Changing dressings

For post-op care of abscess drainage, proper wound care and monitoring are critical. Nursing staff are important partners at this stage. Dressings should be changed regularly: dressing changes three times daily is a good start for most patients, but the exact number depends on how quickly the patient's dressings become soaked through. Dressings that have absorbed sufficient bodily fluid to the point that it is visible on the outermost layer should be changed. Eventually, the number of dressing changes a day will taper off as the abscess heals; however, it is important to tailor the number and progression of changes to each individual patient's situation.

The changing itself consists of removing the prior dressing and inspecting it for pus, blood, and the amount of fluid that was absorbed. The wound itself should be examined, with gentle pressure applied to try to expel any fluid collection remaining in the abscess cavity. The surrounding area should be examined looking for any streaking redness or signs of spreading infection. These observations should be monitored serially, looking for signs of improvement or incomplete surgical management of the abscess. While the majority of patients who have an abscess drained are treated with fairly small incisions and counter incisions, some patients will have larger cavities that will require packing. In these cases, the next step is the placement of sterile packing strips into the abscess cavity via the wound opening created during surgery using sterile forceps. The strips are packed into the cavity until the cavity is filled but not under pressure. If packed until under pressure, the patient will experience unnecessary pain and discomfort (the same sort of pain they experienced prior to incision and drainage). Some patients find a stretchable “panty” made from netting is a helpful adjunct to holding the dressings in place. For many, multiple dressing changes and significant amounts of tape cause irritation of this fairly delicate skin.