

## Pilonidal sinus

Pilonidal sinus results from the penetration of hairs under the skin between the buttocks (the natal cleft).

Penetrating under the skin, the hair predisposes the formation of an abscess and in the medium to long term, the development of the sinus passage which opens at the surface of the skin to the distance of the initial hole.

The surgical treatment after, drainage and healing of abscesses, includes the excision of:

- The zone of penetration of the hair or primary hole
- All secondary holes
- All subcutaneous passages

The technique involves the formation of one or more wounds to 0.5 to 1.5 cm length.

The operation is likely to be performed by local anesthetic rachianesthesia on an outpatient basis.

After the intervention, the operator places a compress impregnated with a healing ointment into the wound. The day after the intervention, you will remove the compress after wetting it in the (shower or even in a warm bath).

It is essential that you observe scrupulously the local hygiene after post-operation. You will need to shower the region three times a day with warm water and apply a compress that will be held in place by your underpants.

In the case of a very large extended passage or in the case of offences (recurrency), we can be called to excise a skin diamond that we will close up by a local skin graft (rotation flap).

To reduce post-operative pain, we will prescribe you with paracetamol to take up to 3 times 500 mg per day 2cp, in the form of Dafalgan, Zolben or Panadol.

When healing is achieved after about 3 weeks, you will apply locally on an area of 5cm around the scar a traded depilatory cream.

This treatment is to be applied continuously for 2 years once a week.

This is to avoid hair growing and penetration through the scar which promotes cyst recurrence.