



For more information please visit us online at: <http://www.osmh.on.ca/diagnostics/>

If you or your support person do not clearly understand the procedure, please ask for clarification



PERCUTANEOUS DRAINAGE CATHETER

What is it?

An interventional radiology (IR) drainage catheter insertion is a minimally invasive procedure that helps drain fluid from areas inside your body, such as abscesses, cysts, or collections of fluid in your chest, abdomen, or extremities. This procedure is done using imaging guidance, such as fluoroscopy, ultrasound or CT scan, in order to precisely place a thin, flexible tube (catheter) into the area that needs to be drained. The catheter allows the fluid to be removed safely, relieving symptoms and helping your body heal.

Why do I need it?¹

Your doctor or healthcare provider may have ordered a percutaneous drainage catheter because:

- You have multiple abscesses or ones with different pockets of fluid.
- There is a chance the abscess is connected to your intestines.
- The abscess is larger than 3 cm.
- The cause of your symptoms is not clear.
- Medicine alone hasn't worked to treat the abscess.
- You are unable to follow your prescribed medical treatment plan.



HOW IS THE PROCEDURE PERFORMED?

Before

For specific questions regarding the clinical need for this procedure, please contact your ordering provider.

Patient Preparation:

You should wear loose-fitting clothing that is easy to change out of. Please bring a list of the medications you are currently taking and a list of any drug/medication allergies you may have.

New Insertions (*i.e. never had a tube before*):

- Arrange for someone to **drive you home after the procedure**.
- You may have clear fluids up to **four hours** before the procedure. Continue taking your morning medications, **except for blood thinners** (see next page), with a small sip of water.

Tube Exchanges (*i.e. you already have a tube*):

- Arrange for someone to drive you home after the procedure.
- You can eat and drink normally and take your usual medications before the procedure.
- **You do not need to stop taking blood thinners for tube exchanges.**

One support person (spouse, friend, caregiver, family member) may accompany you on the day of your appointment, but not into the procedure room.

Please phone the Diagnostic Imaging booking line at **705-325-2201 ext. 3505** for cancellations or rebooking if you are unable to attend your appointment.

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Bloodwork³

Bloodwork is **usually not needed** for this procedure.

However, it is required if you:

- Take Warfarin (Coumadin®)
- Have **prolonged bleeding**, risk of **thrombocytopenia** or **known thrombocytopenia**

If the above applies to you then your doctor will order:

- INR (must be ≤ 2.5 , ≤ 2.0 for ports or tunneled catheters)
- PTT
- CBC (platelets must be $\geq 20 \times 10^9/L$ or greater)

The bloodwork results must be current within **4 weeks of the procedure**.

If you take Warfarin (Coumadin), you'll need a new INR drawn **the day before** your procedure.

Important: Missing bloodwork may delay or reschedule your appointment. **This applies to new tube insertions, only, and is not required for tube exchanges.**

Blood Thinners / Anticoagulants / Antiplatelets Medications³

Stop the listed medications as per the below schedule before your procedure unless instructed otherwise. If unsure, then consult your doctor or healthcare provider about which medications to pause, for how long, when to restart them, and any concerns you may have.

Medication	Withholding	When to Stop	Restart After
Coumadin® (Warfarin)*/**	Based on INR	Based on INR	NA or same day re-initiation for bridged patients
Cangrelor (Kengreal)	Yes	Defer procedure until off medication; if procedure is emergent, withhold 1 h before procedure	multidisciplinary decision making
Abciximab (ReoPro)	Yes	Withhold 24 h before procedure	multidisciplinary decision making
eptifibatide (Integrilin) tirofiban (Aggrastat)	Yes	4–8 h before procedure	multidisciplinary decision making
* consider bridging with heparin (need admission) for high thrombosis risk cases			
** consider using reversal agent if emergent or STAT			

Important Notes

- Patients on Warfarin (Coumadin®) need an **INR** test the **day before** the procedure.
- Those with **prosthetic valves**, **prior clots**, or **stroke-related atrial fibrillation** may need bridging therapy to prevent thrombosis.
- **Do not** stop blood thinners if you have **coronary or brain stents**—consult your doctor first.
- If anticoagulation is stopped, your doctor must provide instructions.
- Applies only to elective procedures, not emergencies.

