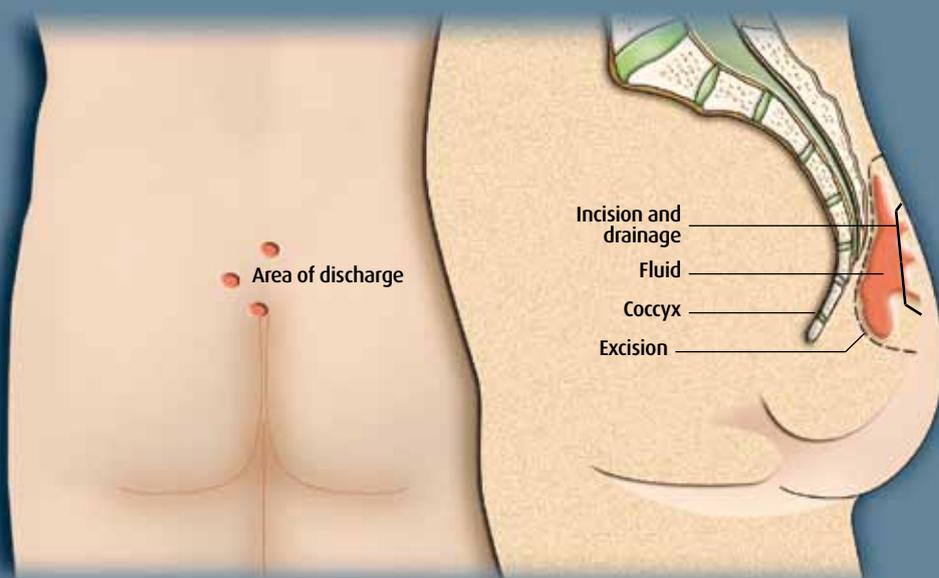


What you need to know about...

PILONIDAL SINUS

Location of the area of discharge of pilonidal sinus (left) and detail of surgical incision



Johnny Zygo

WHAT IS IT?

- A pilonidal sinus or cyst develops in the upper part of the cleft between the buttocks (natal cleft).
- The cyst, often full of hair, may develop into an abscess, a draining sinus or a fistula.
- The condition can become serious and last for several years.

AETIOLOGY AND RISK FACTORS

- The cause of the condition is unknown, but in some cases it is thought to be hereditary.
- It most frequently affects those between puberty and the age of 40.
- It is more common in dark-haired people whose hair may be coarse.
- Obesity is also a factor.
- A similar condition can occur between the fingers of hairdressers, when hairs become embedded beneath the skin.
- Recurrence occurs in approximately one in 10 patients.

SIGNS AND SYMPTOMS

- Pain.
- Swelling.
- Inflammation.
- Feeling generally unwell.
- Discharge of pus or blood.
- Pyrexia.

DIAGNOSIS

- Diagnosis is made through the appearance of the cyst/sinus.
- Swabs may be taken to determine the type of bacteria responsible for the infection.

TREATMENT

- Antibiotics can be used to treat infection, but will not cure the abscess. In most cases surgery under general anaesthetic is required.
- Delayed healing or recurrence causes problems (Church, 2000).
- There are several types of operation available – none of which can be described as perfect when postoperative complications such as primary healing and recurrence are considered (Senapati et al, 2000).
- If the sinus is very small, it can be completely removed and the skin closed with stitches. More often, it is necessary to leave the wound open allowing it to heal naturally. This can take several weeks, but has a higher success rate than closed wounds.
- An acute abscess is managed with incision and drainage to release pus, and reduce inflammation and pain.

PREVENTION

Keeping the skin between the buttocks clean and free from hair is advised after surgery. Weekly shaving or the use of a hair removal cream up to the age of 30 is recommended. This may not be necessary after 30 because hair shafts thin, becoming softer, and the buttock cleft becomes less deep.

COMPLICATIONS

- Infection.
- Haemorrhage.
- Prolonged healing.
- Wound break-down.
- Recurrence.
- Psychological problems.

NURSING IMPLICATIONS

- Wounds that are left open to heal may take several weeks; requiring expert wound management, with daily attention at first until the wound begins to heal.
- Nurses need to be aware of the psychological impact on individuals when this condition affects their social interactions and work-related activities.
- Teaching patients preventative measures is important.

RESEARCH AND DEVELOPMENT

A new surgical procedure to change the shape of the gluteal cleft has been successful in improving healing times (Bascom and Bascom, 2002). Advances in wound healing products may also speed up recovery.

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Senapati, A., et al (2000) Bascom's operation in the day-surgical management of symptomatic pilonidal sinus. *British Journal of Surgery*; 87: 8, 1067-1070.

FURTHER READING

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