

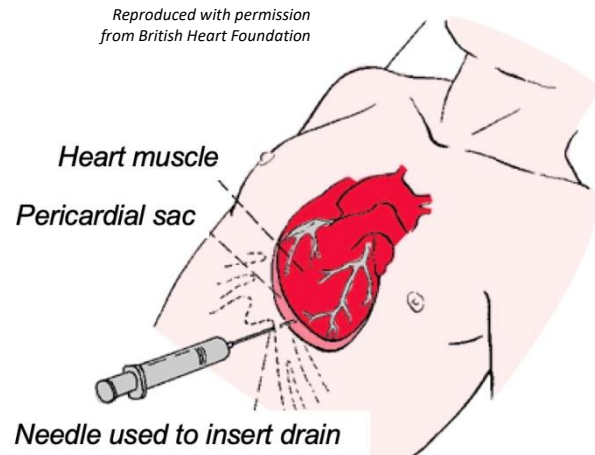
Pericardiocentesis (pericardial drain)

Procedure information for patients

Your doctor has recommended a procedure called **pericardiocentesis (pericardial drain)**. Please take some time to read this information sheet and discuss any questions or concerns you may have with a medical professional.

What is a pericardial drain?

The heart is contained within a sac (**pericardium**). Sometimes an excess of fluid can accumulate between the heart and the outer wall of the sac (**pericardial effusion**). This can compress the heart and prevent it from pumping properly (**cardiac tamponade**) which might make you feel breathless or dizzy. Removing this fluid can help relieve the pressure on the heart and may help to identify why the fluid has built up.



Sometimes this may need to be performed as an emergency if the fluid builds up rapidly and heart function is severely affected. This procedure can be life saving.

How is a pericardial drain performed?

Before the procedure, a small plastic tube (cannula) will be placed into a vein. This enables painkillers or sedative drugs to be given during the procedure to make you more relaxed. You will be closely monitored by medical staff throughout your procedure who will take regular readings of your blood pressure and oxygen levels.

The procedure is done with the help of an **ultrasound machine** to see where the fluid collection is greatest and pick the best approach to perform the procedure. This is usually via the upper abdomen just under the rib cage or on the left chest wall just below the nipple. The surrounding skin area will be cleaned, and sterile drapes placed around the area. Local anaesthetic is then injected under the skin to make the rest of the procedure more comfortable for you. Your doctor will then advance a thin needle through your skin towards the fluid collection. Sometimes a small sample of fluid is removed this way and the needle is then withdrawn. More often we replace the needle with a thin plastic tube which may remain in place around the heart for several days. This would be secured to your skin temporarily and connected via plastic tubing to a bag into which the fluid can drain.

What are the risks of the procedure?

In recommending this procedure, your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding.

Uncommon risks or complications (between 1 and 5 in 100) include:

- Infection that may require treatment with antibiotics and/or removal of the drain
- Irregular heart rhythms from the needle or tube touching the heart. These usually settle without any treatment.

Rare risks or complications (less than 1 in 100) include:

- Internal bleeding if the needle pokes the heart or a blood vessel. This sometimes requires surgery to repair it
- A more unstable abnormal heart rhythm that may require medication or an electric shock to treat
- Air accumulation around the lung (pneumothorax) if the needle pokes the lung. This may require a separate needle / tube to be inserted to allow this air to escape
- Damage to a nerve if poked by the needle
- Death as a result of this procedure is extremely rare

What happens after the procedure?

After the procedure you may feel some soreness in your chest around the site of the drain. In addition, as the fluid around your heart drains off, the tube can start to irritate the lining of the heart which might also be sore. Painkillers will be offered if required. The drain is usually left in place for at least 24 hours to ensure that all the fluid has drained off. Removing the drain is straightforward and a dressing will be applied to the area afterwards.

What happens next?

Your doctor will speak to you about the procedure and answer any questions you may have. You will also be asked to sign a written consent form to confirm you are happy to have the procedure.