

What is a Pilonidal Cyst?

It is an abnormal skin and soft tissue structure, usually located at the tailbone area that contains hair. The cyst can become infected causing pain, swelling and redness near the area. When infected, a foul odor, pus and/or bloody drainage may drain from the area. Hair may protrude from the sinus tracts, or holes in the skin overlying the cyst.

How do they occur?

Although the exact cause is controversial, pilonidal cysts are thought to occur when hair punctures the skin and becomes embedded. Friction and pressure (tight clothing, bicycling, extended periods of sitting, etc.) force the hair down into the skin. The body may treat this hair as a foreign substance and create inflammation around it. Alternatively, it may be congenital and cause problems later in life.

How are they treated?

If the cyst becomes infected, the resulting abscess is often extremely painful. To treat the infection, the abscess can be drained by a surgeon, in an office or operating room, through an incision and drainage (I &D). The cyst will eventually need to be removed surgically (called Pilonidal Cystectomy) in the operating room. Although there are various approaches, an "Open" pilonidal removal allows the body to rebuild new tissue from the bottom up, thus reducing the possibility of another recurrence. As the bottom begins to fill upward, the sides of the wound also will contract. This is called healing by secondary intention.

How do I care for my Pilonidal Wound?

The goal of wound care is to encourage healthy tissue regrowth, beginning at the base of the wound. As the new tissue grows in the wound bed, it is fragile and needs to be protected from drying out. In addition, it is important to keep the wound clean and remove the exudate (a by-product of healing that looks like greenish-yellow mucus. It is a collection of cells and material sloughed off as the body is busy building new tissue). Finally, it is important to prevent closure of the sides of the wound ("Premature Bridging") ahead of the wound base, as this will create a pocket where an abscess could form.

- 1. Supplies:** Wound care supplies may vary slightly depending on the size of your wound but most often include: Non-sterile 4"x 4" 12-ply gauze, cotton-tipped applicators, 3" medipore tape, scissors, and gloves

**A supply list will be given to you after surgery. All supplies are available at Whitesell's Pharmacy Home Medical at 622 N. Market Street in Frederick, MD., 21701. Call first with your supply list and the staff will have them ready for pick up (301-663-6464).

2. **Wound Care Instructions:** Instruction and demonstration will be provided to you and the friend/family member you have chosen to provide your daily home wound care, at your first several post-procedure office visits. We encourage early wound care instruction to allow the patient more independence during this extended healing process. Basically, wound care involves the daily removal of outer dressing and packing, repacking with a folded 4x4 gauze, carefully packing it to the base of the wound using a cotton-tipped applicator and then covering it with a gauze dressing and tape.

**** The packing has 3 purposes: Debridement (remove dead cell tissue from wound bed), Absorption (pulls the exudate out of the wound bed) and Prevention (keeps the wound edges from bridging/closing prematurely). It is important for proper healing that you open the wound when packing it, and that you get the packing all the way down to the base of the wound.**

Good wound care is an integral part of wound healing and in reducing the potential for cyst recurrence. Each wound is slightly different in size, depth, and shape, but the healing process is the same.

The stages of healing include:

1. **Inflammation:** An inflammatory response acts to remove any cell debris and pathogens present. The body sends fluids to the injury site to clean and prepare for healing. As the inflammatory response naturally subsides, the painfulness of the wound should also lessen. Discomfort and pain are very subjective and will vary from person to person but usually the painful part of pilonidal wound healing begins around day 2 or 3 of the new wound and lasts for about 10 days or so.
2. **Proliferation/ Healing Phase:** Granulation tissue, the red velvety-appearing tissue, will become visible along the bottom and sides of the wound. It will eventually fill the entire wound to the level of the original epithelium (skin). Once the granulation tissue reaches this level, the skin can completely cover the wound.
3. **Remodeling:** The tissue will rearrange itself, nerve endings are regenerating, and the scar tissue regains its ability to stretch. Wound contraction can occur. The scar should soften over time.

During your wound healing process, you will have periodic visits with us to check on your progress, ensure that your wound is healing properly, and that there are no problems or concerns.

