What Is a Percutaneous Abscess Drainage Procedure?

A Percutaneous Abscess Drainage is a procedure performed by a doctor to remove or drain a contained collection of infected fluid (abscess) from an area of the body such as the chest, abdomen, or pelvis. An abscess may form in an area of the body from different causes – such as inflammatory bowel disease (Crohn’s disease), trauma, surgery, or intestinal perforation. The main symptoms of an abscess are pain and fever. During the procedure, a doctor places a thin needle into the fluid collection using X-ray guidance such as Computed Tomography (CT) scanning. Usually, a drainage tube is left in place to drain the abscess fluid. On occasion, the fluid collection may need to be drained in the operating room.

What Can I Expect at California Pacific Medical Center?

- **The Radiology Department (Pacific Campus)**

  A Percutaneous Abscess Drainage procedure is performed in the hospital at 2333 Buchanan Street (Pacific Campus). The staff will escort you to the 2nd floor Radiology Department for this procedure.

- **Signing the Consent Form**

  You will meet with staff before the procedure. The registered nurse (RN) will ask you to sign a consent verifying that you understand and agree to the procedure as explained by your doctor. This is a good time for you to ask questions and to share any concerns.
During the Procedure

- The CT Technologist positions you on a table in the procedure room or X-ray suite. A CT scan (specialized X-ray), may be done to locate the exact area of fluid collection or abscess. Less often, the doctor may order a CT scan with intravenous (IV) contrast to provide a more detailed view of the fluid collection.
- Occasionally, ultrasound is used to guide the doctor in locating the exact location of the fluid collection.
- The nurse places monitors on your arm and hand to measure your blood pressure, heart rate, and oxygen level. You may receive oxygen during this procedure.
- The nurse gives you an intravenous (IV) medication to minimize your discomfort throughout the procedure. Report any continuing discomfort to your nurses or doctor.
- The doctor injects numbing medication into the skin prior to inserting a needle into the abscess.
- Usually, the doctor places a thin catheter or tube in the abscess area to drain out the fluid for a few days.
- If needed, the nurse may connect the tube to a drainage bag outside of your body. The tube remains in place until the fluid collection has stopped draining and your infection is gone.

After the Procedure

- You will return to your hospital room after the procedure for a short recovery period.
- Nurses monitor the drainage tube site for any bleeding and measure the amount of fluid from the tube.
- You may have some mild tenderness at the drainage site. Please report any discomfort to your nurses.
- You may have a follow-up CT scan to evaluate the decreasing size of the abscess.
- Your nurse will position the tube and bag for comfort and best drainage. He or she will tape the tube to secure it, and to protect the tube from being pulled out or dislodged.
- Often, the tube is removed before you go home.
**How Will I Care for the Drainage Tube at Home?**

If you are going home with a drainage tube in place, follow these instructions. If you do not understand any of these instructions, discuss with your nurse any concerns before you go home.

- Protect the tube from being pulled out or dislodged.
- Position the tube and bag by keeping it taped securely below the insertion site for best drainage and comfort.
- Empty the bag when it is half-full with fluid. Note: Wash your hands thoroughly before and after emptying the drainage bag.
- Additional Instructions: Some patients will need to flush the tube daily to make sure it stays open. You will be instructed on how to flush the tube prior to leaving the hospital.

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**Call Your Doctor if You Have Any of the Following Symptoms**

- Fever (101 °F / 38.5 °C or above), or chills.
- Skin redness, swelling, or tenderness at the insertion site.
- Increased or persistent abdominal pain.
- Excess or increased drainage from the insertion site.
- Bloody drainage in the drainage bag.
- No drainage from the tube in 24 hours.

**Note:** If you have any questions, or problems not covered by these instructions, call your doctor.
Frequently Asked Questions

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