
Brisbane Liver and Gallbladder Surgery
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PILONIDAL SINUS

*THIS INFORMATION REFLECTS THE PERSONAL PRACTICE OF DR KELLE SLATER ONLY
AND DOES NOT SUBSTITUTE FOR DISCUSSION WITH YOUR SURGEON.*

YOUR ADMISSION DETAILS:

Your admission date is: _____

Date of your operation: _____

The Rooms will call you a day prior to when you are due to enter the hospital to confirm your admission time and when to start fasting.

Register your admission to confirm your personal details and health history.

This must be done at least 48 hours prior to your admission. It can be done in two ways:

You can complete the admission form online at:

<http://www.greenslopesprivate.com.au/For-Patients/online-admission-form.aspx>

OR

Call Greenslopes Private Hospital Admissions on phone 1800 777 101.

Monday to Friday 8am – 7:30pm or Saturday 8:15am – 12:45pm.

WHAT IS A PILONIDAL SINUS?

Literally meaning “nest of hairs”, a pilonidal sinus is a cavity under the skin that contains hairs. It most commonly occurs at the top of the natal cleft or more crudely – the butt crack. They can also occur in the belly button, between the fingers and on the sole of the foot. There are many theories as to how they form. The most logical theory is that the hairs fall off the back and the head, landing in the natal cleft. Some people are born with natural ‘pits’ in the skin of the buttocks and the friction and suction created here causes the hairs to drill under the skin. Over time, the ‘pit’ gets larger and continues to suck hairs in. These sinuses may be present for years and the patient doesn’t know it. Very often however, the sinus develops a bacterial infection. This results in a painful abscess forming at the top of the cleft. It will cause a fever and an eventual discharge of pus from the sinus.

Pilonidal sinuses typically occur in people with coarse hair on their head and back. This is why they are more common in men. Women also get pilonidal disease. Sufferers often have a Middle-eastern or Mediterranean background. They also occur in people who work with hair e.g. hairdressers, horse workers. People that sit all day are also at risk e.g. professional drivers – as there is a continual suction effect caused by sitting against a seat.

Interestingly, this is a disease of people between 15 and 40. The reasons for this are not known.



This is a pilonidal abscess in the typical position

WHAT ARE THE SYMPTOMS OF A PILONIDAL SINUS?

These sinuses may cause no symptoms at all. They are sometimes found during a routine medical check. There may be a lump at the top of the natal cleft. Sinuses are more frequently discovered when they become infected. This condition is very painful and can occur with no warning. The pain will make people present to the Emergency Department.

WHY SHOULD A PILONIDAL SINUS BE TREATED?

The decision to remove a sinus that has caused no problems is a difficult one and should be decided on a case by case basis. Not all sinuses will become infected, but it is unpredictable. The recovery from surgery can be very long, so repairing a sinus that is not causing trouble may not be attractive.

Many want a pilonidal sinus repaired before they become infected. Infection can occur at very inconvenient times - like during a holiday and will require emergency surgery.

HOW IS A PILONIDAL SINUS REPAIRED?

The pilonidal sinus is still one of the most challenging problems in modern general surgery. The treatment is different for an accidentally found, non infected pilonidal sinus and an inflamed one.

Inflamed sinus

An inflamed sinus requires urgent drainage done under general anaesthesia (fully asleep). A cut is made in the skin and the pus is drained. The cavity is then packed with absorbent material. The sinus is then allowed to heal from the bottom up. There will be a raw wound at the top of the natal cleft for many weeks. It will be quite sore for the first week and then you will be able to return to normal life wearing a pad in your underpants to prevent leakage.

Non-inflamed sinus

There are a few techniques to repair a non inflamed pilonidal sinus.

1. Using a camera to remove the hairs

This is a relatively new technique. While you are asleep, a tiny camera is introduced into the sinus by enlarging one of the sinus openings. This gives a great view of all the hairs in the sinus and they are removed one by one. The whole cavity is then cauterized with heat to get rid of scar tissue. A small vacuum dressing is then placed. (This is called a PICO vac). This can generally be done as day surgery, has very little associated pain and only requires a week off work.

