

## **ASCENSION ST VINCENTS BREAST DRAINAGE PATIENT HANDOUT**

**Radiologist who performed your procedure:**

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### **Procedure Description:**

- An ultrasound-guided breast drainage is a procedure used to treat a fluid collection or a pockets of pus (abscess) in the breast. The procedure is most often needed when fluid builds up after breast surgery (seroma) or an infection causes an abscess. During the procedure, a radiologist uses ultrasound to precising target the fluid. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A small needle or small drainage tube (catheter) is inserted into the fluid collection. The fluid is then drained out. For smaller collections, a needle may be used to remove the fluid without leaving a catheter in place. For larger collections, a drainage catheter may be left in place for several days to allow more fluid to drain. A portion of the drainage catheter will be fixed to the outside of the breast using a suture. The procedure itself usually takes 15–30 minutes.

### **Benefits:**

- Minimally invasive: The procedure uses small needles/catheters usually without the need for traditional surgery.
- Diagnostic value: A fluid sample is often sent to the laboratory for testing.
- Quick relief of symptoms: The procedure helps reduce pain, swelling and tenderness caused by the fluid or infection.
- Low risk of complications: The risk of serious complications is low, with most side effects being mild and temporary.
- Rapid recovery: Most patients return to normal activities soon after the procedure.

### **Risks & Potential Complications:**

- Pain: Pain can occur (up to 10% of cases). The pain is usually mild, usually goes away within a few days and can be managed with over-the-counter pain medicine.
- Bruising: Bruising can occur (up to 15% of cases). The bruising is usually mild and usually goes away on its own over several days.
- Bleeding: Formation of a collection of blood (hematoma) can occur (up to 15% of cases). Most cases are mild and do not need treatment. Serious bleeding that needs medical attention is rare (less than 0.5% of cases).
- Infection: Infection is rare (less than 0.3% of cases). Most infections are mild and can be treated with antibiotics.
- Persistence: The fluid collection or abscess may go away with drainage alone and may need surgery (up to 10% of cases).
- Recurrence: The fluid collection or abscess may come back and need to be drained again (up to 10% of cases).

- Vasovagal reaction: Feeling faint or lightheaded can occur during or after the procedure (up to 7% of cases). It is usually mild and goes away quickly.
- Breast feeding: About 5% of breastfeeding women must discontinue breastfeeding after the procedure.
- Serious complications: Serious complications needing medical care are uncommon (less than 2% of cases).
- Allergic reaction: A reaction to the local anesthetic or topical antiseptic is rare (less than 1% of cases).
- Scarring: Any scarring is usually minimal compared to surgery.

### **Alternatives:**

- Antibiotics alone: Antibiotic only may be tried without fluid removal or drain placement. This approach is less effective with larger fluid collections.
- Surgical drainage: A surgeon can make an incision and remove the fluid.
- Observation: Small fluid collections may occasionally resolve on their own without anything being done.

### **Aftercare:**

- If a drainage catheter was not left in place:
  - You may remove the bandaging after 24 hours.
  - You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the site has healed.
- If a drainage catheter was left in place:
  - Change the bandaging as needed and anytime the bandaging gets wet.
  - You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the drain has been removed, and the site has healed.
  - You may receive instructions to inject 10 mL of sterile saline into the catheter every 12 hours to keep the catheter from clogging up.
  - Record the volume of fluid draining from the catheter (output) every 24 hours. Contact your provider once the output drops to less than 10 mL per 24 hours to determine if it is time for the catheter to be removed.
- Do not apply lotion/ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 24 hours. Then increase your activity level as tolerated.
- Wear a form-fitting bra for at least 48 hours after your procedure to help decrease breast movement. This helps limit pain and bruising.
- It is normal to experience mild pain and bruising after your procedure. You can take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin) or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen or naproxen soon after your procedure, however you may experience more bruising if you do so.
- Contact Radiology or your ordering provider if you have any concerns or experience any of the following: persistent or significant bleeding, significant swelling, severe pain not responding to over-the-counter medications, signs of possible infection (significant redness or purulent drainage at the site, severe pain, fever or chills) or drainage from around the catheter. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-5488 (Riverside), 296-4277 (Southside), 602-1219 (Clay), 691-1286 (St Johns) or Optimal Imaging (450-6955). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.

### **How Do I Receive Procedure Results?**

- Many drainage procedures produce samples which are sent to the laboratory for testing. If a sample was sent, a radiologist will contact you by telephone to discuss the results. Results can take up to 5 days (sometimes longer) to become available. The provider who ordered the procedure may contact you with results prior to a radiologist contacting you.