

Texas Children's Hospital

Caring for Your Child's Health

Fluid Aspiration and Drainage

Your child will remain in the IR Procedures Suite for a minimum of one hour. He or she may require to stay overnight in the hospital. Children having a fluid aspiration or drainage may need medicine to make them drowsy. Prepare your child by following the guidelines for eating and drinking.

What is abscess drainage?

Procedure: 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, a needle will be inserted into the abscess to 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.

When is this procedure needed?

Aspiration and drainage are usually recommended when fluid is collecting abnormally within your child's body and is causing significant symptoms. Examples include large pleural effusions or empyemas (infected fluid around her lung) and abdominal abscesses commonly seen with inflammation/infection of appendix or after other abdominal surgeries.

Getting ready for the procedure

Guidelines for eating and drinking

Up until eight eight hours before the procedure, your child may have these items: Any type of food

Up until six six hours before the procedure, your child may have these items:

- A light meal
- Milk-skim only
- Infant formula
- Clear liquids

A light meal generally consists of toast or plain crackers and fruit juice, without the pulp. Clear liquids include water, oral electrolyte solution, apple juice, gelatin and carbonated lemon and lime beverages. Please do not give your child any drinks that contain caffeine, such as cola drinks.

Up until four four hours before the test, your child may have these items:

- Breast milk
- Clear liquids

Up until two two hours before the procedure, your child may have these items:

- Water or Pedialyte
- Apple Juice
- Gatorade

All children having this procedure receive medicine by IV to make them drowsy during the test. This medicine is called a sedative or general anesthesia. If your child has had a problem with a sedative in the past, talk with the nurse. The doctor may be able to give your child a different medicine.

Helpful hints

Let your child choose something to bring. Holding a favorite toy or blanket sometimes helps a young child to sleep. Using an ipad/pod often helps an older child. Please remove any nail polish before coming. It's best to leave other children at home.

Talking with your child

Children are less anxious and cooperate better when they know what to expect. Talk with your child about what he or she will see, hear, and feel before and after the test.

Ask your child questions to be sure that he or she understands what you have said. Let your child ask questions. Don't be afraid to answer the questions honestly. Most important, reassure your child that he or she will not be alone.

Before the procedure

- Your child will put on a hospital gown. Wearing underwear during the procedure is okay. The nurse will weigh your child and take his or her blood pressure and temperature. Heart monitor patches are applied to his or her chest. A pulse oximeter will be taped onto your child's finger. The pulse oximeter looks a lot like a bandaid. It uses a red light to check how well your child is breathing. It is painless.
- The nurse starts an IV for the sedative medicine. After the interventional radiologist explains what will happen, you will sign a consent for the procedure.

During the procedure

- Your child is helped on to a table, where she will lie down.
- The radiology technologist cleans the area where the needle and/or drain are to be inserted with a special solution to help prevent infection. Sterile drapes are then placed.
- Using ultrasound or computed tomography (CT) for guidance, the interventional radiologist places a needle through the skin into the area where the fluid has collected. There may be some discomfort at this point, but it is minimized by the use of local anesthesia (numbing medication injected into the skin) and sedation medication/anesthesia.
- The interventionalist (IR) will remove some of the fluid and send it for testing.

- A drain may be inserted and kept in place with a special dressing; a drainage bag will be attached.

After the procedure

- Your child is transferred to the recovery room, where you may join him or her. A nurse will watch your child closely until it is safe for her to be discharged or to return to the hospital room. There may be some mild discomfort at the drain site. Pain medication may be prescribed.
- Your child may need more treatment depending on the cause of the abnormal fluid. Your child's doctor will discuss this with you.
- Your child will be followed closely by his or her doctor and or Interventional Radiology Team until healing is complete.
- Your child may need more imaging before the drain is removed. Your child's doctor or nurse practitioner will answer any questions during your course of care.

Interventional Radiology (IR)

Main Campus

6621 Fannin Street
Houston, TX 77030
West Tower Level 1
832-824-5565
8 a.m. to 4 p.m.
Monday to Friday

West Campus

18200 Katy Freeway
Houston, TX 77094
Second Floor, Suite WB.0215.60
832-827-1207
8 a.m. to 4 p.m.
Monday to Friday

Notes and questions



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1919 S. Braeswood, suite 6226 Houston, Texas 77030
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