

Potential Risks and Complications

In line with most operations, there is always a risk of bleeding/bruising after the procedure, although electrocautery is used to seal the blood vessels to try and minimise this. The tissue is infected, so antibiotics are given as a matter of routine at the time of surgery to try and minimise the risk of post operative infection. The drains also help to this regard.

The biggest problem with any treatment for this disease is the risk of recurrence. Various operations have been tried in the past in an attempt to minimise the risk of recurrence, but even the most advanced procedures still carry this risk. The risk of recurrence with Cleft Closure is approximately 4% and with Limberg Flap 2%. All surgical procedures inevitably leave a degree of scarring, and the scars from these two procedures can be reasonably large. Your Consultant will explain this in a bit more detail to you prior to surgery.

Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry; do not touch them.

If you have any queries, please do not hesitate to contact us.

ALL CORRESPONDENCE AND APPOINTMENTS

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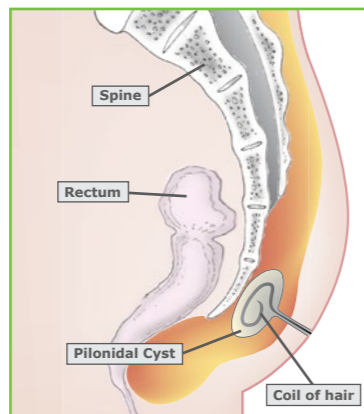
PILONIDAL SINUS DISEASE

Patient Information Leaflet



PILONIDAL SINUS DISEASE

Pilonidal Sinus Disease is a common condition which can affect both sexes, but is slightly more common in males. The most common part of the body to be affected is the natal cleft, the groove between the two buttocks. Other parts of the body can be affected. The underlying problem is one of the natural body hairs starting to grow into the skin, instead of away from the skin. These then continue to grow and burrow deeper into the fat below the skin. Eventually, the track or sinus develops where the hair has grown deeper. It is frequent to have more than one sinus.



Symptoms

Symptoms of the disease may include some pain at the base of the spine, swelling in this area, discomfort on sitting down and discharge of infected or bloody contents. Occasionally, a full blown abscess can occur accompanied by the feeling of being generally unwell, fever and marked increase in pain. If left untreated, the symptoms normally wax and wane but do not usually disappear by themselves. The only effective way of treating this is by surgery.

Surgery

All surgery for this condition is usually done under general anaesthetic.

If patients present as an emergency with an abscess, then this is opened up, the pus evacuated and the abscess cavity cleaned. It will often be packed by a special type of dressing which will need to be replaced on a regular basis, initially daily, but less often as the wound continues to heal. This may take some weeks. People having this procedure have about a two thirds chance of the condition healing for good without the need for further surgery. About one third will be left with recurrent symptoms from the original sinus tract. In the elective setting, scheduled surgery can be planned.

Cleft Closure

This is usually done as a day case procedure, but sometimes people stay for one night afterwards. The Consultant will discuss things in more detail but essentially, once put to sleep by general anaesthetic, all the area of disease is cut out and the wound checked to make sure it is all healthy. The edges of the skin, both sides of the buttock, are then freed up a little bit and the wound is then closed with multi-layered stitches. The scar is usually reasonably long, but the way the surgery is performed, means that it lays to one side of the mid line, just to one side of either buttock cheek. This is the key to trying to minimise risk of recurrence.

It is usually practice to leave a small surgical drain in the wound which comes out of the side and this is usually left in place for three days. Patients are allowed home with this drain and asked to return to the Hospital to have it removed and the wound checked on day three after the procedure. The drain is left to allow any residual fluid to drain away and try and prevent any infection in the first few days after the operation. The stitches used, are usually dissolvable sutures which do not require any removal, but your surgeon will let you know if this is not the case.

On discharge from the Hampshire Clinic

After the procedure, you will be able to eat and drink normally and go to the toilet in the normal fashion. Slight care should be taken when wiping yourself. You may find it somewhat sore afterwards and you will be given painkillers to go home with. Normally sitting is the most painful position, as this not only stretches the wound from top to toe, but also from side to side. Standing and reclining/lying are often more comfortable in the immediate aftermath of surgery. This will gradually improve over a couple of weeks.

In the unlikely event that you should experience severe pain, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately, for assessment. Please inform them that you have recently had surgery.

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Limberg Flap

This is a much more extensive procedure for people who either have extensive pilonidal disease or who have disease affecting both sides of the buttocks. A diamond (rhomboid) shaped piece of skin and underlying fat is removed and a plastic surgical type of procedure used to mobilise a similarly shaped piece of skin from the adjacent buttock. One side of the diamond is left attached to maintain blood supply. The diamond is then swung to the site of the old excision and multiple layers of stitches are used to close and attach the new diamond shape of skin into the wound. This operation has the lowest chance of recurrence for Pilonidal Sinus Disease (about 2%). However, it is a much more invasive procedure and patients are usually in hospital for at least a couple of days afterwards. One or two drains are left in place for between three to five days. This is because there is a much larger area underneath the excision site so there is a greater chance of fluid build up.

The scar is also quite noticeable and patients are left with a four sided shape that looks a little like a question mark. This will be discussed with you in a lot more detail with your surgeon should this become relevant. This is a bigger operation for this disease, with a longer post operative recovery time and longer hospital stay. It is therefore, reserved for people with the most difficult to treat, or extensive disease.

On discharge from the Hampshire Clinic

After the procedure, you will be able to eat and drink normally and go to the toilet in the normal fashion. Slight care should be taken when wiping yourself. You may find it somewhat sore afterwards and you will be given painkillers and antibiotics to go home with. Normally sitting is the most painful position. Standing and reclining/lying are often more comfortable in the immediate aftermath of surgery. You may need to schedule up to four weeks off work with this type of surgery, and it is not uncommon with people having a Limberg flap to be off work for a couple of weeks beyond this.

In the unlikely event that you should experience severe pain, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately, for assessment. Please inform them that you have recently had surgery.

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