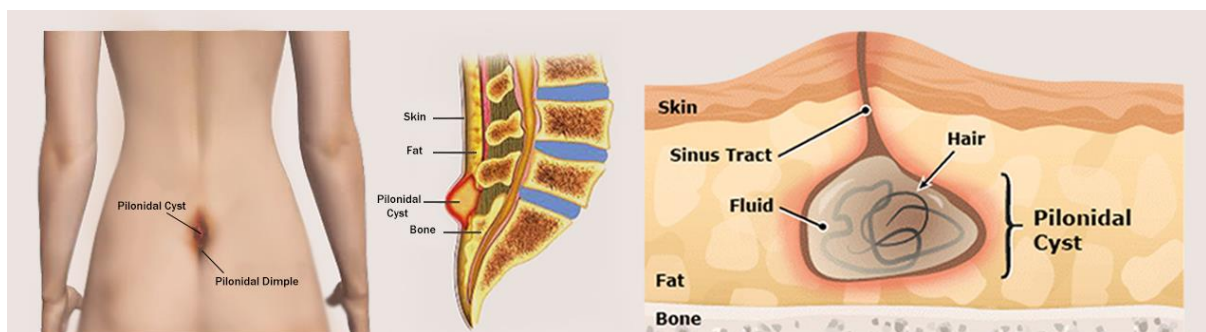


## Pilonidal sinus post-operative care

A pilonidal sinus is a skin infection occurring from ingrown hair in the natal cleft (the area between the buttocks) between the base of your spine and the anus. It is most often found in young adults, predominantly in males between the ages of 18 and 25 years.

Pilonidal means 'nest of hairs' and sinus tract means a narrow tunnel which runs between the focus of infection in deeper tissue to the skin surface.



Hairs from the back or buttocks get pushed through the skin usually in the midline just above the buttock crease and are pushed in further by pressure. Because hairs have scales, it is a 'one way traffic', they cannot back out. Hairs carry bacteria in with them. Once the hair gets stuck in the skin, it gets pushed deeper into the subcutaneous tissues, travelling in any direction and for quite some distance.

This causes a foreign body reaction with irritation and inflammation, which leads to infection with the development of an abscess (collection of pus) or sinus (tunnel out to the skin).

Inflammation of hair follicles can also cause a pilonidal sinus to develop.

A pilonidal sinus may first appear as a painless lump or swelling. Once infection develops, it becomes painful and tender. The sinus may start to ooze a clear, cloudy or blood stained fluid. If the pilonidal sinus does not clear with time, or after a course of antibiotics, the abscess will need to be cut open to remove all the debris and inflammation.

