

# Perianal Abscess

**Information for parents and carers**



**The Children's Hospital**  
**Children's Day Care Ward**  
**Level 1**



## **What is a perianal abscess?**

A perianal abscess is a relatively common condition in children. It mainly affects baby boys who are less than a year old, but can develop in either boys or girls at any age.

A perianal abscess is a collection of pus just outside the anus. You may have noticed it during a nappy change or when bathing your child. It may look like a raised red area with a small white area in the centre, which may be leaking fluid or pus. It may also be tender to touch, due to the pressure within the abscess. It may cause your child to be irritable, but is not likely to cause any other symptoms, such as a fever or raised temperature.

Most perianal abscesses develop spontaneously in completely healthy children. Many naturally start to drain and heal, but some may need treatment with frequent baths and antibiotics. Others may need to be treated with a small operation.

Some perianal abscesses may not heal completely, with or without surgery. This can cause a tiny opening to develop where the abscess had been draining. It can create a small tunnel or tract, which makes an abnormal connection between the abscess and the outside skin. This is called an anal fistula (sometimes also known as a fistula in ano). If your child develops this problem they may need to have further operation to treat it and help it heal. The surgeon will talk to you about this, if it is needed.

## **What is the treatment?**

The treatment will depend on the age of your child, the size of the abscess and how much discomfort it is causing your child.

We may just prescribe your child antibiotics or might arrange a small operation to drain the abscess. The operation involves opening and draining the abscess, to allow the infection and pus to drain out. There are different ways to do this, which your child's surgeon will discuss with you, if necessary.

## **What are the benefits of having the operation?**

The operation can help relieve your child's discomfort and also prevent further infections from developing.

## **What are the risks?**

This is a simple and safe operation. However, all operations will carry some risks. The following complications have less than a 5% chance of occurring (5 out of 100 people):

- bleeding
- infection (redness, yellow discharge, swelling, or pain)
- the abscess returning, which may mean your child needs further operations
- development of a fistula (as described on page 3).

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 7.

## **Are there any alternatives?**

The abscess may be able to be treated with antibiotics, but if these do not work, or your child develops a fistula, the best treatment is surgery.

## **What happens during the operation?**

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

The abscess is opened by removing a small piece of overlying skin. The content of the abscess (pus) is then drained. A dressing may be used to cover the wound.

The operation will take about 30 minutes, but your child will be away from the ward for about 1 to 1 and a half hours. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

While your child is still asleep, some local anaesthetic may be injected into the operation site to prevent pain afterwards.

### **Consent**

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

### **Fasting instructions**

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

## **Pain assessment**

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

## **Pregnancy statement**

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

## **Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.<sup>1</sup>

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

## **In the anaesthetic room**

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally go to sleep very quickly indeed. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.



## **After the operation**

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure that your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children, so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

## Wound care and hygiene

Usually there are no complications after the abscess has been drained. We will arrange for a community nurse to check your child's wound 48 to 72 hours after the operation.

No stitches are used for this operation. The wound may have a dressing, which can be removed after the community nurse check or if it becomes dirty or wet. The community nurse will replace the dressing if needed.

With careful hygiene to the wound and warm baths, the area should heal without problem. The wound should be washed with water, especially if it or the area around it becomes dirty. When the dressing is removed, your child can have a bath or shower. Do not use soap, perfumed bubble bath or shower gel until your child's wound is completely healed, to avoid irritating the skin. The community nurse will advise you about bathing and dressings/wound care.

Occasionally, we may prescribe a course of antibiotics after the operation, to help prevent an infection from developing.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- spreading redness or swelling of the wound
- that the area is not healing and continues to drain or leak pus
- increased bleeding or leaking from the wound over the next 4 to 6 weeks
- new or increased pain not relieved by regular analgesia (pain relief)
- your child has a high temperature (this could be a sign of infection).

## Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for 1 week or until the wound heals. They can gradually return to sporting activities such as PE, bike riding, swimming, etc. once the wound has healed. This may take up to 6 to 8 weeks, depending on the size of the wound.

## Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

If your child has had an incision and drainage of the abscess, they shouldn't need a further hospital follow up. If your child has developed an anal fistula, they are likely to need to be seen in the Children's Outpatient Clinic in about 3 months' time.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients Clinic. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

## How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or if you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

### **Children's Day Care Ward: 01865 234 148/9**

(7.30am to 7.30pm, Monday to Friday)

### **Outside of these hours, you can contact:**

Robin's Ward: .....	<b>01865 231 254 /5</b>
Melanie's Ward: .....	<b>01865 234 054 /55</b>
Tom's Ward: .....	<b>01865 234 108 /9</b>
Bellhouse Drayson: .....	<b>01865 234 049</b>
Kamran's Ward: .....	<b>01865 234 068 /9</b>
Horton General Hospital Children's Ward:	<b>01295 229 001 /2</b>

All of these wards are 24 hours, 7 days a week.

### **Oxford University Hospitals Switchboard:**

Telephone: **0300 304 7777**

You may find further information on the following website:

**NHS Website:** [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

You can find further information about coming into hospital on our website: [www.ouh.nhs.uk/children](http://www.ouh.nhs.uk/children)

## References

<sup>1</sup>From the Royal College of Anaesthetists (2020) 6th Edition  
Your child's general anaesthetic. Information for parents and  
guardians of children.

[www.rcoa.ac.uk/patients](http://www.rcoa.ac.uk/patients)

**Please bring this leaflet with you on the day of your child's admission.**

**We hope that this information is useful to you and would welcome any comments about the care or information you have received.**



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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