ABSCESS

Abscesses are localized infections of tissue marked by a collection of pus surrounded by inflamed tissue. Abscesses may be found in any area of the body, but most abscesses presenting for urgent attention are found on the extremities, buttocks, udder, perianal area, or from a hair follicle. Abscesses begin when the normal skin barrier is breached, and microorganisms invade the underlying tissues. Causative organisms commonly include *Streptococcus, Staphylococcus,* enteric bacteria (perianal abscesses), or a combination of anaerobic and gram-negative organisms.

Abscess resolve by drainage. Smaller (<5mm in diameter) abscesses may resolve to conservative measures (warm soaks) to promote drainage. Larger abscesses will require incision to drain them, as the increased inflammation, pus collection, and walling off of the abscess cavity diminish the effectiveness of conservative measures.

Indications

1. Abscess on the skin which is palpable

Contraindications

1. Extremely large abscesses which require extensive incision, debridement, or irrigation (best done in OR)
2. Deep abscesses in very sensitive areas (supralevator, ischiorectal, perirectal) which require a general anesthetic to obtain proper exposure
3. Palmar space abscesses, or abscesses in the deep plantar spaces
4. Abscesses in the nasolabial folds (may drain to sphenoid sinus, causing a septic phlebitis)

Materials

1. Universal precautions materials
2. 1% or 2% lidocaine WITH epinephrine for local anesthesia, 10 cc syringe and 25 gauge needle for infiltration
3. Skin prep solution
4. #11 scalpel blade with handle
5. Draping
6. Gauze
7. Hemostat, scissors, packing (plain or iodoform, 1/2)
8. Tape
9. Culture swab

Procedure

1. Use universal precautions
2. Cleanse site over abscess with skin prep
3. Drape to create a sterile field
4. Infiltrate local anesthetic, allow 2-3 minutes for anesthetic to take effect

5. Incise widely over abscess with the #11 blade, cutting through the skin (Figure 1) into the abscess cavity. Follow skin fold lines whenever able while making the incision

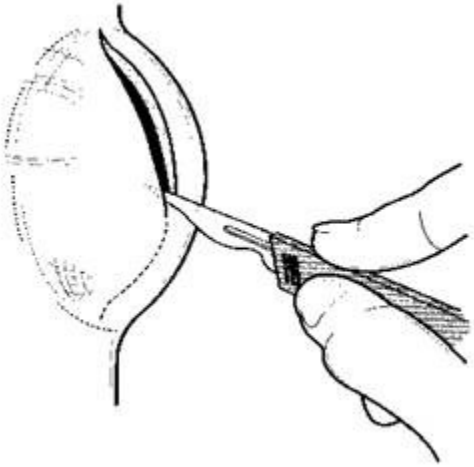

Figure 1: Making the incision

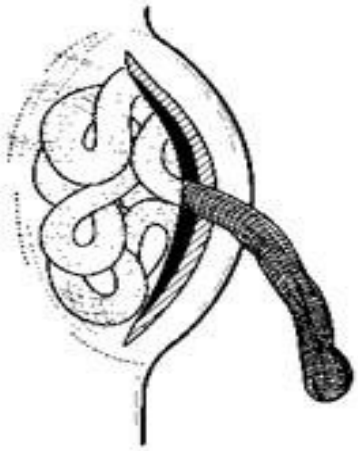

Figure 2: Packing the abscess

6. Allow the pus to drain, using the gauzes to soak up drainage and blood. Use culture swab to take culture of abscess contents, swabbing *inside* the abscess cavity
7. Use the hemostat to gently explore the abscess cavity to break up any loculations within the abscess
8. Using the packing strip, pack the abscess cavity (Figure 2)

9. Place gauze dressing over wound, and tape in place

Complication	**Prevention**	**Management**
Insufficient anesthesia	Remember that the tissue around an abscess is acidotic, and local anesthetic loses effectiveness in acidotic tissues	Do a field block; use sufficient quantity of anesthetic; allow time for anesthetic effect
No drainage	Localize site of incision by palpation	Extend incision deeper or wider as needed
Drainage is sebaceous material	Abscess was an inflamed sebaceous cyst	Express all material, break up sac with hemostat, pack open as with an abscess