



Unlocking
Common ED
Procedures

Peritonsillar Abscess Drainage

Author: J. Daniel Ballew, DO ([@dan_ballew](#), Global/Rural EM Health Fellow, University of Washington)

Edited by: Alex Koyfman, MD ([@EMHighAK](#)); Brit Long, MD ([@long_brit](#)); Anthony Devivo ([@anthony_devivo](#)); and Manpreet Singh, MD ([@MprizzleER](#))

✓ Rapid Procedure Review

1. Once the diagnosis of PTA is suspected, use the submandibular or intraoral US approach to confirm diagnosis, assess the size of the abscess, and to see surrounding structures.
2. When diagnosis is confirmed have all of your supplies brought to the bedside including 18g spinal needle and laryngoscope. Have suction ready.
3. Use 4% lidocaine or another topical anesthetic to anesthetize the area.
4. Once patient is comfortable, insert a laryngoscope blade to properly visualize the abscess.
5. Insert the 18g spinal needle with guard into the superior pole of the abscess, moving to the middle and inferior poles if no purulent drainage is obtained at the superior pole.
6. When there is no more purulent drainage remove the needle and laryngoscope blade. Observe the patient until bleeding has ceased.
7. Once bleeding has ceased or slowed discharge the patient home with antibiotics covering oral flora (amoxicillin-clavulanate, clindamycin, etc.) and arrange ENT follow up within 48hrs.



Looking for more detailed information on procedural steps, indications, contraindications, pearls, and pitfalls?

→ If so, scan this QR code to get linked to the [emDOCs.net article](#).

emDOCs

Emergency Medicine Developments, Oddities, and Controversies