

Dr. Hugh McGregor
BSc(Hons) MBBS(Hons) PhD FRACS
GENERAL SURGEON &
GASTROINTESTINAL ENDOSCOPIST
Provider 237509VA

Suite 17
Peninsula Specialist Centre
George St.
KIPPA RING QLD, 4020
Telephone 3283 4200
Fax 3284 2739
email: northsidesurgeons@gmail.com

DISCHARGE INSTRUCTIONS – Pilonidal Disease

What is Pilonidal disease and what causes it?

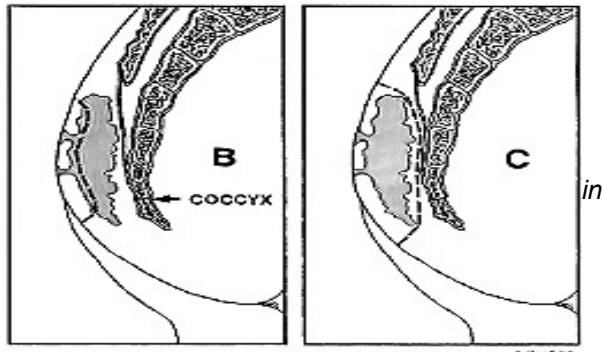
Pilonidal disease is a chronic infection of the skin in the region of the buttock crease (Figure 1). The condition results from a reaction to hairs embedded in the skin, commonly occurring in the cleft between the buttocks. The disease is more common in men than women and frequently occurs between puberty and age 40. It is also common in obese people and those with thick, stiff body hair.

How is Pilonidal disease treated?

The treatment depends on the disease pattern. An acute abscess is managed with an incision and drained to release the pus, and reduce the inflammation and pain. A chronic sinus usually will need to be excised or surgically opened. A large number of different operations have been tried and described.

Complex or recurrent disease must be treated surgically. Procedures vary from unroofing the sinuses to excision (Figure 2) and possible closure with flaps. Larger operations require longer healing times. If the wound is left open, it will require dressing or packing to keep it clean. Although it may take several weeks to heal, the success rate with open wounds is higher. Closure with flaps is a bigger operation that has a higher chance of infection; however, it may be required in some patients.

Figure 1: Drawing B is a side view showing how most of the inflammation is deep under the skin just outside the coccyx (tailbone). The dashed line shows how it may be opened or unroofed. Dashed line drawing C shows excision of all inflamed tissue.



Flap surgery

This is more complex surgery and usually reserved for recurrent disease.

Post op Instructions:

- If the wound can be closed, it will need to be kept clean and dry until the skin is completely healed.
 - A closed wound may take 4 – 6 weeks to heal.
- If the wound must be left open, dressings or packing will be needed to help remove secretions and to allow the wound to heal from the bottom up.
 - An open wound may take 6 – 8 weeks to heal.
- It is advised that you commence a multivitamin with Vit A, Vit C, zinc and magnesium in it to aid the healing process

On-going Care:

- You will see the practice nurse weekly for wound review and Dr McGregor if required
- An appointment will be made for you prior to discharge from Hospital.
- If not, please call our Rooms on 07 3283 4200 to arrange your post operative appointment.

Appointment details:

Date:: _____ Time: _____