

# Pilonidal Sinus

## Patient Information

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### Definition

A pilonidal sinus is an inflamed sinus tract or burrow. They are often multiple and lead to a cavity under the skin between the buttocks (natal cleft). It is believed that the condition is started by hairs in the surrounding area growing inwards into the skin. If an abscess forms, this may cause swelling and pain and may burst. The condition more often than not is a nuisance in terms of discharge and discomfort. Rarely however they can become quite extensive and if infection is severe you may become quite unwell. It is for these reasons that your surgeon will offer you an operation to get rid of the sinuses. There is no other way of doing this effectively without surgery.

### Choice of operation

There are many methods of removing the sinuses. But they generally fall into two categories. Those procedures that leave the wound open to heal from the inside and those that involve closing the wound. The latter is a preferable method as it significantly reduces the time the wound takes to heal and requires much less postoperative care in terms of daily dressings. However it is not always possible to close the wound. Both methods leave a scar in the natal cleft, the closed method tends to leave a smaller neater scar. Your surgeon will advise you on the most appropriate method for you.

### Before admission

You will have seen the surgeon in the out patient clinic who will have explained the nature of the operation.

### Admission

These operations are performed as a day case where you are discharged home on the same day as the operation. If your operation is in the morning you should fast from midnight and if it is in the afternoon usually a light breakfast at 08:00 is permitted.

You need to check this prior to the surgery.

### Anaesthetic

The vast majority of these operations are performed under a general anaesthetic. Very rarely the operation is performed using anaesthetic whilst you remain awake. You will see an anaesthetist prior to the operation who will discuss the anaesthetic most suitable for you.

### The operation

The infected sinus tracts are excised and the whole area is cleaned out. The wound (which can be quite large) is then either closed or left open and packed with a dressing. If the wound is closed a variety of different techniques and stitches are employed depending on the case.

Sometimes a small drain (tube) is left in the wound to drain excess blood. This is usually removed 24 hours after the operation prior to going home, or by your GP practice nurse.

### Problems that can occur during the operation

#### 1. Transfer to inpatient

Problems occurring during surgery are rare. Very occasionally if you are booked as a day case you may be asked to remain in hospital for a short period after the operation.

### After the operation

As soon as you awake from the anaesthetic you can have something to eat or drink. After a short while a nurse will run through a checklist to ensure you are fine to go home if you are a day case. A responsible adult will have to remain with you for 24 hours after the procedure, as it takes this time to fully recover from the anaesthetic.

You may experience some pain over the operation site, but you will have been given pain killers. It is important that you take these regularly in the first 48 hours, even if you are not experiencing pain.

## **Problems that can occur after the operation (post-operative complications)**

### **2. Bleeding**

Occasionally the wound continues to bleed. Often applying light pressure to this will arrest the bleeding. However if this does not work seek advice from your GP or report to the Warwickshire Nuffield Hospital.

### **3. Infection**

Sometimes the wound becomes infected. This is more likely to occur if the wound is closed. You will notice increasing pain and swelling over the operation site. The wound may become red and start discharging. Usually antibiotics are prescribed for a few days to prevent this, however if you feel you are developing a wound infection seek advice from your GP or telephone my secretary for an appointment. In the event of an infection I may decide to remove your sutures early if your wound was closed and let the wound heal from inside. You will then need daily dressings as per the open method of operation.

### **4. Recurrence**

There is about 1 to 5% chance of recurrence of the condition if the wound is left open and about a 10 to 20% chance of recurrence if the wound is closed. Although closure is preferred for the reasons stated above the trade off is a slightly increased risk of recurrence. If you do get the problem back consult your doctor or specialist who can re-perform the surgery. More than likely if you have a recurrent pilonidal sinus you will be offered an open operation.

The natal cleft area will have been shaved prior to surgery. You will greatly reduce your risk of recurrence if you keep the whole lower back and natal cleft area free of hairs all the time. There are many methods of doing this including shaving, depilatory creams and waxing. There are permanent methods of hair removal on the market such as laser treatment or electrolysis.

## **After discharge**

Any pain will subside fairly rapidly. Getting back to your normal activities and work will depend on what operation was performed, how extensive the problem was and what job you do. Typically this time is anywhere from 1 to 6 weeks. Try to avoid excessive walking or sitting until your wound has healed, although you should remain as active as possible. You should not go swimming until the wound is healed and avoid tight fitting clothes. After a bowel motion if possible try to take a shower to clean the area to prevent infection. Remember to keep the area hair free once the wound has healed.

If you are concerned that you may be developing a complication you should either contact your GP or my secretary.

If your wound was closed you will need your sutures removing. This is usually two weeks from the operation. It is sometimes done in two stages typically a week apart.

If your wound was left open you will initially need daily dressing changes performed by your GP practice or district nurse. This nurse will advise you as to the frequency of dressing changes as time progresses. They will also tell you when the wound requires no further dressings. The time to complete the healing process is very much dependent on you and the size of the initial wound. Anywhere between 1 and 6 months is possible. Whilst healing is taking place you should follow the advice above.

You may find it useful to wear extra padding particularly at the outset to protect your clothes from the inevitable discharge from the wound.