

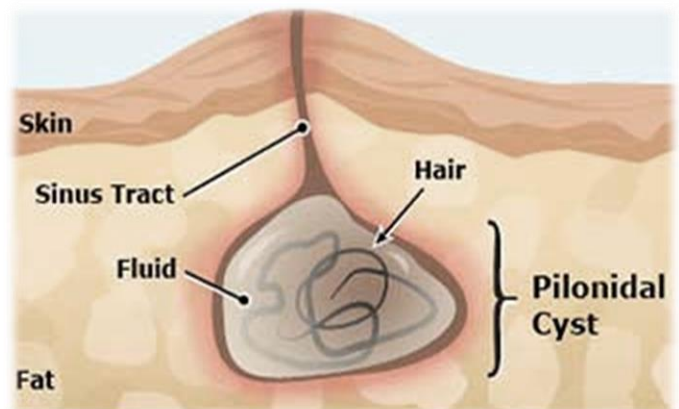
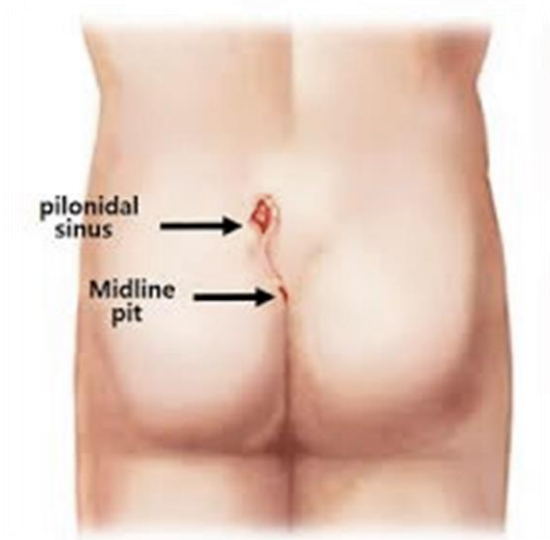
# Surgery for Pilonidal Disease

## WHAT IS A PILONIDAL SINUS?

A pilonidal sinus is a problem or abscess in your natal cleft (between your butt cheeks). The condition usually affects young adults, happening in 1 in a 100 young men. It is less common in women.

## WHAT CAUSES A PILONIDAL SINUS OR ABSCESS?

Hair grows in your natal cleft or loose hairs fall down your back and collect in the natal cleft. As the hairs carry bacteria the area may become infected. This causes an abscess to form or a discharge of pus that is released through the tunnel (sinus) out onto your skin. Sometimes the sinus can be widespread, with branches and pockets of infection.



## WHAT ARE THE BENEFITS OF PILONIDAL SURGERY?

Surgery is the gold standard technique to remove the sinus and the pockets of infection. Once the area has fully healed there is a small chance that the infection may come back and the sinus recurs.

## ARE THERE ANY ALTERNATIVES TO SURGERY?

If an abscess has not formed and there has not been any discharge in a while there is no need to undergo surgery.

An occasional discharge or cellulitis can be treated with oral antibiotics, but most likely the infection will come back again later.

## WHAT WILL HAPPEN IF YOU DECIDE NOT TO HAVE THE SURGERY?

You may not have any further problems but the area can keep getting recurrent infections that can cause pain and an abscess. This can continue for years.

## YOUR ANAESTHETIC

You will require a general anaesthetic. Your anaesthetist will see you in the ward before your surgery and explain what they will do. You will be operated on lying on your tummy, the theatre staff will move you into this position after you have been put to sleep.

