

PREOPERATIVE DIAGNOSIS: , Abdominal wall abscess.,POSTOPERATIVE DIAGNOSIS: , Abdominal wall abscess.,PROCEDURE: , Incision and drainage (I&D;) of abdominal abscess, excisional debridement of nonviable and viable skin, subcutaneous tissue and muscle, then removal of foreign body.,ANESTHESIA: , LMA.,INDICATIONS: , Patient is a pleasant 60-year-old gentleman, who initially had a sigmoid colectomy for diverticular abscess, subsequently had a dehiscence with evisceration. Came in approximately 36 hours ago with pain across his lower abdomen. CT scan demonstrated presence of an abscess beneath the incision. I recommended to the patient he undergo the above-named procedure. Procedure, purpose, risks, expected benefits, potential complications, alternatives forms of therapy were discussed with him, and he was agreeable to surgery.,FINDINGS:, The patient was found to have an abscess that went down to the level of the fascia. The anterior layer of the fascia was fibrinous and some portions necrotic. This was excisionally debrided using the Bovie cautery, and there were multiple pieces of suture within the wound and these were removed as well.,TECHNIQUE: ,Patient was identified, then taken into the operating room, where after induction of appropriate anesthesia, his abdomen was prepped with Betadine solution and draped in a sterile fashion. The wound opening where it was draining was explored using a curette. The extent of the wound marked with a marking pen and using the Bovie cautery, the abscess was opened and drained. I then noted that there was a

significant amount of undermining. These margins were marked with a marking pen, excised with Bovie cautery; the curette was used to remove the necrotic fascia. The wound was irrigated; cultures sent prior to irrigation and after achievement of excellent hemostasis, the wound was packed with antibiotic-soaked gauze. A dressing was applied. The finished wound size was 9.0 x 5.3 x 5.2 cm in size. Patient tolerated the procedure well. Dressing was applied, and he was taken to recovery room in stable condition.