PILONIDAL SINUS EXCISION

BRIEF DESCRIPTION

A pilonidal sinus is a condition caused by small hairs collecting under the skin between the buttocks. It is treated by removing the affected skin and involved tissue and closing the resultant defect with stitches. If there is associated infection or an abscess it may be dangerous to close the wound and it is then first drained by a simple operation and then later completely excised once the sepsis has settled. It may be necessary to leave the wound open and allow it to heal up over a period of 4 to 10 weeks. The length of time taken for healing depends on the size the wound. If the wound is left open it may require daily dressings initially. These will be arranged for you.

WHY IS THIS OPERATION NECESSARY?

The hair trapped under the skin continues to cause infection and often a small tract connects the infected cavity to the surface. This can cause continuous drainage of pus and dirt or it can cause repeated infection with very painful swelling and abscess formation.
Are there alternative treatments available?
Using only medication or antibiotics is mostly unsuccessful and the relief only temporary. Simply draining the abscess is also just a partial solution since the infection will later return.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result.

However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

Complications are seldom serious. Delayed healing is the main problem, especially when the wound is not sutured and deliberately left open. It can take a month or two to heal gradually. There may be a recurrence in about 10% of cases

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

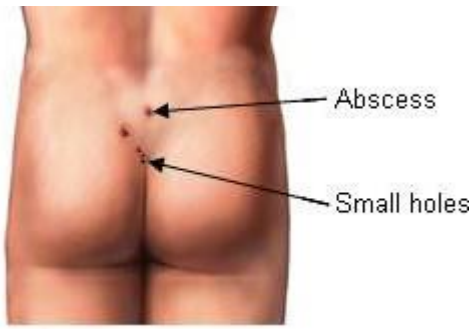
You can discuss the type of anesthetic you will have with your anesthetist and also the possible complications that may occur.

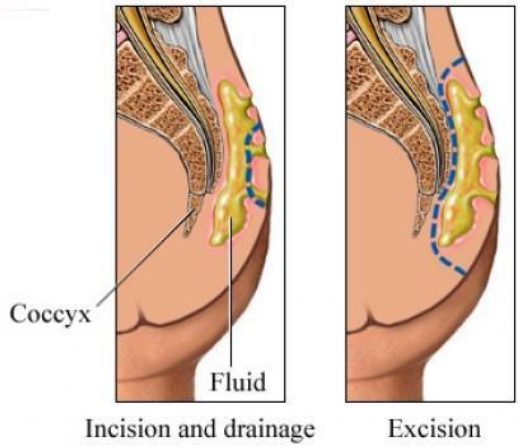
WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid, you





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs.

If you are having a general anesthetic, the anesthetist who will be giving your anesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 45 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. In some cases there will be a dressing over the wound that is held in position with stitches.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be able to eat and drink normally as soon after the operation as you wish.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you will be discharged the day after the operation.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

The dressing taped over the wound can be removed after 24 hours and replaced with clean dry gauze that you could keep in place by underpants. You can soak the dressing in a warm bath before removing. If the wound has a dressing sutured in place you should leave it alone. If the wound has not been stitched you must remove the dressing, have a bath and apply a new dressing. There may be a bloody discharge for a day or two, but this will decrease. You will be seen regularly at the consulting rooms by both the doctor and the nursing staff to see that the wound is healing well. It may be recommended to keep the surrounding skin shaved while the wound heals.

Care of wound post Surgery

- Do not be alarmed to find a fairly large wound
- Alternative advanced wound care, dressings are sometimes more comfortable and require less frequent change
- Eg : Vac therapy this can be arranged and will probably be covered by medical aid.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within a week and full exercise after three weeks.

HOW SOON CAN I DRIVE A CAR?

You can drive as soon as you can drive safely without discomfort in the wound, i.e. after about 10 days.

HOW LONG WILL I BE OFF WORK?

You should be able to return to light work within 2 weeks and a heavy job within 3 to 4 weeks