



PILONIDAL SINUS

Cause:

Pilonidal disease is a chronic infection of the skin around the buttock crease. The cause is largely unknown – it may be a result of reaction to hairs which become embedded in the skin, mainly in the cleft between the buttocks. The condition is more common in men than women, often between puberty and age 40, and in obese people or those with thick, coarse body hair.

Symptoms:

The patient may have no symptoms at all and may not realize there is a problem, or may present with a small dimple or a large painful abscess. The area may drain fluid that may be clear, cloudy or bloody. When infected, the area may become red and tender with pus draining from it.

Patients may present with an acute episode of infection with an abscess. After the abscess resolves (either spontaneously or with antibiotics), a pilonidal sinus may develop. A sinus is a cavity beneath the skin surface that connects with the surface of the skin with one or more openings or tracts.

Treatment:

This depends largely on the pattern of the disease. If the patient presents with an acute abscess it may require an incision (cut) to release and drain the collection of pus. This can often be performed in the Rooms using local anaesthetic. If the disease is complex, recurrent, or chronic it requires surgical treatment performed in an operating theatre. This will involve excision of the sinus tracts, which may be simple or extensive. The wound may be closed with skin flaps, or sutured closed, or left open. Larger operations require longer healing times. Your surgeon will discuss the options with you and help you select the appropriate operation.

If the wound is left open, it will require dressings and packing to keep the area clean. This will be arranged before you are discharged from hospital.

After care:

If the wound can be closed (either sutures or a flap) the area will need to be kept clean and dry until the skin is completely healed. Sutures will be removed in 7 – 10 days.

If the wound is left open to heal slowly, dressings and cavity packing will be needed to help remove secretions and to allow the wound to heal from the base upwards. Usually these dressings will be done by a District Nurse on a daily basis. Healing time may vary from 3 weeks to substantially longer, depending on the complexity of the excision.

After healing has occurred it is important that the skin in the buttock crease is kept clean and free of hair. This can be achieved by shaving, or using a hair removal agent every 2 or 3 weeks.

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