Drainage of an abscess or haematoma:
procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
Surgical incision and drainage of an abscess or haematoma

What are the alternatives to this procedure?
Aspiration under X-ray control, drainage under X-ray control, prolonged antibiotic treatment, observation

What should I expect before the procedure?
You will sometimes have been admitted to hospital as an emergency for this condition. If surgery is required on an elective basis, you will normally be admitted on the day of surgery. If earlier admission is required, a pre-clerking appointment will be sent to you to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

A pre-medication will normally be prescribed by the anaesthetist 1-2 hours before the surgery; this will make you dry-mouthed and pleasantly sleepy. Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?
Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural or spinal anaesthetic which improves or minimises pain post-operatively.

An incision is normally made directly into the abscess or haematoma. This involves either re-opening the original incision (If there has been one) or making a new incision over the abscess/haematoma.

Once the abnormal material has been drained, it is common for a small drainage tube to be inserted to prevent re-accumulation. This drain may need to remain in place for up to a week. In some situations, a pack is inserted instead of a drain.

What happens immediately after the procedure?
You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

It is usual to remove the drain before you go home. However, under certain circumstances, the drain may need to stay for a little longer. You will, in this situation, be given an appointment to attend the ward either to remove or to shorten the drain. This prevents re-accumulation of the blood or infection and allows the cavity to heal from its depths towards the skin.

The average hospital stay is 5 days.

Are there any side-effects?
Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.
Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- □ Discomfort requiring mild painkillers such as Aspirin or Paracetamol
- □ Infection in the skin or in the bloodstream (septicaemia)
- □ Damage to other organs or infection involving other organs

**Occasional (between 1 in 10 and 1 in 50)**
- □ Bleeding requiring replacement of dressings or re-operation
- □ Discharge from the drain site as healing occurs

**Rare (less than 1 in 50)**
- □ Scarring inside the abdomen or in the skin causing pain or discomfort

**Hospital-acquired infection (overall risk for Addenbrooke’s)**
- □ Colonisation with MRSA (0.02%, 1 in 5,000)
- □ Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- □ MRSA bloodstream infection (0.01%; 1 in 10,000)

*(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)*

**What should I expect when I get home?**

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

Re-accumulation of an abscess may occur, resulting in a raised temperature, local pain and a general feeling of ill-health. If this occurs, you should contact your GP or the Urology Department immediately.

Healing of abscesses can be very slow and drainage wounds may take up to 8 weeks to heal completely.

**What else should I look out for?**

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.
Are there any other important points?
A follow-up outpatient appointment will be arranged for you some 6-8 weeks after the operation. You will receive this appointment either whilst you are on the ward or shortly after you get home.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?
Oncology Nurses
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800
Patient Advice & Liaison Centre (PALS)
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  pals@addenbrookes.nhs.uk
- Mail
  PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community
- Telephone
  +44 (0)1223 217769
- E mail
  derek.fraser@addenbrookes.nhs.uk
- Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
- Telephone
  +44 (0)1223 274604

Access Office (travel, parking & security information)
- Telephone
  +44 (0)1223 586969

What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..............................................Date......................................
How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish  Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese  Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian  Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese  若你需要此信息的其他语言版本、大字体版或音頻格式，請致電 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk

Turkish  Bu bilgisi diğer dillerde veya büyük baskılı ya da sesli formatta ister seniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidakı adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali  এই তথ্য বাংলায়, বড় অক্ষর বা অডিও টুপে পেতে চাইলে দর্শা করে 01223 216032 নম্বরে ফোন করুন বা পাইনেটের ই-মেইল করুন।

Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history

Author(s)  Nikesh Thiruchelvam (on behalf of the Consultant Urologists)
Department  Department of Urology, Box No 43
Addenbrooke’s Hospital
Cambridge University Hospitals NHS Foundation Trust
Hills Road
Cambridge, CB2 2QQ
www.addenbrookes.org.uk

Contact number  01223 216575
Fax number  01223 216069
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