

Post-Operative Instructions Pilonidal Sinus Surgery

Comfort Measures:

Pilonidal sinus surgery is not typically painful compared with other anorectal procedures. There can be some pain. In addition to pain medication there are local measures that can be helpful. They are not important for healing and can be stopped when you don't think they are useful. An ice pack for 12-24 hours might be helpful. A warm pack can also be soothing. Many patients find these measures unnecessary.

Wound Care:

You will leave the hospital with a cotton gauze dressing (also called a 3×3 or 4×4) tucked into the surgical wound. It is important that you continue to tuck a gauze into the wound. This is important for proper wound healing. It prevents the wound from healing superficially before the deep portion heals, which would result in essentially a recurrence. Also, some wounds stagnate and stop healing if the skin edges contact each other. The reason for this is not known with certainty, but probably is due to local mechanisms by which skin contracts and skin cells divide and migrate into wounds.

The wound will not appear to be healing for two weeks. The process of healing is actually occurring, but at a tissue level that is difficult to see. The wound will then heal in a visible way, and then will accelerate healing. You may feel the wound is healed before it actually has. It is important that you continue wound care beyond when the wound seems to have healed.

It can be difficult to perfectly keep a gauze in the wound as it may dislodge with motion. It is not important that you are perfect with wound care. Even if you try to be perfect you will not be. The gauze will dislodge anyway. It is more important that you are persistent, replacing the gauze when you can. If you are persistent the wound will heal. Some people find it easier if they wear tighter underwear. Though you will initially have tape keeping gauze in the wound after surgery, tape after this initial period is not an advantage, and can actually be counter-productive, pulling gauze out of the wound with motion. Patients who do this also find the tape irritates the skin around the wound. Tape is not worth the pain or even necessary.

Showering:

For a week or two after surgery taking two showers a day is helpful. It washes debris and hair out of the wound that can slow healing. It helps keep the wound moist. It can also be soothing. Warm water is all that is necessary. It can hit your back and wash down and through the wound. The wound will not get infected.

Urination:

Difficulty with urination is usually not a problem with this surgery. However difficulty is still possible. Difficulty is usually due to difficulty relaxing. If you feel the need to void, there is usually enough fluid in your bladder. While drinking fluid after surgery is ok, do it because you are thirsty and not because you think it will help to urinate. Filling your bladder beyond a volume that gives you urgency will not help you relax. If you get the urge but are unable to urinate, sit in a warm tub of water and try to relax. It is rare for patients with this surgery to need a trip to the Emergency Room because they cannot urinate.

Bowel Movements:

Constipation after pilonidal surgery is due to pain medication. Because pilonidal surgery is not as painful as many procedures, this is not usually a problem. However, constipation is still possible. It is important that you eat regularly and for a while consume enough fiber. If after a few days you haven't had a bowel movement you can take 1-2 ounces of milk of magnesia. If you don't have a bowel movement within another day or two you can take a more powerful laxative. A laxative that is nearly certain to work is a colonoscopy prep. This consists of 4 Dulcolax tablets followed 1-2 hours later by a 238 gram bottle of Miralax mixed in 1/2 gallon Gatorade, consumed over 3-4 hours. If you have a good BM before finishing, it is not necessary to complete. I cannot recall a patient with pilonidal surgery ever needing this.

Diet:

To have regular bowel function, you must eat regularly. To help prevent constipation you must deliver volume to the rectum. This is best accomplished with fiber. Stool softeners may keep stools softer but do not change the volume delivered to the rectum and are not as helpful for bowel movements, though it is acceptable to take them in addition to fiber.

The best way to actually consume sufficient fiber is with a high fiber cereal (12-14 grams of fiber per 1/2 cup of cereal). FiberOne, All Bran, 100%Bran, Bran Buds are examples. 1/2 to 1 cup per day is sufficient. Supplements (Psyllium, Metamucil, Citrucel) are also good, though there is less fiber than a high fiber cereal and one must take 2-4 doses to get the equivalent of a high fiber cereal.

You should also drink plenty of fluid, though should be cautious until after urinating.

If you consume enough fiber in these forms then you can make food decisions without worrying about fiber.

As constipation is rarely a problem with pilonidal surgery, most people do not need to formally increase their fiber intake.

Medication:

You may resume your usual medication unless instructed to do otherwise.

Pain Medication:

See separate handout.

Bleeding:

Nearly every patient has some drainage which may have blood, or even a small amount of actual bleeding following an operation in this area. This may last for several days to occasionally weeks following the procedure. However, it is uncommon to rare for patients to have bleeding complications with pilonidal surgery. Should you have bleeding that you find bothersome, part of the bleeding can be related to medications that effect blood clotting. Stopping these medications, such as ibuprofen or aspirin, can diminish or stop the bleeding. You can stop ibuprofen taken for post-operative pain at any time. Stopping medications, such as Plavix or Coumadin, taken for other health conditions should be checked with a health care provider, either us or your personal physician.

If you did have bleeding that did not stop, it can nearly always be controlled by direct pressure, though it could be difficult for a patient to put pressure on the precise spot themselves. It is uncommon to rare for patients to go to the ER for bleeding.

Activity:

The only limitation on activity is due to discomfort/pain. You should not do anything potentially dangerous, such as driving a car, if baseline pain, additional pain due to activity, or pain medication will interfere with your ability to focus. Activity may cause pain or a small amount of bleeding but will not damage the wound, or cause a recurrence. Recurrences are usually due to the surgery and wound care. So if you feel comfortable doing an activity, you may proceed. This will entail some testing to see if the activity causes pain. As the surgery itself is not particularly painful, most activities can be resumed shortly after surgery.

Office Follow-up:

Most patients visit us in the office 3-4 weeks after the procedure. Additional follow-up visits are often needed to confirm that the wound has completed healing. We are available 24 hours a day for emergencies. You may call the office during working hours for questions that are not emergencies, and are not covered by this handout. Our office number is (207) 761-6642

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