## Surgery

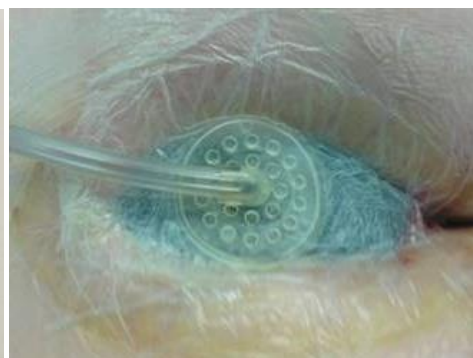
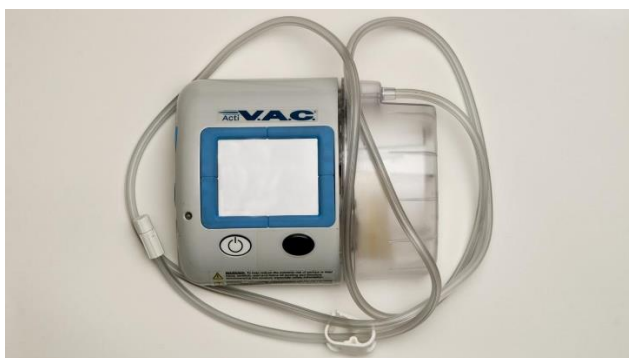
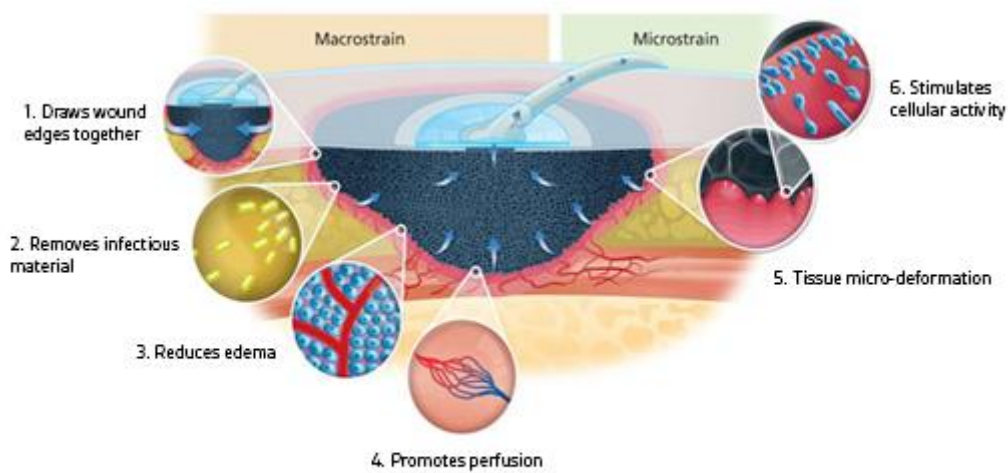
The surgery is done under a general anaesthetic. The sinus and infected tissue are removed and can leave quite a long and/or deep wound.

The decision to either **close the wound with sutures** (primary closure) or **leave the wound open** and allow it to heal from the base up (by secondary intention) is made by Dr Vasica on a case by case basis.

A small percentage of the wounds which are sutured will dehisce (breakdown) when the sutures are removed, usually at 2 weeks. This usually happens because of infection. If the wound opens up (breaks down), the wound will be packed daily and heal by secondary intention.

If the **wound is left open post operatively**, the wound may be packed with saline ribbon gauze or dressed with a vacuum assisted closure (VAC) device.

**VAC device:** The device could be called an **ACTI VAC or SNAP VAC**. The VAC device enhances and speeds up healing by decreasing swelling and inflammation, decreasing the risk of bacterial load, increasing blood flow to the wound, decreasing discomfort and gently pulls the wound edges together, see below:



ACTI VAC

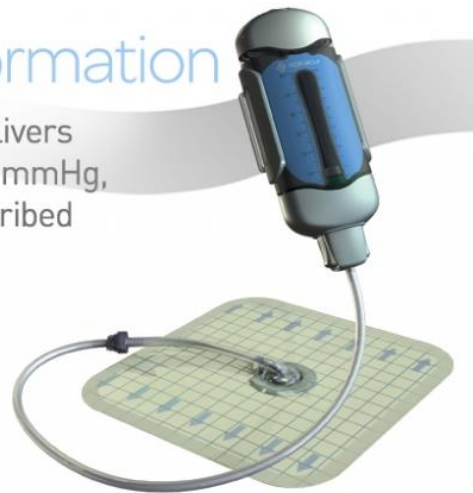
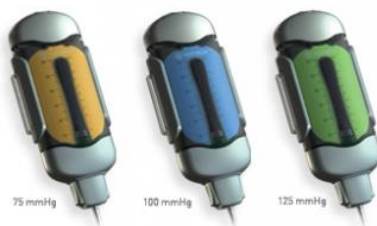
## Acti V.A.C.



### WORKINGS OF THE ACTI VAC DEVICE

## SNaP® Product Information

The SNaP® Wound Care System delivers continuous negative pressure at 75 mmHg, 100 mmHg, or 125 mmHg, as prescribed by the clinician.



### SNAP VAC



**SNAP VAC**

## Post-operative care of a SUTURED wound

### Wound

You will experience some discomfort after the local anaesthetic wears off. Take regular pain relief to relieve any discomfort, using stronger pain relief for the first 48 hours, then resort to simple Panadol and Ibuprofen.

You will be able to shower if the wound is sealed with a waterproof dressing.

