

# GS15 Surgery for Pilonidal Sinus

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## Local information

For more information please call us using one of the telephone numbers below, or visit [www.ruh.nhs.uk/patients/services/general\\_surgery](http://www.ruh.nhs.uk/patients/services/general_surgery).

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## What is a pilonidal sinus?

A pilonidal sinus is a problem in your natal cleft (area between your buttocks) that can cause infection. The condition usually affects young adults, happening in 1 in 100 young men. It is less common in women.

Your surgeon has recommended an operation for your pilonidal sinus. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## How does a pilonidal sinus happen?

Hairs can grow in your natal cleft, or loose hairs can fall and collect in your natal cleft.

If you have small pits (dimples) in your skin, movement of your buttock muscles can allow the hairs to get underneath your skin.

Hairs carry bacteria, which can cause inflammation and infection.

An abscess (collection of pus surrounded by a wall of tissue) can form or the pus can drain through a tunnel (sinus) out to your skin (see figure 1).

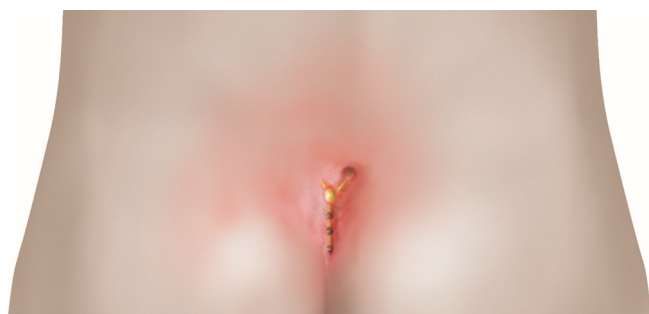


Figure 1  
Pilonidal sinus

Sometimes the sinus can be widespread, with branches and pockets of infection.

## What are the benefits of surgery?

Surgery is the most dependable way to remove the pilonidal sinus and pockets of infection. Once the area has fully healed, the infection and any discharge do not usually come back.

## Are there any alternatives to surgery?

Washing your natal cleft every day to prevent hairs building up and removing hair from the area by shaving, waxing or using a hair removal cream may help to prevent an infection.

If an abscess has not formed and there has not been any discharge of pus from the sinus for a while, there is not an immediate need to have the operation.

An occasional discharge can be treated with antibiotics. Keeping the area clean and removing the hair can help to prevent an infection coming back.

It is sometimes possible to have a procedure under a local anaesthetic to drain an abscess, or to brush the sinuses and fill them with glue or phenol, and also to remove the pits. This can often cure the problem.

If these simple treatments have failed, surgery is usually recommended.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes about 30 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will remove the sinus and infected tissue, sometimes over a large area.

Your surgeon will decide either to close your wound with stitches or leave it open.

If your surgeon closes your wound with stitches, they may insert a drain (tube) in your wound for one to two days. If your surgeon leaves your wound open, they will place a pack in your wound. This allows your wound to heal upwards from its floor so that it is less likely to become infected.

Before the operation, your surgeon will be able to tell you if closing your wound with stitches is likely.

## What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

## What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

### 1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### 2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. The risk is higher if your wound is left open. If your wound is closed with stitches, bleeding can cause a blood clot (haematoma), which appears as a lump under your wound (risk: 3 in 50).
- Unsightly scarring of your skin. It is common for your surgeon deliberately to change the shape of your natal cleft, to help prevent the problem from coming back.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

### 3 Specific complications of this operation

- Partial breakdown of your wound, which is common if your wound is closed with stitches. The risk is higher if there is an infection at the time of surgery that leads to your wound being infected (risk: 1 in 2). The wound may then need to be packed until it has healed.
- Slow healing, if your wound is packed. Healing takes about eight weeks but can take much longer (risk: 3 in 100).
- Numbness around your wound, which is not serious (risk: 1 in 9).

## How soon will I recover?

### • In hospital

After the operation you will be transferred to the recovery area and then to the ward.

The healthcare team will discuss with you any follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### • Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Once at home, rest for a few days but try to not sit or lie on your wound. During this time walking as little as possible will reduce the risk of bleeding and help your wound to heal.

If your wound was packed, the healthcare team should change the packing regularly until your wound has healed.

If your wound was closed with stitches, it will need to be checked and the stitches removed after a few days. If you were sent home with the drain still in place, the healthcare team should remove it after one to two days.

You should be able to return to work after two to three weeks. If your wound was packed, you will need to have regular time off work to have the packing changed.

Regular exercise should help you to return to normal activities as soon as possible. However, do not exercise until your wound has healed, particularly if your surgeon needed to use stitches to close your wound. Before you start exercising, ask the healthcare team or your GP for advice.

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

### • The future

The pilonidal sinus can come back (risk: 1 in 9). It is important to keep the area free from hairs and as clean as possible to reduce this risk.

### Summary

Pilonidal sinus is a common problem in young adults and is best treated by surgery. It can cause an abscess or continued discharge.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.**

### Acknowledgements

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