Incision and Drainage of Superficial Abscess

Introduction:
An area of superficial tissue suppuration of any size in any location.

Indication:
Cutaneous abscess requiring drainage.

Contraindications:
- Only cellulitis present with no evidence of fluctuance.
- Cosmetically important area (repeated aspiration may be preferable to incision and drainage).
- Sepsis or severe immunocompromise, necessitating delay in incision and drainage until antibiotic concentrations in the bloodstream are adequate.

Equipment:
- Sterile prep solution
- Sterile field
- Local anesthetic
- Size 11 scalpel
- Hemostatic clamp
- Moist gauze
- Irrigating syringe and plastic catheter
- Sterile irrigating solution
- Packing tape
- Soap bath

Technique:

Surgical drainage is treatment of choice

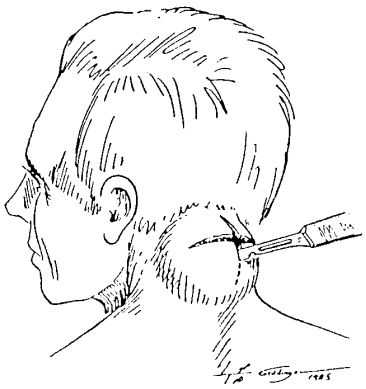
1. Prepare the area with antiseptic solution.
2. Inject local anesthetic (Lidocaine 1-2 %).

    - For relatively large abscess instill local anesthetic in a

diamond shaped field.
- For deep abscess instill the line of incision.

3. Insert a size 11 scalpel into the abscess cavity and make an incision over the maximum area of fluctuance and extend the incision enough for adequate drainage. (In special circumstance, e.g. perianal abscesses and carbuncle make cruciate incision).

A



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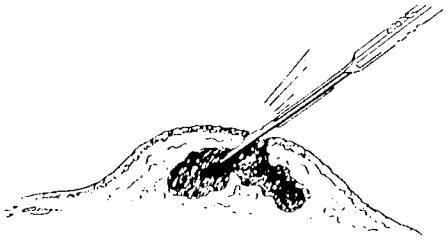
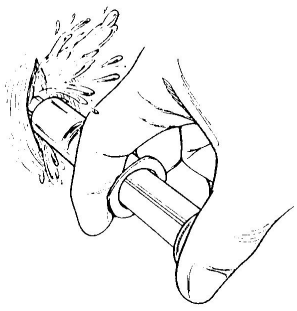


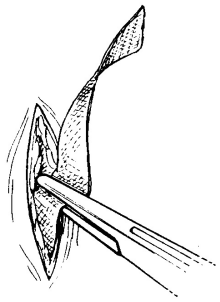
A. Technique for cruciate incision for drainage of a carbuncle.
B. Technique for breaking up loculations within a carbuncle.

4. Insert a hemostatic clamp or finger (in larger abscess) to break down septations and loculations.
5. Copiously irrigate the abscess cavity to remove any purulence, foreign body, or necrotic tissue.



6. Pack the wound open with a small moist gauze pad until the

wound granulates.



7. Advise the patient double daily irrigation or mild soap bath.
8. Rechecking is necessary to remove packing or if signs of persistent inflammation or infection occur. The packing should be removed in 48 hours except in cosmetically important areas such as the face, where removal may be accomplished in 24 hours. Repacking is necessary only if purulence continues to be present.

Complications:

- Cellulitis
- Fascitis
- Myositis
- Septicemia
- Meningitis
- Reaccumulation of abscess
- Neurovascular injury to surrounding tissues, including nerves, vessels, muscles, tendons, and bone.

Note:

- Since the incision and drainage procedure is unavoidably painful for some patients, provision of systemic analgesia or sedation may be needed beforehand.
- For most abscesses, antibiotics, Gram's stain, and culture are not indicated. For immunosuppressed or high risk patients, cultures and antibiotics should be used. The choice of antibiotics is guided by the anatomic site involved and whether the abscess extends from mucous membranes (oral or rectal opening).
- Recurrent abscesses may be evidence of systemic disease. Fistulas may form in the lower abdomen and perirectal area.

Checklist for Incision and Drainage of Abscess

1. Checks patient's name and hospital number
2. Assembles correct equipment in the tray
3. Greets and introduces oneself to the patient
4. Explains the procedure to the patient and gets verbal consent
5. Washes hands
6. Uses mask , gown and gloves
7. Preps and drapes the site
8. Injects local anesthesia and gives time to work
9. Inserts scalpel and extends enough and correctly
10. Inserts hemostatic clamp or finger
11. Packs the open wound with a small moist gauze and tapes it
12. Explains double daily irrigation or mild soap bathing
13. Thanks and listens to patient's questions
14. Advices the patient to sit on chair for some minutes before leaving the room
15. Discards the gloves