This technique is very new and may have to be repeated more than once. The advantages though are that it avoids multiple dressings and open wounds.



View through the camera into the sinus. There is a hair present and it is being removed by a grabber.



A PICO vac. (Smith and Nephew) that may be used on your sinus

2. Removing the whole sinus

A non-inflamed sinus can be treated by cutting out the entire sinus and closing the wound with stitches. The aim with this closure is to flatten out the natal cleft and remove the suction effect that caused the sinus. The stitches will be left in two weeks and it can be very uncomfortable. It is common for these wounds to become infected and the stitches have to be removed early. If infection occurs, the wound will be opened, sometime with another operation and allowed to heal slowly over time. A PICO vac will also be used in these cases.

WHAT ARE THE COMPLICATIONS OF PILONIDAL SINUS SURGERY?

Generally you will be fully asleep for pilonidal surgery (general anaesthetic) Like any surgery, there are small risks of severe allergy and even death during an anaesthetic. This is very rare.

The complications specifically for pilonidal surgery are:

- Recurrence of the sinus: a considerable number of these sinuses come back because, aside from shaving the head and back regularly, it is impossible to remove the cause. It is very common that after emergency surgery you may need a second procedure to try and fix the primary problem. The skin over a healed pilonidal sinus is very fragile and it is very easy for the hairs to get under the skin again.
- Delayed healing: after removal, these sinuses often heal for a while and then stop. It is common to need further operations to help the healing process and clean out the cavity.
- Break down of wound: after a planned repair of pilonidal sinus, the wound is closed with stitches. It is very common that these wounds get infected. About 50% of patients will get an infection and the wound will have to be opened. The wound will then be packed and heal from the bottom up.
- Bleeding: bleeding is very common just after and at any time during the healing process. The healing tissue is very raw and bleeds frequently. Occasionally patients have to return to theatre for this bleeding.
- Damage to the eyes, face, nerves of the arms and legs to your position on the operating table. This is very rare and a great deal of care is taken in your positioning.

WHAT TO EXPECT IMMEDIATELY AFTER SURGERY

Pain Relief

Every effort will be made to minimize the discomfort. Your nurses will be monitoring your level of pain control frequently.

It is typical for pilonidal sinus surgery to be very uncomfortable for the first few days.

Local anaesthetic will be used in the wound and lasts for about 12 hours.

You will feel more comfortable lying on your side.

There are two major types of pain relievers after pilonidal surgery.

1. Panadol, Panamax, Paracetamol

You will be amazed the power of regular paracetamol. It will cut down the need for the very strong pain pills.

They do not cause constipation.

Do not take more than 8 tablets a day or serious liver damage may occur.

2. NSAIDs (Indocid, Brufen, Mobic)

Another excellent pain reliever. They do not cause constipation.

Must be used very cautiously in the elderly and those with kidney problems because it might cause kidney failure.

They may cause stomach ulcers. If you experience any pain in the upper abdomen you must stop this medication immediately and seek advice.

It is uncommon to need anything stronger than these medications after you go home. Try and avoid codeine or narcotic containing products – like Panadeine, Panadeine Forte or Endone as they cause constipation and may put strain on your hernia repair.

Eating

It is usual to return to a normal diet within a day of surgery. There are no restrictions. It is very common to feel slightly nauseated for 12 hours following surgery.

Urinating/Bowel Movements

After any surgery a patient may have trouble passing urine. This is uncommon and usually temporary. Occasionally a catheter needs to be inserted to help you pass urine.

There may be some disturbance to your bowels in the week after any type of surgery. Drink plenty of water and eat healthy food with fruit and vegetables. If there are still problems and over the counter laxative will help.

Because the wound is very close to the anus, wiping your bottom after surgery can be tricky. A good idea it to get in the shower and let the water run over the area to get it clean. It is also important to make sure the area is hair free during the healing process and this can be done by washing off the area in the shower twice a day.

Activity

It is usual to be discharged 1 – 2 days after pilonidal sinus surgery. It is very important to begin light activity shortly after surgery. This is to prevent pneumonia, clots in the legs and loss of general condition. You should avoid strenuous activity until the sinus is healed.