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Coming To The Hospital

You must first sign-in with **Centralized Patient Scheduling & Registration (CPSR)**, which is located immediately to your left when you enter the hospital from the main entrance (off Dunlop Street, across from the gift shop). You'll receive a wristband and, for new tube insertions, be directed to **Day Surgery**. They'll prepare you and take you to **Diagnostic Imaging** at your scheduled time. For tube exchanges, **CPSR** will send you directly to **Diagnostic Imaging**.

Please bring to the hospital your OHIP card and a list of current medications you are taking.

You may also bring a book, water, phone/tablet with earphones, and a snack in a small bag for when you are recovering from the procedure.

During

This procedure is performed in the Interventional Radiology, Ultrasound, and CT scan departments of Diagnostic Imaging.

The duration of your appointment time will vary from 1 hour – 2 hours.

You will recover in the Post Anesthesia Care Unit (PACU) for another 1 – 2 hours (new insertion, only)

1. You will be asked to remove your clothing from the affected area and put on a hospital gown.
2. A Medical Radiation and Imaging Technologist (MRIT) will explain the procedure and answer any questions you have before the procedure.
3. You will lie on your back or stomach on a table. You may receive pain medication for new tube insertions.
4. This is an aseptic procedure; your skin will be cleaned using a hospital-approved cleansing agent, and sterile drapes applied.
5. To assist with your comfort, a radiologist will inject a numbing agent, called Lidocaine, at the procedure site. This freezes the area. This should be the only pain or discomfort felt during the procedure.
6. The radiologist will use ultrasound, fluoroscopy, and/or CT scan to perform the procedure and place the percutaneous drainage catheter.
7. A dressing is applied once the procedure is completed.

Notes / Questions *(write down any notes or questions you may have for your doctor, healthcare practitioner, or the care team in Diagnostic Imaging on the day of your appointment. You can also use this space to write down a list of your current medications):*



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WHAT TO EXPECT AFTER



Recovery & Going Home

New Tube Insertion (i.e. never had a tube before):

You will be sent to the **Post Anesthesia Care Unit (PACU)** to recover from the procedure. Before being discharged, bloodwork may be taken to determine if you have met recovery standards.

You will need someone to drive you home after the procedure. Don't drive for the next 24 hours or while you're taking strong pain medicine. If you were given medication to help you relax or manage pain during the procedure, then you cannot drive for the next 24 hours.

Tube Exchanges (i.e. you already have a tube):

Recovery is generally not required and you are able to leave directly from the Diagnostic Imaging department. We advise you have someone else drive you home.

There will be a drain bag attached to the percutaneous drainage catheter. The technologists or nursing staff will show you how to safely secure it to your body.



Diet & Activity²

- Rest for the day and take it easy for 1–3 days (for new insertions).
- Have an adult family member, caregiver, or friend stay with you the night after the procedure in case you need help.
- Resume your normal diet, but if you feel nauseous, try bland, low-fat foods like rice, chicken, toast, or yogurt.
- Avoid strenuous activity or heavy lifting for a few weeks to allow healing².



Wound Care

- You will need to take care of the area around the tube to prevent infection and ensure proper healing.
- We will contact Ontario Health atHome (Home Care) on your behalf to arrange for general wound care and dressing changes.
- It is important to keep the area dry and clean to prevent infection.



Bathing¹

- You can shower normally with the tube, but avoid baths or hot tubs to reduce infection risk. If you must have a bath, keep the water at least 2 inches below the insertion site.
- Keep the area around the tube dry to prevent infection.
- Before showering, cover the dressing with a waterproof material, such as plastic wrap or a purchased product (such as *AquaGuard*, *Leukomed T Plus*, *Sealtight Shield Dressing Protector*, *Shower Shield*, etc.) to prevent it from getting wet.
- You should discuss best practice options with your Ontario Health atHome (Home Care) nurse. These types of covers are available online through sites such as **Amazon Canada** or at home healthcare stores, such as **WellWise by Shoppers Drugmart**.



