PROCEDURE CHECKLIST

# Incision and drainage of a skin abscess

Draining a simple skin or subcutaneous abscess under local anaesthesia, with ultrasound when needed, and recognising the sites and situations that need a specialist or antibiotics.

EM Orbit

| Patient reference | Date | Time | Completed by |
|---|---|---|---|
| | | | |

## Equipment ready

- [ ] Personal protective equipment: gloves, apron, eye protection or visor
- [ ] Ultrasound machine with linear probe, sterile probe cover and gel
- [ ] Skin antiseptic, sterile drape and dressing pack
- [ ] Lidocaine 1% (plain, or with adrenaline except at end-artery sites), syringes, 25 G and 21 G needles
- [ ] No. 11 scalpel (or similar), artery forceps or a blunt instrument for loculation breakdown
- [ ] Saline for irrigation with syringe
- [ ] Packing material (ribbon gauze or similar) if needed, absorbent dressings
- [ ] Swab or sample pot for culture where indicated
- [ ] Monitoring and procedural sedation equipment if sedating
- [ ] Sharps container within reach

## Before · Assessment

- [ ] Confirm that the lesion is an abscess: fluctuance, warmth, tenderness and swelling; consider ultrasound if there is any doubt.
- [ ] Use ultrasound to confirm a collection (compared with cellulitis), to estimate depth and size, to identify loculations, and to avoid nearby vessels.
- [ ] **Do not incise a pulsatile swelling or a lesion with a visible vessel until a vascular lesion has been excluded.**
  Look for colour Doppler flow on ultrasound.
- [ ] **Check for features that call for a specialist: perianal or perirectal site, breast, hand flexor sheath, face, neck, groin or axilla near vessels, genital area.**
- [ ] **Assess for systemic illness (fever, tachycardia, hypotension, raised lactate) and for features of necrotising infection, such as pain out of proportion, rapid spread, skin changes, crepitus or systemic collapse.**
- [ ] Check risk factors: diabetes, immunosuppression, intravenous drug use, prosthetic material or valve disease, previous MRSA, recurrent abscesses.
- [ ] Check allergies, anticoagulants and tetanus status.

## Before · Consent, analgesia and preparation

- [ ] Explain the procedure, pain, the open wound, dressing changes, risks (bleeding, incomplete drainage, recurrence, scarring) and obtain consent.
- [ ] Give simple analgesia in advance, and consider IV analgesia or procedural sedation (per the EM Orbit procedural sedation guide) for large or very painful abscesses.
- [ ] **Calculate the maximum local anaesthetic dose: lidocaine 1% plain 3 mg/kg; 7 mg/kg with adrenaline.**
- [ ] **Avoid adrenaline-containing preparations at end-artery sites such as digits, ear, nose tip and penis.**
- [ ] Mark the incision site along the skin tension lines, over the point of maximum fluctuance, using ultrasound if used.
- [ ] Position the patient so that the abscess is accessible and dependent drainage is possible, and prepare for spill with absorbent pads.
- [ ] Put on PPE and check the sharps container.

## During · Anaesthesia and skin preparation

- [ ] Clean the skin widely with antiseptic and drape the area.
- [ ] Infiltrate lidocaine into the skin and subcutaneous tissue over the planned incision line and as a field block around the abscess, rather than injecting into the cavity.
- [ ] **Aspirate before injecting, and stop if blood is aspirated; reposition.**
- [ ] Allow time for the anaesthetic to take effect and test before incising.

## During · Incision and drainage

- [ ] Make a single incision with a scalpel along the skin tension lines (Langer's lines) over the point of maximum fluctuance, long enough to cover the full extent of the cavity.
- [ ] Take samples for culture before irrigating where indicated (immunosuppression, recurrent abscess, suspected MRSA, treatment failure, systemic illness).
- [ ] Express the pus and collect it carefully, avoiding splashes.
- [ ] Explore the cavity with a gloved finger, artery forceps or blunt instrument and break down all loculations until there are no pockets left.
- [ ] Irrigate the cavity with saline until the return is clear, if used per local practice.
- [ ] **Do not close the wound primarily; leave it open to drain.**
- [ ] **If bleeding, apply pressure; if brisk or pulsatile bleeding occurs, stop and call for senior or surgical help.**

## During · Packing and dressing

- [ ] Packing is not routinely needed for simple, small abscesses; current evidence supports leaving the cavity open and dressed. Use loose packing (ribbon gauze) only for larger or deeper cavities, to maintain drainage, per local protocol.
- [ ] **If packing is used, leave a tail outside the wound and note it in the record; do not pack tightly.**
- [ ] Apply an absorbent dressing and secure it.
- [ ] Dispose of sharps and soiled material safely.

## After · Antibiotics and sampling

- [ ] Do not routinely prescribe antibiotics for a small, adequately drained abscess in an immunocompetent patient without systemic illness or surrounding cellulitis.
- [ ] Give antibiotics when indicated: systemic signs (SIRS), significant surrounding cellulitis, immunosuppression or diabetes, extremes of age, incomplete drainage, hard-to-drain sites, prosthetic material or valve disease, or multiple lesions.
- [ ] **Arrange admission and IV antibiotics for sepsis, spreading infection, or immunocompromise with a deep abscess.**

## After · Aftercare and documentation

- [ ] Give written advice on keeping the wound clean and dry, analgesia and dressing changes.
- [ ] Arrange wound review or packing removal, commonly within 24–48 hours, per local protocol.
- [ ] Advise return for fever, spreading redness, increasing pain, or failure to improve.
- [ ] Check tetanus status and give prophylaxis if needed.
- [ ] Document the site, size, ultrasound findings, anaesthetic dose, incision, loculation breakdown, irrigation, packing, culture and antibiotic decision.

## After · Referral

- [ ] **Refer perianal and perirectal abscesses to the surgical team; do not drain them in the ED.**
- [ ] **Refer hand infections with flexor sheath signs (Kanavel signs) to the hand or orthopaedic team urgently.**
- [ ] Refer breast, facial, neck, genital and vascular-proximity abscesses per local pathway.