AFTER DISCHARGE

Your Wound

If you have elective pilonidal surgery, you will have several stitches in the wound. These are usually removed about 2 weeks. Initially you will have a dressing covering the wound. This will be a pad and a piece of gauze impregnated with Vaseline. The pad can be changed the day after you go home. Try and avoid getting the wound wet for at least 5 days after surgery. After this, you may let water run over it. Do not rub the wound. Pat it dry with a towel.

After your bowels work do not rub the wound hard. The best way to clean your bottom , is by washing it off in the shower for the first few weeks.

You can cover the wound with a simple pad to keep your underpants from soiling. (Women's sanitary pads are a cheap way to do this.)

If you have emergency pilonidal surgery, you will have an open wound that may be several centimeters deep. This will usually have a PICO vac placed over it and I will change this dressing every 3-4 days in the office.

As a sinus heals, a lot of extra tissue grows. We may use a product called silver nitrate in the wound to burn this tissue off and form a scab. This is painted on the tissue. This process causes minor discomfort and the wound will turn a grey colour.

PICO Vac

There is a new type of dressing available called a "vac" where low pressure suction is applied to the wound by way of a small machine. It is not suitable for everyone, but when it

works it seems to heal the sinus quicker. The pump lasts for 5-7 days and can be carried in your pocket. You can get the dressing wet in the shower, but do not get the pump wet.

Body Hair

It is difficult to know what to do with back and buttock hair. It seems that hair on the head contributes the most to forming these sinuses. Usually I will attempt to keep the local area hair free during the healing process. This may be done by shaving or depilatory creams. You may wax your back or have laser hair removal if you wish, but this is very expensive and may not solve the problem completely.

After the sinus is healed it is important to make sure hairs do not collect in your natal cleft and please wash the area carefully every day.

Activity

Do not drive until you feel you could respond in an emergency.

You may walk normally and climb stairs.

You may start some light exercise when you feel comfortable. Strenuous sport should be avoided until the sinus is healed.

You may gently swim when the wound is healed.

You may resume sexual activity when you feel ready unless we have told you otherwise.

How you may feel

It is quite common to feel quite tired for a few weeks after surgery. It is easy to feel down in the dumps when you have a pilonidal because of the length of time it takes to heal.

Follow-up

Pilonidal sinuses need intensive follow-up. Expect to see me up to twice a week until the sinus has healed. This can sometimes take several months.

WHAT PREPARATIONS DO I NEED TO MAKE BEFORE MY SURGERY?

Hospital

The hospital and my office will call you the day before your operation to confirm your admission time.

Fasting

You must have nothing to eat or drink for six hours prior to surgery. (You may take sips of water up until 2 hours before the operation and you may take your medications with a sip of water). You may brush your teeth. You must not chew gum or smoke on the day of the operation.

Shaving and showering

You do not need to shave any body hair before the surgery. I will do this with do this with sterile clippers after you are asleep, just before the surgery commences.

There is no evidence to suggest that having a shower in antiseptic prior to surgery decreases infection rates, so just shower normally on the morning of surgery. Do not use any perfume.

Make up, nail polish and jewellery

I understand that some women feel quite anxious about going without their make up. Most of your body will be covered during the operation, so it is important that the anaesthetist can see your face clearly. Your colour can be a good monitor of how much oxygen you are getting. For this reason, it is best to come to theatre with a clean, makeup free face.

Nail polish is OK with me as long as you keep it clear on your fingernails. Coloured nail polish can interfere with the device we use to measure the oxygen in your blood. For many women, having a pedicure the day before the surgery is a good way to relieve some anxiety.

Any jewellery you are comfortable with removing, you should leave at home. If you would like to leave your wedding ring on, you may, but this will be covered with tape for the duration of the surgery.

Glasses and contact lenses

You should remove your contact lenses prior to coming to the hospital. You don't need to bring your glasses in either. You can use them again when you are back on the ward.

