



Queen Victoria Hospital
NHS Foundation Trust

Seroma Aspiration



This leaflet explains seroma aspiration, including the risks, benefits and what you can expect during aspiration of seroma. If you have any further questions, please speak to a member of the team caring for you.

What is a seroma?

A seroma is a collection of straw-coloured fluid under the skin that can occur after an operation. It can occur when tissue is removed from the body during an operation leaving a space, which can fill with fluid. This space eventually fills with scar tissue but until this occurs, a seroma can collect. If lymph nodes are removed as part of a cancer treatment, this can also interrupt the lymph nodes ability to move fluid around the body. As a result, fluid can collect. The body will often re-absorb the fluid itself without any intervention, but this may take weeks to months to resolve. In some cases, if there is an excessive amount of fluid, the seroma swelling is very painful or it is putting pressure on the surgery wound/suture line, it may have to be drained - this is called seroma aspiration. This involves inserting a needle under the skin, attaching it to a syringe and drawing fluid away (aspiration).

Why should I have a seroma aspiration?

In many cases, the seroma will reabsorb by itself without intervention. However, if the seroma is painful an aspiration can relieve the pain. If the swelling is putting strain on the suture line/wound it may result in the wound opening up and leaking if it is not aspirated.

What are the risks?

- **Bleeding** - There is a small risk of causing bleeding when carrying out the aspiration.
- **Infection** - Although every precaution is taken to avoid infection, inserting a needle into skin provides an entry point for bacteria, which can lead to an infection. If you notice signs of redness, increased pain and swelling you need to seek medical intervention. You can contact the Macmillan Clinical Nurse Specialists (CNS) or Plastics Dressing Clinic (PDC) for advice, alternatively; you could arrange to see your GP.
- Pain - There is usually a little discomfort at time of insertion of the needle but this does not last for long. Often this area is numb if it is close to the suture line and no discomfort is felt at all.
- Pneumothorax - There is a very small risk of pneumothorax if the aspiration is in the chest or back area. A pneumothorax is a collapsed lung when air escapes from the lung and fills the space outside between the lung and chest wall. This build-up of air puts pressure on the lung, so it cannot expand as much as it normally does when you take a breath. The medical name of this condition is pneumothorax. The result is shortness of breath. This would occur immediately at the time of the aspiration and would be dealt with by the team.
- Recurrence of the seroma - It is common for the seroma to recur as the space underneath the skin where fluid collects can take some time to fill with scar tissue / adhere (stick) to the underlying structures. If this happens and you do not have another appointment to be seen, call your CNS or PDC to arrange another review.

Are there any alternatives?

If there is no pain or strain on the wound/suture line, most seromas will re-absorb over time. If it is causing too much pressure on the skin, pain, tension on the wound or wound leakage occurs, then aspiration will be recommended. However, if you choose not to have an aspiration it may result in fluid leaking through the suture line and then suture line may open. In very few cases the seroma forms a capsule and becomes permanent. This can only be treated with surgery to remove the capsule but is rare.

How can I prepare for a seroma aspiration?

The procedure will be done in an outpatient clinic setting. You may be asked to purchase a compression/support garment to put on after the aspiration. This will depend on the part of the body affected. The practitioner will discuss this with you.

Your consent

It is important that you feel involved in decisions about your care. The practitioner performing the aspiration will discuss the risks and benefits with you and ask for your permission to undertake the procedure. You can withdraw your consent at any time, even if you have agreed to the procedure previously. If you would like more details about our consent process, please ask for a copy of our policy.

Chaperone

We have a chaperone policy in this hospital. If you would like a chaperone for the procedure, please ask the practitioner.

What happens during a seroma aspiration?

A nurse or doctor trained in seroma aspiration will carry out the procedure.

- Your skin will be cleansed around the area to be drained.
- A needle will be inserted (often through the existing suture line) and attached to a syringe or drainage bottle.
- The fluid will then be drawn out (aspirated) until the area is relatively flat or no further fluid can be aspirated.
- A small dressing will be placed over the puncture site.
- Depending on the part of the body, you may be advised to wear a compression/support garment if tolerated to apply pressure over the affected area. The reason for this is to help prevent the seroma from recurring, e.g. if in the abdomen, groin or chest.
- If the seroma is not resolving despite aspiration, the team may arrange an ultrasound scan that estimates the size of the remaining collection. In some cases, the ultrasound scan can be used to guide the practitioner into the fluid pocket for a full aspiration. If there is a need for this, it will be discussed with you by the team.

Will I feel any pain?

The procedure is usually painless as the area is often still numb from your surgery. However, if you do have sensation it should feel no worse than a “pin prick” sensation when the needle is inserted through the skin but it should not be painful as the fluid is drawn out.

What happens after a seroma aspiration?

You will be asked to monitor the area for any signs of redness that may indicate an infection. Depending on the area of the body you may be advised to purchase a compression/support garment to provide pressure and help reduce the chance of the seroma collecting again.

What do I need to do after I go home?

There will be a small dressing applied to where the needle was inserted. This can be removed after 24 hours. You need to monitor the area for the swelling recurring or signs of infection. The practitioner will advise you on things you can do (e.g. resting) to try to reduce the seroma collecting again.

Will I have a follow-up appointment?

Depending on the amount of fluid aspirated, you may be given a follow-up appointment or advised to contact the team to arrange an appointment for further aspiration if the fluid collects again.

Questions or concerns

If you need any further information or you are concerned about any of the issues raised in this leaflet, please talk to the team. During office hours, please contact:

Macmillan Breast Reconstruction Clinical Nurse Specialists (CNS)
01342 414302/4306

Macmillan Skin Cancer Clinical Nurse Specialists (CNS)

01342 306660/4144563

Plastics Dressing Clinic (PDC)

01342 414442

Out of hours (evening/weekends/bank holidays), please contact the ward for advice:

Margaret Duncombe Ward

Tel: 01342 414450

Ross Tilley Ward

Tel: 01342 414451

Further information and support

QVH Macmillan Information & Support Centre

Provides support and information to QVH patients and local residents

Tel: 01342 414369

Macmillan Cancer Support

Provides practical, medical, emotional and financial support

Website: www.macmillan.org.uk

Freephone: Tel: 0808 800 0000

Text phone: Tel: 0808 808 0121

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but your needs are not a life threatening emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

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alternative format.

Macmillan CNS team

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