

# Information About Your Child's Procedure

## Abscess Drainage

Read this form so you understand the procedure and its risks. Please ask questions about anything you do not understand.

### What is abscess drainage?

An abscess is a collection of infected fluid (pus). To drain an abscess, a doctor may use a needle and syringe to suction the fluid or may place a drainage catheter.

### How is abscess drainage performed?

The physician will use ultrasound or CT scan to locate the abscess and decide where to insert the needle. After the doctor numbs the skin, he or she will insert a needle into the abscess and draw out the fluid. The fluid will be sent to a laboratory to find out what caused the infection.

Depending on the location and size of the abscess and the type of fluid obtained in the collection, the doctor may place a small catheter to allow the area to continue to drain for several days.

If the collection of fluid (abscess) is deep in the pelvis, sometimes the best route for the doctor to place a drainage catheter is through the child's rectum. This is called trans-rectal abscess drainage.

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### Will my child be awake for the procedure?

Maybe. Depending on your child's medical history and the location of the abscess, we will use intravenous sedation or general anesthesia so that your child isn't awake; or we will use only local numbing medicine.

### What risks are associated with abscess drainage?

The procedure is considered low-risk. However, potential complications include:

- bleeding
- infection
- injury to adjacent organs, especially the colon/intestines or bladder (if the abscess is in the abdomen)

### Will my child have pain after the procedure?

Some children may experience pain or discomfort in the area of the abscess. You may give your child over-the-counter pain medication.

### If my child has a drainage catheter, what can we expect after the procedure?

Inpatients will spend several hours in the recovery area before they return to their hospital rooms. Outpatients will also spend several hours in recovery; they will return to the hospital in several days to have the catheter removed.

### How is the drainage catheter removed?

The catheter will be in place for as long as it takes most of the fluid to drain; usually this is several days.

The catheter is usually removed at the child's bedside (for inpatients) or in Interventional Radiology (for outpatients). This is quick and easy: the stitch is cut, the catheter removed and a small bandage placed over the site.

### When can my child bathe?

If your child doesn't have a drainage catheter, the bandage must stay dry and in place for 24 hours. Then you may remove the clear bandage and gauze and your child may shower or bathe as usual.

If your child has a drainage catheter, the bandage will remain in place as long as the catheter is in place. In addition, the catheter will be secured with a locking device (StatLock®) which must not be removed. Please sponge-bathe around the bandage. Your child may resume showers or baths 24 hours after the catheter is removed.

### CONTACT US IMMEDIATELY IF YOUR CHILD EXPERIENCES ANY OF THE FOLLOWING:

- fever higher than 101° Fahrenheit
- catheter becomes dislodged
- leaking at the site
- purulent drainage at the site (pus)
- nothing is draining into the bag or bulb

Call 215-590-1000 and ask the operator to page the on-call interventional radiologist.

Call Interventional Radiology between 8 a.m. and 4:30 p.m., Monday through Friday, at 215-590-7000. At the first prompt push 1 and at the second prompt push 2.

At all other times, call 215-590-1000 and ask to speak to the interventional radiologist on call.

The Interventional Radiology team is here to help you and your child. Please ask us if you have any questions or if anything is not clear.

**Thank you!**