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Medication

- If your doctor or healthcare provider advised you to stop any medications for this procedure then consult with them first about the safety of when you can start your medications again;
- Otherwise, resume your normal medication schedule.
- If you **normally** take acetylsalicylic acid (Aspirin™) or another blood thinner medication, ask your doctor or healthcare provider when to start taking it again. Make sure that you understand exactly what they want you to do;
- Otherwise, **do not** take (Aspirin™) or anti-inflammatory medicines (such as ibuprofen) for one **week** after the procedure (for new insertions, only).



Special Instructions

- **Keep your drainage bag below the level of the insertion site at all times.** Take care not to lie on the tubing or allow the tubing to kink.
- The drainage bag should be attached to your **thigh or somewhere secure**. **DO NOT** attached below your knee (unless specifically specified by the radiologist) as this may cause your tube to become dislodged.
- The drainage bag should be emptied when it is half full. This will reduce the chances of your tube being dislodged from the weight of the bag.

How to empty your drainage bag:

- i. Wash your hands with soap and water.
- ii. Record the amount of fluid in the bag prior to drainage.
- iii. Stand beside a toilet (or over a container) and open the drain valve at the bottom of the bag.
- iv. Empty the contents of the bag into the toilet / container.
- v. Clean the drainage port with soap and water, dry it with a tissue, and then close it.
- vi. Wash your hands again with soap and water.

Your bag should be changed every 7 days. The home care nurse will show you how to change your drainage bag.

Note:

If your percutaneous drainage catheter becomes pulled out (partially or fully) or is cracked, blocked or not draining properly (i.e. leaking around the tube), then contact the **Diagnostic Imaging Department at OSMH by phoning 705-325-2201 ext. 3505** to have your follow up appointment expedited.

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WHEN TO SEEK HELP^{1,2}



Call 911:

If you believe you require emergency care – call 911. Reasons to call 911 include:

- You have passed out (lose consciousness), or become very dizzy, weak, or less alert
- You experience sudden chest pain and shortness of breath; and/or
- You have severe trouble breathing
- Significant bleeding from the procedure site (i.e. bright red blood that won't stop)
- You have a fast or uneven pulse



Call your doctor, healthcare provider, or Health Connect Ontario immediately if you experience:

- Increased pain, swelling, warmth, or redness at the procedure site
- Redness or warmth around the procedure site or pus or blood draining from the procedure site
- A fever (more than 100°F / 38°C)
- Chills, with or without fever
- Bright red blood has soaked through the bandage / dressing over the procedure site.
- You have new or worse pain at the procedure site.
- You have blood in your urine for more than 48 hours.
- You are vomiting or nauseated.
- Your tube leaks.
- Urine does not collect in the drainage bag.
- Your tube becomes dislodged or pulled out.
- You have pain in your belly when you drain fluid or after you have drained fluid from your belly.

Health Connect Ontario may be reached 24-hours a day, including weekends, by:

- Calling 8-1-1
- Calling 1-866-797-0007 (TTY – teletypewriter service)
- Visiting <https://healthconnectontario.health.gov.on.ca/> and selecting “Chat with us”

BRING THIS INFORMATION PACKAGE WITH YOU SHOULD YOU URGENTLY NEED TO SEE YOUR DOCTOR OR GO TO THE EMERGENCY DEPARTMENT OF YOUR NEAREST HOSPITAL.

Use this material for your information only. It does not replace advice from your doctor or other health care professionals. Do not use this information for diagnosis or treatment. Consult with your health care provider about a specific medical condition.

References:

1. Harclerode TP, Gnugnoli DM. Percutaneous Abscess Drainage. [Updated 2022 Oct 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. <https://www.ncbi.nlm.nih.gov/books/NBK564356/>
2. How to Care for an Abdominal Drainage Catheter. Accessed October 9, 2024. Lexi-Comp Online. <https://online.lexi.com/>
3. Patel et al. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations. JVIR 2019; 30:1168–1184.

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