

DISCHARGE INSTRUCTIONS AFTER DRAINAGE OF PERIRECTAL ABSCESS

An abscess around the anus develops as a result of an infection in glands within the anal canal. Although this infection usually does not become serious, occasionally it may reach the deeper tissues surrounding the anus. This results in the formation of a painful collection of fluid and pus. An incision and drainage of the infected fluid can relieve this pain. The wound that is made is left open to allow any residual pus to drain. Sometimes a dressing is placed in the wound as well.

Following the drainage of an abscess, there is approximately a 50-50 chance for the further development of a fistula. A fistula is a tunnel beneath the skin that starts at the gland which caused the infection and runs to the area of the abscess and then out onto the anal skin. This causes persistent drainage. A fistula may result in the development of further abscesses in the future. It is therefore imperative that patients follow up with their surgeon following drainage of their abscess.

HOME CARE:

A dressing has been placed over the wound. This should be left in place until you take your first tub bath (sitz bath). This may be in the evening or next morning following your surgery. Your surgeon will tell you the timing. At whichever time you are directed, the outer dressing should be removed. There is usually a dressing in the wound and this should be soaked and then pulled out while sitting in a tub of very warm water. You should then continue to take sitz baths with warm water three times a day for 10-15 minutes.

Your wound may continue to drain a large amount over the next several days as the infection slowly heals. Wear a gauze dressing to the wound to protect your clothing. You may also use a sanitary napkin for further protection of your clothing. You may notice bloody discharge for the next four to seven days.

Patients have much less pain after the surgery than they had prior to the surgery. However, depending on the size of the abscess there may be residual discomfort for a few days. Pain should slowly decrease. After a few days if there is a change in course and pain begins to intensify call the office. You will be given a prescription for pain medication. Follow the directions given by your doctor for taking this medication. After a day or two, if the pain is subsiding try to use just plain Tylenol to ease residual discomfort. To avoid upset stomach, take your pain medication as prescribed with food in your stomach.

Take these drugs exactly as directed. Never take more than the recommended dose, and do not take the drugs more often than directed. If the drugs do not seem to be working, call the office for advice. Do not share these or any other prescription drugs with others because the drug may have a completely different effect on the person for whom it was not prescribed.

Some people experience drowsiness, dizziness, lightheadedness, or a false sense of well-being after taking opioid analgesics. Anyone who takes these drugs should not drive, use machines, or do anything else that might be dangerous until they know how the drug affects them. Nausea and vomiting are common side effects, especially when first beginning to take the medicine. If these symptoms do not go away after the first few doses, check with the physician who prescribed the medicine. Side effects may include: dizziness, lightheadedness, nausea, sedation, vomiting, if these side effects occur, it may help if you lie down after taking the medication.

- ❖ Avoid strenuous activity for 1 week after your procedure.
- ❖ Take sitz baths (sit for 15-20 minutes in warm water) three times a day and after each bowel movement for the first few days.
- ❖ Don't worry if you have some bleeding, discharge, or itching during your recovery. This is normal.
- ❖ Avoid constipation.
 - Take Benefiber or other psyllium product (Metamucil, Citrucel, Konsyl, etc) one teaspoon twice a day. Take a stool softener such as Colace or Surfak twice a day as well.
 - If you have not had a bowel movement by the morning of the fourth day following surgery, take 2 fleet enemas, 1 hour apart (lubricate the tip of the enema well with Vaseline and insert gently). If no result, drink one bottle of citrate of magnesium, which can be purchased at any pharmacy. Following the first bowel movement, you should have a bowel movement at least every other day. If 2 days pass without a bowel movement, take an ounce of milk of magnesia. Repeat in 6 hours if no result.
 - The use of dry toilet tissue should be avoided. After bowel movements use a wet Kleenex, cotton or Tuck's pads to clean yourself, or if possible, take a warm bath.
 - If you were given a prescription for an ointment, apply this two or three times a day at the edge of the anal opening.
- ❖ Eat a regular diet including plenty of fresh fruit and vegetables. Drink 6-8 glasses of water a day.
- ❖ Call the office if your temperature is greater than 101 degrees.

Follow-Up

Make a follow-up appointment as directed by our staff. The first follow up is usually 2 weeks following surgery.