## WHAT DOES THE OPERATION INVOLVE?

There are different types of operations that can be performed. Your surgeon would have discussed this with you beforehand explaining the decision to perform a particular surgery on you. The options include:

- Incision and Drainage
- Pitt picking
- Flaps
- Open wounds
- Draining setons

The surgeon will drain your abscess or sinus. This can be done by cutting out all the infected tissue and leaving the skin open or making small cuts around the sinus and irrigating all the infected tissue out with peroxide (bubbly liquid). They may also leave a small drain or string in to allow drainage to continue (seton). If the wounds are left open you will need to recover by avoiding sitting and lying on your tummy for up to 2-4 weeks. The wounds will need frequent dressings to allow them to heal upwards and prevent new cavities from forming. A wound care specialist nurse will assist you as an outpatient with your dressings.

## WHAT YOU CAN DO TO HELP THE SURGERY BE A SUCCESS?

By stopping **smoking** several weeks before the surgery you will decrease the risks of complications after the surgery and chance of a possible recurrence.

To maintain a healthy **weight**, you have a higher risk of developing complications if you are overweight. Regular **exercise** will help you prepare for the surgery, improve your recovery and also your long term health.

**Hair removal** would have been discussed with you and what techniques are available; by keeping the hair off your back you will decrease the risk of further pilonidal infections.

## WHAT COMPLICATIONS CAN HAPPEN?

General complications after any surgery include:

- Pain: your colorectal team will have given you pain killers after the surgery and to take on discharge. Please use the medication as it is prescribed to you
- Bleeding: this can occur during or after the surgery. The risk is slightly higher if you have a large wound that is left open. If the wound is closed with stitches, then the bleeding may form a clot or haematoma under the skin which may need to be drained.
- Scaring: The surgery may include a flap to change the shape of your natal cleft to prevent recurrences later on. This will result in scaring.
- Blood clot in your leg/DVT: this can cause pain, swelling or redness in your lower leg. To prevent this, you will be encouraged to get out of bed early and to mobilize each day. IF you stay in hospital you will be given an injection into your stomach to thin your blood and prevent this from occurring.
- Blood clot in your lungs/PE: this can occur if the blood clot moves through your veins into your lungs. You may feel chest pain; cough up blood and shortness of breath. Should this happen please inform a member of the colorectal team straight away. You will need a CT scan to diagnose this and if it occurs you will be placed on oral blood thinners for up to 3 months.

Specific complications pertaining to the surgery include:

- Partial breakdown of the wound: this is common if the wound is closed with stitches and you have an infection in the pilonidal area at the time of surgery. IF this occurs the wound will be packed and require alternate day dressings until it heals.
- Slow healing: this occurs if the wound is managed open and requires dressings. The wound may take up to 8 weeks to heal completely.
- Numbness around the wound: this is due to the nerves being cut and should return to normal in 3-6 months.
- Recurrence: This is always a risk and it depends on your state of health prior to the surgery and presence of infection at the time of the operation

## HOW LONG WILL I BE IN HOSPITAL FOR?

This is usually a day case and you can go home on the same day. If the wound is very large you may require an overnight stay.

## WHEN CAN I START NORMAL ACTIVITIES?

You cannot drive home from the hospital after your general anaesthetic. You should avoid sitting and driving for up to 2 weeks after the surgery. It is important to move as you do not want to get blood clots but please be sensible and limit activities at home to prevent the wound from bleeding.

You can return to work after 2-3 weeks, your surgeon will guide you here. Please only start regular exercise once your surgeon has deemed you safe, this is usually between 4-6 weeks.



**Colorectal Unit**  
Wits Donald Gordon Medical Centre

## THE FUTURE

Pilonidal's can come back (risk 1 in 9 people), it is important to keep the area free from hairs and as clean as possible to reduce this risk. Your surgeon will advise you what options are available for hair removal.

## WHAT SHOULD YOU DO IF YOU DEVELOP PROBLEMS?

If you develop these problems post operatively please contact your surgeon's rooms to make an appointment for review. If it is out of hours then go to your local casualty. Please do not come to the Wits Donald Gordon Medical Centre out of hours as there is no casualty at this hospital and there will be no doctors on site to attend to you. Alternatively you can call the Wits Donald Gordon Medical Centre on (011) 356 6000 and ask to speak to the colorectal surgeon on call.