Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Incision and Drainage of Abscess

1. Introduction

1.1. An abscess is a localized collection of purulent fluid. It is a relatively benign event and potentially treatable with antibiotics. However, it would be life-threatening if it leads to sepsis due to systemic spread of infection.

1.2. Through Incision and drainage, purulent fluid can be drained to relieve symptoms and send to the laboratory for analysis.

1.3. It can be done in Operation Theatre or in Specialty Outpatient Clinic.

2. Procedural Preparation

2.1. Checking of blood picture and clotting profile may require before the procedure. The bleeding parameters must be corrected if problem detected.

2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed if the operation is under monitored anesthetic care or general anesthesia. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.

2.4. Do not eat or drink for 6 to 8 hours before the procedure.

2.5. Antibiotic prophylaxis may require to be administered intravenously before the procedure, according to doctor's prescription.

2.6. Please inform doctor or nurses for any condition listed below:

- 2.6.1. An artificial heart valve
- 2.6.2. Coronary artery stent
- 2.6.3. Pacemaker
- 2.6.4. Artificial joint
- 2.6.5. Blood vessel graft
- 2.6.6. Neurosurgical shunt
- 2.6.7. A prescription of blood-thinning agent
- 2.6.8. History of Methicillin-Resistance Staphylococcus Aureus (MRSA) infection
- 2.6.9. Risk of Creutzfeldt-Jakob Disease (CJD), e.g. Corneal transplant, neurosurgical dual transplant

3. Procedure

3.1. The procedure will be performed with aseptic technique under local anesthesia, monitored anesthetic care or general anesthesia. The anesthetic that is used will depend on the size and severity of the abscess.

3.2. An incision is normally made directly into the abscess to allow all the pus to drain out.

3.3. A sample of pus for culture will be sent to confirm which bacteria causing the infection.

3.4. Once the collection has been drained, it is common to insert a small drainage tube to prevent re-accumulation.

3.5. The drain may need to remain in place for few days or up to a week.

3.6. In some situations, if the abscess is deep, packing will be inserted instead of a drain.

3.7. If packing is present, dressing will be changed by the doctor or nurse daily which allow the cavity to heal from its depth towards the skin.

4. Recovery Phase

4.1. Discomfort or pain may be experienced for a few days after the procedure. Please take the medicines according to doctor's prescription, including pain killers and antibiotics.

4.2. Healing of abscesses can be very slow which may take up to 8 weeks to heal completely.

4.3. After discharge home, please follow up as scheduled for removal of drain or dressing.

4.4. Keep the wound clean and dry is advised to prevent infection.

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4.5. Re-accumulation of abscess may occur, resulting in fever, local pain, increased redness and amount of discharge. Contact the doctor if this occurs.

5. Possible Risks and Complications

5.1. Problems from the procedure are rare. Possible complications such as:
- 5.1.1. Pain
- 5.1.2. Bleeding
- 5.1.3. Delayed wound healing
- 5.1.4. Recurrent of abscess formation
- 5.1.5. Scarring

5.2. Certain factors that may increase the risk of complications include:
- 5.2.1. Smoking
- 5.2.2. Obesity
- 5.2.3. Diabetes
- 5.2.4. Other conditions that weaken the immune system

6. Remark

6.1. This information sheet provides general information pertaining to this operation or procedure. The list of complications is not exhaustive, other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information or specific enquiry, please contact your doctor.

7. References

7.1. Hearns, W. C. Abscess Drainage. Seminars in Interventional Radiology.
7.2. National Health Service (NHS) Foundation Trust, Cambridge University Hospital. Patient Information: Drainage of an Abscess or Hematoma.
7.3. National Health Service (NHS) Foundation Trust, Gateshead Health. Patient Information Leaflet: Abscess.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____