

Pilonidal Cysts Information Sheet



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About Pilonidal Disease

Pilonidal disease is a long-standing area of repeated infections that produce a cavity or cyst of infection near the tailbone (coccyx). This is often due to hairs in the area being forced into the skin by pressure and repeated skin irritation. As the cyst fills with infected fluid (pus) it becomes painful especially when sitting, may cause fever, and often results in some drainage through one or several small openings (sinuses).

How is this treated?

In the setting of an active infection, the priority is to get the area adequately drained. Antibiotics are sometimes helpful to fight the infection. In the setting of repeat infections surgery is often necessary.

What are the surgical options?

There is a broad range of surgical approaches. They are broadly defined into those which result in an opened wound and operations attempting to create a closed incision.

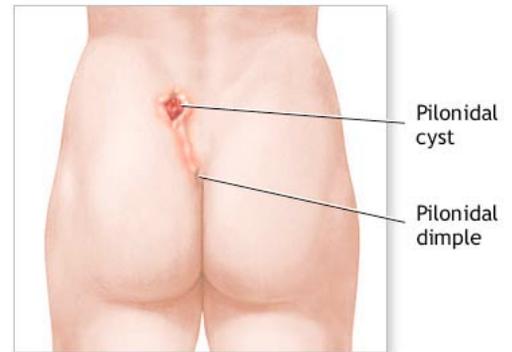
What can I expect from surgery?

The goal will be to operate when the area is not actively infected. Sometimes antibiotics are given preoperatively. The surgery is performed under general anesthesia and lasts 1-2 hours. Afterwards there may be a drain in place and recovery sometimes involves a hospital stay of 1-2 nights.

What will the incision look like?

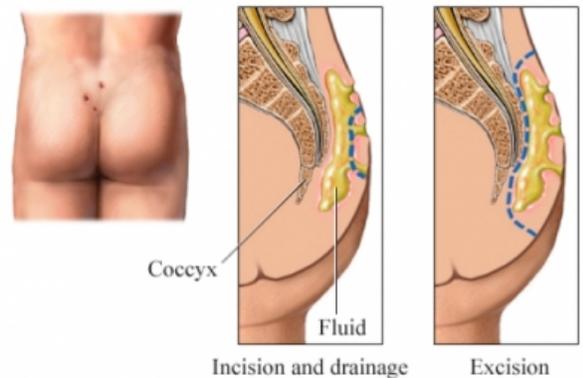
If the wound is to be left open it will be covered by a large dressing and will require daily dressing changes. This will be explained in detail.

If the surgery is performed with a closed incision, you will have an approximately 7 cm incision sometimes off the mid-line (ie Karydak procedure).



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Pilonidal Cyst



What is the recovery?

Once you are ready to go home you will be given pain medicine and possibly antibiotics. Your pain will steadily decrease. Sometimes you will also go home with a drain for a few days. Initially we recommend keeping pressure off the area to allow it to heal. This means trying to sleep on your abdomen or on your side.

Return to full activities is sometimes delayed up to 2 months or even longer if the area has not completely healed

Follow-up?

We typically see patients 1 to 2 weeks after surgery to check the operative site and address any concerns. If sutures are in place they are removed by about 2 weeks. We will continue to see you until the area has completely healed.

When should I call the surgery team?

If there is any sign of infection (drainage, pain, redness or swelling) around the incision, foul odor, fever, or bleeding.

Please call the pediatric surgery office at 206-215-2700 if you have any questions.



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1-800-SWEDISH (1-800-793-3474)
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