

## **The Pilonidal Sinus Operation**

The most common operation is the cutting out of the sinus as well as a wide margin of skin surrounding the sinus. The wound is not stitched but left to heal by normal healing processes. This wound will take a few weeks to heal and requires regular dressings until it does. The advantage is that all the inflamed tissue is removed and the chance of reoccurrence is low.

Another treatment is cutting away the section of skin that contains the sinus and stitching the sides closed. The wound heals quite quickly but there is higher risk of recurrence of infection with this method of treatment.

Other operations excise the sinus and transfer skin and subcutaneous tissue (flap) from the vicinity to cover the resultant defect and reduce the depth of the natal cleft; this is thought to reduce the risk of the disease returning. In such cases often a drain (tube) is inserted below the wound and removed a few days later. The risk of recurrence is low, but the flap might fail to get incorporated at the transfer site; this sometimes requires further surgery resulting in an open wound that might take a long time to heal.

## **Benefits Of Surgery For Pilonidal Sinus**

The main benefits are the relief of pain, bleeding, discharge, discomfort and itching caused by pilonidal disease.

## **Are There Any Alternatives?**

Not all cases of pilonidal disease require surgery. Treatment depends on the magnitude of the associated symptoms and patients' preference. Some cases can be treated by regularly shaving and cleaning the area around the pilonidal sinus, with the aim to prevent further extensions and infection. However, in most cases an operation is advised.

## **What Would Happen If My Pilonidal Sinus Was Left Untreated?**

Untreated pilonidal disease can progress by creating additional branches (tracts) and openings that might be more difficult to treat in the future. It can also become infected resulting in a pilonidal abscess, which usually requires emergency surgery resulting in an open wound.

## **Will The Pilonidal Sinus Return After Surgery?**

Pilonidal disease can return after any form of treatment, recurrence rates depending on the type of surgery performed (see information on pilonidal disease).

## **How Long Will I Be In Hospital?**

As this is a day case procedure you will be expected to go home on the day of your surgery. Some patients with significant co-existing medical conditions or whose surgery takes place late in the day might be kept in overnight.

## **Before The Operation**

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Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your treatment and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking, please follow these carefully, otherwise this may pose an anaesthetic risk and may mean we will have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown.

The surgeon and anaesthetist will visit you and answer any questions that you have.

A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

### **After The Operation**

Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time.

Some pain is to be expected, and can be quite significant. The nurses will give you painkillers and monitor your pain. The nurses will monitor the wound site and if necessary provide pads to protect your clothes from marking.

If your operation is planned as a day case you can go home as soon as the effect of the anaesthetic has worn off. A general anaesthetic can temporarily affect your coordination and reasoning skills so you will need a responsible adult to take you home and stay with you for the first 24 hours. During this time it is also important that you do not operate machinery, drive or make important decisions. Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers and laxatives. Your GP will be notified of your treatment.

If a drain is inserted during surgery you might be discharged home with the drain in situ; in this case we shall make arrangements for the district nurses or hospital staff to review its output and remove it when appropriate.

In most cases a hospital follow-up appointment is required; you will be notified of this prior to discharge and an appointment card given to you.

### **What Activities Will I Be Able To Do After My surgery?**

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You can return to normal physical and sexual activities when you feel comfortable; this normally takes 2-3 weeks but sometimes longer.

### **How Much Pain Can I Expect?**

At times the pain may be significant, so taking regular painkillers will help. You may experience discomfort for up to four weeks after the operation.

### **Wound And Personal Hygiene**

It is necessary for your wound to heal by the natural healing process from the wound bed up. With this healing process your wound will require regular dressings until it heals. In some cases the wound might be managed with a negative pressure dressing (Vac therapy); the tissue viability nurse will give you information about this.

It is important to stay off your operated area—therefore lying on your side or stomach is the position of choice (not on your back). If you are sitting, it is important not to be in the sitting position for more than 30 minutes. Putting pressure on your wound can delay the healing process.

It is important to keep the operation site clean. Whether you shower, sponge or have sitz baths is dependent on the type of surgery you have had and our special instructions. You might be advised to remove hair from the area on a regular basis by shaving or other means to reduce the risk of sinus recurrence.

### **Driving**

You must not drive for at least 24 hours after surgery. If you have a drain in situ we advise not to drive until the drain is removed. Before driving you should ensure that you are able to perform an emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

### **Return To Work**

You can return to work as soon as you feel well enough. This could depend on the type of work that you do. Typically you will need two to three weeks off work.

### **Significant, Unavoidable And Frequently Occurring Risks After Surgery For Pilonidal Disease**

Although this type of surgery is almost always safe, complications are a risk factor, just as they are with any kind of surgery. Here are some potential complications:

- anaesthesia complications - nausea and reaction to the anaesthetic
- pain - you will be given tablets to help control the pain
- bleeding of the wound
- scarring
- blood clots - rarely these can form in the legs due to immobility after surgery. Occasionally a blood clot can break off and travel through the blood stream to the lungs, making it difficult for you to breathe

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- partial breakdown of the wound - this is more common if the wound is closed with stitches. The risk increases if there is an infection at the time of surgery. The wound may need to be opened and packed until it heals
- slow healing - healing can take up to eight weeks or longer, especially if the wound is packed
- feeling numb - it is common to have numbness around the wound.

### **When to Contact Your Surgeon**

Please contact us on 07968228831 or your general practitioner (GP) if you experience any of the following after discharge from hospital:

- fever above 38°C
- excessive bleeding from the wound
- offensive smelling discharge from the wound
- if a closed wound opens
- severe pain despite the use of pain killers.