



Incision and Drainage

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Indications and Benefits

- Abscess
- Benefits: Control of infection

Risks and Alternatives

- Standard risks (bleeding, infection, need for additional procedures, and risks of anesthesia)
- Injury to adjacent structures (neurovascular)
- Transient bacteremia
- Recurrence
- Scar
- Alternatives: Antibiotics

Essential Steps

1. Localize abscess cavity by *palpation/needle aspiration*
2. *Linear/stab* incision

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3. Send fluid sample for culture
4. Break up internal loculations
5. Copious irrigation
6. *Place drain*

Note These Variations

- Localization technique
- Incision
- *Drain/vessel loop/packing* placement

Template Operative Dictation

Preoperative Diagnosis Abscess

Postoperative Diagnosis Abscess

Findings ___mL of pus drained

Procedure(s) Performed Incision and drainage

Anesthesia *General/regional/procedural sedation*

Specimen Fluid for culture

Drains *None/Penrose drain/vessel loop*

Implants None

Estimated Blood Loss ___mL

Indications This is a/an ___-day/week/month/year-old male/female with abscess(es). He/she was deemed to be a suitable candidate for incision and drainage.

Procedure in Detail Following satisfactory induction of anesthesia, the patient was placed in supine/prone/lateral decubitus position and appropriately padded. Timeouts were performed using both preinduction and preincision safety checklists with participation of all present in the operative suite. These confirmed the correct patient, procedure, operative site, and additional critical information prior to the start of the procedure. The ___ was then prepped and draped in the usual sterile fashion. Perioperative antibiotics were administered/confirmed.

If no palpable fluctuance: Needle aspiration was performed to localize the abscess cavity.

A linear/stab incision was made over the area of maximal fluctuance/abscess cavity following natural skin lines. Purulent/serosanguinous/serous fluid was encountered, and a sample sent for culture. Internal loculations were broken up

with a hemostat. The abscess cavity was copiously irrigated with saline.

[Choose One:]

If Penrose drain: A Penrose drain was placed in the abscess cavity and secured with absorbable sutures. A dry gauze dressing was placed.

If vessel loop: A vessel loop was placed in the abscess cavity, brought out through a separate stab incision, and tied to itself. A dry gauze dressing was placed.

If packing: Packing tape/iodoform gauze/betadine-soaked gauze/dry gauze was packed in the abscess cavity. A dry gauze dressing was placed.

If no indwelling drain or packing: No drain was left/a second incision was placed to form a cruciate incision, and the corners were excised sharply to promote free drainage of the cavity.

Upon completion of the procedure, a debriefing checklist was completed to share information critical to the post-operative care of the patient. The patient tolerated the procedure well, was extubated in the operating room, and was transported to the post-anesthesia care unit in stable condition thereafter.