

Abscess Drainage Catheter

A percutaneous abscess drainage catheter is a flexible tube that is placed directly into an abscess. The tube is usually connected to a drainage bag that is outside your body. The catheter will allow drainage of the fluid and help to heal the abscess.

Before the procedure

On the day of the procedure, you will have an evaluation by a health care provider from the Department of Interventional Radiology. The procedure will be explained in detail and you will learn how to prepare for it. You will be asked to sign an informed consent that lets us know that you understand the procedure and you are willing to have it done. Before the procedure, blood tests called INR and Platelet should be done. If these tests have not been done, please arrive at least 1-2 hours before your scheduled time to have these drawn. Not having the results or if the results or abnormal results, may cause your procedure to be delayed or possibly rescheduled.

Tell your doctor, physician assistant or nurse:

- If you have a history or previous problems with anesthesia or sedation
- If you have been diagnosed with sleep apnea
- If you have diabetes, high blood pressure or heart disease
- If you have had any heart surgeries
- If you are taking any blood thinning medicines, like Coumadin® , Plavix®, Heparin® or aspirin
- If you are allergic to IV contrast or iodine
- What medicines you are taking and if you are allergic to any medicines.

Important Information

You may not drive yourself home afterwards, unless you were informed by an IR personnel that the procedure can be done with local anesthetic only and no sedation.

Please leave your jewelry and other valuables at home.

Nothing to eat or drink 8 hours before your procedure.

Mandatory medications (other than blood thinners) may be taken in the morning with a small sip of water.

Procedure

1. Your health care provider will use CT (computed tomography) scan to locate the fluid collection (abscess) in your body. An ultrasound scan may also be used.
2. You will be given IV medicines to make you comfortable and without pain during the procedure. Your health care provider will also provide numbing medicine at the skin site before the needle is inserted into the abscess.
3. A thin drainage catheter is left in place and connected to a drainage bag to continue drainage over the next few days.
4. The procedure will last about 1 hour. You may be admitted for overnight observation following the procedure.

The catheter remains in place until the abscess has stopped draining or started to heal. Your health care provider will follow the amount of drainage over time. They will schedule a time for the catheter to be removed.

After the procedure

- You will have a short recovery period in the Interventional Radiology post-procedure recovery area before returning to your hospital room or being admitted.
- You may have mild pain or tenderness at the catheter insertion site.
- While in the hospital, your health care team will monitor the tube site for signs of infection bleeding or leakage.
- The amount of fluid that is drained from the catheter will be recorded to determine when the catheter should be removed.
- You may get a follow up CT scan to evaluate the decreasing size of the abscess.
- The catheter is often removed before you go home.

After discharge

Sometimes patients are discharged from the hospital with an abscess drainage catheter in place. If you are discharged with the catheter, you should avoid strenuous physical activity after the procedure. You will get detailed instruction on catheter care and cleaning before you are sent home. Keep these things in mind:

1. It's common to have tenderness and/bruising at the site of the catheter. This will improve during the week following the procedure.
2. It is important to keep the tube securely taped and covered. Be sure to protect the tube from being pulled out or dislodged.
3. The drainage bag and catheter should be placed below the insertion site for the best drainage.

Patient Education



4. The bag should be emptied when it is half full. You should record the daily output and be in constant communication with your doctor to plan the removal.
5. Notify your primary care provider when drainage is less than 10 cc daily for 2-3 consecutive days.
6. Do Not flush the catheter unless you were specifically instructed by your doctor prior to leaving the hospital.
7. In some cases, the catheter may need to be exchanged for a larger catheter. In this case your health care provider will discuss and dictate a new plan of care.

Contact your health care provider immediately if you have any of the following problems:

- A fever greater than 100.4 °
- New or worsening pain and/ or discomfort around the catheter site
- Redness, swelling, and/or warmth around the catheter site
- Leaking around the catheter site
- Breakage or holes in the catheter
- Sudden decrease in the amount of drainage from the catheter or the tube stops draining completely
- Persistent blood in the drainage bag
- The catheter is pulled out of the skin or dislodged.

Interventional Radiology Department

Monday through Friday - 8 a.m. to 5 p.m.

(904) 202-2310

After business hours, or on the weekends, call the operator at (904) 399-5815 and ask for Interventional Radiologist on call.

The University of Texas MD Anderson Cancer Center -- Revised 01/2019

Reviewed 3/4/2020