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An incision and drainage of the abscess

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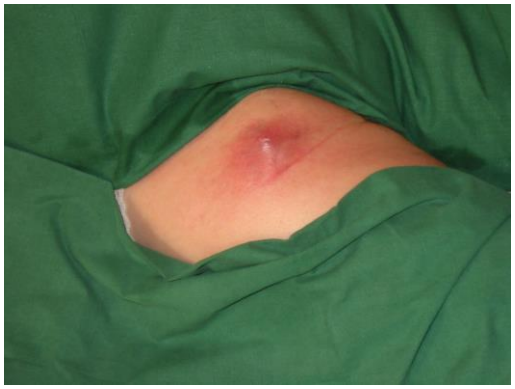
What is the abscess?

An abscess is a localized collection of pus in part of the body, formed by tissue and microorganism desintegration and surrounded by an infected inflamed area (picture below).



Bacterial infection is a cause of the abscess. An abscess can develop in any part of the body.

Most commonly an abscess arises in and develop from:

- ✓ infected lymph nodes,
- ✓ infected sweat gland,
- ✓ infected roots of the hairs
- ✓ infected skin sinus (lower back)
- ✓ infected anorectal tissues

What are the most common sites of the abscess?

- ✓ The groin
- ✓ Axillary region
- ✓ Within, between and around the buttocks
- ✓ The nape of the neck
- ✓ Back
- ✓ Thighs
- ✓ Breast (usually occurs in women who are breastfeeding)
- ✓ Fingers or toes.

How is the abscess treated?

An abscess usually needs to be cut open (i.e. incised) and drained.

Drainage is required to be undertaken in order to facilitate the body to control infection.

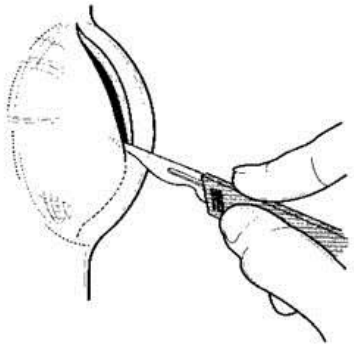
How is an incision and drainage performed?

An incision and drainage is performed under a local or general anaesthetic

A small abscess can be drained under a local anaesthetic but most need a general anaesthetic.

If the operation needs to be done under general anaesthetic, the patient should ideally be starving for 6 hours prior, although they can have small amounts of water up to 2 hours before.

The surgeon will make a cut of the skin over the abscess (picture below).



Once the pus has been removed, the cavity needs to heal upwards from its floor so the opening in the skin is left open.

If the cavity is deep, a surgeon will place an antiseptic dressing in it. The operation usually takes between 10 – 20 minutes.

What are the benefits of an incision & drainage of the abscess?

- ✓ To confirm diagnosis
- ✓ To detect a cause of the abscess (swabs need to be taken)
- ✓ To evacuate pus (infected fluid) and partially remove a cause of infection
- ✓ To relieve a pain & other symptoms
- ✓ To prevent further complications that an abscess can cause
- ✓ To allow better & quicker healing

However, some forms of abscesses are difficult to heal even after adequate surgery. Examples are:

1. Pilonidal abscess leads to healing in two thirds of patients (or less).
2. Anorectal (near the bottom end) abscess.
3. An abscess arising from infected sweat glands near the bottom end often (50%) results in chronically draining wounds and sinus tracts, and can become quite painful and debilitating.

What are the risks of an incision and drainage of the abscess?

Although **incision and drainage** is usually a fairly minor operation and, therefore, most patients will not experience any serious complications from their surgery, there are certain risks associated with it. They are as follows:

- ✓ **Risks related to anaesthesia:**
  - – May include reaction to anaesthetic,
  - – Postoperative nausea,
  - – Postoperative vomiting.
- ✓ **General risks related to surgery:**
  - – Problems with the wound
  - – Problems with breathing (for example, chest infection),
  - – Blood clot formation and its migration, for example, to the lungs.
- ✓ **General risks related to incision & drainage of the abscess:**
  - – Recurring infection,
  - – Possible need for additional surgery,
  - – Bleeding
  - – Injury of nerves or blood vessels in the area
- ✓ **Specific risks related to incision & drainage of the particular abscess.**

  Three types of abscesses are common in emergency general surgery unit. They are as follows:

  1. Anorectal abscess

  2. Perineal hydradenitis

  3. Pilonidal abscess

1. **Specific risks for an incision and drainage of the anorectal abscess**:

- ✓ Development of a recurrent anorectal abscess in the future or an anorectal fistula following drainage of anorectal abscess.
- ✓ Damage of the sphincter muscle; it may result in some degree of partial or full incontinence.
- ✓ Spreading of diffuse anoperineal infection; this can involve other adjacent organs and tissues.
- ✓ Persistent infection in deeper tissue layers; this ussualy occur in patients' with Crohn's disease; these patients will be referred to a colon and rectal surgical specialist.
- ✓ Injury of urethra, especially if the infectious process is located in the front region in a man.

