EmergencyKT: Abscess Management

Box 1 Signs or Symptoms of Systemic Illness

- Fevers/Chills
- Hypotension/Significant Tachycardia

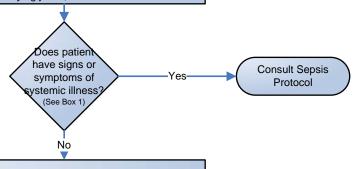
Patient Presents with a Soft Tissue Infection

Diagnosis of Abscess

Ultrasound of soft tissue infections recommended for confirmation of suspected abscess

<u>Surgical Consult Required</u> for perirectal, perianal, perineal and breast abscesses

Consider surgical consult for face, hand, labial or abscesses on overlying joints, fluctuance>5cm in diameter



Perform Incision and drainage

- Numb the abscess with a field block around and underneath the area of fluctuance.
- 2. Perform a single stab incision with 11 blade:
 - a. Incision made along lines of tension
 - b. Incision should extend the width of the fluctuance
- 3. Explore the abscess cavity with a hemostat to break up loculations

Box 2

Consider Antibiotics in the Following cases:

Significant surrounding cellulitis Immunocompromised patients Frequent recurrent abscesses Prior treatment failure

Recommended Regimens:

 Bactrim 1-2 DS tablets twice daily AND Keflex 500mg four times daily x 5 days

OR

 Clindamycin 300mg four times daily x 5 days (for penicillin allergic patients)

Antibiotic Prophylaxis for Patients with Valvular or Structural Heart Disease at Risk for Endocarditis

- Consider in all patients who would normally take antibiotics for other dental or surgical procedures. (please see AHA guidelines: http://circ.ahajournals.org/content/116/15/
 1736.full.pdf+html)
- Recommended regimens (to be given immediately before or up to 2 hours after procedure):
 - Cephalexin 2g (Pediatric Dose: 50mg/kg) PO x1 dose OR
 - Clindamycin 600mg (Pediatric Dose: 20mg/ kg) PO, IM, or IV x1 dose OR
 - Vancomycin 15mg/kg IV x1dose

Cultures

Routine cultures are not recommended

Irrigation

Many experts suggest irrigation of the abscess cavity*
*No trials are available regarding this step

Packing*

Packing the abscess is not required, but may be considered especially for large or complex abscesses

Closure*

Consider primary closure in simple abscesses with need for improved cosmetic results

Antibiotic Administration

See Box 2 regarding antibiotics

Discharge

Instruct patient to follow up in 7 days if primary closure or as needed for abscess cavities left open.

Instruct patient to soak the incision twice daily for 1 week if left open without packing

*Packing Recommended/ No Primary Closure

- Buttock/perineal abscesses
- Patients with diabetes or immunosuppression
- Abscesses other than extremity and trunk
- Packing in abscesses >5cm is not well studied