



Incision and drainage of a skin abscess

Information for patients from General Surgery

You have been diagnosed with a skin abscess. The following leaflet will:

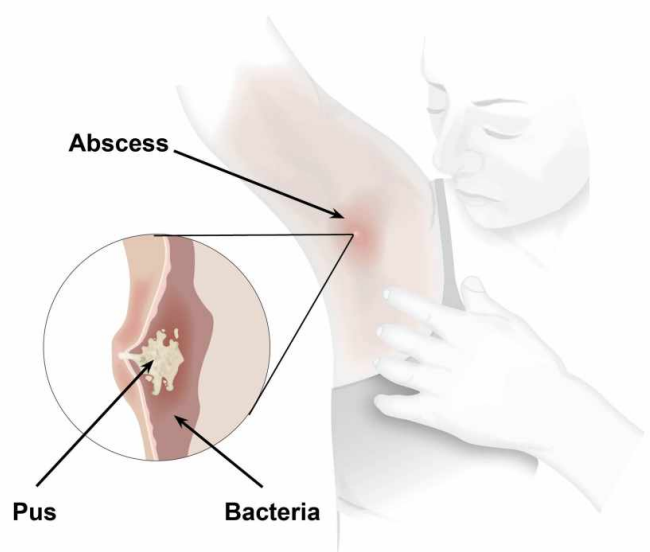
- explain what a skin abscess is
- what the signs and symptoms are
- how a skin abscess is treated, and
- what happens afterwards.

If you have any questions after reading this leaflet, please speak to a member of your surgical team.

What is an abscess and what causes it?

An abscess is a cavity containing a collection of pus. It is usually caused by a bacterial infection.

A skin (cutaneous) abscess forms just under the surface of the skin. A cavity forms and fills with pus. The cavity becomes bigger if the infection continues. Sometimes, the abscess can burst, leak pus and have an unpleasant smell. It can be very painful and make you feel very unwell.



A skin abscess in an armpit, showing bacteria and pus build-up

What are the signs and symptoms of a skin abscess?

If you have an abscess, you may have developed a few or all of the symptoms below.

- A swelling just under the surface of your skin. You might see pus forming under the skin. The pus can look white, yellow or even green. There might be an unpleasant smell if the abscess has burst.
- Pain, redness, swelling, and heat around the abscess.
- Feeling generally tired or unwell. You may have a fever (high temperature).

Where do abscesses form?

Skin abscesses can occur anywhere on the body.

- Abscesses that form in between the buttocks or around your anus (perianal area) are the most common. These will often need to be dealt with quickly.
- Other common sites are the fingers, armpit, breast, chest, back and groin.
- Abscesses can occur in other parts of the body, for example dental abscesses. This information sheet does not refer to these abscesses.

Who gets abscesses?

- Most skin abscesses occur in people who are well. There is usually no underlying cause. Usually, no further problems occur once it has gone.
- Anyone can get an abscess and most occur for no apparent reasons. For example, abscesses can occur as a result of a blocked sweat gland or a hair trapped under the skin.
- Your healthcare professional **may** check your urine for sugar if you continue to get abscesses, as they tend to occur more often in people with diabetes.
- Abscesses may be linked with a condition called Hidradenitis Suppurativa. For more information, please speak to your healthcare professional, or visit the NHS website (<https://www.nhs.uk/conditions/hidradenitis-suppurativa/>).

How is an abscess treated?

- The pus usually needs to be **drained away**. This involves a small procedure or operation to cut the top of the skin and allow the pus to drain.
- We may use special dressings to help the wound to heal, from the wound bed to the surface of the skin.
- If your abscess is not suitable to be drained, you may need **antibiotics**. Antibiotics will usually be needed if you have an artificial heart valve or some other heart conditions, or if you have an artificial joint.

What would happen if my abscess is not treated?

Normally a skin abscess would eventually burst onto the skin surface and let out the pus. This may be after it becomes larger and more painful. So, surgical drainage is usually the best option.

However, a small abscess may burst and heal without treatment, or may heal with a course of antibiotics. Please discuss this with a member of your surgical team, to see which is the best option for you.

What are the possible complications of abscess drainage?

- **Bleeding**; potential damage to underlying blood vessels, or nerves, particularly in the arm pit or groin areas.
- **Pain**; we will provide pain relief before your procedure, as well as an injection to numb the area.
- An **allergic reaction** to the numbing agent.
- **Infection** in the surrounding area delaying healing.
- **The abscess may return**, and need further surgery.
- **Scarring**; a keloid scar may form. This is a scar that is raised more than the original wound.
- **Blood clots** (deep vein thrombosis (/deep-vein-thrombosis)).
- If you have had an abscess around your anus, there is an increased chance you could develop **an anal fistula**. An anal fistula is a tract or tunnel that forms between the anal canal (where faeces pass) and the skin around the anus. Despite drainage of the anal abscess this is not enough for the fistula to go away. If this happens you will likely need another surgery to prevent further abscesses.

Symptoms of anal fistula can include a smelly discharge coming from the skin opening, persistent pain, swelling, discomfort, and irritation around the anus. If you persistently have any of these symptoms after your surgery, please contact your GP.

Despite these possible complications, the procedure is normally very safe. It will almost certainly result in a general improvement in your medical condition. If you have any concerns, please speak to a member of your surgical team.

How long will it take?

The procedure usually takes about 30 to 45 minutes, but every patient is different. It is not always easy to predict how difficult the procedure will be.

Will I have to stay in hospital overnight?

Most people can go home on the same day as their surgery.

However, your surgeon might want to keep you in hospital overnight to give you some antibiotics through a vein in your arm to help treat the infection.

