

Pilonidal Disease Surgery

A Guide for Patients



What Is Pilonidal Disease?

- Pilonidal disease is actually a chronic infection that forms in a pocket under the skin where hair, pus and/or debris collect. This occurs in the lower center of the back just above the buttocks, which is called the natal cleft.
- It usually results from body hair pushing through the skin of the natal cleft creating a small pit. A hair ball then forms in the pit. This usually branches into multiple infected tracts under the skin with multiple openings to the surface.
- Pilonidal disease is more common in people between the ages of 16 and 26. Abscesses that occur in the midline cleft in children younger than 8 without body hair are extremely unlikely to be secondary to pilonidal disease.
- Pilonidal disease rarely goes away without treatment. Most require some surgical intervention.

What Are the Symptoms of Pilonidal Disease?

- Pain over the tail bone or at the top of the natal cleft that worsens with sitting for a long period of time (ex. After a long day of sitting at school, after a long car ride)
- Swelling or redness in the natal cleft area
- If the infection is not treated promptly, an abscess forms and opens to the outside draining a mixture of blood and pus. Sometimes, this is the first sign you or your child notice.

How Do You Treat Pilonidal Disease?

- Pilonidal disease is an infection. Therefore, if your child is in "manageable" pain, the doctor can prescribe antibiotics. This will not make the disease go away, but it can help relieve pain until surgery to remove the disease can be done.
- If your child is in severe pain, then he/she most likely has a pilonidal abscess that must be drained right away. The doctor can usually drain the abscess in the office using local anesthesia,

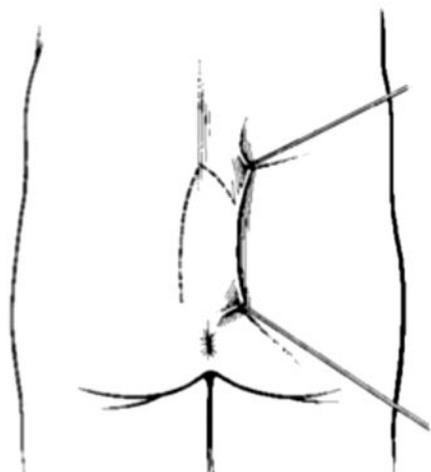
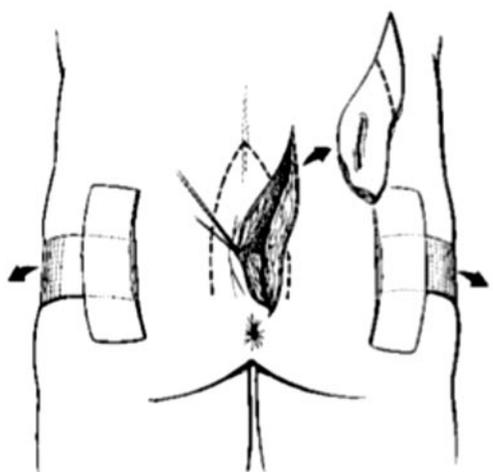
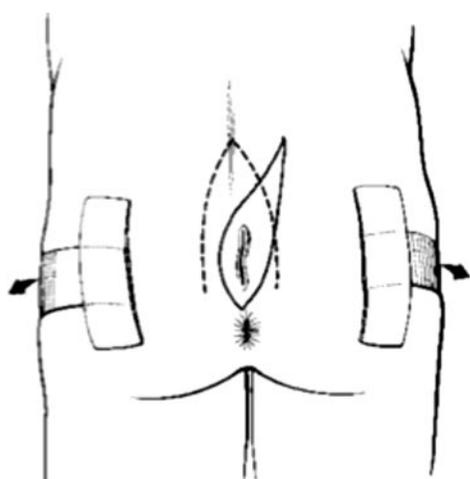
which numbs the area where the surgery is done. After the procedure, your child will need to receive antibiotics and you will need to care for his/her wound by frequently soaking the incision. You will receive information about how to care for the wound.

What if My Child Has Pilonidal Disease?

Pilonidal disease is considered a chronic condition. With pilonidal disease, your child's natal cleft skin likely has multiple pits where debris and hair can collect and get infected. When pilonidal disease exists, it is likely your child will need surgery to prevent future infections and pain. The best surgery for pilonidal disease is the Cleft Lift Procedure.

What Is the Cleft Lift Procedure?

- The procedure involves the removal of scarred or pitted midline skin and skin from one side of the natal cleft. Skin and fat on the opposite side of the cleft is freed from the underlying tissue out past the edge of the natal cleft and shifted to the other side.
- The deeper tissues of the now exposed buttocks cheeks are drawn and sewn together to 'shallow the valley' and to re-contour the cleft. The flap is then closed over the 'shallowed' valley and sutured to the side outside the cleft.
- The new natal cleft is less deep and smoothly transitions down toward the anus.
- Without the valley and divots, debris and hairs can't collect. The resulting wound is off to the side of the midline so it is exposed to air and can heal well.
- The procedure takes about 1 hour.
- It is performed under general anesthesia.
- The wound is completely closed and no packing is required. All the sutures are absorbable under the skin except for a few outside sutures at the lower end of the incision that need to be removed in 2 weeks after surgery.



