use x-rays and scanning equipment. A radiology nurse will be assisting the radiologist and will care for you throughout the procedure.

The radiologist will clean the area of the body where the needle will be inserted and cover the area with a sterile sheet.

The radiologist will inject a local anaesthetic to numb the skin. The skin will sting for a few moments before going numb.

The radiologist will then put in a drainage needle. You may experience a pushing sensation as the needle goes in but it should not hurt. If you feel any pain, then please tell the radiologist who can give you some more local anaesthetic.

Once the needle has been positioned a few scans will be taken to check it is in the correct place. The radiologist will then remove some of the fluid through the needle.

It is not always possible, however, to take out all the fluid at this time and it may be necessary to replace the needle with a drainage catheter, which empties into a drainage bag.

This allows any residual fluid to carry on draining in to the bag over the next few hours or days. If this is the case the catheter will be securely fastened to your skin to make sure it does not come out.

What happens after the drainage?

After the procedure you will be taken back up to your ward on a trolley. Nurses on the ward will carry out routine observations such as pulse and blood pressure. You will normally have to stay in bed for a few hours until you have recovered from the procedure. If a drainage catheter has been left in, it is important to take care of it. Make sure it can move freely with you. The bag may need emptying occasionally. The nurses will do this for you, as they will need to measure the amount of fluid draining from the catheter.

The catheter will be left in position until the doctors feel that all the fluid has been drained. It may be necessary for you to have another scan to check this.

You may need to remain in hospital while the drainage catheter is in place.

Are there any risks or complications?

Image guided drainage is a very safe procedure but, as with all medical treatment, complications can arise.

The radiologist may be unable to position the drainage needle or catheter in the correct place without damaging adjacent organs or bowel. If this is the case it may be necessary for you to have a different procedure and this could involve surgery.

There is a slight risk of bleeding from the drainage site. If the bleeding were to continue, then intravenous fluids or even a blood transfusion may be necessary. The likelihood of this is low. In the highly unlikely event of bleeding persisting for longer, then an operation or further radiological procedure could be required to stop the bleeding.

The risk of damage to other organs is minimised by using imaging to guide needle and catheter placement, so this is also unusual.

The occurrence of these complications is very variable, depending on the complexity of your condition. Your radiologists will discuss this with you prior to performing the procedure.

Despite these complications the procedure is generally very safe and will almost certainly result in an improvement in your medical condition.

Finally

We hope that this leaflet has answered many of your general questions. You should feel free to discuss the procedure, and the possible risks and benefits in your particular case, with the medical staff. Please make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr R A J Mannion, Consultant Radiologist, Radiology Department, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726671.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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