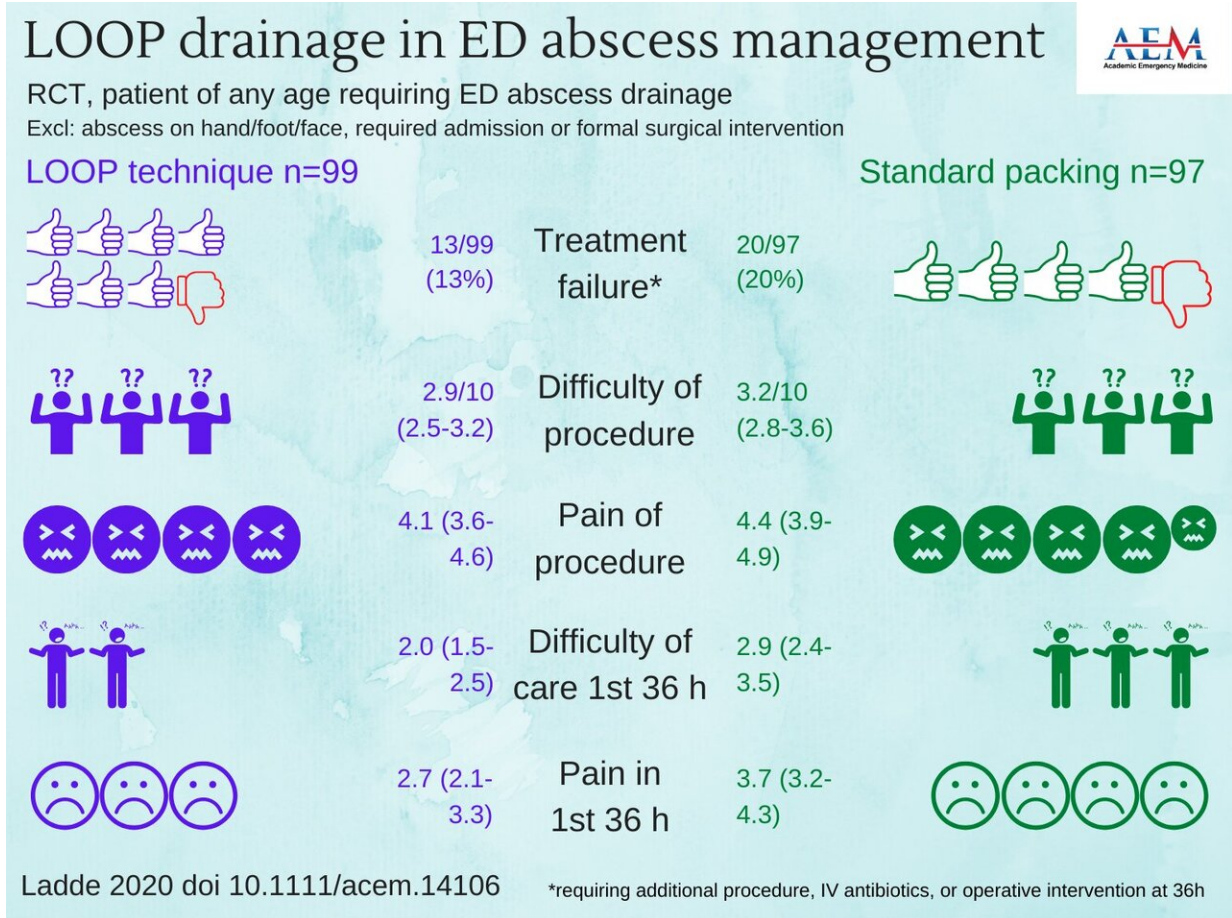


# LOOP technique for I&D of abscesses in adults is safe, effective alternative to I&D with packing

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Randomized controlled trial, patient of any age requiring emergency department abscess drainage. Credit: KIRSTY CHALLEN, B.SC., MBCHB, MRES, PH.D., LANCASHIRE TEACHING HOSPITALS, UNITED KINGDOM

The LOOP technique for incision and drainage (I&D) of abscesses in adults is a safe and effective alternative to the traditional I & D with packing and may offer an alternative to the standard regimen in the treatment of uncomplicated skin abscesses in pediatric patients. That is the conclusion of a study to be published in the December 2020 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Dr. Jay Ladde, an academic emergency physician working at Orlando Regional Medical Center serving as core faculty and senior associate program director. Dr. Ladde also has the rank professor of emergency medicine for University of Central Florida College of Medicine.

The clinical trial compared the failure rate of incision and drainage (I&D) with LOOP technique, versus I&D with standard packing technique, in adults and children presenting to the [emergency department](#) (ED) with subcutaneous abscess. In conclusion, the LOOP and packing techniques were found to have similar failure rates for treatment of subcutaneous abscesses in adults, but the LOOP technique had significantly fewer failures in children. Overall, pain and patient satisfaction were significantly better in patients treated using the LOOP technique.

The authors suggest that with further study, this technique may offer an alternative to this standard regimen in the treatment of uncomplicated skin abscesses in [pediatric patients](#).

**More information:** Jay Ladde et al, A Randomized Controlled Trial of Novel Loop Drainage Technique Versus Standard Incision and Drainage in the Treatment of Skin Abscesses, *Academic Emergency Medicine* (2020). [DOI: 10.1111/acem.14106](https://doi.org/10.1111/acem.14106)

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