

# Pilonidal Sinus Surgery

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

*Prepared by:* Same Day Surgery, VG site, QE II  
*Illustration by:* LifeART Super Anatomy 1 Images, Copyright © 1994,  
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To be reviewed February 2028 or sooner, if needed.

Follow-up appointment:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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## Follow-up appointment

- Your surgeon's office will call you with a follow-up appointment.

**Call your surgeon or your primary health care provider (family doctor or nurse practitioner) if you have:**

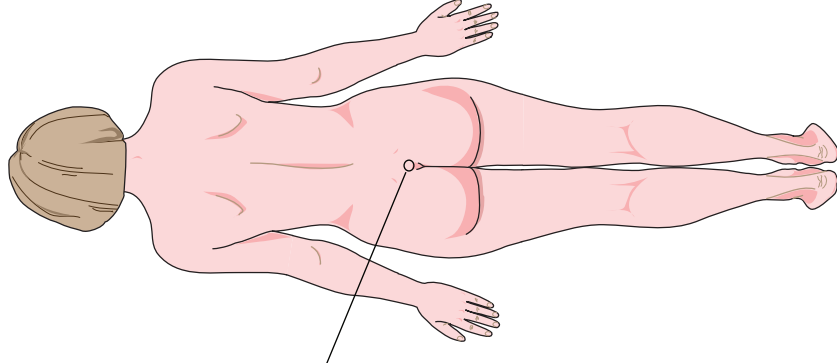
- › Fever (temperature above 38 °C or 100.4 °F)
- › Pain that is getting worse
- › Bleeding near the wound
- › Redness, swelling, or discharge that is not getting better

**If you cannot reach your surgeon or your primary health care provider, go to the nearest Emergency Department right away.**

## Pilonidal Sinus Surgery

### What is a pilonidal sinus?

- A pilonidal (“pie-low-NIE-dul”) sinus is when hairs grow under the skin between your buttocks (bum cheeks), most often above your tailbone. The hairs grow through the sinuses (little holes in the skin).
- Germs can build up near the hairs. This can cause pain, swelling, and pus or discharge. This may lead to an infection called an abscess (pocket of pus).



The pilonidal sinus is over the tailbone.

## Why do I need surgery?

- You may need surgery if:
  - › You have an abscess
  - › You have a lot of pain and dischargeYour surgeon will talk with you about this.
- During surgery, the surgeon will take out:
  - › the nest of hair and the tissue around it.
  - › the exit sinus (small hole in the skin) where the incision (cut) is made.
- The wound is left open to avoid infection. This lets the skin fill in and heal from the inside out.

## After surgery

### Controlling discomfort

- You may have some discomfort. Taking acetaminophen (Tylenol®) and ibuprofen (Advil®) together can help with pain. Follow the instructions on the packages.
- If you still have pain, your surgeon may prescribe a narcotic, like hydromorphone (Dilaudid®).
  - › If you are taking a narcotic, you should take an over-the-counter stool softener to avoid constipation (not being able to poop). Ask your pharmacist for help, if needed.

## Meals

- Eat your usual meals when you feel well enough.
- Fluids and foods with fibre will help you to have regular bowel movements (poops). Foods high in fibre include:
  - › Breads and muffins made with whole-grain flour
  - › Kellogg's® All-Bran® cereal
  - › Raw fruits and vegetables

## Activity

- You may go back to your usual activities 24 hours (1 day) after your surgery.

## Incision care

- Staff from VON will check your incision each day and change your dressing. This will be done until your wound fills in and covers with skin.
- The size of your wound will affect how long it takes to heal.
- **Do not miss any dressing changes or your wound may get infected.**
- Only shower just **before** a dressing change.