Oxford Radcliffe Hospitals NHS
NHS Trust

Pilonidal Sinus

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. In some people dents (small depressions) in the skin develop naturally in this area. Pilonidal sinuses form in these dents in the skin, often around a hair follicle – 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 sinus can then become infected.

Who gets pilonidal sinuses?

Pilonidal sinuses are most common in young adults and are rarely seen in children or people over 40 years old. 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 full of pus will develop. This can happen quite quickly, over a few days. It can also be a long-term problem that keeps coming back.

Treatment

If you have no symptoms then you will normally be advised to shave the affected area, to keep the area clean, and to dry well after washing.

Acute infection

If you have severe symptoms that have developed quickly (an acute infection) then you will need an emergency operation to drain the sinus of pus, and a daily change of dressing to allow the site to heal. This will be done as a day case in hospital under general anaesthetic. 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 main types of operation are:

- **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 – it 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 means 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. However, the risk of the infection coming back is higher.

The length of treatment may vary for each person, and the extent of any surgery necessary cannot always be determined before the operation. Depending upon your circumstances it is possible that you may have several operations or treatments over a period of several weeks or months.

What are the risks of the operation?

Complications from pilonidal surgery are rare. If they do occur they are usually corrected easily.

Bleeding: It is possible to lose an excessive amount of blood during and after a surgical operation. But only in very rare cases will a blood transfusion ever be necessary.

Infection: A balanced diet, exercise, rest and a positive mental attitude all help your immune system to function at its highest level. However, it is still possible for the wound site to become infected. This can be treated with antibiotics.

Temporary difficulty in passing urine: this can last between 12 and 24 hours, but is uncommon.

Side effects of the anaesthetic, such as feeling sick. Serious problems are rare.

What are the alternatives?

There are no alternatives to surgical treatment. Antibiotics will not remove the sinus.

Pre-operative assessment

We will ask you to come to the Pre-operative Assessment Clinic before your operation. At this visit a nurse will ask you about your medical history and carry out various checks to make sure you are well enough for your operation and for the anaesthetic.

You may need to have some tests such as an ECG, chest X-ray, blood test, or swabs to test for infection. We will ask you about any medicines you are taking and tell you whether you need to stop taking any of them. Please bring all your medicines with you when you come into hospital for your operation – we will give you a special green bag to place them in.

The nurse will give you instructions about eating and drinking before your operation and tell you what will happen on the day of your admission. **We will also give you a separate information leaflet about this.** If for any reason you aren't given a copy, please ask for one.

Consent

We will give you a copy of the consent form – which lists the benefits and risks of the operation. Please read this carefully. If you have any questions about the operation, this is a good time to ask. A member of the surgical team will answer any further questions on the day of your operation.

Admission and the day of your operation

You will be asked to come to Theatre Direct Admissions. Please bring all your medicines with you in the green bag given to you at your Pre-operative Assessment appointment. Our separate leaflet describes what will happen when you arrive at the hospital on the day of your operation.

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.

On the ward

You will be made comfortable in your bed or on a reclining chair and advised to rest. Your blood pressure, pulse, temperature and wound site will be checked. You will gradually be allowed to drink water. If you are able to tolerate good amounts and don't feel sick, then you will be able to have a hot drink and something light to eat. You may have an intravenous drip in your arm which will be removed when you are drinking enough fluids. When you get out of bed for the first time a nurse will need to be with you in case you feel light headed or dizzy.

Pain relief

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

You will usually be able to go home on the same day. You will need to stay on the ward for a minimum of 2 hours before you can go home.

Looking after your wound

This depends on what type of dressing / stitches you have:

- **Open, with a little dressing pushed inside it:**
  This is to encourage the wound to heal from the inside out, preventing the sinus from coming back. The dressing needs to be changed frequently until the wound has healed. This is done at home by your practice or district nurse – we will arrange this for you. Healing can take a few weeks. Ideally you should clean the wound once a day with a shower spray before the new dressing is applied.

- **Open, with a gauze pack over the top:**
  This is stitched in place and is kept clean with a pad taped over the top. This is usually removed in outpatients a week or so later, and your wound checked. You should not have a bath until the stitches are removed, usually after a week, though you can wash around it. Please check this with your nurse.

- Occasionally the surgeon puts stitches in the wound, but only on the inside to encourage it to heal. The stitches are usually dissolvable. Again, your practice nurse or district nurse will need to change the dressings.

The arrangements for your wound will be explained by your nurse.

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. 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 ''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 gently with a soft towel, or soft paper. Do not rub. A hairdryer is the gentlest way of drying thoroughly.
- Always remove a damp or wet dressing and replace with a clean, dry one. Wear cotton underwear, not nylon or other synthetic materials. We advise you to wear loose-fitting underwear – 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 specifically prescribed by your doctor.
- Keep your bowels regular and smooth by eating plenty of fibre or roughage (e.g. fruit, vegetables, bran flakes). Certain foods can irritate the bowel or cause loose stools in some people – 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 roughage if necessary.

In order to prevent the problem from coming back, your surgeon will usually advise you to keep the wound clean and to remove any hair (by shaving or other methods) growing near to the wound. Some surgeons recommend that even when the wound is healed, you should keep the wound area free of hair to reduce the chance of the sinus coming back. Your surgeon will talk to you about this.

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 for 7-10 days after your operation, and then only if you feel confident about performing an emergency stop without discomfort.

Follow-up

Please make an appointment to see your GP about 2 weeks after the operation. **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.**

How to contact us

If you have any questions or concerns about the information in this leaflet, please telephone Pre-operative Assessment on:

Oxford **(01865) 220640** between 08.00 - 17.00 hrs

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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