

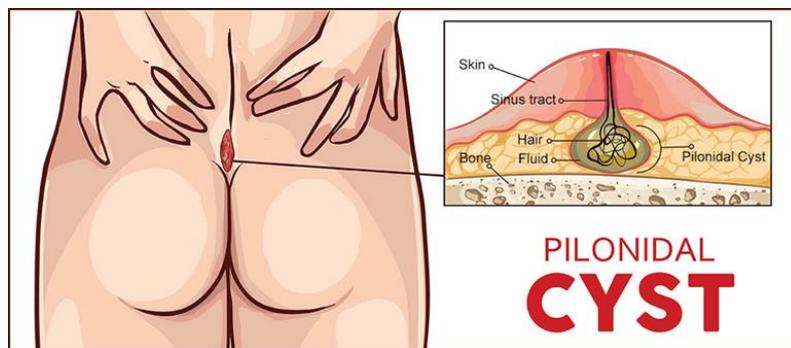


Pilonidal sinus surgery

Informed consent: patient information

1. What is pilonidal disease?

Pilonidal disease is a chronic skin infection in the natal cleft, the crease of the buttocks near the tailbone. If you have pilonidal disease, you will have one or more cysts between your buttocks that may become swollen or infected. A pilonidal cyst looks like a small dimple, and it may have hair sticking out from it.



2. What causes pilonidal disease?

The cause for pilonidal disease is not completely understood. Hair often grows in the cleft (crease) between the buttocks. These hairs can traumatize and penetrate the skin at the top of the buttock crease. Hairs can get caught under the skin in this area. This can result in irritation, infection, and formation of an abscess.

It usually occurs in young people between the ages of 15 and 24 years. It is more common in males and people who are overweight, wear tight clothing, have a lot of hair near the crease of the buttocks, or do not bathe or shower often.

3. Natural courses

Nearly all patients are initially diagnosed by having an **acute abscess episode** (the area is swollen, tender, and pus may drain from it). After the abscess goes away, either by itself or with medical care, many patients develop a **pilonidal sinus**. The sinus is a cavity below the skin surface that connects to the surface through one or more small openings (pits). Some sinus tracts may resolve on their own, however, most patients need minor surgery to remove them.

4. Treatment options

If you have no symptoms then you will normally be advised to shave the affected area (or **laser hair removal**), to keep the area clean, and to dry well after washing.



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When the cyst gets infected, your doctor will prescribe antibiotics first. A pilonidal abscess (pus) is managed by **incision, drainage, and curettage of the abscess cavity** to remove hair nests and skin debris. It is a minor procedure but usually performed at the hospital under general anaesthesia. After the surgery, you will need to visit your doctor for daily dressing changes.

For complex or recurring infections, you may be recommended to undergo surgical treatment to remove all the sinus tract to prevent further infections. There are largely two surgical options:

- **Excision and laying open of sinus tract**

The pilonidal sinus is cut out and the tract is laid open to heal by itself. It is inconvenient that the wound can take 6-8 weeks to heal, and the dressings need to be changed regularly. This advantage of this technique is that all the inflamed tissue is removed and the chance of the infection coming back is low.

- **Excision with primary closure**

The pilonidal sinus and its tract including the midline pits are removed with the surrounding skin and the wound is closed with sutures. The advantage of this, if successful, is that the wound heals much quickly. However, the risk of infection coming back is higher. In more complex cases, closure with flaps (moving healthy body tissue into the area) is often required to keep the wound off midline and reduced tension on the wound. It usually requires that you restrict many activities until wound healing is complete.

5. **Pilonidal sinus surgery (Complete excision and primary closure with flaps)**

The operation is performed **under general anaesthesia** and usually takes about 45 minutes. You will be in prone position during the surgery and will probably stay **overnight** for smooth recovery. You may have a plastic drain on one side of the wound.

It will take about **4 weeks to completely heal**, and most people can resume their regular activities 2 to 4 weeks after surgery. You still need to **avoid strenuous exercise** and activities that require long periods of sitting.

You may experience some pain or tenderness during the recovery process. This can be managed by: taking pain medications prescribed from the hospital, avoiding strenuous activities, using a donut cushion to sit on, not sitting for long periods of time on hard surfaces.

You will see Dr Woo in **about 2 weeks for wound review and stitch removal**. If you are worried that the wound is showing any signs of infection, i.e. if it is swollen, red, painful, hot, or if you are feverish, you should make an appointment to see your local doctor straight away.

Risks of the procedure - bleeding/haematoma, seroma collection, wound site infection, wound dehiscence, recurrence of pilonidal sinus.