

Advice for patients after removal of a pilonidal sinus

Day Surgery Unit Patient Information Leaflet

Introduction

This leaflet is for patients who have had a pilonidal sinus removed. It gives advice on what you should do when you get home, and contact information for if you have any problems relating to your procedure.

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. In some people, small dents in the skin develop naturally in this area. Pilonidal sinuses form in these dents in the skin, often around a hair follicle. Follicles are the tiny holes in the skin that hairs grow out of.

Doctors are not sure what causes a pilonidal sinus but it may be caused by ingrown hairs, or when the dents in the skin get blocked with bits of hair and skin. Pressure or friction to the skin may also be a factor. The area can then become infected.

What is the treatment?

If a pilonidal sinus becomes infected, it should be treated as soon as possible, as it is likely to get worse.

Treatment usually involves taking antibiotics. You may be offered a minor operation to drain the pus from the abscess.

However, if the sinus keeps becoming infected, it may have to be surgically removed. This is usually carried out using a general anaesthetic. You will usually be able to go home the same day. Your hospital consultant will discuss this with you.

Several techniques can be used, including:

Wide excision

This operation involves cutting out the sinus but also cutting out a wide margin of skin around the sinus. The wound is not stitched closed but is left to heal by itself.

The wound can take several weeks to heal and the dressings need to be changed regularly.

The advantage of this method is that all the inflamed tissue is removed and the chance of the infection coming back is low.

Excision and primary closure

This involves removing the section of skin which contains the sinus and stitching the skin back together. The advantage of this, if successful, is that the wound heals quite quickly.

Pain relief

A local anaesthetic may be injected into the wound during your operation, to make you feel more comfortable. If you have any pain, please tell your nurse so your pain relief medication can be adjusted.

What should I do at home?

Keeping the area clean

- Keep the area clean by washing after each bowel movement, and also each morning and night. A shower spray can be helpful with this.
- Make sure that all the small particles of faeces (stool) are removed from the skin crevices around the anus.
- Do not use soap as this can cause irritation.
- Do not use a rough flannel.
- Use plain water and a soft cloth to clean the area.
- Do not use any type of talcum powder.
- Use wipes such as 'Wet Ones' or baby wipes, if you are away from home and are unable to wash the area. Do not use medicated wipes as these may sting.
- Keep the area dry. Dab it gently with a soft towel or soft paper. Do not rub the area. A hairdryer is the gentlest way of drying the area thoroughly.
- Always remove a damp or wet dressing and replace it with a clean, dry one.

Other advice

- Wear cotton underwear, not nylon or other synthetic materials.
- We advise you to wear loose-fitting underwear and avoid any type of restrictive underwear that presses the buttocks together. The free circulation of air will help to keep the area dry.
- Do not use ointments or creams unless they are specifically prescribed by your doctor.
- Avoid constipation by eating plenty of fibre or roughage such as fruit, vegetables or bran flakes. Certain foods can irritate the bowel or cause loose stools in some people, so do not eat foods that have this effect on you.
- Do not sit and strain for more than a few seconds when opening your bowels. Eat more fibre to avoid this.
- If you are worried that the wound is showing any signs of infection, you should see your GP. Signs of infection include:
 - wound is swollen and hot
 - wound is red and painful
 - you have a high temperature or are feeling feverish

Follow up

When you go home, you will be given a date for when you need to have your wound checked. Please make an appointment to see the practice nurse at your GP surgery for this check-up.

If you need a sick note, please ask the nurse who books you in for the procedure.

Helpline numbers

If you have any questions, or if there is anything you do not understand about this leaflet, please speak to a member of staff or contact:

Russells Hall Hospital Day Surgery Unit on
01384 456111 ext. 1886 (7.30am to 8pm, Monday to Friday)

or

Pre-operative Assessment Unit on
01384 456111 ext. 1849 (7am to 7.30pm, Monday to Friday)

Out of these hours, urgent queries: contact Surgical
Assessment Unit on 01384 456111 ext. 3359.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/general-surgery/>

If you have any feedback on this patient information leaflet,
please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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