

Instructions Following Incision and Drainage of Perianal Abscess

An abscess is a pocket of fluid near the rectum that becomes infected. The fluid usually occurs at the site of the anal glands that we all have. The fluid can become infected and require drainage.

There are many types of abscesses as shown in the picture. Once they are drained, they start to feel better very quickly. Most heal completely. Thirty to fifty percent of abscesses either fail to heal over the next 3-4 weeks or recur at some point in your lifetime. The gland that started the infection may form a fistula, which is a small tunnel connecting the anal gland to the skin of the buttocks outside the anus. Keeping your follow-up appointment is important because it allows us to determine if you develop a fistula.

Wound Care

The dressings that are in place may be removed the following morning or at the first bowel movement. Any packing can be removed at that time or while sitting in the tub. You should expect bloody, foul drainage for several days. This is not a sterile area, and no fancy dressings are required. Dressings mostly act to prevent staining of your undergarments. Feminine mini or maxi pads may be easiest to use, and simple gauze pads are also OK. Limiting the use of tape may aid in your comfort.

You should begin warm soaks in the bathtub or sitz tub after you remove the packing. These soaks may be helpful at relaxing the anal muscle spasms and thus decrease your pain. They may be done for 15-20 minutes at a time up to every four hours, but at least twice per day.

The warm soaks also allow for irrigation of the abscess cavity, which will help speed healing. When in the tub, gentle finger pressure can be applied to the skin around the abscess opening to make sure that it is still completely drained.

Cleansing after bowel movements must be performed gently. Baby wipes can be helpful at getting clean with little trauma. Flushable adult wipes are also available.

Avoid any “medicated wipes” as these may contain witch hazel or alcohol. They will cause discomfort. Wiping can be avoided all together if one goes directly to the warm soaks after a bowel movement. Nothing needs to be added to the water. Bubbles, oils, or Epsom salts may be added if this improves your comfort or sense of cleaning. The water should not be so hot as to risk a burn injury.

Bowel Regimen

It is often difficult to move your bowels after anal surgery. Pain and narcotic pain medications are constipating. It is important to keep the bowels moving. The stool only becomes harder if you do not move them for days. You should eat a regular healthy diet.

You should take an over-the counter stool softener (Colace [sodium docusate] 100 mg twice daily or Surfak [docusate calcium] 240 mg once daily) to keep the stools soft. It must be taken with 6-8 glasses of liquid throughout the day. You should also take one teaspoon dose of a fiber supplement (psyllium, Metamucil, Citrucel, Benefiber) daily to keep the bowels soft and moving. Fluids are also required for these to help. Gentle stimulant laxatives (milk of magnesia, dulcolax, senna) should be taken only if you have not moved your bowels for one or two days.

At times, all three of these (stool softener, fiber, and laxative) may be required to help the bowels. It is important not to take so much that you have diarrhea.

Activity

No driving or working until off narcotic pain medications. Otherwise, you may return to work when you feel that you are able. Avoid activity that can cause direct trauma to the area. Your activity is limited mostly by your discomfort.

Pain Medication

Pain should improve every day after the drainage of the abscess. No pains should be getting worse. Increased pain at the time of bowel movements is expected. Pain can be controlled with Tylenol, ibuprofen, or a prescription pain medication. No topical ointments or topical antibiotics are required. If you were given a prescription for antibiotic pills, please take them as directed.

NOTIFY THE DOCTOR IF ANY OF THE FOLLOWING OCCUR:

- Fever greater than 101 degrees, swelling in the area, or increased pain, as these can be signs of infection. Heavy drainage is common from these wounds.
- Inability to move your bowels despite the previous laxative recommendation
- Inability to urinate. Pain and surgery can make it hard to void. Sometimes sitting in warm soaks helps to get started.
- Heavy bleeding. Small amount of blood on the dressings is normal. Drops and clots of blood may be seen if your bowel movements are firm.