

One Day Surgery Times

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'Pilonidal sinus as Day care', a poster presentation from India, won the third best prize, at the 6th International Congress on Ambulatory Surgery, in 2007, Amsterdam, the Netherlands.

From the Editors Desk:**Pilonidal Sinus:**

'Nest of hair' is the literal translation of Pilonidal. This subcutaneous infection gives rise to a discharging sinus, which can present in the form of an abscess or a simple sinus. It is mostly seen in the natal cleft.

**Presentation:**

Presenting as an abscess, or just as 'pores' in the midline, between the buttocks. Sometimes, it may have a lateral opening, or multiple opening.

Mostly seen in the teens and young adults. Females are more effected than the males.

Theory:

Again, the origin of Pilonidal sinus is surrounded with theories. In the army, the jeep drivers were found to have these sinus, giving rise to the 'jeep bottom' theory. Anatomical defect, like tethering of the skin to the fascia of the sacrum, causing the skin to be pulled down, leading to infection in the pit, is another theory.

What ever the cause, the involvement of hair in the sinus is definitely seen in most cases. Also, the observation has been that the deeper the natal cleft, due to large buttocks, prevents the area from drying. The constant wetness makes the skin soggy and prone to infection. The broken hair, due to shedding, gets embedded in the skin and buries itself deeper and deeper due to the churning movement caused while walking. Imagine, churning of the 'mathani' for preparing buttermilk. Another point to remember, this disease usually effects patients with more sub-cutaneous fat.

Other proposed reasons are infection of the hair follicle itself, leading to collapse of the hair into the sub-cute fat and getting buried. But, when we dissect the sinus, we find more than one hair, a bunch of hair is encountered.

Diagnosis is very typical, presentation as a boil, or a discharging 'hole', well above the anus, more at the lower back, should point in the direction of a Pilonidal sinus.

Examination & Investigations:

A visual examination of the natal area will clinch the diagnosis. If inflammation is present, then there will be pain when pressure is put on the sacrum.

Investigations suffices to routine tests required for surgery, as that is the only treatment for Pilonidal sinus.

Surgery:

Excision of the sinus along with the tract and unhealthy tissue is the basis of this surgery.

Two most commonly employed method of surgery is leaving the wound open, allowing it to heal by secondary intention. Or, Primary closure.

Procedure for Primary closure:

My personal preference is for the primary suturing method, which I will explain why, a little later.

Patient is in the prone position, that is, she or he is lying on their stomach, with a pillow under the buttocks so as to raise the buttocks up.

We perform this surgery under local anaesthesia and sedation. Other forms of anaesthesia are general or even spinal.

An anaesthetic mixture of 2% Lignocaine HCl, with 0.5% Bupivacaine, in equal quantity, infiltrated with a 27G needle, away from the infected area, so as to allow an elliptical excision of the sinus, is performed. This is like a field block. Enough sedation is given to the patient so as to allow spontaneous breathing and reduce the anxiety and pain of the injection.

A dye sinogram is undertaken with diluted methylene blue solution and a few drops of hydrogen peroxide. This helps in highlighting all the sinus openings and track, affording complete excision of the involved tissue.

Elliptical incision, keeping at least 1 cm wide to the sinus opening, on either side. Going down to the sacrum, but avoiding the periosteum, complete excision of necrotic tissue, including the sinus tract, is archived. Undermining and releasing of the sub-cutaneous fat layer is undertaken, so as to create a flat natal cleft.

After hemostasis is achieved, suturing is performed in two layers. Deep and wide sutures are used of thick 1-0 polypropylene material which is later tied-down over a gauze bandage. The skin is sutured with fine nylon material, over which a 'tie-on' bandage is placed.

The decision to place a drain depends on the size of the cavity. Simple corrugated drain or Vacuum drain are commonly used. These are removed after 48 hrs of surgery. Usually, along with the first visit.

The tie-on dressing is taken out after 10 days and the skin sutures after a total of 15 days.

Precautions:

- Avoid wetting the dressing till the tie-on bandage is in place.
- Avoid sitting at 90° for prolonged period of time.
- Avoid long walks or vigorous activities for a month.

Complications:

Recurrence rate is high in this type of surgery. There are many variations to the standard procedure, but, every procedure has some recurrence. Therefore, it is best to reserve the more advanced method of surgeries like plasties or flaps for recurrent cases.

Important:

Hair care is the basis for the success of this surgery. Hair removal on a monthly basis, either in the form of shaving, hair removing cream or waxing should be performed. Epilation / LASER treatment are advanced and expensive form of hair care.

Medication:

Antibiotic and pain killers are given orally for 7 to 10 days. Local application of antiseptic cream is done for a month.

Remember:

Any surgical wound takes months, if not years to heal. The skin may close and heal, but, the strength of the wound take time. The scar matures over a period of time, which varies from individuals to individual.

Open wound:

The process of surgery is same as described earlier, but, no sutures are put. The wound is left opened and packed with medicated gauze, which is changed daily. The healing is by secondary intention.

Disadvantage is the painful daily dressing and prolonged wound closure time, sometimes taking up to 3 months. Care of the wound is utmost in this method.

All in all, the method of choice is between the surgeon and patient.

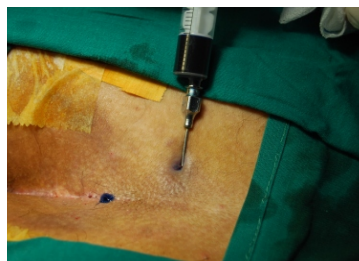
- Dr. T. Naresh Row



Pilonidal Sinus



Local anaesthesia



Dye-sinogram



Complete excision



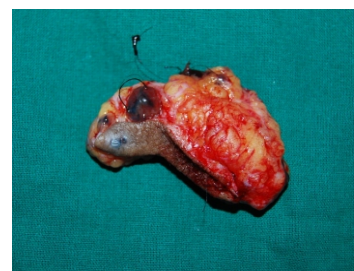
Deep Sutures



Fine skin sutures




Tie-on bandage



Nest of hair

Surgery & discharge on same day for:
 Hernia, Piles, Fistula, Fissure, Diabetic foot, Pilonidal sinus, Ingrown toe nail, Lipoma, Sebaceous cyst, Abscess, Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap; etc. (In selected cases)
Extended stay: Appendix, Gall stones, Hysterectomy, etc.

Other Surgeries related to: Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).

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