Patient information regarding care and surgery associated with **PILONIDAL DISEASE**

by Robert K. Cleary, M.D., John C. Eggenberger, M.D., Amalia J. Stefanou., M.D.
location: Michigan Heart and Vascular Institute, 5325 Elliott Dr., Suite, 104
mailing address: P.O. Box 974, Ann Arbor, MI 48106

What is Pilonidal Disease?

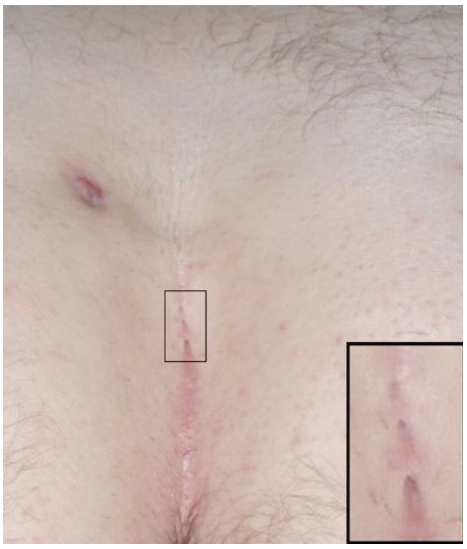
Pilonidal disease is an infection (also referred to as cyst or abscess) in the midline cleft or ridge where the lower back becomes the buttock. The cause of pilonidal disease is not known with certainty. Skin within hair follicles is thin. It is thought that stretching of skin within these follicles can lead to breakdown of the skin. The hair follicle then becomes distended with a local substance called keratin and can then become infected or inflamed. Frictional forces are such that hair is directed into the pits formed by breakdown of these hair follicles. This may be why hair is typically found within pilonidal "cysts". The forces that cause hair follicle skin breakdown are amplified when bouncing on hard surfaces. Because of this, pilonidal disease is common amongst military jeep drivers.

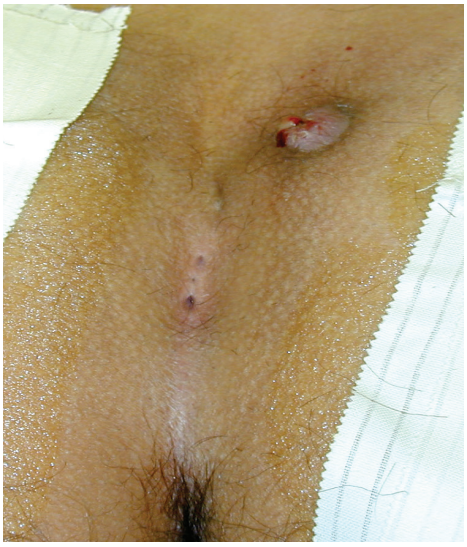
The stretched hair follicles create a vacuum forcing hair and keratin into the depths of the follicles forming midline "pits". The resulting small abscess cavities can then form other branches connected to the primary tract. This can lead to inflamed openings in the midline or to the left or right of the midline, away from but connected to these midline pits.

Pilonidal disease is most common between the ages of 17 and 30 and affects 11% of college males. Affected individuals often become aware of a painful, raised, red lesion in the cleft just above or at the top end of the buttock. Sometimes an acute tender, inflamed abscess will form requiring drainage in the office, urgent care, or emergency room. This can be done under a local anesthetic. Rarely, it may require drainage in the operating room. More often, the presentation is not this urgent. Either the abscess will drain spontaneously resulting in chronic bleeding and/or drainage from the affected site, or milder symptoms of discomfort and thickening of the skin in the affected area will occur allowing more elective evaluation.

AT THE TIME OF YOUR VISIT

When you are seen by the colorectal specialist, you will be asked several questions with respect to your history. A standard examination of the head, neck, and chest may be performed. You will then be asked to undress from the waist down at which time the affected area will be inspected and examined.





TREATMENT OPTIONS

1) Incision and Drainage

This option is for those who present with an acute abscess that requires relatively urgent attention, usually because of significant pain associated with the abscess. This may often be done in the office with a local anesthetic. Rarely, the abscess may be complicated enough to require drainage in the operating room.

2) Shave and Shower Care

This is the most common first option for those who present with less dramatic symptoms (most common presentation). You may be asked to shave the pilonidal region once a week and you may need help with this. In addition, and perhaps even more important, you may be asked to rub the affected area in the shower with a wash cloth laden with mild soap and water. This treatment option may remove loose hairs and debris which may perpetuate the pilonidal process. Some believe this will resolve pilonidal symptoms in 50% of patients. In my practice, this "cure" rate may be closer to 90%.

3) Surgery

Surgery for chronic pilonidal disease is for those who fail more conservative options. There are many surgery options described in the literature, many of which you can find by searching Google or some of the references at the end of this document. That there are so many surgery options suggests that there is no perfect one. Some options would be considered conservative, some radical. The more conservative options include dividing and laying open the involved connections between the midline pits and secondary skin openings. More aggressive options include complicated "plastic surgery" flaps to excise and remodel the cleft in the pilonidal region.