Will I feel any pain?

We will try to keep you as comfortable as possible. You will be offered pain relief before your procedure if appropriate. Depending on the size and location of your abscess, you will have one of the following anaesthetics before your procedure.

- **Local anaesthetic.** You will be awake for the drainage, but the area around the abscess will be numbed to prevent pain. The local anaesthetic is injected near the abscess and may sting briefly. You should then only feel touch and pressure in the area where your surgical team is working.
- **General anaesthetic.** You will be asleep for the procedure.

Your surgical team will discuss your options with you. Please ask them any questions you may have.

What happens before my procedure?

- You should continue to take your **regular medication** as normal.
- If you are taking **anti-coagulants** (blood thinning medication), such as warfarin, you may need to stop taking this before your procedure. Your surgical team will discuss this with you before your procedure.
- If you have stopped **drinking** before your procedure, you should take your medication with sips of water.
- If your surgical team have told you not to eat (fast) before your operation, it is important that you do not eat or drink anything; this includes light snacks and sweets. You may be able to drink water, but check with a member of your surgical team first.

You need an empty stomach during surgery. This is to stop you from vomiting while you are under general anaesthetic.

- If you are having your procedure under **local anaesthetic**, you can continue to eat and drink normally.
- You will be asked to **sign a consent form** before your procedure. A member of staff will explain the procedure first, and outline any risks. Please use this time to ask any questions you may have.

Why do I need to sign a consent form?

All patients must give permission before they receive any type of medical treatment, test, or examination. Consent is usually given when you sign the consent form before your treatment, but we may ask you to give it verbally.

- You must give your consent voluntarily.
- The hospital must give you all the information you need to make a decision about your treatment. This is so you can give us informed consent. If you have not been given this information, or you have but you still have questions, please speak to a member of staff.
- You must be capable of giving consent. This means that you understand the information given to you and can make an informed decision.

When we ask you to give consent, please use this time to ask any questions you may still have. For more information, please go to the NHS Consent for Treatment web page (<https://www.nhs.uk/conditions/consent->

to-treatment/). Remember, you can withdraw your consent for treatment at any time.

What will happen during the procedure?

- Once the anaesthetic has been given, your surgeon will make a cut in the abscess. This will allow the pus to completely drain out.
- A sample of the pus might be sent to the laboratory for further testing.
- Once the pus is drained, the wound will be washed with an antiseptic solution or with saline.
- The wound will be left open, so that any pus that collects again can drain.
- If your abscess is big, your wound may need packing with an absorbent dressing. This will reduce the risk of infection and help the rest of the pus to drain properly.
- A dressing will be placed over your wound.
- The wound should heal in two to three weeks. It is likely to leave a scar.

What happens after my procedure?

To make sure there are no problems, staff will monitor your:

- blood pressure
- pulse
- temperature, and
- wound site.

If you had a general anaesthetic, you will usually stay in bed for at least 4 hours, until you have recovered. You will need to arrange for someone to take you home as you will not be able to drive after an anaesthetic. You should also arrange for someone to stay with you overnight.

If you had a local anaesthetic, you will be asked to stay in the treatment area for a short while. You will be given something to eat and drink, and will then be able to go home.

How do I care for myself at home?

- You will be given **painkillers** if needed. However, once the abscess is drained, most people notice that their pain decreases significantly.
- For the first two days following surgery, your **wound dressings** will need to be changed daily. You will need to make an appointment at your GP practice for them to do this.

As your wound starts healing, the dressings will need to be changed less often. This will be monitored by your GP practice. They will guide you as to how often the dressings need changing and when.

- If you have had a perianal abscess drained, you might be advised to eat a **high-fibre diet**. This is to prevent constipation, pain, and disruption of the wound site as it heals.

Will I have a follow-up appointment?

Most abscesses heal very well and do not need any follow-up in clinic. However, we will arrange an appointment to see you in the SEAU (Surgical Emergency Assessment Unit) if we feel we need to see you again.

Can I prevent getting further abscesses?

Although most abscesses occur for no apparent reasons, living a simple, healthy lifestyle can help reduce the risk of further abscesses.

- Eat a healthy balanced diet.
- Good personal hygiene; keep your skin clean and healthy.
- Stop smoking / using nicotine. For free friendly support and medication to help you stop smoking, contact One You Kent on telephone 03001 231 220 or email (kentchft.oneyoukent@nhs.net), or visit their website (<https://www.kentchft.nhs.uk/service/one-you-kent/one-you-smokefree/>).

What if I have any concerns or questions?

If you have any concerns once you return home, please contact one of the following units.

- Surgical Emergency Assessment Unit (SEAU)
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 235143
- Surgical Emergency Assessment Unit (SEAU)
William Harvey Hospital (WHH), Ashford
Telephone: 01233 633331 extension 723-4284

You can also contact NHS 111 24 hours a day (<https://111.nhs.uk/>).

References

- NHS: skin abscesses (<https://www.nhs.uk/conditions/skin-abscess/>)
- Health and Safety Executive Ireland: abscess (<https://www2.hse.ie/conditions/abscess/treatment/>)
- Mojolaoluwa Olugbemi, Ayesha Ahmed, Aliya Prihartadi, et al. Ambulatory Pathway for the Management of Superficial Abscesses: Criteria for Safe Provision of Care. *Cureus*. 2022 September; 14(9): e29545. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9592799/>)
- NHS. Before surgery: having an operation (surgery). (<https://www.nhs.uk/conditions/having-surgery/preparation/#:~:text=If%20your%20doctor%20has%20instructed,while%20you're%20under%20>

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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