Antibiotics Use in Perianal Sepsis: Heterogenous Non Standardized Practice.

Rana Mahmoud
Milton Keynes University Hospital. UK

Abstract

Statement of the problem

The gold standard treatment for perianal sepsis is prompt incision and drainage for collection to avoid necrotizing soft tissue infection and sepsis without damaging the sphincters. Antibiotics is not an alternative to incision and drainage, should only be used as an adjunctive treatment in case of high risk immunocompromised patients or patients known with IBD. No current standardised antibiotic regime in literature though it has been proven that there no protective effect of antimicrobial therapy regarding risk of fistula formation post operative.

Statement of Methods

Analysing the course of admission for patients' diagnosis of perianal abscess or incision and drainage of perianal abscess seen in MKUH between Aug and Dec 2020. 35 patients were admitted; 2 patients excluded from analysis: one had perianal collection which was complication of abdominoperineal resection for rectal cancer, second one had sacral region abscess. 3 patients were presented twice within the audited period. Data for 36 encounters analysed, most of admitted patient were male, with average age between 30 and 41, over 60% of them were presented with perianal abscess, 11 patients had concomitant fistula in ano, and only one were diagnosed with necrotising fasciitis (Fournier gangrene). 32 of the patients had antibiotics around their admission time. Over 90% had inappropriately prescribed co-amoxiclav or metronidazole or combination of both. Almost half of patients had a course of 7 days. Only 11 had appropriately prescribed for reasons such as associated colitis/Crohn's, or being immunocompromised, having necrotising infection or associated risk factors. A discussion with microbiologist or IBD lead only took place for 3 cases.

Conclusion

Paucity of national guidelines regarding antibiotic use in perianal sepsis, recommended class of antibiotics, dose and course. Current heterogenous practice in MKUH. All leading to inappropriate prescribing increase cost burden for NHS and other possible complications due to inappropriate antibiotics use. The development of clear local and national guidelines is crucial. Education of surgical staff responsible for prescribing with relevant teams such as microbiology, IBD and gastroenterology.

Biography

Miss Rana Mahmoud is a Specialty doctor for emergency surgery at Milton Kenyes University Hospital, UK. She attained MBBCh in Cairo, Egypt. The abstract that has been presented here and will be submitted for publication in next month. She has

publications as part of COVIDSurg collaboration in British Journal of Surgery and Journal of Clinical Oncology and Lancet Oncology. After attaining MRCS she completed fellowship in breast and general surgery at Cambridge University Hospitals and currently she is working towards FRCS.

References

Abcarian H. Routine antibiotics for anorectal abscess: the answer is still no . Dis Colon Rectum. 2011 Aug;54(8):917-8. doi: 10.1097/DCR.0b013e31821cc20d. PMID: 21730776.

Vogel JD, Johnson EK, Morris AM, Paquette IM, Saclarides TJ, Feingold DL, Steele SR. Clinical Practice Guideline for the Management of Anorectal Abscess, Fistula-in-Ano, and Rectovaginal Fistula . Dis Colon Rectum. 2016 Dec;59(12):1117-1133. doi: 10.1097/DCR.0000000000000733. PMID: 27824697.

Steele SR, Kumar R, Feingold DL, Rafferty JL, Buie WD; Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the management of perianal abscess and fistula-in-ano . Dis Colon Rectum. 2011 Dec;54(12):1465-74. doi: 10.1097/DCR.0b013e31823122b3. PMID: 22067173.

Sözener U, Gedik E, Kessaf Aslar A, Ergun H, Halil Elhan A, Memikoğlu O, Bulent Erkek A, Ayhan Kuzu M. Does adjuvant antibiotic treatment after drainage of anorectal abscess prevent development of anal fistulas? A randomized, placebo-controlled, double-blind, multicenter study . Dis Colon Rectum. 2011 Aug;54(8):923-9. doi: 10.1097/DCR.0b013e31821cc1f9. PMID: 21730779.

NHS
Milton Keynes University Hospital
NHS Foundation Trust