- A temporary drain is usually placed under the flap of skin to prevent the accumulation of fluid and is generally removed in 3-4 days.
- The wound will be covered by Steri-strips and a gauze dressing.
- Patients experience minimal discomfort.
- Most patients go home the same day and are allowed to return to full activity including athletics after the drain is removed, usually within a week.

Additional Benefits of the Cleft Lift Procedure

- After a cleft lift procedure, patients will have a thin scar, can wear bathing suits without embarrassment, and sit without pain.
- The cleft lift removes only the scarred skin, does not remove deep tissue, and puts the incision sufficiently to the side so that it can heal well. Also, the cleftlift procedure is not disfiguring. Most patients find the resulting scar cosmetically acceptable.
- In addition, the cleftlift procedure has the lowest recurrence rate among other flap procedures. Recurrence is quoted between 1 and 5%.
- Pain is minimal and hence the need for narcotic use is too.

What to Expect before Surgery

- Your child will be seen by the surgeon, usually in the office.
- If your child had an incision and drainage of a pilonidal abscess, the surgeon will remove the packing and usually will wait for 1-2 weeks before performing the cleft lift procedure. During this time your child will be on oral antibiotics and will need to soak/irrigate the wound at least once daily to promote healing and keep the wound clean in order for the inflammation to subside. Sometimes, the surgeon will need to see you back just before surgery to re-evaluate the wound.

- If your child has a chronic opening rather than an abscess, we will usually schedule his surgery within 1-2 weeks and there is no need for soaking and antibiotics before surgery in this case.
- Before surgery, pain and discomfort will usually be managed with over-the-counter Tylenol (acetaminophen) or Motrin (ibuprofen). It is very rare for children to need strong narcotic medication.
- In most cases, surgery is not urgent and we can schedule it based on your schedule. However, the longer the delay, the more the disease creates more tracks and cavities and the more difficult the procedure will be.
- Surgery will be performed under general anesthesia at the hospital. Your child will be seen by our pediatric anesthesiologists the day of surgery and he/she will discuss the anesthesia details with you and your child.

What to Expect after Surgery

- The surgery usually lasts about an hour. Your child will be able to go home after the surgery.
- Your child will have a drain (a plastic drainage tube) that comes out from the skin at the top of where the surgeon did the surgery. This typically stays for 3-4 days depending on the amount of drainage. It is removed in the surgeon's office. The tube will be attached to a rubber bulb for suction. The nurses will show you how to empty this and attach it back. Please record the amount of drainage every 12 hours. Typically, the tube will be removed once the drainage is less than 30-40 ml/day. Your child will be on oral antibiotics during the time he/she has the drain (3-5 days).
- Pain after surgery is usually minimal. Most patients require only ibuprofen every 6 hours for pain control. We will give you a prescription for stronger pain medicine with narcotics to be taken as needed. Most patients will only need this for 2-3 days.
- Your child will have a gauze dressing over the wound with tape to

keep the dressing in place. The tape is open at the bottom to allow for bowel movements. Underneath the gauze, the wound is covered by Steri-strips to hold the skin edges together. The wound itself is closed by dissolvable sutures under the skin. There will also be 4-5 outside sutures at the lower part of the incision. Remember, no open wounds or packing.

- Your first postoperative visit will be 3-4 days after surgery. During this visit, the surgeon will remove the drain. He will also remove the gauze dressing and ask you to paint the wound once daily with an antiseptic solution called Betadine. This keeps the wound clean and dry.
- Your second visit will be 2 weeks after surgery. Your surgeon will remove the 4-5 outside sutures during this visit. Most of the time, the Steri-strips will have fallen off already leaving a clean linear thin scar. This is normal.
- Keep the wound dry until your child's first office visit with the surgeon after the procedure. Your child can have a shower 48 hours after this visit. No sitting in water or swimming until your second visit 2 weeks after surgery.
- Most patients will be able to sit and resume regular activities the day after surgery. If he/she is taking narcotics, it is not advisable to go back to school. Most children can go back to school 3-4 days after surgery. Your child should avoid squatting, sliding, contact sports or direct falls on the buttock area until the second postoperative visit. All activities can be resumed in 2 weeks. Remember, the cleft lift procedure has the quickest recovery.
- Constipation is common after any surgery, particularly if your child is taking narcotics. If your child does not have a bowel movement 2 days after surgery, he/she can take a laxative (Miralax or Senna products). Keep the area around the incision clean.

- Symptoms to look for after surgery include fever higher than 102 degrees, severe pain at the operative site, increased drainage or milky (white, green, yellow) drainage from the wound. Please call our office at 919-350-8797 if your child develops any of these symptoms.
- Complications after surgery are rare. The most common is separation of the wound edges. This usually happens close to the lower part of the incision where tension on the edges is highest. This usually is self resolving in 2-3 weeks and does not mean your child has a recurrence. Recurrence can happen in 1-5% of cases. To minimize the chances of recurrence, it is important to keep the buttock area clean from all hair and minimize sitting for long periods of time. A shower at the end of each day to remove any collecting hair and sitting on soft surfaces can help reduce recurrence. Other rare complications include wound infection, bleeding or formation of a fluid collection under the skin (seroma).

For appointments or questions, please call our office at (919) 350-8797.





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