SURGICAL DRAINAGE OF AN ABSCESS OR HAEMATOMA

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed surgical procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Abscess or haematoma.pdf

Key Points

- Abscesses, fluid collections and haematomas (collections of blood) may form after any type of surgery
- They can cause pain and local swelling and, if infected, a high temperature
- We may be able to drain an abscess or collection by draining it with a needle, or putting in a small drain under local anaesthetic and X-ray control, but this is not always effective
- You will need surgical drainage of the collection if needle drainage fails, and we aim to do this as soon as possible, usually under a general anaesthetic
- After the first drainage procedure, an abscess or collection can form again, requiring further drainage

What does this procedure involve?

Incision and drainage of an abscess, haematoma (blood clot) or fluid collection which has formed after surgery or as the result of a disease process.

What are the alternatives?

- **Observation** – waiting for the collection to drain spontaneously without any surgical intervention
- **Aspiration (puncture) with a needle** – usually performed under X-ray or ultrasound control

- **Puncture and insertion of a drainage tube** – usually performed under X-ray or ultrasound control
- **Prolonged antibiotic treatment**

What happens on the day of the procedure?

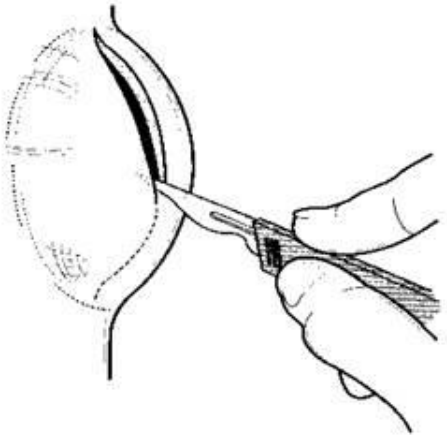
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and from passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally carry out the procedure under a general anaesthetic
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we either make a fresh incision into the abscess, collection or haematoma (pictured), or re-open a previous incision which overlies it
- we drain out the blood, fluid or infection and break down any adhesions inside the cavity
- we usually put a drain or a small, gauze pack into the cavity; this stops the incision from healing too quickly, allowing the collection to re-form
- the procedure usually takes less than 30 minutes
- you can expect to stay in hospital for one to three nights, depending on the nature of the collection



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Pain or discomfort requiring painkillers such as paracetamol	 Between 1 in 2 & 1 in 10 patients
Infection in the surrounding skin or spreading into your bloodstream	 Between 1 in 2 & 1 in 10 patients
Inadvertent damage to other organs or infection which involves nearby organs	 Between 1 in 2 & 1 in 10 patients
Bleeding requiring re-dressing or further surgery	 Between 1 in 10 & 1 in 50 patients
Persistent discharge from the site of the drain or pack as healing occurs	 Between 1 in 10 & 1 in 50 patients
Scarring at the site of the collection, or under your skin, causing long-term pain or discomfort	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or

- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising around the site of the collection
- you may be discharged with a drain or pack still in the cavity
- if you do have a drain or pack in place, we will show you how to manage it at home and arrange its removal at an appropriate time
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- if you develop local pain, further swelling or a raised temperature, you should contact your GP or urologist immediately to check that the abscess/collection has not recurred
- a follow-up appointment will be made for you to review your condition

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;

- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, we can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.