Due to the close proximity of the lower end of the wound to the anus, it is important to keep it clean after opening your bowels. Use a baby wipe and wipe from the wound towards your anus. If the dressing gets soiled underneath, it will need to be replaced.

Like-wise if water or any build up of fluid sits underneath the dressing, it will need to be replaced.

The sutures are removed after 2 to 3 weeks. A small percentage of the wounds will not heal 100%, and the wound will partially or completely break down once the sutures are removed. In this case, if there is only minor break down, the wound will heal without any intervention. Otherwise if there is significant break down, the wound will need to heal by secondary intention, from the base up. This will be managed by the community nurses or at your GP clinic, with daily wound packing.

You may be given antibiotics by the hospital on discharge. Please complete the full course as directed.

### Activity

The first week or two are the most uncomfortable. It is important to keep direct pressure off the wound for the first 3 to 6 weeks. Reduce any sitting and if you do need to sit, rest on one buttock or the other, but ideally choose to lie or stand when resting, working/studying or eating. It is also important to avoid bending over at the waist (to tie shoe laces).

It takes 6 weeks for a wound to heal and develop scar tissue which strengthens the wound.

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No heavy lifting (above 5kg), strenuous activity (cycling, jogging, weight lifting) or competitive sport for six to eight weeks. After this you may increase your activity levels gradually but avoid any risk of landing heavily on the operated area or by receiving a blow to the operated area in contact sports.

## Post-operative care of an OPEN WOUND

### Wound

You will experience some discomfort after the local anaesthetic wears off. Take regular pain relief to relieve any discomfort, using stronger pain relief for the first 48 hours, then resort to simple Panadol and Ibuprofen.

The community nurses will manage your wound and dressing changes.

If the wound is packed with saline ribbon gauze, it will be packed daily by the community nurses.

If the wound is packed, you can often shower prior to your next dressing change.

If the wound has a vacuum device, they will educate you on the care of your vacuum device.

There is a number on the ACTI VAC box which you can call any time for assistance or problem solving any issues with the machine. If you have issues with the dressing, you will need to call the community nurses during working hours.

You will be able to shower if the wound is sealed with a vacuum dressing, keeping the device away from the shower (in a dry spot).

Due to the close proximity of the lower end of the wound to the anus, it is important to keep it clean after opening your bowels. Use a baby wipe and wipe from the wound towards your anus. If the dressing gets soiled underneath, it will need to be replaced.

Depending on the size of the wound, the healing time expected can be a few weeks to months.

You may be given antibiotics by the hospital on discharge. Please complete the full course as directed.

### Activity

The first week or two are the most uncomfortable. It is important to keep direct pressure off the wound for the first 3 to 6 weeks. Reduce any sitting and if you do need to sit, rest on one buttock or the other, but ideally choose to lie or stand when resting, working/studying or eating. It is also important to avoid bending over at the waist (to tie shoe laces).

No heavy lifting (above 5kg), strenuous activity (cycling, jogging, weight lifting) or competitive sport for six to eight weeks. Depending on how the wound is healing you may increase your activity levels gradually but avoid any risk of landing heavily on the operated area or by receiving a blow to the operated area in contact sports.

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## Management of wound care long term

Good hygiene – shower daily using a hand held shower to get to the area affected while bending over to expose the wound. Pat wound dry with a clean towel. It is advisable to use a hairdryer to the area to blow away any stray hairs.

Hair holds bacteria and material like bowel movement or the fuzz from clothing. It also irritates the wound when it grows over the edge.

Keep the skin surrounding the wound (approx. 7cm all the way around the wound, including down towards the anus) shaved while the wound is open. Ask the nurse to shave x2/week, and you may want to buy a razor with a pivotal head for them to facilitate the regular shaving.

Good nutritious high protein diet.

Wear comfortable loose clothing while the wound is healing.

You may want to wear a panty liner in your underwear to absorb any excess ooze from the wound.

There may be over granulation (overgrowth of tissue) on the wound bed (open wound) during the healing process and the nurse will use a silver nitrate stick to reduce this over granulation tissue. After the use of the silver nitrate stick, the wound may burn temporarily for a short time afterwards, will turn a grey colour and there is usually increased ooze from the wound after this. Reducing this over granulation tissue enhances wound closure.

