

524 Anaesthetic Use and Packing in Subcutaneous Abscess Management: A Retrospective Before and After Analysis Within A Two-Cycle Audit

H. Elkadi¹, E. Dodd¹, W. Bolton², T. Poulton³, J. Burke², D. Jayne²

¹The John Golligher Colorectal Surgery Unit St. James's University Hospital, Leeds, United Kingdom, ²Leeds Institute of Medical Research, Leeds, United Kingdom, ³The Faculty of Medicine and Health University of Leeds, Leeds, United Kingdom

Introduction: In the United Kingdom, there are no widely used guidelines within the management of subcutaneous abscesses by incision and drainage (I&D) to direct the use of local anaesthesia (LA) vs general anaesthesia (GA); or the use of wound packing vs no packing.

Method: Two cohorts of patients undergoing I&D procedures were retrospectively identified from attendance records over a 3.5-month period. The first cohort was between 16th October 2018 to 31st January 2019. The second cohort of patients was during the COVID-19

pandemic following the introduction of new RCS guidance (intervention) between 29th March 2020 and 15th June 2020.

Results: Seventy-one patients before and 63 after the intervention were included. There were significantly more procedures performed under LA after the introduction of the intervention (n = 52; 82.5%) vs before (n = 4; 5.6%) $p < 0.0001$. The incidence of wound packing decreased after the intervention (n = 43; 68.3% vs n = 62; 87.3%) $p = 0.00452$.

Conclusions: The results demonstrate that during the pandemic, change in practice resulted in more subcutaneous abscesses being treated with LA. The majority of abscesses were packed in both cohorts although the incidence declined after the intervention. Future research should explore the patient satisfaction regarding pain management and the abscess recurrence rate.