

## Radiology

# Ultrasound guided drainage

### Introduction

You have been advised by your hospital consultant that you need to have a drainage catheter inserted. This information leaflet tells you about having a drainage catheter inserted, what is involved and what the possible risks are.

This leaflet provides you with general information and is intended to answer your questions. It should not replace the discussion between you and the healthcare team but may be a starting point for discussion. If you feel unhappy with any part of your care within the X-ray department, please ask to speak to a senior member of staff.

Please read this leaflet carefully to ensure you are successfully prepared for the examination.

Please contact the X-ray department if your weight is equal to or more than 205kg (32 stone) as you may require an alternative examination.

### Referral and Consent

If you are having the drainage catheter inserted as a planned procedure, the doctor who referred you should have discussed the reasons for this procedure and any other options with you.

If you need the drainage done as an emergency there may be less time for discussion, but none the less **you should be given enough information to answer any of your questions before you agree to the procedure.**

If after discussion with your hospital doctor or radiologist you do not want the procedure carried out, then you can decide against it.



## Patient Information

If the radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then they will explain this to you, communicate with the referring clinician and ask that you return to your referring clinician or ward for review. At all times the radiologist and referring clinician will be acting in your best interests.

### Points to Remember

- Please bring any sprays or inhalers that you are taking with you to your appointment.
- We strongly recommend that you leave any valuable possessions at home.
- If you are taking aspirin or warfarin please inform the ward staff, as this medication may need to be stopped prior to the procedure.

### What is an ultrasound guided drain insertion?

Your doctor is concerned that you have an area of fluid that should not be there, called a “collection”. These collections usually appear in the chest or in the abdomen. An ultrasound guided drain insertion uses the ultrasound machine to locate the fluid: a tube, or drain, is then passed through your skin into the fluid. This tube will allow the fluid to drain into a bag or bottle and be removed from your body.

It does not treat the cause of the fluid collection but relieves the symptoms until a solution to the problem can be found. Sometimes a sample of the fluid is sent for testing, which means we can diagnose and treat your symptoms better.

The examination will be performed by a radiologist who will be assisted by a radiology nurse. The procedure may take up to 30 minutes.

### Preparation

- Please **do not** eat anything solid or drink milky fluids for 6 hours and do not drink clear fluids 2 hours **before** your appointment.
- You will have had some blood tests to check your blood clotting ability.
- You will need a small tube (cannula) inserted into a vein in your arm to allow access for fluids and for administering medication, if needed.

## Patient Information

- You will need to wear a hospital gown. The porters will collect you from the ward and bring you to the X-ray department for the procedure.
- Your ward doctors will explain the procedure and you will be asked to sign a consent form.

## Risks of the Procedure

As with any procedure or operation complications are possible. We have included the most common risks and complications below in this leaflet. The possibility of these complications happening will vary for each patient and will be discussed with you before you sign the consent form.

- **Bleeding:** There may be slight bleeding from around the site, which if it becomes severe may require a blood transfusion.
- **Infection:** Occasionally there may be infection around the site where the drain enters your body. This can usually be treated with antibiotics.
- **Drain Site:** Occasionally the drain may fall out, it may not be in the best place for the collection to drain properly, or the fluid may collect again after it has been drained. In these cases, the procedure may need to be repeated.

More significant risks that may occur include:

- **Bowel Perforation:** It is possible for the bowel to be pierced with a hole (perforated) during drainage insertions within the abdomen and pelvis. The risk of this happening is very low as the procedure is performed under ultrasound guidance; this usually enables the radiologist to avoid the abdominal and pelvic organs.
- **Pneumothorax:** Occasionally, air can get into the space around the lung whilst a chest drain is being inserted. This may require no further treatment other than a chest X-ray and observation in hospital. Sometimes, however, it may cause the lung to collapse. If this should happen the air will need to be drained and you may need a second chest drain to be inserted.

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure the staff will be monitoring your responses to this treatment to lessen the effects of any complications.

The aim of the procedure is to make you feel more comfortable when the fluid has been removed from your body.

## Patient Information

### **During your examination**

The procedure will be explained to you again by the radiologist. You will be able to ask any further questions that you may have.

### **Insertion of Drain:**

- You will be taken into the examination room where you will be asked to sit or lie in a position suitable for the procedure.
- The radiologist will use the ultrasound machine to decide on the best location to insert the drain. Your skin will be cleaned with antiseptic fluid, and you will be covered with a sterile sheet.
- The doctor will give you an injection of local anaesthetic which will cause some stinging at first and then go numb.
- A radiology nurse or assistant will be with you. Please let them know if you feel any discomfort.
- Using ultrasound as a guide, a needle will be passed through the skin into the fluid collection. A fine wire is then passed through the needle and then the needle is removed. The drain will then be inserted through your skin over the wire and into the collection of the fluid. The wire is then removed, and the drain is secured into place with a special dressing.
- A drainage bag will then be attached to the drain, and this will remain attached to your body when you return to the ward for as long as it is needed.
- It is not always easy to predict how complex or how straightforward the procedure will be and how long it could take. The procedure normally takes 30 minutes, but it may take longer, as a guide expect to be in the Radiology department for about an hour altogether.

### **After your examination**

- You will be taken back to your ward. Nurses will carry out routine observations, such as taking your pulse, blood pressure and temperature, to make sure that there are no problems. You will stay in bed overnight.
- Your nurse will also measure the amount of fluid that comes out of the drain.

## Patient Information

- You may feel some discomfort which can be treated with pain killers. If you have any problems after the procedure, please speak to the staff on the ward.
- The drainage tube stays in place attached to a drainage bag. It is important that you take care of this. You should try not to make any sudden movements, for example getting up out of a chair without remembering the bag, and you should make sure that it can move freely with you. You may shower while the drain is in, but please avoid having baths.
- When the fluid has stopped draining, the drain can be taken out. This is a simple procedure, and your nurse can do it on the ward. This should not be painful. In most cases the drain will be removed before you go home. If it is not, please discuss this further with your nurse or doctor.

## Other Sources of Information

For general information about radiology departments visit the Royal College of Radiologists website: [www.goingfora.com](http://www.goingfora.com)

For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website: [www.hpa.org.uk](http://www.hpa.org.uk)

Please note that the views expressed on these websites do not necessarily reflect the views of UHCW NHS Trust or the NHS.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the telephone number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy.

## Patient Information

### Did we get it right?

We would like you to tell us what you think about Interventional Radiology services. This helps us make improvements.

Have your say. Scan the QR code or visit:

<http://ratenhs.uk/TyVIDN>

[www.uhcw.nhs.uk/contact-us](http://www.uhcw.nhs.uk/contact-us)



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