Urology department

Drainage of an abscess or haematoma

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 urologist or nurse specialist as well as the surgical team at Addenbrooke's. 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-admission 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, junior urology doctors and your named nurse.

A pre-medication will normally be prescribed by the anaesthetist one to two 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, rivaroxaban, dabigatran, apixaban, edoxaban or clopidogrel, ticagrelor or blood thinning medication
- a previous or current MRSA infection
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 five 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 one 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 one in 10 and one in 50)
- Bleeding requiring replacement of dressings or re-operation
- Discharge from the drain site as healing occurs

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

What should I expect when I get home?
When you leave hospital, you will be given a 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 eight 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 six to eight 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 three 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.

Privacy & dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is require

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed.
However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

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 and 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 and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
Patient advice and liaison service (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
email: 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
email: chaplaincy@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 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. 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 leaflet 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 patient information leaflet and I accept the information it provides.

Signature……………………………………………..Date…………………………………
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors
Pharmacist
Department
Contact number
Publish/Review date
File name
Version number/Ref
Local Ref number
Mr Nikesh Thiruchelvam (on behalf of the consultant urologists)
Eilis Rahill
Department of Urology, Box No 43
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk / www.camurology.org.uk
01223 256650/ Fax 01223 216069
July 2018 / July 2021
Drainage_of_an_abscess_or_haematoma_v8.doc
8 / PIN2058 / Document ID 8159
89/Urol_09_17