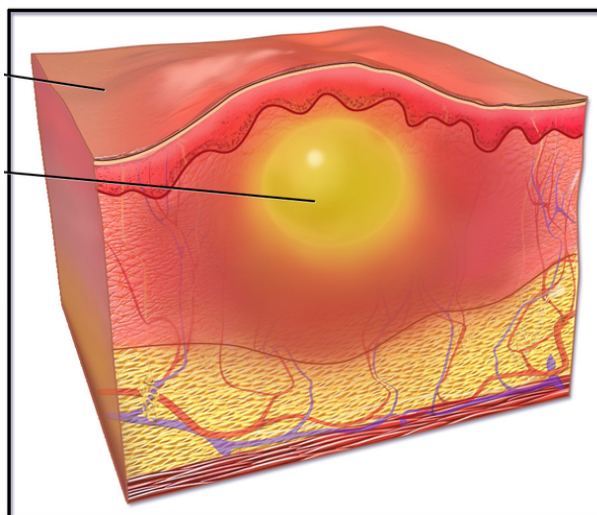


PATIENT AND FAMILY INFORMATION SHEET

Incision and drainage procedure for an abscess (I&D).

How do I know if my child has an abscess?

Skin and soft tissue infections are common in children. Bacteria live on the skin. This is normal. When there is a cut in the skin, these bacteria can sometimes cause an infection in the skin or the soft tissue under the skin. Sometimes the infection is just in the skin. This is called cellulitis. This might be red and warm. An abscess is a collection of infected fluid that sometimes develops under the skin. An abscess can be painful, warm to the touch, and the skin may be red. Sometimes, it looks like it is ready to drain pus. Your doctor might be able to see an abscess on an ultrasound. In worse cases, the infection can cause fever and chills.



Blausen.com staff (2014). Medical Gallery of Blausen medical 2014. (2014). [Online image] [DOI:10.15347/wjm/2014.010](https://doi.org/10.15347/wjm/2014.010). ISSN 2002-4436.

What is an incision and drainage of an abscess?

Cellulitis is treated with antibiotics. Sometimes this is through a catheter inserted in the vein, called an IV. Sometimes the antibiotics are taken by mouth. A small abscess might get better with antibiotics or drain on its own with warm compresses. An abscess that does not get better with antibiotics may need a surgical procedure to drain the abscess. This procedure is called an incision and drainage (I&D).

An I&D of a soft tissue abscess involves making a small cut into the skin over the abscess. This allows it to drain. In children, this is usually done with sedation.

PATIENT AND FAMILY INFORMATION SHEET

Incision and drainage procedure for an abscess (I&D).

What happens before surgery?

Your child will likely have an IV placed and labs sent to look at infection numbers. Your child may receive antibiotics through the IV. They might be seen by the surgery team. If the abscess needs an I&D, the timing will depend on how bad the infection is, when they last had anything to eat or drink, and the time of day. Sometimes, antibiotics are needed to treat the cellulitis first and the team can decide later if an I&D is necessary. You will be able to stay with your child until they go into the operating room.

What happens during surgery?

The anesthesia team will talk to you about what medications can be used during the procedure. These include medications so your child does not remember the procedure and pain control medications. Once your child is comfortable, the surgeon will make a small cut in the skin over the abscess and drain the fluid. The wound is washed until it is clean. There is often a space where the pus used to be. The surgeon may choose to place a drain or fill the wound with gauze. This is so that the skin doesn't close before the space heals. If your surgeon packs the wound, they will place gauze into the small cut made over the abscess. If they prefer a drain, a vessel loop drain is placed as pictured in Figure 3. The packing and drain allow the wound to continue to drain as it heals. A dry dressing is then applied over the wound to keep the area clean. You will be taught by your surgeon how and when the packing or drain will be removed.

