Treating a Pilonidal Sinus/Abscess

Clinical Sciences Building
Colorectal Nurse Specialists
0161 206 1249
Introduction
A pilonidal sinus is a small hole or tunnel in the skin and usually develops at the top of the cleft of the buttocks where they separate, this area becomes an ideal place for bacteria to spread because it is moist and warm.

Hair follicles are the small holes that an individual hair grows out of.

A hair or hair follicle can cause a sinus if:

- The follicle becomes blocked, causing it to become enlarged and then burst
- A broken hair can get pushed into the skin - leading to infection.

Other factors known to increase the risk of developing a pilonidal sinus
- Obesity (BMI of 30 or above)
- Having an above average amount of body hair
- Having a deep cleft between buttocks
- Family history of condition
- Having a job that involves a lot of driving or sitting down for long periods.

Recognising the signs and symptoms of an infected pilonidal sinus
If the sinus becomes infected, an abscess develops. An ABSCESS is a pocket of pus. If infected the following symptoms may include:

- Pain
- Redness and Swelling
- Unpleasant smelling pus draining from sinus
- Blood draining from sinus
- Raised temperature (38°C or above).

Treating a pilonidal sinus
Sometimes antibiotics will be prescribed to control the infection, however in some cases an operation maybe required. There are different ways to remove the sinus.

Excision and Primary Closure
This involves removing the skin which contains the sinus, by cutting the skin on either side of the sinus and stitching together the two sides.

Wide excision and healing by secondary intention
This involves cutting out the sinus and also cutting out a wide margin of skin surrounding the sinus. This type of wound is not stitched, the wound will be left open and will require daily dressings by the district nurses (secondary intention).
In some cases the surgeon might decide to close the wound with a flap of skin. The two most common procedures are a LIMBERG FLAP and a KARYDAKIS FLAP. These are much more extensive procedures for patients who have recurrent disease or have pilonidal disease affecting both sides of the buttocks. This will be discussed in more detail with the surgeon should this become relevant. On discharge you will be given wound care information and also when you attend colorectal nurse led clinic for removal of stitches.

Caring for an open wound

- Daily bathing i.e. shower or bath and following a bowel movement. If your wound is closed with stitches, avoid having a bath as the wound needs to be kept completely dry for the first few days.
- Do not use soap on open wound, use plain water only.
- Do not use talcum powder or creams near the wound.
- Regular shaving of wound area to prevent hair becoming enmeshed in wound.
- Carefully dry the area after washing using a soft towel, try not to rub the skin.
- Keep area as dry and as clean as possible.
- Wear loose fitting cotton underwear.
- Keep stools soft to help reduce straining (diet high in fibre).

Once discharged from hospital

Your district nurses will carry out daily dressing, always remove a damp or wet dressing and replace it with a dry, clean one, the wound will be assessed and an appropriate dressing used. You will be discharged on appropriate pain relief.

Your district nurse will irrigate the wound with saline, bridging tissue (when a healing wound starts to develop strips of healthy tissue in the base as opposed to a uniform spread of healthy tissue across the whole of the wound bed) will be broken down to prevent pockets forming in the cavity/track, loose hairs that have fallen into the wound will be removed in clinic. Please do not worry if the wound discharges fluid or if the wound smells slightly offensive, however, if the discharge becomes excessive and the wound becomes more painful and sore, your district nurse will assess the wound and act accordingly.

The wound may also bleed from time to time, it may be that the wound becomes overgranulated (this is excessive tissue which stands proud of the rest of the skin) overgranulation can slow down wound healing however please do not worry as overgranulation is easily treated.

For wounds with stitches you will be seen in the colorectal nurse led clinic for stitches to be removed and wound care advice.

When should you return to work and regular activities?

You will need to take time off work, although this will depend on your type of job, strenuous work should be avoided for 2 to 3 weeks. If you are in a stationary job (sitting a lot), please relieve pressure from time to time by going for short walks whilst the wound is healing. You can start to exercise and do sporting...
What if problems occur?

If problems arise your district nurse can seek advise from the Colorectal nurses, who will arrange to see you in nurse led clinic if appropriate. Outside of working hours, please contact your GP or the ward that you were discharged from for advice.

Colorectal nurse contact number is:

0161 206 1249

Please leave any messages on the answer machine, you will receive a return call within 24 hours.

Reducing the risk of a Recurring Sinus

A pilonidal sinus can come back. It is therefore important to keep the area free from hairs. Hair removal creams or sprays used in the shower, such as Veet hair removal products are good.

It is also important to keep area as clean as possible to reduce the risk of recurrence.
For further information on this leaflet, it’s references and sources used, please contact 0161 206 1249.

If you need this information leaflet translated, please telephone:

- **Polish**
  Jeżeli potrzebne jest Państwu to tłumaczenie, proszę zadzwonić pod numer.
- **Urdu**
  اگرآپ کواس ترجمانی کی ضرورت بے تمہیریانی کرکے فون کریں.
- **Arabic**
  إذا كنت بحاجة إلى تفسير أو ترجمة هذا الرجاء الاتصال
- **Chinese**
  如果需要翻译，请拨打电话
  0161 206 0224
  or Email: InterpretationandTrans@srft.nhs.uk

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

Salford Royal operates a smoke-free policy.

For advice on stopping smoking contact the Hospital Specialist Stop Smoking Service on 0161 206 1779.

This is a teaching hospital which plays an important role in the training of future doctors. The part patients play in this process is essential to make sure that we produce the right quality doctors for all of our futures. If at any time you would prefer not to have students present please inform the doctor or nurses and this will not affect your care in anyway.

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