

Challenging the Traditional Practice of Continuous Abscess Cavity Packing - A Single Center, Single Blind Randomized Controlled Trial

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Abstract : Introduction: Abscesses are traditionally treated by incision and drainage with the packing of the residual abscess cavity until healing. This method requires regular visits from community nurses for continuous wound packing upon discharge from the hospital and causes considerable patient discomfort. Whether abscess cavity packing offers any advantage over non-packing has not yet been adequately studied to the best of our knowledge. This study aims to determine if there are differences in clinical outcomes of time to healing, fistula formation and recurrence of abscess between abscess cavity packing vs. non-packing groups. Methods: This study was a single-center, single-blind, randomized controlled trial where patients were randomized into packing and non-packing arms. All patients over 18 years presenting to Eastern Health with an abscess requiring incision and drainage in the theatre were invited to participate. Those with underlying conditions that cause recurrent abscesses were excluded. Data were collected from December 2018 to April 2020. Results: There were 63 patients who had abscesses treated with incision and drainage that were enrolled in the study, 52 of which were suitable for analysis. Demographic characteristics were similar in both groups. The packing group had a significantly longer time to heal compared to the non-packing group. Rates of fistula formation and recurrence of abscess were low and there were no statistically significant differences between groups. The packing group had more patients with delayed healing (defined as >60 days) and required more follow-up visits compared to the non-packing group. Conclusion: This pilot study indicates that abscesses can not only be managed safely with incision and drainage alone without the need for continuous abscess cavity packing but also that non-packing may offer clinical benefits to patients with earlier healing of abscesses compared to continuous cavity packing.

Keywords : abscess packing, subcutaneous, perianal, pilonidal

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