



General Surgery Department

Skin Abscess

Introduction

This leaflet explains the diagnosis and treatment of a skin abscess, as well as the care that you will receive.

If you would like additional information about the skin abscess and what the treatment involves, please speak to one of the doctors or nurses. They will be more than happy to help.

What is a skin abscess?

An abscess is a cavity containing a collection of pus, usually caused by a bacterial infection. A skin (cutaneous) abscess is one that forms just under the surface of the skin. It can be very painful and make you feel very unwell. Sometimes, the abscess can burst, leak pus and can have an unpleasant smell.

Where can a skin abscess occur?

Skin abscesses can occur anywhere on the body. Abscesses that form in between the buttocks or around your anus (perianal area) are the most common and often require quick intervention.

What are the signs and symptoms of a skin abscess?

You may develop only a few or all of the symptoms below:

- A swelling just under the surface of the skin. You might sometimes see pus forming under the skin. The pus can look white, yellow or even green. There might be an unpleasant smell if the abscess has burst
- Pain, redness, swelling and heat around the abscess
- Feeling generally tired or unwell.

Who is affected?

Anyone can get an abscess and most occur for no apparent reasons. For example, abscesses can occur as a result of a blocked sweat gland or a hair trapped under the skin. However, if you have diabetes, you are more at risk of developing recurrent abscesses.

How is a skin abscess treated?

The main way to treat an abscess is to drain the pus away by making a small cut (incision) in the skin. This procedure is also known as **incision and drainage**, or **I+D** for short. The surgeon who is in charge of your care will perform this procedure. This can be done in a 'special procedures' room or in the operating theatre.

If the skin surrounding the abscess is infected (cellulitis), your doctor might also prescribe some antibiotics to help treat the infection.

How do I prepare for the procedure?

- You may need to have some routine blood tests. The team looking after you will arrange for these to be completed
- If you are taking anti-coagulants (blood thinning medication) you may be required to stop taking them prior to the procedure. You should continue to take your regular medication as usual; however, patients taking warfarin will need to have this stopped by their referring doctor. If you have stopped drinking prior to the procedure you should take your medication with sips of water
- You may have a light meal six hours before the procedure and continue to drink clear fluids up until two hours before the procedure. Clear fluids = water, clear squash/apple juice, black tea or black coffee, clear herbal teas.

What will happen during the procedure?

A nurse will take your details and attach a monitor so she can record your blood pressure, pulse etc. You will be asked to change into a hospital gown. The surgeon will explain the procedure to you before asking you to sign the consent form.

The procedure is normally done under anaesthetic. Depending on the size of the abscess, you might:

- Be awake for the drainage but the area around the abscess will be numbed with anaesthetic to prevent pain (local anaesthetic) or
- Be asleep for the procedure (general anaesthetic)

The local anaesthetic may sting briefly; you should then only feel touch and pressure in the area where the surgeon is working.

The surgeon will make a cut in the abscess to allow the pus to completely drain out. A sample of the pus might be sent to the lab for further analysis. Once the pus is drained, the wound will be washed with an antiseptic solution or with saline. The wound will be left open so that any pus that collects again can drain. If the abscess is particularly big, your surgeon might pack some antiseptic dressing in the wound to reduce the risk of infection and help the rest of the pus to drain properly. A dressing will be applied and the wound should heal in two to three weeks. The wound is likely to leave a scar.

You will be taken to your ward on a bed or trolley. Nursing staff will monitor your blood pressure, pulse, temperature, wound site etc. to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

Consent

Informed consent will be obtained prior to the procedure. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how difficult the procedure will be. The procedure may take about 30-45 minutes.

What are the risks and complications?

Incision and drainage of a skin abscess is normally a safe procedure but, as with any medical treatment, there are some risks and complications that may arise after the intervention:

- Bleeding can sometimes occur although in the majority of cases this is self-limiting and only very occasionally will further treatment be required
- Damage to adjacent structures under the skin is a rare complication
- Once the abscess is drained, antibiotics are rarely needed; however, if the skin around the wound starts to become red, swollen or hot, you may need antibiotics
- As the wound heals, it may leave a visible scar on the skin
- If you have had an abscess around your anus, there is an increased chance of developing an anal fistula. An anal fistula is a tract or tunnel that forms between the anal canal (where faeces pass) and the skin around the anus. Despite drainage of the anal abscess this is not enough for the fistula to go away. In this situation you are likely to require another surgery to prevent further abscesses. Symptoms of anal fistula can include a smelly discharge coming from the skin opening, persistent pain, swelling, discomfort and irritation around the anus. If you experience any of these symptoms persistently after your surgery you should see your GP.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a general improvement in your medical condition.

Managing after the surgery

Most people can go home on the same day as their surgery unless there is a special indication for you to stay in. For example, depending on the situation, your consultant might want to keep you overnight to give you some antibiotics through a vein in your arm to help treat the infection.

You will be given painkillers if needed, but once the abscess is drained, most people notice that the pain improves significantly.

In the first few days following your surgery, the wound dressings will need to be changed daily. Your local practice nurse will help you with this and will teach you how to change the dressings. Once the wound is healing, the dressings will need less frequent changes.

If you have had a perianal abscess drained, you might be advised to consume a high-fibre diet. This is to prevent constipation, pain and disruption of the wound site as it heals.

Can I prevent getting further abscesses?

Although most abscesses occur for no apparent reasons, adopting some simple, healthy lifestyle measures can help reduce the risk of further abscesses:

- Eat a healthy balanced diet
- Good personal hygiene; keep your skin clean and healthy
- Avoid smoking
- Control your blood sugar levels if you have diabetes, as this will reduce the chances of developing an abscess

Follow-up after the surgery

Most abscesses heal very well and do not require any follow-up in clinic. However, we will arrange an appointment if we feel we need to see you again.

Contact Numbers:

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to your surgeon or family doctor (GP).

Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

If you have any concerns or issues about your treatment which have not been answered by the team looking after you, please contact our Patient Advice Liaison Service (PALS) on free phone 0800 7838058 or pals@dchft.nhs.uk

You can also contact NHS Direct 24 hours a day on 0845 46 47 or www.nhsdirect.nhs.uk

Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY

Switchboard: 01305 251150
Fax: 01305 254155
Minicom: 01305 254444

E-mail: headquarters@dchft.nhs.uk

Website: www.dchft.nhs.uk

Useful Websites:

NHS UK:
<https://www.nhs.uk/conditions/abscess/>

Patient UK:
<https://patient.info/infections/abscess-leaflet>

About this leaflet:

Author(s):	Julia Cheong, Junior Doctor Mr Benjamin Stubbs, Consultant
Written:	October 2020
Approved:	January 2021
Review Date:	January 2024
Edition:	v1

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

© 2021 Dorset County Hospital NHS Foundation Trust
Williams Avenue, Dorchester, Dorset DT1 2JY
www.dchft.nhs.uk

Information Booklet: Skin Abscess

Getting feedback from our patients is important. Your answers can help us to monitor the information we give you, to ensure it meets a high and consistent standard at all times.

Could you take a few moments to complete this form, all responses are in confidence. Thank you – your time is very much appreciated.

Did you find this booklet useful? Yes No

Did it contain the type of information you wanted? Yes No

Would you have liked more or less information? Yes No

Is there anything else you would like to know? Yes No

If yes, please tell us:.....

.....

.....

Your comments:.....

.....

.....

Please return this completed form to:

General Surgery Department
Dorset County Hospital NHS Foundation Trust
Williams Avenue
Dorchester
Dorset
DT1 2JY