There is always the risk of recurrence. Once the wound has healed, any hair depilation method is acceptable, including depilatory creams or wax, but the most superior method is laser therapy, as it is permanent.

Once the wound has healed, the new scar tissue is very fragile. It takes 6 weeks for a wound to heal and develop scar tissue which strengthens the wound.

Therefore no heavy lifting (above 5kg), strenuous activity (cycling, jogging, weight lifting) or competitive sport for six to eight weeks. After this you may increase your activity levels gradually but avoid any risk of landing heavily on the operated area or by receiving a blow to the operated area in contact sports.

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## Pain

Healing pain can last for about two weeks, however this is individual and varies from patient to patient.

For pain relief take regular Paracetamol (Panadol, Panamax) for the first few days, switching to Panadeine or Panadeine Forte for increased levels of pain, especially before bed time. You may be sent home with Palexia (Tapentadol) slow release (SR) or immediate release (IR) or Endone. Please take these as prescribed and be aware that they may constipate you (including the codeine in Panadeine and Panadeine Forte). These drugs can also make you drowsy. Please do not drive if you are taking the stronger pain medication. Non-steroidal anti-inflammatory drugs (Ibuprofen (Nurofen), Mobic) can also be taken with Panadol if the discomfort is still troublesome.

Please remember to take pain relief a half to one hour prior to your dressing change over the first few weeks.

Pain delays wound healing as well as making it very uncomfortable to receive care.

If you need ongoing strong pain relief and your supply from hospital has run out, please be in touch with your GP.

## Bowels

Bowel activity may be slow initially. Avoid getting constipated and straining when opening your bowels. Constipation increases pain and may pull on the incision/wound site. Be proactive in taking aperients morning and/or night (Movicol, Coloxyl with senna, Metamucil) before your bowels become a problem.

Eat plenty of fibre and roughage, plus increase fluids. Drinking water will help keep your bowel motions soft.

After your bowel motion wipe your bottom in the direction away from the wound, ie towards your front. You can use baby wipes or have a little shower to clean the area after each bowel motion.

## Work & Driving

You have had a general anaesthetic, therefore avoid alcohol, operating machinery and making personal or business decisions for the first 48 hours. Return to work after two to three weeks as per your wound dressing allows you to. Go onto light duties if your work involves manual labour.

Avoid driving until your wound has healed or after 6 weeks, and only when you are no longer taking strong pain relief which may make you drowsy and less attentive to traffic conditions, and when comfortable to do an emergency stop and moving your foot from the brake to the accelerator safely.

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## Clot prevention

Wear compression tights if supplied by the hospital for one to two weeks, until fully mobile.

Keep doing deep breathing exercises, leg exercises, and frequent little walks to keep the blood pumping in your legs. If you notice any discomfort, pain, swelling in your calves and lower legs, or you notice you are short of breath or have chest pain, please present to your GP ASAP, or return to your nearest emergency department.

No flying is recommended for three weeks post operatively. After this, it may be recommended to take aspirin from 24 hours pre-flight and wear compression stockings if flying close to this period. Please discuss with Dr Vasica.

If you take anticoagulants (warfarin, aspirin, xarelto, apixaban etc), please confirm when you are to resume these.

## Problems

Please contact us immediately or present to your GP if you experience:

Pain that is not relieved by pain relief medications provided

Chills and persistent fevers > 38C

Worsening nausea and/or vomiting

Bleeding that will not stop

Constipation or unable to pass stools

Increased swelling, redness, warmth or pain in or around your wound

Increased wound ooze that becomes smelly and looks infected

Itchiness, signs of a reaction to medication

Challenges with wound and dressings

If you think that there may be something wrong or you are worried, please do not hesitate to call. If serious, and/or after hours, please present to your nearest emergency department.

## Follow up appointment

Our clinic nurse will see you at approximately two weeks after surgery unless otherwise specified.

**Please contact the office on 9997 7346 to make this appointment.**

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