ARTICLE:
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PURPOSE:
• Research Question(s): To compare complication rates and discomfort among
  patients receiving packing after I&D of simple cutaneous abscesses versus no
  packing.
• Hypothesis: Packing is more painful and leads to repeat ED visits

DESIGN:
• Study Design: Prospective, randomized, single-blinded
• Outcomes: Dependent: complications and discomfort; Independent: packing

SUBJECTS:
• Subjects:
  o Number of Studies / Subjects: 51 enrolled, 3 excluded, 48 final
  o Inclusion / Exclusion criteria: Inclusion: >18 yo with abscess on trunk or
    extremities. Exclusion: abscess >5cm, pregnancy, comorbidities (DM,
    HIV, malignancy, immunosuppressed), steroids, allergy to Bactrim,
    sedation, IV abx or surgery consult, no follow-up
  o Demographics: 50/50 male/female, 30 yo average, almost all AA

METHODS:
• Interventions: standardized I&D, packing vs. no packing, Bactrim,
  oxycodone/acetaminophen, ibuprofen
• Study Groups: packed vs. not-packed

DATA ANALYSIS:
• Statistics Used: descriptive stats of differences with unpaired t-test for VAS scores; fisher’s exact test for primary outcome

• What, if any, confounding variables were controlled for / adjusted for: No

RESULTS:
• Brief answers to research questions: No significant difference in primary outcome (need for intervention), no admissions required.
  o Pain (VAS score): Postprocedural and 48-hr follow-up pain scales were higher in packed group. Ibuprofen: no difference. Oxycodone/Acetaminophen: significantly more in packed group.

IMPLICATIONS FOR PRACTICE:
• Applicable to this clinical practice: Difficult to apply to our ED and population given the demographics difference (AA, inner-city, 60% MRSA) and small sample size.

• Feasibility (cost, resources, etc): Easier to not pack, approximately $4-5 per bottle of packing strips

• Clinically Relevant: Yes, very common complaint in almost any emergency department, anywhere.

LEVEL OF EVIDENCE / DECISION FOR USE:
• Background X Consider Replication Ready for use

• Level of Evidence:
  Ia Evidence obtained from meta-analysis of randomized controlled trials
  Ib Evidence obtained from at least one RCT
  IIa Evidence obtained from at least one well-designed controlled study without randomization
  IIb Evidence obtained from at least one other type of well-designed quasi-experimental study
  III Well-designed non-experimental studies
  IV Expert committee reports, opinions of experts