



Patient information for Cyst Aspiration

General Information

Your doctor has asked us to perform a procedure called a cyst aspiration. This involves placing a needle or catheter tube into the cyst and draining the fluid from the cyst through this.

This sheet will tell you what is involved in the procedure. If you have any questions, please ask the doctor who is to perform the test. He/she will be happy to discuss this in as much detail as you wish.

After determining the correct site to perform the procedure, the doctor will place local anaesthetic into the skin and down onto the surface of the cyst. (Local anaesthetic causes a brief stinging discomfort). Following this specially designed needles and catheter tubes are used to perform the procedure.

Procedure and precautions

You will need to get your blood clotting checked at least three days before the procedure. Please make an appointment with your laboratory.

Do not take Voltaren (or other NSAID's), aspirin (or Cartia), or dispirin for ten days before the procedure as they can affect the blood clotting.

Warfarin: let us know if you are on Warfarin – we will need to make special arrangements for you.

Heart valves: let us know if you have a faulty heart valve, or have an artificial heart valve – we will need to give extra antibiotics during the procedure.

Nothing to eat or drink four hours prior to appointment.

However, you should take your normal medication with a small amount of water at the usual time, except for those drugs listed above which affect clotting. If you are unsure about this ask your referring doctor or GP or call our Ultrasound Department (6235857) for advice.

Afterwards

You will be asked to remain resting in a bed for a period of two to three hours following the procedure. Observations, including blood pressure and pulse rate, will be made frequently. For the first twelve hours after the biopsy you should sit or lie as much as possible but can move around to the toilet or to eat, etc. It is suggested that you avoid strenuous physical exercise for forty-eight hours following this procedure.

Some complications do occur but the benefits are considered to outweigh these risks. There will probably be some discomfort at the time of the procedure or soon afterwards. Treatment for this is usually rest and pain medication (usually orally or by injection). If the cyst is on the kidney some blood in the urine may be noticed. Significant bleeding may occur (in 1-2% of patients) and may cause abdominal pain and low blood pressure. Admission to hospital, a blood transfusion and occasionally treatment to stop the bleeding may be required. Other rare complications requiring operations may also occur but are extremely rare.