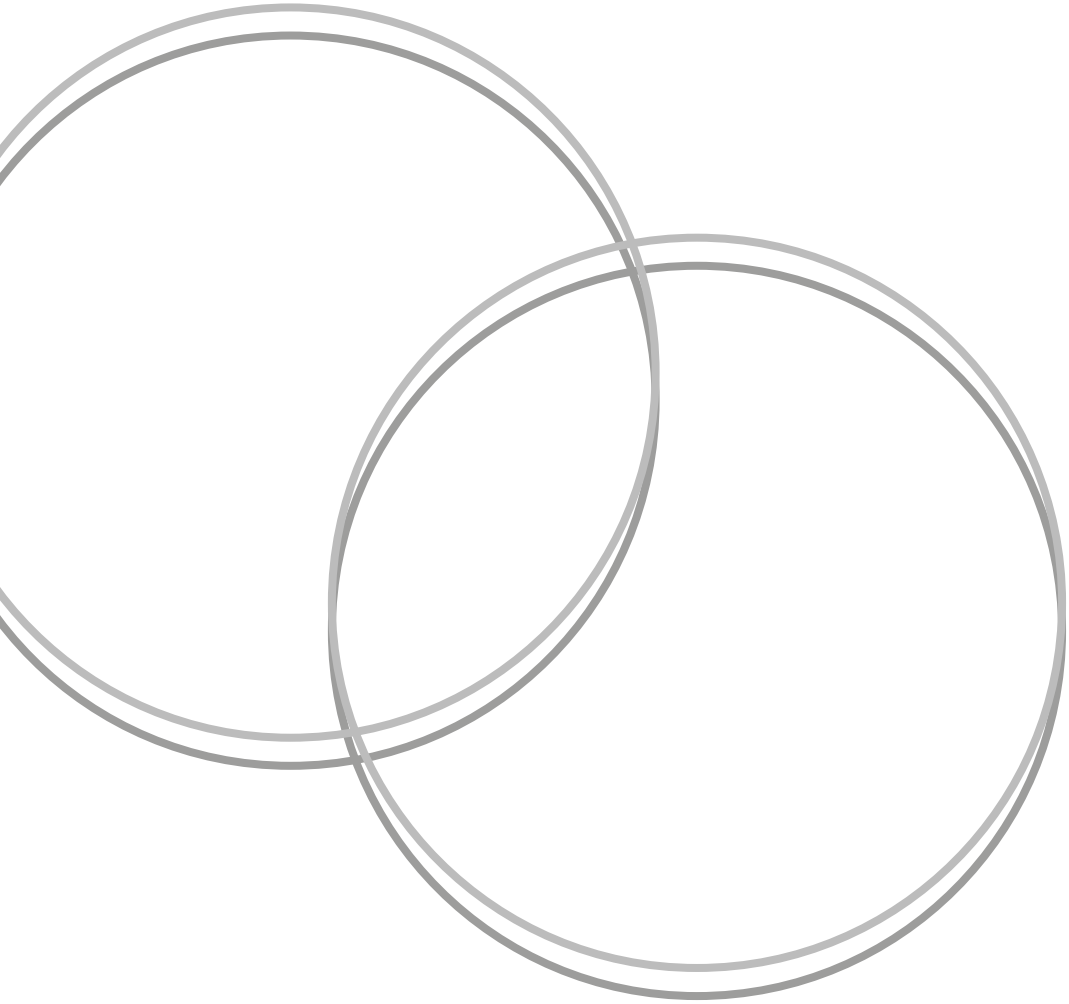
Oxford University Hospitals
NHS Foundation Trust

Pilonidal Disease

Information for patients



What is a pilonidal sinus?

A pilonidal sinus is a small hole or tunnel in the skin, usually at the top of the cleft between the buttocks. Little loose hairs can get forced into these holes and under the skin where they can cause an infection. This might develop into an abscess that needs surgery, or may just grumble along causing pain and discharge. They do not usually go away by themselves but can improve if you avoid smoking, and keep the area clean and free of hair.

Who gets pilonidal sinuses?

Pilonidal sinuses are most common in young adults. They happen slightly more often in men than women and seem to occur more often in people with a lot of body hair.

Certain factors increase the risk of developing a pilonidal sinus including:

- spending lots of time sitting down
- obesity
- a previous injury to the skin
- frequent irritation of the skin
- a family history of the condition.

Symptoms

If the pilonidal sinus becomes infected, this will cause pain and swelling, and an abscess will develop. This can happen quite quickly, over a few days. It can also be a long-term problem that keeps coming back.

Treatment

- Keeping the area clean and free of hair is important.
- The most effective option for removing hair is laser hair removal. Other options are regular shaving, a hair-removal (depilatory) cream, or waxing.
- If you are a smoker, you are strongly encouraged to stop to help healing and prevent recurrence.