2. **Specific risks for an incision and drainage for the infected sweat glands behind the genitals and in front of anus**

- ✓ Injury of sphincter
- ✓ Injury of rectum
- ✓ Injury of neurovascular bundles entering the anus from the posterolateral aspect
- ✓ Injury of the urethra of male patients during incision in the anterior midline
- ✓ Bleeding following multiple incision
- ✓ Cancer miss (chance is very small)

3. **Specific risks for an incision and drainage for the pilonidal abscess**

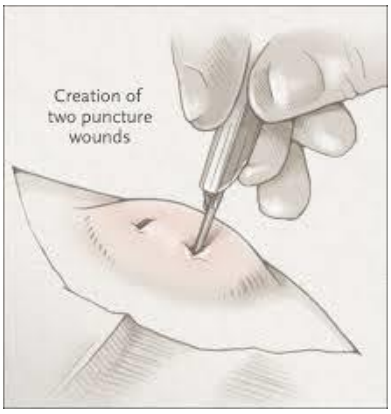
- ✓ The chance of persistent infection or recurrent disease due to residual undrained tracts; risk is 40% (4 of 10).

  It is not unusual to leave a few tracts undrained because of the unpredictable nature of this disease.
- ✓ Injury of the rectum.
- ✓ Injury of neurovascular bundles entering the anus from the posterolateral aspect.
- ✓ Cancer miss (chance is very small).

What are the alternatives for incision and drainage?

Incision and drainage is the commonest way of treating an abscess.
However, a large abscess can be treated with drainage by X-ray guidance and antibiotics.

Puncture of the abscess and evacuation of the pus is not the best treatment option except under special circumstances (figure below).



What to expect after operation?

Healing of the wound

Packs and drain can be used and temporarily left in the cavity of the abscess. Wounds usually are not closed. Wound will heal in a week or weeks.

However, as emphasized above a fistula, i.e. chronic infection is one of the risks of the abscess.

Dressings

A doctor will give you advice about when and how your wound needs to be re-

dressed by the practice nurse at your GP surgery or by nurse at walk-in centre. A doctor or nurse will also give you advice on how to care for them at home.

Many patients have concerns that standing up straight will pull at the packs or drain. Don't worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly.

Scar

You will have a scar. Sometimes the scar may look quite tidy due to prolonged healing.

Discomfort

You will experience pain and discomfort around the wound, especially for the first few days.

Painkillers

Painkillers will be prescribed for you for about 10 – 14 days. They may well cause constipation, so it is important to get plenty of fibre in your diet while you are recovering.

Fresh fruit and vegetables will help to keep your bowels moving regularly. Laxatives can be prescribed by your doctor.

How soon can I go back to work?

It depends on size of the abscess and type of your job. Every person recovers differently and has different needs. In most cases it's usually safe to return to work in a day or two.

In some difficult cases, it's usually safe to return to work in 10 – 14 days after the surgery. However, there are unusual and problematic cases especially after anorectal surgery.

Driving

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

Only when you can put enough pressure on the pedals to do an emergency stop - without feeling any pain or soreness afterwards - should you think about driving again.

When do I have to contact doctor if I have concerns or questions?

Call your doctor if you have:

- ✓ Increased or persistent pain not relieved with pain relief medications
- ✓ Increasing redness or swelling around the wound
- ✓ Increased pain in the wound
- ✓ Discharge of unexpectedly high volume of pus from the wound
- ✓ Persistent fever
- ✓ Temperature above 38.5°C
- ✓ Shakes, swelling, chills, rigors
- ✓ Dizziness/feelings of faintness
- ✓ Blood in your urine, or couth
- ✓ Faeces in the wound
- ✓ Inability to have a bowel movement after four days

Who do I contact if I have questions or concerns?

A. Contacting during working hours (9am - 5pm in the working week)

   Please contact the secretary and leave a message for the surgical team.

   You will be contacted with appropriate advice or management plan.

If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*, which can manage serious problems in the best possible manner.

B. Out of hours (after 5pm during working week/weekend/bank holiday)

Please seek advice from your GP for minor complications. If you are not sure or if you think it is a serious problem, please come to Aintree Accident & Emergency department* for a review.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**

Hospital switch board tel: 0151 529 5980.

Are there any other sources of information?

Below is a list of websites that offer safe, sensible, useful information:

http://www.nhs.uk/Conditions/Abscess/Pages/Treatment.aspx

http://emedicine.medscape.com/article/1830144-overview

http://www.webmd.boots.com/skin-problems-and-treatments/guide/abcess

If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation @aintree.nhs.uk