False teeth, caps, crowns

Don't take your teeth out before you come to the operating theatre. They will usually be removed by the anaesthetist after you go to sleep. Keeping your teeth in will help the anaesthetic doctor get a good seal on your mouth with the oxygen mask. Your teeth will be well taken care of during your operation and returned to you in recovery before anyone can see you.

Preparations at home

Ensure that you have someone available to care for small children for a week or so, to take the pressure off your recovery. If you are handy in the kitchen, try to cook and freeze some easy meals to have on hand for when you do not feel like cooking. Another option is to consider ordering precooked meals from companies like Lite and Easy. Consider hiring some help around the house for a few weeks after the surgery or enlist willing (or unwilling) relatives to help out. Make sure all your bills are paid ahead or on automated payments to reduce the things you have to think about in the recovery period.

Medications

- If you are on blood thinners such as Aspirin, Warfarin, Plavix, Iscover, Clopidogrel, Pradaxa, Dabigatran, Rivaroxaban, Xarelto or anti-inflammatory drugs (Brufen, Mobic, Voltaren, etc), they can cause bleeding during surgery. I will advise you about what to do with these drugs prior to surgery. You must let me know about these drugs and the decision to stop them is based on each individual patient's needs.
- Diabetic medications: I will give you advice on whether to take your diabetic medications on the morning of surgery or not. Some diabetics will be admitted the night before the operation and be looked after by a diabetic doctor.
- If you are on Prednisone, you should not stop this drug suddenly.
- Cholesterol lowering medication should not be taken when you are fasting.
- If you are taking any complementary medications e.g. St John's Wort, fish oil or garlic, you should stop these tablets one week before surgery as they may result in excess bleeding.
- You may continue to take a multivitamin.
- Continue to take all other medications, even on the morning of surgery, with a small sip of water.

Other things to know

- If you smoke, it is in your best interests to stop completely as soon as you can. See your GP for alternatives or call Quitline (13 18 48) if you wish to seek advice.
- You should also abstain from drinking alcohol 24 hours prior to any surgery.
- Bring all your current medications with you to the hospital.
- Bring comfortable pyjamas, personal toiletries, small change for newspapers etc.
- Bring something to do - DVD's, books, laptops. Alternately you can use hospitalisation as an opportunity to rest completely without distractions of the outside world.
- Do not bring large amounts of cash or valuables.

WHAT WILL THIS SURGERY COST?

I largely work as a 'no-gap' doctor. This means that the surgeon fee for your operation will be sent to your health fund and there will be no 'gap' or extra money to pay. There are always exceptions and decisions regarding this are made on a case-by-case basis.

If you do not have private health insurance or if you have overseas insurance, you will be given a quotation for surgery, anaesthetic and hospital fees and must pay in full prior to the operation.

Outpatient consultations are not covered by the health funds and there will be a charge for these meetings. You will get a proportion of this money back from Medicare. There is no fee to be paid for normal care after the operation.

There may be other out-of-pocket fees from your anaesthetist and any other specialists who are asked to look after you. You should ask them ahead of time any out-of-pocket costs. Ask us who will be performing your anaesthetic and you can make enquiries with them.

There may be extra costs for x-ray, pharmacy and pathology. You have a right to gain 'informed financial consent'. Fees from other practitioners are beyond our control and you should ask for the costs from each person who is asked to look after you. Patients have a choice when it comes to paying for their health care and you are well within your rights to shop around. Please do not be embarrassed to discuss it with us.

ABOUT YOUR SURGEON

Dr Kellee Slater MBBS (Hons) FRACS

2006 – Present	Staff Surgeon Hepatopancreatic-Biliary-Liver Transplant Princess Alexandra Hospital and Greenslopes Private Hospital Brisbane, Queensland
2004 – 2006	Hepatobiliary and Liver Transplant Fellowship Princess Alexandra Hospital Brisbane, Queensland
2002 – 2004	Liver and Kidney Transplant Fellowship University of Colorado Hospital Denver, Colorado, United States of America
2002	Fellow of the Royal Australian College of Surgeons (FRACS) General Surgery
1989 – 1994	MBBS (Honours) University of Queensland