

Basic Skills Qualification

Abscess Incision and Draining



Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Accurately diagnoses an abscess appropriate for I&D		
Discusses indications and contraindications for I&D procedure		
Performs informed consent and appropriate patient education		
Procedure performance		
Appropriate documentation		
Describes potential complications and their remedies		

Faculty: _____

Date: _____

Description: Abscesses are localized collection of pus surrounded by inflamed tissue; may be found in any area of the body, but most abscesses presenting for urgent care are found on the extremities, buttocks, breast, perianal area, or from a hair follicle.

Indications:

Abscess on the skin which is palpable

Contraindications:

1. Extremely large abscesses which require extensive incision, debridement, or irrigation (best done in OR)
2. Deep abscesses in very sensitive areas (supralevator, ischioanal, perirectal) which require a general anesthetic to obtain proper exposure
3. Palmer space abscesses, or abscesses in the deep plantar spaces
4. Abscesses in the nasolabial folds (may drain to sphenoid sinus, causing a septic phlebitis)

Materials:

1. Universal precautions materials
2. 1% or 2% lidocaine with/without epinephrine for local anesthesia, 10 cc syringe and 25 gauge needle for infiltration

3. Skin prep solution
4. #11 scalpel blade with handle
5. Draping
6. Gauze
7. Hemostat, scissors, packing strip gauze (plain or iodoform, 1/2")
8. Tape
9. Culture swab

Preprocedure Education:

1. Obtain informed consent
2. Inform the patient of potential severe complications and their treatment
3. Explain the steps of the procedure, including the pain associated with anesthetic infiltration
4. Explain necessity for follow-up, including packing change or removal

Procedure:

1. Use universal precautions
2. Cleanse site over abscess with skin prep
3. Drape to create a sterile field
4. Infiltrate local anesthetic; allow 2-3 minutes for anesthetic to take effect
5. Incise widely over abscess with the #11 blade, cutting through the skin into the abscess cavity. Follow skin fold lines whenever able while making the incision
6. Excising an ellipse may help keep wound open
7. Allow the pus to drain, using the gauzes to soak up drainage and blood. Use culture swab to take culture of abscess contents, swabbing *inside* the abscess cavity
8. Use the hemostat to gently explore the abscess cavity to break up any loculations within the abscess
9. Using the packing strip, pack the abscess cavity, then dress



Complication	Prevention	Management
Insufficient Anesthesia	Anesthesia doesn't work in acidic environment	Use more, use field block, allow more time
No Drainage	Localize it by palpation	Incise deeper or wider
Drainage is Sebaceous	Inflamed Sebaceous Cyst	Express material, pack as abscess

Post Procedure:

1. Send culture if indicated
2. Record the procedure and the outcomes and the plan in the progress note.

Documentation on the Medical Record:

1. Consent, start and stop time, "surgical pause"
2. Procedure used, prep, anesthetic (and quantity), success of drainage, culture if made
3. Any complications (or "none")
4. Who was notified of any complication (family, attending MD)
5. Follow-up arrangements:
 - Instruct the patient when to return for dressing change and monitoring.
 - Instruct patient on daily wound care and dressing change and on the signs and symptoms of infection.

May watch the procedure on video at www.medicalvideos.us and type Abscess Incision and Drainage

References: 1. Textbook of Emergency procedures. 2. Basic Skill Qualification tool from Tufts University Family Medicine Residency program. 3. Up-to-Date information.