Surgery to treat a pilonidal sinus

This booklet explains what a pilonidal sinus is, and why surgery might be the best treatment option for you. It explains what to expect if you have surgery, and your recovery at home.

If you have any questions or concerns, speak to the doctor or nurse caring for you.
What is a pilonidal sinus?
A pilonidal sinus is a swollen (inflamed) track, or tracks, that lead into a small hole underneath the skin between your bottom.

It often forms because hairs curl over and grow into your skin, which can cause an infection. It can also form because of long-term swelling (inflammation) and infection of the skin.

Symptoms of a pilonidal sinus
A pilonidal sinus can cause pain and swelling. If it becomes infected it might turn into an abscess, which can be very painful.

An abscess is a swollen lump filled with pus, which is a yellowish or green liquid made by infected tissue.

Treating a pilonidal sinus
A pilonidal abscess can burst by itself, or it can be treated with antibiotics.

However, surgery is often the only way to treat the cause of the abscess, and remove all the infected tissue. This is also called an excision.

Your doctor has recommended surgery to treat your pilonidal sinus.
**Before surgery**
Before you have surgery, your doctor or nurse will go through some checks with you about your general health. They will ask you questions about your medical history, and talk about the surgery you are having in more detail. Please ask them any questions you have.

**Asking for your consent**
We want to involve you in decisions about your care and treatment. If you decide to have surgery, you will be asked to sign a consent form to say that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, speak to a member of staff caring for you.

**Surgery for a pilonidal sinus**
There are different types of surgery for a pilonidal sinus (see page 4). The surgery you have will depend on how large the pilonidal sinus is, your symptoms, and if you have had an infection of your pilonidal sinus before.

Your surgeon will talk to you about the different types of surgery, and which is best for you.

Your recovery after surgery will be slightly different depending on the type of surgery you have had. Read more about your recovery on pages 7 to 10.
Surgery to remove your pilonidal sinus (with stitches to close your wound)
You might have stitches that dissolve, or ones that need to be removed about 2 weeks after surgery. Your surgeon will let you know which type of stitches you have had, and what happens next.

Surgery to remove your pilonidal sinus (without stitches to close your wound)
Your wound is left to heal by itself, without stitches. Read about the dressing you will have on page 7.

Limberg flap reconstruction
This type of surgery removes all the pilonidal sinus and the affected tissue surrounding it. Healthy skin is moved from your bottom to cover the area that has been removed. Your wound will have stitches that need removing at the hospital about 2 weeks after surgery.

EPSiT (endoscopic pilonidal sinus treatment)
Your surgeon can use an endoscope to look inside of your pilonidal sinus. An endoscope is a thin, flexible tube with a camera on the end. Instruments are used with the endoscope to treat and clean the sinus. Your surgeon might also use heat to stop any bleeding, and to help your pilonidal sinus heal.

This procedure means the wounds made are small and should heal quickly, with less discomfort. This allows you to return to your normal activities and work much sooner than if the wound was left to heal on its own.
Risks of surgery for a pilonidal sinus

Your surgeon will talk to you about the risks of surgery before asking you to sign the consent form (see page 3).

Risks of surgery include:

- **infection** in the area you had surgery, which can be treated with antibiotics
- **bleeding, or a blood clot (called a haematoma)**, which do not usually cause major problems, but can sometimes mean you need another operation to drain the blood.

You will have surgery under general anaesthetic, which means you will be asleep and will not feel any pain. A doctor called an anaesthetist will meet you before surgery to tell you more about this, and explain any risks to you.

You should be given the leaflet **Having an anaesthetic** for more information about what this involves. If you do not have a copy, ask for a member of staff for a copy.

Sometimes your pilonidal sinus and symptoms can return after surgery. If this happens, you might need to have another operation on your pilonidal sinus.
Leaving hospital after your surgery
You might be able to leave hospital on the same day as your surgery. It is important that you rest for the day so you can recover from the anaesthetic. You will need someone to take you home and stay with you for at least 24 hours after surgery.

If you have had a Limberg flap reconstruction, you will need to stay in hospital for a couple of nights after your surgery (see page 8).

Pain after surgery
It is usual to have some discomfort after surgery. It can be quite painful for the first couple of days, and it might seem like the pain gets worse before it starts to feel more comfortable. Overtime, the pain will ease.

When you leave hospital, you might be given medicines to take home with you.

