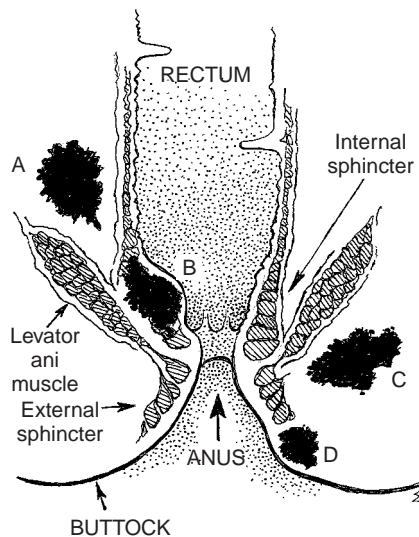


## △ GENERAL INFORMATION

*Anorectal abscess* is an infection with pus in it that is located in the area of the anus or lower rectum.

An anorectal abscess usually begins when bacteria enter through a tear in the lining of the rectum or anus. The bacteria develop into an abscess that may appear next to the anus (this is the most common) or some distance from the anus. Or, the abscess may remain inside, causing destruction of tissue before the pus is released or comes to the surface and breaks out on its own. Sometimes, the abscess may affect the sphincters (the valves) that open and close the anus during a bowel movement (Fig. 1).



**Figure 1.** Types of anorectal abscess: supralelevator (A); intersphincteric (B); ischiorectal (C); perineal (D).

## COMMON SIGNS AND SYMPTOMS

The symptoms depend on whether the abscess is trapped inside or has come to the outside next to the anus. These symptoms may be as follows:

- Redness, swelling, and pain in an area around the anus.
- Deep, throbbing pain for an abscess that has remained on the inside. It is not easy to point to the specific tender area.
- Pain with bowel movements.
- Fever and chills.

## DIAGNOSIS

- Usually, the diagnosis can be made by taking a detailed history, doing a thorough physical examination, and considering the laboratory reports.
- Anoscopy: This is done with a hollow instrument (called an *anoscope*) that is as long and as thick as your thumb. The anoscope is lubricated and gently

inserted into the anus to examine the entire area, looking for an internal cause of the abscess.

- Flexible sigmoidoscopy: This is done with an instrument that is pliable, smooth, and as thick as the tip of your little finger. It has lenses in it and a light at the tip. The flexible sigmoidoscope is inserted through the anus, and the entire lower rectum is examined carefully.

## ○ TREATMENT

The treatment for an anorectal abscess is to perform an operation to drain the pus. This not only makes you more comfortable, but also helps to prevent unnecessary damage to the tissue by the pus left standing there.

Another aim of the operation is to determine the cause of the abscess and to treat the cause at the same time as the abscess, or, if this is not possible, to make plans to treat the cause later, after the abscess has been drained and the infection has quieted down.

Sometimes the abscess affects the sphincters of the anus so that the entire operation cannot be done at one setting. There is too much risk of damage to the sphincters. If the sphincters were to be damaged, you might not be able to close your anus tightly after the operation. The solution is to do the operation in two stages. Often, the second operation is done several weeks later on an outpatient basis.

It is clear after examining you and taking all factors into consideration that you need a prompt operation to drain the abscess.

## PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

## □ OPERATION

- The operation will be done under general anesthesia.
- The operation usually takes about an hour, depending on what needs to be done.

## POSTOPERATIVE CARE

- You will be taken to a recovery room and observed until your blood pressure, pulse, and breathing are stable and you are fully alert. If the decision is that you go home that day, it will have to be with a responsible adult.
- If the necessary operation was more complicated, you will need to remain in the hospital for a day or two.
- The evening of your operation you will be helped to get out of bed.
- Very likely, you will have a small, soft rubber drain in your anal area. The purpose of it and how it will be handled will be explained to you in detail.

- Arrangements will be made for your medicine and follow-up office visit.
- As with any operation, complications are always possible. With this type of operation, they can include continued infection, weakness of your sphincter, and possibly others.

#### ⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.
- You will be given a suggested diet to follow during your convalescence.
- You will be instructed on taking sitz baths for 10 to 15 minutes three times a day. This involves sitting in a bathtub that has enough warm (*not* hot) water in it to completely cover your anal area. Sitz baths help speed up healing, keep the area cleaner, and also make you more comfortable.

- Be careful that you do not become constipated.
  - Include enough roughage and plenty of liquids in your diet.
  - You may need some help with a mild laxative (example: milk of magnesia).
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it, but let's talk about it first during a follow-up office visit.

#### 📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- The pain in the operated area becomes worse than before, or you have increasing discharge from the incision.
- You develop a temperature higher than 100°F.
- You have not had a bowel movement in any 36-hour period.
- You have any questions.