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**Consulting at: Spire Tunbridge Wells Hospital, Maidstone &
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PATIENT INFORMATION: PILONIDAL SINUS TREATMENT

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What is a pilonidal sinus?

Pilonidal sinus is a condition where hairs collect in small pits under the skin. This is nearly always between the buttocks in the tail bone region. The pit usually has a small opening on to the surface of the skin. This is called a sinus. Hair, sweat and (if there is infection) pus can come out through the sinus.

Pilonidal sinus surgery involves removal of the pits and removal of any hairs and infected tissue. This is usually done as a day case with no need for an overnight stay.

Some people have this surgery under general anaesthetic, which means they are asleep throughout the procedure. Others opt to have their procedure under local anaesthetic, which means that they are awake during the procedure, but the area is completely numb. Sedative drugs can also be given with a local anaesthetic to help you to feel relaxed during the surgery.

Preparing for your surgery

You will receive a pre-admission questionnaire from the hospital. By completing this you will help hospital staff to plan your care by taking into account your previous medical history and any past hospital treatment.

If you usually take medication (eg. Blood pressure tablets), continue to take this as usual, unless you are specifically advised not to. If you are unsure about taking your medication please contact us.

What does the operation involve?

We will carry out a number of checks to ensure you have the operation you came in for. You can help by confirming to us your name and the operation you are having.

There are a number of different pilonidal operations. We will discuss with you the most suitable for you prior to your surgery.

If the area is very inflamed and infected, we may just open the sinus with a surgical blade to allow the pus to escape. This is called incision and drainage. The operation to remove the sinus and the pits will be done at a later stage, once the tissues have become less inflamed.

Having the sinus and pits removed is called excision. Once all the necessary tissue has been removed, there are a number of techniques that we can use to let the wound heal.

Sometimes the wound is left open and it will heal naturally over the next six to eight weeks. Another technique is to close the wound with stitches. A flap of adjacent skin may be repositioned to help close the wound.

The surgery can last from 30 minutes to over an hour, depending upon the size of the problem and the technique used.

What are the complications?

A pilonidal sinus operation is a commonly performed and generally safe surgical procedure. For the majority of patients, the benefits in terms of improved symptoms are greater than the disadvantages. However all surgery carries an element of risk. The chance of complications will depend upon the exact type of operation you are having and other factors such as your general health.

Possible complications are:

1. **Complications of anaesthesia**, Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
2. **General complications of any operation**
 - ❖ **Pain**, which happens with every operation. We will try to reduce your pain, we will give you medication to control the pain, it is important that you take it as advised so that you can move about and cough freely.
 - ❖ **Bleeding** during or after surgery. This rarely requires a blood transfusion or further surgery but it is common to get bruising of the groin.
 - ❖ **Infection of the surgical site** (wound). (Risk: 3 in 100) It is normally safe to shower 48 hours after surgery. However, you should check with a member of the healthcare team. Let us know if you have a temperature, notice pus in your wound or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need a further operation.
 - ❖ **Unsightly scarring** of the skin.
 - ❖ **Blood clots** in the legs (deep vein thrombosis – DVT), which can travel through the bloodstream to the lungs (pulmonary embolus), making breathing difficult. We will assess your risk. You will be encouraged to get out of bed soon after surgery and may be given injections, medication or special stockings to wear.
3. **Specific complications of this operation**
 - ❖ **Persistent pain** particularly when sitting, this is uncommon and usually improves over time but there is no instant cure for it.
 - ❖ **Recurrence of the pilonidal sinus** we cannot guarantee that the sinus will not return in the future, even after a successful operation.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

In hospital

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. We will advise you if you need to have any stitches or clips removed. If you are concerned about anything, in hospital or when you are home, contact the hospital. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered movement, feeling and co-ordination. If you have had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

If your wound has been left open, it will look rather wide to begin with, but the edges will gradually meet. You will be advised on how to change the dressings, these will cover the wound and absorb any discharge. While the wound is healing a daily shower or brief bath is recommended, but you should not soak the wound for long periods of time.

If your wound has been closed with stitches, these will be removed after about 12 days. This is not normally uncomfortable, although sometimes stitches become embedded, making them more difficult to find.

You should avoid straining when you go to the toilet as this can stretch the healing wound. To avoid constipation you should eat plenty of vegetables, fruit and maintain a high fibre diet with foods such as brown rice and wholemeal bread and pasta.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The amount of time you will require off work will depend upon your job. If possible, have a trial period at work where you can go home early if you become very sore.

Surgery is usually safe and effective. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that your Mr Bailey and his team will give you. Please keep this information and use it to help you if you have any further questions or queries.