

Pilonidal Sinus

Day Surgery Unit



Patient information leaflet

What is a Pilonidal Sinus?

A pilonidal sinus is a blind ending pit in the skin, usually between the buttocks. There may be one or more small openings to the surface. In some cases, recurrent infections occur causing episodes of pain, swelling and discharge. The disease is most common in young men.

What treatment is available?

Most pilonidal sinuses are managed without specialist medical treatment. Surgery is required to eliminate the sinus itself in patients with persistent discharge and pain.

What does surgery involve?

The options are:

1. Bascom I procedure – removal of the pits, with a separate cut to one side to allow any infection to drain away.
2. Excision and primary closure – suitable only for simple pits with no active infection. The pits are removed and the skin stitched together.
3. Lay open procedure – removal of pits and surrounding inflamed tissue. The wound is left open to heal.
4. Advanced techniques for complex or recurrent sinus disease are not usually performed as a Day Case procedure.

What should I do after my operation?

Wound care

If your wound has been closed with stitches, you will need to keep the area clean and dry until your stitches have been removed.

If your wound has been left open, the Day Surgery Unit will arrange for it to be redressed every day by your District Nurse. Avoid getting the area wet or dirty.

You may be advised to keep the area free of hairs by shaving for some time after your surgery.

Pain relief

You should expect the wound area to be uncomfortable. Painkilling drugs will be given on the Unit as required. You will also be provided with painkillers to take home.

Exercise and activity

There are no particular restrictions on activity, just as comfort allows.

Eating and drinking

You may eat a normal balanced diet.

When can I return to work?

You are strongly advised to take 2–3 days off work to recover from your anaesthetic.

Sexual intercourse

You may resume sexual activity as comfort allows.

When can I drive?

You must not drive for at least 24–48 hours following your anaesthetic. You may resume driving when you feel comfortable and can perform an emergency stop with ease. This can take at least a week.

Will I require an outpatients appointment?

Patients are usually seen 10 days after surgery.

What are the potential risks and complications?

- **Infection** – If your wound starts producing a discharge, contact the Day Surgery Unit or your GP for advice.
- **Bleeding** – The wound may bleed a little after surgery, particularly after physical activity. If the bleeding is excessive, contact the Day Surgery Unit or your GP for advice.

These notes will not cover everything. If you want to know more, please ask.

Reference sources

- Mr I.Jourdan and Prof. T.Rockall, RSCH Consultants.
- Further information can be found on www.nhs.uk/conditions/Pilonidal-sinus/Pages/Introduction.aspx

Contact details

If you require further advice, please do not hesitate to contact us.

Day Surgery Unit

Telephone: 01483 406783 (Monday–Friday, 8am–6pm)

Surgical Short Stay Unit

Telephone: 01483 406828

Out of hours advice

Telephone: Call 111 (formerly NHS Direct)

Website: www.nhsdirect.nhs.uk

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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