STANDARDIZED PROCEDURE

ASPIRATION OF CLOSED SEROMA OR HEMATOMA

These procedures are intended to describe procedures performed by Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM) (depending on the clinical privileges granted to the individual practitioner) *at UC San Diego Health.*

I. Definition

This procedure is indicated to draw excessive fluid and or hematoma that may have accumulated under the skin or soft tissue. The aspirate specimen may be sent for additional laboratory testing if clinically indicated.

II. Background Information

A. Setting:

The setting inpatient versus outpatient and population adulterer versus pediatrics for the NP or CNM is determined by the approval of the privileges requested on the privilege request form. If the procedure is being done on a pediatric patient, make sure that life is involved and to use age-appropriate language and age-appropriate developmental needs with children as appropriate to the situation.

B. Supervision:

The necessity of this procedure will be determined by the NP or CNM in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the NP or CNM. Direct supervision will not be necessary once competency is determined, as provided for in this procedure. The NP or CNM will notify the physician immediately upon being involved in any emergency or resuscitative events under the following circumstances:

1. Patient decompensation or intolerance of the procedure

2. Bleeding that is not resolved

3. Outcome of the procedure other than expected

C. Indications:

Seroma or hematomas that are causing pain, functional deficit, or strain on wound closures.

D. Precautions/ Contraindications

1. Small-volume aromas and or hematomas that are not causing pain, functional deficit, or compromised wound closure

2. Presence of a pulsatile mass

III. Materials

The following materials will be required;

1. Sterile gloves

2. Skin prep solution (chlorhexidine or Betadine)

3. 4 x 4 gauze

4. 10 ML syringe with 18 or 20 gauge 1 ½ inch needle

5. Collection tubes for lab specimens if indicated

6. Band aid or appropriate pressure dressing as indicated

IV. Aspiration Procedure

A. Pre treatment evaluation: indication for aspiration will be determined by the NP or CNM collaboratively with an attending physician or designee along with inspection of the aspiration site. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure and treatment plan.

B. Set up: gather all necessary materials

C. Patient Preparation

1. Obtain informed consent from the patient or family member after explaining risks, benefits, and alternatives of the procedure.

2. Position the patient in a comfortable position that gives adequate access to the site to be aspirated.

D. Procedure:

i. Wash hands and don protective clothing
ii. Clean seroma or hematoma area with chlorhexidine or betadine
iii. Perforating seroma or hematoma with an 18 or 20 gauge needle which may attach with 5-10ml syringe, depend on the size of seroma or hematoma.
iv. Gently milk seroma or hematoma with applicator or dry gauze until the entire seroma or hematoma is evacuated
v. May apply pressure dressing onto the seroma or hematoma areas to prevent reaccumulation.
vi. Reexamine the areas frequently for reaccumulation of the seroma or hematoma.

E. Post- Procedure

1. Record the procedure, outcome, and plan in the progress note.

2. Forward any specimens to the lab for processing.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.

2. Record the timeout indications for the procedure, EBL, the outcome, how the patient tolerated the procedure, medications used including drug dose route and time, complications, and the plan in the note as well as any teaching and discharge instructions

B. All abnormal findings are reviewed with the supervising physician.

VI. Competency assessment

A. Initial competence

1. The nurse practitioner or CNM will be instructed on the efficacy and indications of this therapy and demonstrate understanding of such.

2. The NP/CNM will demonstrate knowledge of the following:

a. Medical indications and contraindications

b. Risk and benefits of the procedure

c. Related anatomy and physiology

d. Consent process if applicable

e. Steps in performing the procedure

f. Documentation of the procedure

g. Ability to interpret the results and implications and management

3. The NP/CNM will observe the supervising physician perform this procedure and will perform the procedure three times under direct supervision.

4. Supervising physician will document the NP/CNM's competency prior to performing procedure without supervision

5. The NP/CNM will ensure completion of the competency sign-up documents and provide a copy for filing in their personal file and a copy to the medical staff office for the credentialing file

B. Continued proficiency

1. The NP/CNM will demonstrate competence by successful completion of the initial competency

2. Each candidate will initially be proctored and signed off by an attending physician. The NP/CNM must perform this procedure at least three times per year. In cases where this minimum is not met, the intending, must again signoff the procedure for the NP/CNM. The NP/CNM will be signed off after demonstrating 100% accuracy in completing the procedure.

3. Demonstration of continued proficiency shall be monitored through the annual evaluation

4. A clinical practice log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If any adverse outcomes occur a copy of the procedure note will be submitted.

VI. Responsibility

Senior Director Advanced Practice Providers. Office number 858-249-2677

VIII. HISTORY OF POLICY

Revised by the Committee of Interdisciplinary Practices: 2/26/14, 9/28/16, 3/22/23
Reviewed by the Medical Staff Credentials Committee: 3/5/14, 10/6/16, 4/05/23
Approved by the Medical Staff Executive Committee: 3/20/14, 10/7/16, 4/20/23