

Loria Pharmaceutical, LLC

PROTOCOL

Protocol No.	500
Subject	Incision & Drainage Protocol
Effective Date	07-12-2021

INTRODUCTION

An incision and drainage procedure is both a diagnostic and therapeutic measure that could be taken and performed to assess and treat a myriad of occurrences inside the practice.

As you will see, during the evolution of the healing process, or even after that, in the long-term management, you will encounter several instances where nodules from unconverted filler, collagen forming in a nodular pattern, or sterile abscess are created.

Nodules (or pockets) of unconverted filler occur when the micro-droplets of the dermal filler located within the newly formed collagen, break free from their collagen tomb, and coalesce into bigger droplets eventually forming pockets that could be visible or felt along the shaft. These nodules or 'bumps' don't necessarily have to be well delimited in nature.

Patients usually refer to these nodular occurrences as 'bumps', which could be drained if the patient would express interest in this. In the vast majority of cases, these formations are not painful or harmful for the overall health of the patient, and he should be made aware of that. The simplicity of the process could allow it to be performed by the patient himself at home, or it could be performed in the medical office setting.

As a diagnostic tool, once the incision with a needle has been performed, if the return is clear, oily, and viscous, we will be in the presence of a pocket of unconverted filler, that once drained will flatten, serving the aforementioned double purpose by becoming a therapeutic measure as well.

If the return is any other than a clear, oily, and viscous liquid, it will give you an orientation regarding the next step in the therapy, as you could be in the presence of an abscess that will require antibiotic therapy, the physical drainage of an abscess has also been widely described as a therapeutic measure as well.

In case that no return is achieved, you could start thinking about the presence of tightly packed and dense collagen fibers, that would require the injection of Kenalog (this is further explained in its own separate protocol).

Loria Pharmaceutical, LLC

PROTOCOL

Incision & Drainage Protocol

1. Place numbing cream on top of the procedural area for 45-60 minutes prior to the procedure to minimize the discomfort caused by the incision and draining process.
2. After the numbing time has expired prepare to perform the incision and drainage process by opening all necessary disposable instruments such as sterile needles, alcohol pre-pads or surgical blades in case of a suspected abscess drainage.
3. Perform a thorough surgical hand scrub before properly gowning if desired (not an absolute requirement given the procedure).
4. Wash treatment area with antibacterial soap and water, or any other suitable and accepted proper disinfection method.
 - The preferred method will be the use of a quaternary ammonia based, medical grade disinfectant.
5. With aseptic technique place on sterile gloves. Remember to generously spray down sterile alcohol over the gloves whenever you come into contact with any surface other than the previously treated procedural area.
6. Use alcohol prep pads and wipe down treatment area and wait one minute for alcohol to dry.
7. Pinch and hold the skin of the focalized procedural area upwards with your non-dominant hand, and with a swift motion proceed to perform an incision with the needle (or surgical blade) directly on top of the treatment area with.
 - Be careful not to perform this motion too fast or too deep initially to protect yourself and the patient in the process.
 - A recommended initial 1/8 deep poking is recommended, but you could also

Loria Pharmaceutical, LLC

PROTOCOL

assess the target depth depending on your own experience.

8. Carefully remove and discard the incision tool from the procedural field.
9. Hold and squeeze the treatment area and wipe the drainage with sterile gauze assessing and reevaluating the angle of the pressure to procure the best drainage possible.
 - Keep in mind that completely drain and flatten a cystic formation is not always possible and should not be the goal of this procedure, to prevent tissue damage from the manipulation.
 - A realistic goal would be to drain about 80% of the total volume of the treated area.
 - At this stage of the I&D process, you could take a drainage sample if desired when suspecting of an added bacterial process for example.
10. If you need to revisit the treatment area, or explore a new area, use a new disposable incision instrument, and repeat steps 7-9 until the desired goal has been achieved.
11. When the desired goal has been achieved, clean the treated area with an appropriate cleaning solution or method, and apply triple antibiotic ointment (or any other suitable topical antibiotic ointment) to the treatment area.
12. A light simple retainer wrap is recommended to be placed around the shaft or on top of the treated area to collect any spot bleeding that could occur during the next couple of hours following the procedure.

Post-Incision and Drainage procedure protocol

If there is no suspicion of a focalized abscess and the return is consistent with a pocket of unconverted filler formula, no further treatment is required. Patient is allowed to resume intercourse within a week post the drainage procedure. Instances where you suspect the presence of a bacterial process will require the proper antibiotic treatment. Instances where no return is obtained will require a proper Kenalog injection treatment.