Painkillers
If you are given painkillers, always follow the instructions on the packet. Never take more than the recommended dose. Contact your GP if you find the pain difficult to control.

Antibiotics
You might be given a course of antibiotics to take after your surgery. Make sure you take them as instructed by your doctor or nurse, and complete the full course.
Dressings after surgery
The dressing you have will depend on the type of surgery you had (see page 4). If you have any questions about your wound, speak to your doctor or nurse.

Surgery to remove your pilonidal sinus (with stitches to close the wound)
You will have a dressing over your wound, and sometimes a dressing inside your wound. This will need to be changed every day.

Make sure you know if your stitches are dissolvable, or if they need to be removed. Your nurse can tell you if you are not sure.

If your stitches need to be removed, you will need to contact your GP to make an appointment with the practice nurse. You will need an appointment to remove your stitches about 2 weeks after surgery.

Surgery to remove your pilonidal sinus (without stitches to close your wound)
You might have packing inside your wound, and a dressing over your wound. The dressing needs to be changed every day by the practice nurse at your GP surgery. You will need to contact your GP to make an appointment with the practice nurse to do this.

You will leave hospital with dressings to last you 3 days. The dressing you have is called Aquacel®. Contact your GP to get a prescription for more dressings. This can take 6 to 8 weeks. Your nurse will explain this to you in more detail, and help you arrange care with your GP.
Limberg flap reconstruction
You will need to stay in hospital for a couple of nights after surgery. This is because you will have a drain put in to remove any fluid from your wound. You can leave hospital once the drain has been taken out.

Your doctor or nurse will tell you if you need to have your dressing changed once you go home, and how often you will need it changing.

You will have a follow-up appointment 2 weeks after surgery. At this appointment, your stitches will be removed and your wound will be checked. You will need to take at least 2 weeks off work until your follow-up appointment. During this time, it is important that you only lie down on your front and side, so that your wounds can heal. Do not sit on your bottom for more than 10 minutes at a time.

Notes on your care after surgery

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Wound care after surgery

If your wound has been closed with stitches, you should bathe it in a warm bath every day. You can time this with changing your dressing. Bathing your wound might also help with any pain. If your wound is dry and there is no discharge, you do not need to change the dressing.

Do not use soap, or put salt or any perfumed products in the water until your wound has healed. These can irritate the wound. Do not be worried if you see some blood in the bath, this is normal and will reduce in time.

If you have an open wound with internal packing, you should try to keep the area dry. You will visit the practice nurse every day so they can change your dressing and check your wound. The practice nurse will tell you when the packing can be removed. Once it has been removed, you can bathe the wound.

Symptoms to be aware of after surgery

If there is bleeding from your wound that will not stop, even if pressure is put on your wound, contact your GP, 111, or go to your local Emergency Department (A&E).

If you feel generally unwell or have a high temperature (fever), you should see your GP or visit your local Emergency Department (A&E).
Returning to work and activity
Most people take 7 to 10 days off work after surgery. This depends on how you feel, how active your job is, and the type of surgery you have had.

You should not lift anything heavy, exercise or run for the first week or so after surgery. Do as much as you feel able to.

You should not go swimming until your wound has healed.

Do not ride a bicycle for 6 to 8 weeks after your surgery.

Follow-up appointment
A pilonidal sinus can return, so it is important that you go to your follow-up appointment. This will be 2 to 4 weeks after your surgery.

At this appointment, your surgeon will check your wound and give you more information on stopping the pilonidal sinus from coming back.

More information
GUTS UK has information on digestive disorders and bowel problems, such as Crohn’s disease and irritable bowel syndrome (IBS).
phone 020 7486 0341 email info@gutscharity.org.uk web www.gutscharity.org.uk
Contact us
If you have not heard about your follow-up appointment within 2 weeks of your operation, please call the GI Surgical Access Centre on phone 020 7188 8875

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit web www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or contact our helpline, phone 020 7188 8748 Monday to Friday, 9am to 5pm, email mymedicines@gstt.nhs.uk

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), phone 020 7188 8801 email pals@gstt.nhs.uk. To make a complaint, contact the complaints department, phone 020 7188 3514 email complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch, phone 020 7188 8815 email languagesupport@gstt.nhs.uk
NHS 111
This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, phone 111, web www.111.nhs.uk

NHS website
This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing, web www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, phone 0800 731 0319 email members@gstt.nhs.uk web www.guysandstthomas.nhs.uk/membership