

## **1. Introduction**

- This guidance applies to any superficial cutaneous abscess suitable for drainage under local anaesthetic (for example back, torso, abdominal wall, axilla, pilonidal, superficial groin).
- Patient aged 16 or above.
- This procedure may be carried out by any trained practitioner with the appropriate level of training.
- For certain superficial abscesses drainage under a general anaesthetic may be more appropriate depending upon assessment by a member of the surgical team and after consultation with the patient.
- Abscesses more likely to require a general anaesthetic are those which;
  - Are located in the perianal region
  - Are very large or deep
  - Have evidence of significant skin necrosis and require significant debridement
  - Have extensive surrounding cellulitis
  - Where the patient does not consent to drainage under local anaesthetic.

## **2. Guideline Standards and Procedures**

This guidance gives a standard format for drainage of superficial skin abscesses but is not prescriptive and variation in technique is acceptable based upon clinical judgement and experience of the person undertaking the procedure.

Clinical guidelines are 'guidance' only. The interpretation and application of clinical guidelines will remain the responsibility of the individual practitioner. If in doubt consult a senior colleague.

### **Preparation**

- The procedure is explained to the patient.
- A copy of the patient information leaflet 'drainage of superficial skin abscesses' is given.
- A consent form is completed and the yellow copy given to the patient or digital consent process followed. Verbal consent alone is insufficient for abscess drainage.

### **Procedure**

- Use an aseptic technique.
- Infiltration around the abscess with local anaesthetic;
  - use a field block technique with circumferential infiltration around the abscess and deep to the abscess.
- Ensure local anaesthetic doses are within maximum permitted doses, based on patient weight.
- Wait an acceptable length of time for the local anaesthetic to work.
- Clean the skin with topical skin preparation and cover with sterile paper sheet over the abscess.
- Incise skin over fluctuant area until pus is obtained.
- De-roof abscess as required to create sufficient skin opening to enable adequate drainage.
- Evacuate the cavity and break down loculations.
- Send pus for microbiological culture if indicated.
- Irrigate the cavity with 0.9% saline.
- Secure haemostasis.
- Pack with an alginate dressing if appropriate. Not all superficial cutaneous abscesses will need a pack.

- Cover with a suitable sterile dressing.
- Ethyl chlorise spray may be used as an adjunct to local anaesthesia prior to injection or in small abscesses that require an incision only. This is based on clinician experience and assessment of the abscess and discussion with the patient.

### **Post Procedure**

- Discharge the patient and complete an electronic medical discharge letter..
- Nursing staff will complete district/practice nurse referral letter and provide temporary supply of dressings for a change in 24-48 hours or as clinical picture merits.
- Nursing staff to explain the process for arranging dressings in the community and advice given on wound care and safety netting should any problems occur
- Antibiotics are not usually required, but if clinically indicated to prescribe on an outpatient prescription in pharmacy hours or FP10 out of hours.
- Give advice on simple analgesia available over the counter or prescribe analgesia if required.

### **3. Education and Training**

This guideline should be adhered to by all staff undertaking drainage of abscesses under local anaesthetic on the ward.

### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
None required				

### **5. Supporting References (maximum of 3)**

*None*

### **6. Key Words**

‘Skin abscess’, drainage, local anaesthetic.

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> Emma Bown	<b>Executive Lead</b>
<b>Details of Changes made during review:</b> Minor changes only to update discharge requirements and minor addition to information from nursing teams to be given to the patient.	