My practice has become more conservative with regard to surgery options and involves excising only those areas to be grossly involved. The reasons for this conservative approach are: 1) pilonidal disease is a disease of youth and tends to "burn out" with age, 2) more radical surgery may mean greater risk with regard to wound healing, time off from work and school, and cosmetic deformity of the pilonidal region. To be fair, other surgeons may disagree with this approach and are more aggressive with surgery options. For diseases like pilonidal disease, where surgery options are many and varied, surgeons tend to use those options which have been most favorable to their patients in the past.

WHAT TO EXPECT WITH SURGERY

Upon arrival to the outpatient surgery department, you will be greeted by a receptionist and other ambulatory surgery staff including nurses and anesthesiologists. The anesthesiologist and nurse anesthetist will discuss anesthetic options with you which include general or spinal anesthesia. At some point you will be greeted by your colorectal surgeon who will answer any remaining questions that you may have. After being taken to the operating suite and given an anesthetic, the operation takes perhaps 15 to 45 minutes. After the operation you will be transferred to a recovery room where you will spend up to two hours. You will then be discharged and should receive a set of discharge instructions. **If you do not receive such instructions, please tell the recovery room nurse prior to being discharged.**

RISKS AND COMPLICATIONS OF SURGERY

The risks of pilonidal surgery include bleeding, infection, abscess, poor wound healing, wounds that do not completely heal (rare), persistant pain (rare), heart and lung problems associated with surgery (rare in those without heart or lung history), blood clots in the legs and lungs (rare), recurrent pilonidal disease, and death (extremely rare).

DISCHARGE INSTRUCTIONS AFTER PILONIDAL SURGERY

Diet

There is no special diet required. You will be encouraged to eat a well balanced diet. Constipation can be a problem after any operation, especially in those who take narcotic pain medication after surgery. Therefore, your diet should include adequate water intake. Proper diet combined with moderate activity, such as light walking, should help restore normal bowel function.

Pain Medication

You will be given a prescription for pain medication to be taken by mouth. One of these prescriptions may be a narcotic. **You should not drive, drink alcohol, perform strenuous exercises or make important decisions while taking this medication.** Some of the side effects include: itching, shortness of breath and constipation. **DO NOT TAKE THIS MEDICATION ON AN EMPTY STOMACH**, since it may cause nausea. Most pain medications can cause constipation. You may also be given another pain prescription medication referred to as a non-steroidal anti-inflammatory drug or NSAID. This medication is not a narcotic. It may be taken in addition to the prescribed narcotic medication. However, medications such as aspirin, Motrin and other nonsteroidal anti-inflammtory (NSAID) medications should not be taken together or during the same time period. Be sure to call the office and talk to a nurse should you have questions regarding pain medications.

Wound Care

Wound care varies from patient to patient. Those who have the skin closed primarily should remove the dressing the next day. If the wound bleeds or oozes, another light dressing may be required to protect your clothes from being stained. You should call the office and talk to a nurse if you have excess bleeding, drainage, increasing redness at the incision site, fever > 100 degrees Fahrenheit, or other concerns. Some bleeding and drainage in the first few days may be considered normal.

Many patients will not have the skin closed to decrease the chances of a wound infection. These wounds will bleed and drain more than wounds that are closed primarily. At the same time, the chance of these open wounds becoming infected is very small despite the bleeding and drainage. You may be asked to remove the dressing from an open wound anywhere from 1-3 days after surgery. It may be best to soak the dressing in the shower or tub before removing the dressing thereby decreasing the pain associated with removal. A simple light dressing placed in the depth of the wound may then be required to prevent premature skin healing and to prevent soiling your clothes. Once you are comfortable doing so (2-4 days after surgery), you should spread your buttocks in the shower and let warm water run through the wound. This will keep it clean until your office visit at which time you will receive further wound instructions.

Activity

You may return to your usual physical activity. This would include walking or climbing stairs. Jogging or running, bicycle riding and other activities requiring significant exertion should be avoided at least until your post-op visit, at which time you will be given further instructions. You should not drive a car if you are taking narcotic pain medication. Expected time off from work after this surgery is typically one week.

Other Instructions

We should be notified of any problems seemingly related to your operation. Some specific ones are:

1) A temperature over 100.5 F.
2) Pain not controlled by pain medication.
3) Excessive bleeding. You will have some bleeding and drainage. This should not alarm you. However, if you are soaking pads every few hours, you should call the office.
4) Inability to urinate or the feeling of not being able to empty your bladder completely.

Recurrence

Pilonidal disease can recur and proper wound management may be important in prevention. During your first office visit, you will be again instructed to shave the pilonidal region to prevent local hair from gaining access to the wound. You will also be asked to rub the wound with a wash cloth soaked with mild soap and water, thereby removing loose hairs and debris which may contribute to recurrent pilonidal disease.

Questions or Concerns

If any additional problems arise concerning your operation or you need reassurance, please call our office and ask to speak with one of the office nurses at (734) 712-8150.

References:

1) www.fascrs.org/patients/conditions/pilonidal disease/
2) www.pilonodal.org