



Incision and Drainage of Perianal Abscess

24

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Preference Card

- Hill-Ferguson retractor
- Local anesthetic for subcutaneous and submucosal infiltration
- Number 11 blade scalpel
- Cut down tray
- Suction
- Irrigation with bulb syringe

Patient Positioning/Operating Room Setup

- Place patient in prone jackknife position, on a Kraske roll (see Fig. 22.1).
- Ensure that all pressure points are padded.
- Secure patient to the operating room table.
- Tape the buttock apart to expose the anus.
- Prep and drape the perianal region.

Nodal Points

Type of Incision

- Cruciate or elliptical incision over the fluctuating area of the abscess

Procedure Steps

- Incise the skin.
- Evacuate purulent fluid.
- Culture the fluid.
- Divide any septations within the abscess cavity to ensure adequate drainage.
- Irrigate the cavity repeatedly with normal saline.
- Pack the cavity with sterile gauze.
- Leave the wound open and apply dressings.

Pearls and Pitfalls

- Abscesses are classified as (A) *perianal* (60%), (B) *ischiorectal* (20%), (C) *intersphincteric* (10%), or (D) *supralevator* (9%), depending on their location (Fig. 24.1).
- Cruciate or elliptical incision should be wide enough to ensure appropriate drainage of the abscess cavity.
- If the abscess cavity is deep a mushroom catheter may be left in place and secured with Silk.
- Intersphincteric abscesses are managed by unroofing the abscess cavity by performing an internal sphincterotomy (similar to description below for fissure in ano).
- Horseshoe abscesses require division of the anococcygeal ligament with counter-incisions overlying the abscess in the ischiorectal fossae.

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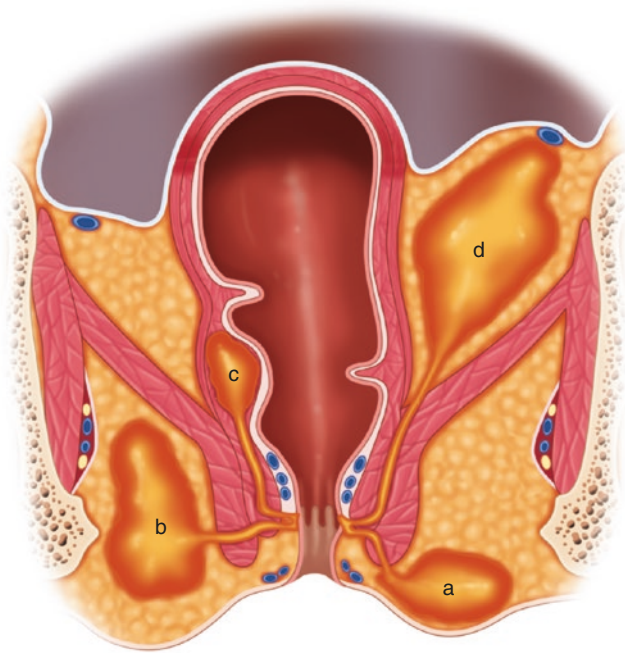


Fig. 24.1 Abscess classification: (a) perianal, (b) ischioanal, (c) intersphincteric, and (d) supralelevator

Access Reader Checklist Appendix

READER CHECKLIST Incision and Drainage of Perianal Abscess

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- Irrigation with bulb syringe

PATIENT POSITIONING/ OPERATING ROOM SETUP

- ▶ **Patient Positioning**
- Place patient in prone Jackknife position, on Kraske roll
- Ensure all pressure points are padded
- Secure patient to operating room table
- Tape buttock apart to expose anus
- Prep and drape perianal region

NODAL POINTS

- ▶ **Type of Incision**
- Cruciate or elliptical incision over fluctuating area of abscess
- ▶ **Procedure Steps**
- Incise skin
- Evacuate purulent fluid
- Culture the fluid
- Divide any septations within abscess cavity to ensure adequate drainage
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