Figure: 2. Abscess with packing

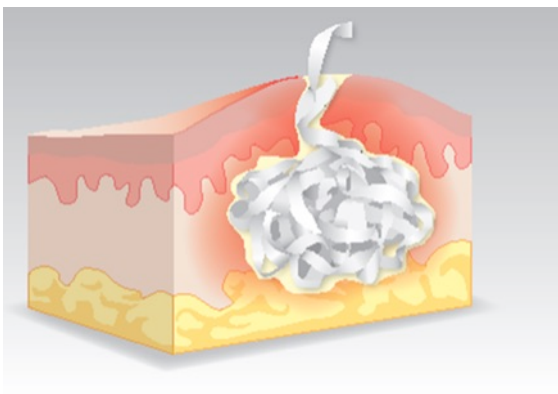
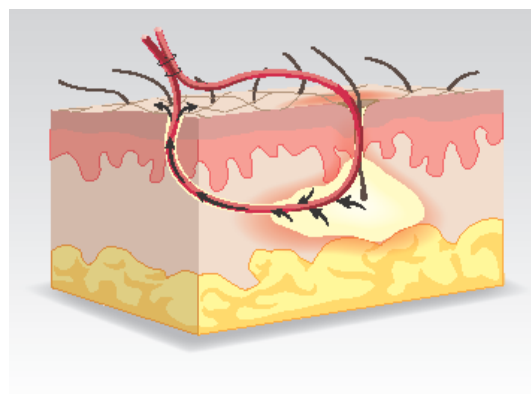


Figure: 3 Abscess with drain





PATIENT AND FAMILY INFORMATION SHEET

Incision and drainage procedure for abscess (I&D).

What happens after surgery?

Someone will call you to come meet your child in the recovery room. Anesthesia can cause an upset stomach, so your child will be watched as they wake up. Most children can drink once they are awake and can eat if they are drinking well. A provider will review instructions for how to care for the wound. Your surgeon may recommend staying in the hospital for IV antibiotics. You may be given oral antibiotics to take at home, but often, once the abscess is drained, this is all the treatment needed. Your child may have some mild pain. Over the counter medications like acetaminophen (Tylenol) or ibuprofen (Motrin) may be recommended.

Will my child have any pain? Your child might have some mild discomfort after the procedure, which can be well controlled with non-narcotic over-the-counter pain medications.

When can we go home? Once your child recovers from anesthesia, and is tolerating food, they will most likely be ready for discharge from the hospital. Your surgeon may recommend staying overnight for more IV antibiotics.

How do I care for my child at home?

Home care instructions vary based on location of the abscess, severity, and surgeon preference.

General wound care instructions:

- Wash hands before and after caring for the wound.
- Keep wound clean and dry except when providing the care below.
- Do not place topicals on the wound unless instructed by your surgery team.
- If your surgeon recommends a warm compress, this means placing a warm, wet washcloth or towel over the wound to help with drainage if there is infected fluid. Be careful that this is not too hot!
- Often, the surgeon will recommend placing your child in a bath. A sitz bath may use Epsom salts, but clean warm water is often all that is needed. This helps to keep the wound clean and is also comforting for your child.
- Look at the wound daily and contact your provider if redness, swelling, or pain is getting worse.



PATIENT AND FAMILY INFORMATION SHEET

Incision and drainage procedure for abscess (I&D).

Packed wounds:

- Your surgery team will tell you when to remove the packing. This is often removed in a bathtub filled with water 24 - 48 hours after surgery.
- Then cover the wound with a clean and dry bandage. Change bandage as instructed to keep skin clean and dry. Once drainage stops, most wounds can be left open to air.

Vessel loop drain:

- The drain can be covered with a clean and dry bandage. Change the bandage as instructed to keep skin clean and dry. Once drainage stops, most wounds can be left open to air. Your surgery team will tell you when this drain should be removed.

When should I call the office?

If your child experiences any of the following, please call our office:

- Pain that gets worse or is not relieved by over-the-counter pain medication.
- Warmth, redness, or swelling of the skin around the wound.
- Foul smelling or increased drainage from incision.
- Fever above 101°F (38.3°C).
- Any questions or concerns you may have.

Your child may need follow up with the surgeon, or may be able to follow up with your pediatrician. You will receive specific instructions for follow up when your child is discharged.

Please don't hesitate to call our office if you have any problems or concerns.

Surgical provider: _____

Office Number: _____

After hours number, if applicable: _____

Thank you for allowing us to care for your child.