

## Patient Information Leaflet – Pilonidal Sinus

### What is a pilonidal sinus?

Pilonidal disease (PD) is an acute or chronic infection in the subcutaneous (below the skin) fatty tissue, mainly in the natal (inter-gluteal, buttock) cleft. The term “pilonidal” means “nest of hair”. Although commonly encountered in practice, this disease's cause and optimal treatment have remained controversial since its first description by Mayo in 1833. It is not a life-threatening disease but affects a person's quality of life as this chronic condition tends to recur.

A pilonidal sinus is a small tunnel in the skin at the top of the buttocks, where they divide (the cleft). It does not always cause symptoms and only needs to be treated if it becomes infected. Most people with a pilonidal sinus do not notice it unless it becomes infected and causes symptoms. An infection will cause pain and swelling, and a pus-filled cavity (abscess) can develop.

Pilonidal problems mostly affect men from their teens into their thirties; however, women may also be affected. It affects around 26 per 100,000 people. You may be more likely to have a pilonidal sinus-related problem if you:

- Are overweight.
- Are not mobile, for example, if your job involves sitting for long periods of time
- Have a lot of body hair.
- Have a family history of pilonidal problems.

Treatment for an infected pilonidal sinus will depend on

- Your symptoms
- The size of the sinus
- Whether it's your first sinus or it keeps coming back

There are a number of treatment options for a pilonidal sinus that keeps coming back, and that is painful, bleeding, or leaking discharge. Most people will need a surgical procedure to get rid of ‘pits’ where the hairs get stuck. Mr. Sridhar will discuss these options with you individually. Sometimes, the sinus is very small and can be completely removed and closed with stitches.

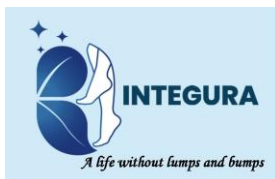
Nearly a third of these patients experience problems with wound healing. Sometimes, it is necessary to leave an open wound, and the edges of the wound may be partly closed with stitches. None of these methods are guaranteed to succeed at the first attempt, and sometimes, multiple operations may be needed to heal the wound eventually.

### Why Use Ultrasound Guided Laser-Assisted Pilonidal Sinus Treatment (SiLAC)?

Many surgical procedures are used to treat pilonidal disease, including primary excision with lay open, primary excision with median closure, primary excision with asymmetrical closure, flap procedures, minimally invasive techniques using laser or endoscopy, etc with variable outcomes, especially in recurrence rate

Sinus Laser Closure (SiLaC) is a new minimally invasive technique for the management of pilonidal disease using a radial fibre connected to a diode laser set. Mr Sridhar, in addition, uses ultrasound to assist in the identification of the pits. The alternate endoscope-assisted technique uses an endoscope. Mr Sridhar believes that an introduction of a 4mm endoscope into a 3mm sinus will only push the debris further into the sinus. His technique of using ultrasound achieves better vision without disturbing the anatomy. An endoscope and a heat source cannot be used simultaneously, whilst the ultrasound and laser can be used simultaneously. This procedure is performed in a clinic room as a day case procedure under local (ultrasound-guided tumescent anaesthesia)

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The main idea of the Sinus Laser closure (SiLaC) technique is the achievement of pilonidal sinus healing by the thermal effect of a laser beam. The penetration of the laser energy is controlled and limited to 2–3 mm around the fibre. As a result of the destruction of the epithelial lining and the granulation tissue, a shrinking and sealing effect on the sinus is elicited. Therefore, the diameter of the sinus is important.

The benefits of Ultrasound-guided Laser-Assisted Sinus Closure compared to traditional surgical removal of sinus are:

- The surgeon can see the sinus (tunnel) using the ultrasound without disturbing the anatomy, and helps to identify complex sinuses with branching tunnels and abscesses.
- The natal cleft is not affected.
- Wounds are quite small and don't need insertion of packing material.
- Thermal effects are better controlled with a laser than a diathermy.
- The sinus is not dilated or new tracts created by the introduction of instruments.
- People have less pain after the procedure and can go back to work and daily life much faster.
- Under ultrasound-guided local tumescent anaesthesia and
- is clinic-based; hence, costs are low.

### **Why is Mr Sridhar better placed to perform this procedure?**

Vascular surgeons are trained in using ultrasound and laser simultaneously as part of treating varicose veins with laser (Endo Venous Laser Ablation). Mr Sridhar has been using lasers for vascular patients since 2007 and has been using ultrasound since 1992. The pilonidal sinus is a skin condition, not a colorectal condition (related to the large intestine), as commonly believed.

### **What are the side effects of the procedure?**

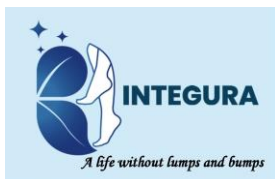
- Some patients need another session to seal off the sinus completely.
- Pain and minor bleeding are common side effects.
- You might develop discharge from the sinus.
- If you also have a high temperature, you might need antibiotics to treat a wound infection.
- Most people have a small amount of bleeding from the wound. You may notice this more after your dressing has been changed. This is normal and nothing to worry about. Wearing a small pad inside your pants is a good way to protect your clothes from staining.

### **You must contact Sridhar on 07729398630 if**

- Worsening pain in the natal cleft is associated with a raise in temperature
- On-going fresh bleeding from natal cleft

### **What happens before my procedure?**

You will be asked to keep your natal cleft hair free while you are waiting for surgery.  
You can eat and drink normally on the day of the procedure. Do not come fasting to the clinic.  
You will be asked to take antibiotics one week before the procedure.  
You may want to take 1 gram of paracetamol two hours before the procedure.



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### **What happens After the procedure?**

After your procedure, you cannot drive home.

You are advised to take paracetamol regularly for a week.

You need to keep the wound dry for two weeks.

You will be given a wound pack with a spare dressing for two weeks.

You will be reviewed in the clinic in 2 weeks.

You will be given waterproof dressing that will tolerate the shower.

No swimming and bathing until the wound is fully closed and healed.

We recommend you eat a high-fibre diet and drink six to ten glasses of water daily.

If hairs start growing, you may need to have these shaved to prevent them from growing into the wound. You can have sex as soon as you feel comfortable to do so.

### **How long should I stay off work?**

The time taken to get back to normal activities varies for different people and will depend on your surgery. Most patients can return to work 24 hours following SiLAC surgery. Do as much as you feel comfortable doing. Avoid lifting if it causes you any pain or discomfort. You may find that vigorous exercise is uncomfortable. Start with gentle walking and build up your activity level gradually.