Acute infection

If you have an acute infection, contact your GP. A simple infection may settle with antibiotics.

If you develop an abscess, this may need an emergency operation to drain the pus. This will be done in the emergency department at the hospital. After an emergency operation, you will need to arrange for the dressings to be changed daily by the practice nurse at your GP surgery.

Chronic infection

This is when the infection keeps coming back. The best treatment is an operation, usually done as a day case under general anaesthetic. The two main types of operations are a major excision or a minimally-invasive option. Your surgeon can discuss with you which is the most suitable option for you.

Major excision and primary closure

This means removing the section of skin which contains the sinus and any tunnels under the skin, and stitching the skin back together. Usually this heals well, but the main risk of the operation is that the wound could get infected and come open. This could leave a large hole that will then require dressings for three months or so until it healed. After this operation it is very important to rest for at least two weeks to give the wound the best chance of healing.

Minimally invasive options

These generally have a quicker recovery but there is a greater risk of the disease coming back.

The options include:

- **Minor excision**: this can be suitable if a very small area is involved.
- **Seton insertion**: this means putting in a drain that will remain in place for several months and allow the infection to settle. If it works well, the next step would be a minor operation to cut the area open and allow it to heal naturally.
- **EPSIT**: this uses a telescope to look inside the hole and clean out any hairs. The lining of the tunnel can be cauterised (lightly burnt) which encourages the tunnel to heal.
- **Laser pilonidal ablation**: after cleaning out the tunnel, a laser fibre can be used to burn the tract and encourage it to heal.

Your surgeon can discuss with you which, if any, of these options, would be most suitable for you. They all have a risk of not healing or recurrence of the disease.

What are the risks of the operation?

There are risks involved in any operation. These include pain, bleeding, infection and problems related to the anaesthetic.

Specific risks after pilonidal surgery include:

- **Wound breakdown**: After major excision the most important risk is wound breakdown, when the wound opens up. This will then require dressings for several months while it heals.
- **Recurrence**: the disease can come back, even after successful treatment. This is more common after a minimally-invasive operation, but can also occur after a major excision. You can reduce the risk of this by not smoking and keeping the area clean and hair-free.

What are the alternatives?

For fairly minor disease, it is important to try non-surgical treatments first, such as keeping the area clean and hair-free. It can also be helpful to stop smoking (if you are a smoker) and lose weight (if you are overweight).

If you continue to have symptoms, then surgery is required to remove the disease. There are several options, mentioned above.

Preparing for the operation

Surgery is done as a day case. It is usually done under general anaesthetic. You will have an appointment in the pre-operative assessment clinic to check you are fit for anaesthetic.

You will receive instructions about when to arrive and about not eating or drinking before your operation.

On the day of surgery the surgeon and anaesthetist will visit you before the operation to discuss the planned operation and answer any questions.

After your operation

You will wake up in the recovery area. You will have an oxygen mask on your face until your oxygen levels are back to normal. The recovery nurse will check your blood pressure and wound site regularly. When you are comfortable and your blood pressure is stable a nurse will collect you and take you back to the ward. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will be able to get out of bed an hour or two after surgery, although the nurses will help you the first time.

Pain relief

There will be some pain after the operation. This is usually best treated with simple painkillers.

Looking after your wound

Major excision and primary closure

There will be dissolving stitches under the skin, and some skin glue on top to help protect the wound for the first week. There will be a large pressure dressing to prevent any bruising. You should remove this pressure dressing after 24 hours.

It is important to keep the wound dry for the first 10 days to reduce the risk of infection. You cannot have a bath. You can have a shower, but you need to cover the wound with a waterproof dressing to keep it dry while you are in the shower. If the wound does get wet, don't rub it; gently pat it dry.

Minimally-invasive procedure

Usually there will be one or two small wounds. These will not be stitched. It is important to keep the area clean. You should wash the area at least once a day using a shower nozzle.

Occasionally the surgeon may do something different. In this case, the nurses will give you instructions before you leave the ward.

Returning to work

- If you have a major excision you will need at least two weeks off work. You also need to avoid sitting down for long periods of time.
- If you have a minimally-invasive procedure, you can usually go back to work sooner.
- The nurses will give you further information before you go home.

Going home

It is essential that you have a responsible and able adult to take you home and to stay with you overnight and the next day.

Do not drink alcohol, operate any machinery or sign any legal documents for 48 hours after your general anaesthetic. You should not drive a car until you feel confident about performing an emergency stop without discomfort.

Follow-up

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 GP straight away, as antibiotics can prevent it getting worse.

If you have a major excision, the surgeon will usually arrange to see you in the clinic after about six weeks to check the wound.

For minimally-invasive procedures, we often arrange telephone review after a 2 to 3 months. .

Where should I seek advice or help?

In the first 24 hours after surgery:

Telephone the ward where you were treated via the hospital switchboard: **01865 741 166**

After that time, please contact your GP.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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