Common Questions

1. What can I do to help heal faster?

- Keep your wound clean.
- Continue wound care as ordered by your surgeon.
- Eat a healthy diet with plenty of protein.
- Use a cushion (such as Tush-Cush) to take direct pressure off wound site.

- Do not smoke!!! This can slow the healing rate.
- Keep hair from growing into the wound (shaving or clipping hair)

2. When can I shower?

Your surgeon will let you know when it is okay to shower. Usually this is about 2-3 days post op, assuming a family member is available to repack and dress the wound right after the shower. Some patients prefer to leave the dressing in place when showering while others prefer to take the dressing off before showering. Either way is okay, as long as the excess soap and water are blotted out of the wound and it is repacked with clean gauze immediately after showering.

3. What if my packing is stuck in my wound?

Although this seems scary to have to pull packing out of a wound when it feels “stuck”, you can rest assured that the packing does not truly stick or “grow into” the tissue. It may be that the wound is dry, and the gauze is sticking more firmly to the tissue. This can be remedied by getting in the shower and letting the packing become wet, so it is easier to remove. Alternatively, you may apply water directly to the gauze, allowing the packing to become saturated which should make it easier to remove. In addition, spreading the wound edges apart and pulling the gauze out from closer to the wound (teasing small amounts out at a time while grasping the gauze closer to the wound) is a helpful tip for removing a tight “stuck” packing.

4. What if I start bleeding from my wound during wound care?

First, DO NOT PANIC. Good, healthy viable tissue bleeds. Mild oozing is normal, especially for the first few days right after surgery when the blood vessels are right up against the skin edge/wound bed. If you notice that the wound bed fills with blood quickly after unpacking it, there may be a specific area of bleeding that is either “pumping” or “steadily oozing”. This can usually be stopped by applying direct pressure (pressure with one finger) at the site for 10 minutes or so without stopping. This means do not peek to check if bleeding stopped, as this may disturb the clotting process. If you notice the bleeding has not stopped or slowed at all, you should pack the wound tightly and call the surgeon for further instructions.

***Always try to perform your home dressing changes/wound care at a reasonable time. It is never a good idea to do the care late at night when access to care is more limited. We are always available during office hours for any questions or concerns that come up during your routine wound care. For after-hours emergencies, call the office number (301-694-3200) and follow the prompts to reach the on-call surgeon.

5. What if the dressing gets dirty following a bowel movement?

Try your best to clean around the wound and change the packing right after a bowel movement. If the packing becomes saturated with wound drainage, feces, urine etc., wipe it out, change the packing and reapply the dressing. It is rare that an open wound will

become infected, however the skin around the wound can become irritated and possibly break down if wet, soiled dressings are constantly laying on it (similar to a soiled diaper on a baby). Any concerns about infection should be addressed with the surgeon or staff.

6. What can I do for pain control?

- For mild pain or discomfort, it is best to try OTC pain relievers such as Tylenol or Motrin.
- Try changing position, such as lying down on your belly or sitting with a Tush-Cush.
- Try applying cool compresses to the area. Most patients report that heavy ice packs can be uncomfortable and find that lightweight bags of frozen veggies make the perfect cool compress. This really seems to help with inflammatory pain.
- If the pain occurs with dressing changes, ask your surgeon whether a prescription for 5% Lidocaine ointment would be appropriate. It is a local anesthetic which can provide numbing at the wound site prior to dressing changes but has no effect on the “healing speed”.
- During the more painful part of this wound healing process (typically around days 3-12), if other measures are not adequate to provide comfort, you may need a prescription for a narcotic pain medication. Discuss this with your surgeon. All narcotics have side effects, some of which are unpleasant (constipation, nausea, vomiting, dizziness) and, if used for extended periods of time, a risk of dependence exists. This surgery generally does not require more than one written narcotic script and then only for a short period of time.

7. Any other advice?

- Keep your follow-up office appointments.
- Call if you have any questions or concerns. Do not wait.
- Contact us *immediately* with any fever $>101^*$, chills, rash, increased severe pain, redness spreading around the wound or foul-smelling discharge from wound.