

# Fluid Aspiration and Drainage

## What is a Fluid Aspiration?

A fluid aspiration is a procedure to remove fluid or puss from the body. This is usually centered in a collection called an abscess. It can also involve the placement of a drainage catheter.

## Why is this exam performed?

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

## What to expect

Preparing your child is key to the success of this study. To help prepare your child, our Child Life Specialists will help ease your child's fear and anxiety. Please let a staff member know if you are interested in a Child Life consultation at no additional cost.

For those children requiring medication to sleep for the test, you will be able to stay with your child until he or she goes back for the procedure. Any child receiving sedation for the exam can:

- Eat food up to 8 hours before to your arrival time.
- Consume milk, formula, and food thickener up to 6 hours before your arrival time.
- Be given breast milk up to 4 hours prior to your arrival time.
- Drink clear liquids up to 1 hour prior to your arrival time (water, Pedialyte, Sprite, 7-up, or apple juice). Orange juice is not permitted.
- Take prescribed medications with a small sip of water (if needed) prior to arrival time unless otherwise specified.

- **If these instructions are not followed, the exam may be rescheduled or cancelled due to the risk posed to your child.**

You will meet with a Nurse Practitioner and/or the doctor who will be providing the sedation medication. You will have the opportunity to ask questions, discuss risks, and will be asked to sign your consent.

Your child and the accompanying adult will be taken to a prep room by a technologist or nurse and asked to change in to a gown. A technologist will ask why the study is being done and explain it to your child.

### For this 30-minute exam:

- If your child will be sedated, an intravenous line, also known as an IV, is required to give medications. An IV is a tiny tube that is used to give the body medicine. Your child might feel a pinch or a poke when it goes in the vein, however, we have ways to lessen the pain.
- As your child will have to hold still for the test, we use "seatbelts" to help. "Seatbelts" can be Velcro straps, swaddle blankets, or tape straps. "Seatbelts" will also be used to make sure your child is safe during the procedure. They can be quickly removed in the event of an emergency.
- The technologist or physician will use a sterile technique and clean the area where the needle or the drain will be inserted with cotton swabs soaked in a brown iodine-based cleaning agent. This will feel cold to your child, which is normal.
- Taking pictures with ultrasound or computed tomography (CT) for guidance, the physician will place a needle through the skin into the area where the fluid has collected.
- Some of the fluid will be removed and sent for testing.
- For the preparation, sedation, and procedure, you should expect to be in the department approximately 2-3 hours.
- In certain situations, your child may be admitted for a 24-hour observation period following the procedure.

- When the procedure is over, you will be given discharge instructions.
- Your child may need more treatment depending on the cause of the abnormal fluid. Your child's doctor will discuss this with you.

### **If your child received anesthesia**

Your child may be sleepy and unsteady from the anesthetic for several hours. Your child may have a red face or be slightly swollen around the face and eyes. This should improve within 24 hours. Your child may wake up feeling hungry. When he or she is wide awake, the recovery nurse will give clear liquids such as Pedialyte, apple juice, Sprite or water. If your child does not throw up during the next 30 minutes, he or she can eat normally.

To prevent accidents, closely monitor him or her for the next 24-48 hours. Walk with your child, holding hands even if he or she seems to walk without trouble. It is also important to help your child in the bathroom.

The sedative and the test may disrupt your child's routine. You may notice a change in behavior for the rest of the day. Some children may become cranky. Some children sleep for hours. Others need to stay up late because they slept for the test. Be patient. Things will be back to normal the next day.

### **When to seek help**

Call 911 if your child has difficulty breathing and looks very pale or has blue lips or nails or a very high fever (greater than 103°F).

Call your child's doctor if your child has any of the following:

- Red blood in the urine, pain
- Throws up more than three times
- Seems confused or dizzy the next day, is harder to wake up than usual
- Has a sore throat that gets worse or does not go away in two days
- Has a fever of over 101°F for more than 24 hours
- Develops any allergies such as hives, itching or a rash

### **Receiving your Angiogram results**

Call your doctor for a follow up appointment as instructed. You can also call the doctor who ordered the study for the results 24 to 48 hours after the test. If you have any additional questions or concerns, please don't hesitate to call Radiology Nursing at 832-826-5371.

If you would like a CD of your child's study, please call the film library at 832-822-1202. The Radiologist's report will also be included on the CD.