

ASCENSION ST VINCENTS DEEP PROCEDURE PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- Image-guided biopsy, aspiration and drain placement are procedures performed to evaluate or treat an abnormal area identified on imaging.
- During the procedure, a radiologist uses imaging (such as ultrasound or CT) to precisely target the area. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For a biopsy, a small needle is used to obtain several tissue samples from the area. These samples are sent to the laboratory for testing.
- For a fine needle aspiration (FNA), several very thin needles are used to obtain cell samples from the area. These samples are sent to the laboratory for testing.
- For an aspiration or drainage, a small needle or thin catheter is used to remove fluid from the area. In many cases, a drainage tube may be left in place for several days to allow continued drainage. A fluid sample may be sent to the laboratory for testing.
- For a cyst sclerosis, a thin catheter is used to remove fluid from the cyst. A medication is then placed into the cyst for a period of time and subsequently removed. The goal of the medication is to scar the cyst wall and reduce the chance that the cyst will refill with fluid.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for several hours to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Imaging allows the radiologist to precisely target the area of concern.
- Provides a minimally invasive way to obtain tissue or fluid for diagnosis.
- Helps determine whether an area is benign (not cancer) or malignant (cancer), when applicable.
- Can relieve pain, swelling, or pressure caused by fluid collections or cysts.
- Cyst sclerosis may reduce the chance that a cyst will refill with fluid.
- Uses small needles or thin drainage tubes and usually does not require stitches.
- May avoid the need for more invasive surgical procedures.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.

- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Inaccurate or inconclusive results can occur. This may include results showing no cancer when cancer is present or suggesting cancer when it is not. In some cases, a repeat procedure or surgical biopsy may be needed.
- A fluid collection or abscess may not resolve with drainage alone and may require surgery. In addition, it may return and need to be drained again.
- For cyst sclerosis, recurrence of the cyst or irritation/inflammation of the treated area can occur.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Surgical biopsy or drainage or cyst treatment, which is more invasive and involves stitches and a longer recovery.
- Clinical observation with follow-up imaging, depending on the size of the area and your symptoms.
- Medical management alone (such as antibiotics or anti-inflammatory medications) in select cases.
- Some patients choose no further evaluation or treatment; however, this carries the risk of delayed diagnosis, persistent symptoms, or progression of disease and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- If a drainage tube 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 tube 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 ordering 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.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.

- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; or a faster-than-normal heart rate. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). 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?

- Biopsy and FNA results are typically available within 5 business days (sometimes longer).
- Many aspiration and drainage procedures produce samples which are sent to the laboratory for testing. Results can take up to 5 business days (sometimes longer).
- Please contact your ordering provider's office to obtain results and for follow-up instructions.