

Having an abdominal drain to remove fluid or treat an abscess in your tummy

Department of Radiology

Information for Patients

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Introduction

This leaflet is about having a drainage tube put into your tummy (abdominal drain).

It tells you what the procedure is, how the procedure is carried out and what the possible risks are. This will help you to decide whether to go ahead with the procedure.

What is an abdominal drain?

An abdominal drain is a small tube (called a drainage catheter) put into your tummy (abdomen). This drains out fluid or an abscess / pus.

The drainage catheter is a soft flexible tube about the width of a pencil.

The length of time you will have your drainage catheter in place will depend on your own situation.

Why do I need this procedure?

You may have been feeling ill with high temperature, pain and feeling generally unwell. You will have had scans that have shown you have some fluid (an abscess or pus) in your tummy. This is what is making you unwell or stopping you from getting better.

The aim of putting a drainage tube into your tummy is to

- drain out the fluid,
- improve your symptoms and
- help you to get better.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How do I get ready for the procedure?

Do not eat (no solid food) for 6 hours before your appointment.

Do not drink for 4 hours before your appointment.

Information for patients with diabetes

If you have diabetes please contact your normal diabetes care provider as soon as you get this appointment to discuss any changes to your diet or medicine.

Do I need to take my normal medicines?

If you are on medicine from your doctor please take it as normal, with the exception of medicine that thins the blood.

Important information about blood thinners:

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter and at the end of this leaflet. You will be asked what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

You may have already been given instructions on blood thinners by the doctor who referred your for this procedure. Please still call the radiology department so we can check this.

If you are taking aspirin the referring Consultant or Radiologist will decide if it needs to be stopped.

Important information

Please tell the doctor who is doing the procedure if:

- You are taking aspirin or any other blood thinning tablets.
- **You are allergic to rubber (latex),** have any other allergies or have asthma.
- **You have diabetes.**
- **There is any possibility that you may be pregnant.**

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a Radiologist for this procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. They will confirm that you

- understand why the procedure is being done,
- its potential risks and
- what the chances of success are.

You will then be asked to sign a consent form to confirm this.

You should feel that you have had enough explanation before you sign the consent form.

If after talking to the Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Who will be doing the procedure?

A doctor who specialises in imaging and X-ray treatments (a radiologist) will do the procedure.

There will also be at least 1 other member of staff in the room to help the doctor and look after you. This may be a healthcare assistant, nurse or radiographer .

As we are a teaching hospital a student may also be present. If you wish, you can ask that a student is not present during your examination.

How long will the procedure take?

Every patient's situation is different. It is not always easy to know how complex or how straightforward the procedure will be.

The procedure will usually take about 30 to 60 minutes.

Can I go home the same day?

Some patients will need to stay in hospital overnight (inpatient stay) after the drain has been put in.

Some patients will be able to go home the same day (day-case).

Your procedure will be planned as either an inpatient stay or day-case depending on where the fluid is in your tummy, how much fluid there is to drain out, and your general health.

What happens during the procedure?

- The abdominal drain procedure will be done in the Radiology Department.
- You will be asked to take off your clothes and put on a hospital gown.
- You will be asked to lie down on your bed, a trolley or an X-ray table.
- You will be attached to a blood pressure monitoring machine and have a small device (peg) attached to your finger to check your heart rate (pulse).
- Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic and you will have some of your body covered with sterile sheets.
- An ultrasound machine will be used to find the fluid or abscess. The Radiologist will decide on the best place for inserting your abdominal drain in your tummy. The Radiologist will look at the images while doing the procedure to make sure that the drain is placed as accurately as possible.
- The skin and deeper tissues will be numbed with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off. The skin and deeper tissues should then feel numb.
- If the procedure does become painful you should tell the person doing the procedure, as you may be able to have some more local anaesthetic.
- A small cut will be made in your skin and a needle inserted. A guide wire will then be pushed through the needle into your abdomen. The needle will then be removed, and a drainage catheter will then be placed over the guide wire into the tummy.
- When your drainage catheter is in the right place the guide wire will be removed.
- A dressing will be put on your skin to fix the catheter in place. Sometimes a stitch may be used as well.
- A bag will be connected to the drainage catheter to collect the fluid that is drained.

Will it hurt?

You may feel some pain or discomfort. When the local anaesthetic is injected it will sting to start with. This soon wears off and the skin and deeper tissues should then feel numb.

Later you may be aware of a pushing feeling as the drainage catheter is positioned. This is done quite quickly so it should not cause much discomfort.

If the procedure does become painful you should tell the person doing the procedure, as you may be able to have some more local anaesthetic.

What if I need to talk to someone after the procedure?

If you have any problems or questions after the procedure please speak to the staff on the ward or in the Radiology department.

What happens after the procedure?

If you are having the drainage as an inpatient (overnight stay), you will be taken back to your ward. Nurses will do routine checks, such as taking your pulse and blood pressure, to make sure that there are no problems.

The local anaesthetic starts to wear off in 2 to 3 hours. If you get any pain or if the pain gets worse, tell the staff on the ward. Usually taking a simple pain medicine will help.

You will have a bag attached to your drainage catheter. You will need to look after the bag to make sure that it does not get caught on anything so that it can move freely with you.

The nurses on the ward will empty your drainage bag and the doctors looking after you will decide when the drainage catheter can be removed.

If you are having the drainage as a day-case procedure you will stay in the Radiology department while the fluid is drained. When it has finished draining, the drain will be taken out and you will have a dressing put on your skin. Nurses will do routine checks, such as taking your pulse and blood pressure, to make sure that there are no problems.

The local anaesthetic starts to wear off in 2 to 3 hours. If you get any pain or if the pain gets worse, tell the staff on the ward. Usually taking a simple pain medicine will help.

Are there any risks?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Soreness and bruising** - Some bruising and tenderness is to be expected around the site where the drain has been put in.
- **Bleeding.**
- **Infection.** Antibiotics are given when you have this procedure to try and prevent infection. If you do get an infection the catheter may need to be removed. If you have any of the following please contact your GP or call the NHS helpline on 111:
 - If you notice discoloured fluid from the area where the catheter goes in
 - Redness or pain around the catheter
 - If you have a temperature or feel shivery.
- **Skin irritation** around the site of the catheter and dressing.
- **Your drainage catheter may become dislodged or blocked** and may need repositioning or replacing.
- **Injury to other parts of your tummy** such as bowel perforation (a small hole in the bowel). This is rare.

At all times during and after the procedure the staff will check your responses to this treatment in order to minimise the effects of any complications.

What if I need to talk to someone?

If you have any questions or concerns, or cannot make the appointment please call the radiology department on 0116 258 8765 and select option 7. Monday to Friday 9am to 5pm, except bank holidays.



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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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