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Perianal abscess

- A collection of infected material is termed an abscess
- A perianal abscess appears as a tender lump underneath the skin around the anus
- Although these appear to originate on the skin, they generally begin within the anal canal and then track outward to the skin
- Patients often experience symptoms of pain, swelling, fever, and sometimes spontaneous drainage
- If left untreated, an abscess can spread and have serious consequences such as sepsis (bacteria spreading to the bloodstream)
- Once an abscess is diagnosed, it generally should be drained
- This is often accomplished in the office but if the abscess is very large, it may need to be drained in the operating room
- When drained in the office, the skin overlying the abscess is cleaned with Betadine (an iodine-based antiseptic solution)
- An injection of Lidocaine (a local anesthetic) is given to numb the area
- An incision is made over the abscess and the pus is drained out
- If the abscess is large, an iodine-soaked gauze is packed into the cavity and a dry gauze is placed over the wound
- An antibiotic prescription is sometimes given based on the severity of the infection

Instructions after drainage

- Expect a lot of drainage, some discomfort, and possibly a fever over the first 24 hours after the drainage
- You may take Tylenol for pain control or a prescription-pain reliever if this was given to you
- In 24 hours, remove any packing if it was placed and then take a shower. Allow the soap and water to clean the wound
- Change the outer gauze once daily (or more frequently if there is a lot of drainage) but do not replace any packing unless directed by your physician
- If the packing falls out prior to 24 hours due to the necessity for a bowel movement, do not worry. Simply change the outer gauze at least once daily.
- If you have sustained or increasing pain, a persistent fever, or difficulty urinating, contact your physician immediately
- If you notice a small amount of continuous or intermittent drainage from the site of the incision more than 6 weeks after the procedure, make an appointment to see your physician. This could be a sign of a perianal fistula (a persistent connection from the rectum to the skin due to the abscess) and needs to be addressed