

Guideline for nurse-led aspiration of seromas

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1. Introduction

This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the nurse led aspiration of seromas.

A seroma is an identifiable collection of serous fluid that collects within a surgical cavity (Medical dictionary@ farlex and Partners 2009). It is the result of disturbance to the normal lymphatic drainage of the breast. Following breast surgery a seroma may occur at the breast area, axilla or at the latissimus dorsi site following reconstructive surgery. Patients with breast implants should not have their seroma aspirated freehand.

Patients having mammoplasty or LICAP surgery should not have nurse-led breast seroma aspiration unless agreed by operating surgeon. This agreement should be documented on the patients' records. Axilla aspiration only can be done for patients following breast reconstruction patients with no implant. **Patients requiring Seroma aspiration who have an implant in situ should be referred back to their Consultant surgeon for assessment.**

The aim of these guidelines are to ensure that the registered nurse is competent to perform the aspiration of seromas. Following training and assessment the nurse will become an autonomous practitioner deemed competent in performing the technique by a breast consultant.

2. Scope

The scope of the guideline is to cover all registered nurses within the department of breast surgery who intend to practice the aspiration of seromas as a nurse-led procedure who have completed training in the procedure, have been assessed, and are deemed competent in performing the procedure.

3. Recommendations, standards and Procedural Statements

Procedure / Process for nurse led aspiration of seromas	
No.	Action
1	Prepare Equipment Chlorhexidine 2% skin preparation wipe Sterile syringe 30ml Sterile 18G (green) cannula Gauze swab Sterile dressing Disposable receiver Sterile gloves Plastic apron Sharps container
2	Examine and assess the patient. If wound appears infected ensure that :-

Procedure / Process for nurse led aspiration of seromas

3	a) patient is seen by a doctor b) patients temperature is taken c) prescribed antibiotics where appropriate d) A sample of fluid is sent to microbiology for culture and sensitivity where appropriate.
4	Explain the procedure to obtain consent and allow the patient to ask questions to ensure continued consent. Check and record any allergies in patients records.
5	Wash hands thoroughly as per UHL hand hygiene policy (UHLSD-60-5618)
6	Open a dressing pack and prepare equipment on a trolley previously cleaned with chlor clean. As per UHL guidelines for Aseptic Non Touch technique (2015)
7	Don sterile gloves and clean the skin with a 2% chlorhexidine skin wipe and allow to dry.
8	Insert a size 18G (green) cannula at a 45 degree angle towards the seroma fluid (preferably through the scar). In certain cases a 21G (grey) cannula may be required in patients with a large seroma or haematoma depending on clinical judgement
9	Remove stylet from the cannula and attach a 30ml syringe and draw back on the fluid. If the syringe becomes full, disconnect and discard the fluid into a receiver. Reconnect the syringe using an aseptic no touch technique.
10	When fluid ceases to flow, remove the cannula and syringe and dispose of immediately in a sharps container.
11	Apply pressure with gauze for one minute and apply a sterile dressing
12	Record and date the procedure in the case notes documenting the amount of fluid aspirated. Sign documentation and record on SOMERSET electronic record
13	Ensure that the patient is comfortable and explain that the seroma may recur and that the patient should access the service again if this happens. Explain when to remove the dressing to the site of aspiration.
	Dispose of used equipment in the clinical waste, including gloves and gowns, and sharps into the sharps bin. Clean trolley with chlor clean as per UHL Sharps management policy V2- April 2021

4. Education and Training

In order to fulfil trust indemnity requirements and to comply with NMC guidelines in relation to accountability in practice, each registered nurse must complete the specified training package which includes a period of both observed and supervised practice. Once the nurse has observed several seroma aspirations, is happy with the technique, and feels competent to practice she may begin a period of supervised practice. A record of supervised practice should be kept by the nurse. Once the nurse feels competent in performing the technique and the supervisor agrees, the trainee will be assessed officially in the procedure three times. Following on from this a consultant breast surgeon will also assess the nurses' practice and sign to confirm competency in the technique. In addition the Nurse will complete the training package for aspiration of seromas. During assessment the Nurse will demonstrate an understanding of the anatomy and physiology of the breast lymphatic system and the causes/incidence of seroma. The nurse will identify both indications and contraindications for aspiration of seromas. The nurse must demonstrate an understanding of her professional limitations and boundaries in accordance with NMC guidelines and accountability in practice (NMC, 2021). This must be assessed by the senior nurse within the directorate i.e **Lead Breast Cancer Nurse Specialist** or Head Nurse. Following successful completion of training and assessment the nurse will practice the technique independently.

5. Monitoring and Audit Criteria

All guidelines should include key performance indicators or audit criteria for auditing compliance

Key Performance Indicator	Method of Assessment	Frequency	Lead
Mortality and morbidity audit (Infection and haematoma rates)	Audit	Ongoing monitoring of complications	Mr Pilgrim

6. Legal Liability Guideline

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

7. Supporting Documents and Key References

Medical dictionary online – Farlex and partners (2009)

Nursing and Midwifery Council (NMC, 2021). The Code. Standards of conduct, performance and ethics for nurses and midwives. London.

UHL (2021) Aseptic non touch technique technique guidelines.B20/2013

UHL (NOV 2021) Hand Hygiene policy. UHLSD-60-5618

8. Key Words

Seroma aspiration, post operative breast surgery complications

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This table is used to track the development and approval of the document and any changes made on revised / reviewed versions

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March 2019		J Brown	References updated Mammoplasty and LICAP surgery patients discounted from nurse-led aspiration .
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			Refer patients with an implant insitu back to operating surgeon
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