



Treating pilonidal sinus

What is a pilonidal sinus?

- › A 'channel' or sinus which develops in the natal cleft between the buttocks and behind the anus.
- › It commonly involves a hair, which has pierced the skin causing a tiny cyst; or the distension of a hair follicle, which then becomes blocked.¹
- › Once the sinus becomes infected, a pus-filled abscess can develop, leading to a wound if left untreated.
- › When the sinus requires surgery, the condition can result in a painful wound that may take months to fully heal.²

What causes a pilonidal sinus?

- › Pilonidal sinuses have two main causes:
 - Congenital:** where the patient is predisposed due to a 'dimpling' of the natal cleft, meaning hair and debris such as dead skin cells can collect^{2,3}
 - Acquired:** a result of in-growing hairs, which lead to the hair follicle becoming swollen with keratin and infected due to the accumulation of hair, cellular debris and bacteria. This can lead to rupture of the follicle and infection.^{1,2}
- › They can also be caused by 'stretching' and 'pulling' in the deeper levels of tissue in the natal cleft, causing disruption and eventual rupture of the hair follicle.
- › Presentation is more common in males than females and is often seen in younger people due to hormonal changes affecting the skin.²

Clinical presentation

- › The most common presentation in the clinical setting is a swollen, usually painful lesion in the sacral area close to the anus (4–5cm away).
- › Patients will typically present with an abscess and clinical signs including local warmth, redness, local pain and tenderness, and possible induration (increase in fibrous tissue). Hair may be seen projecting from the site of the sinus.⁴

	Signs/symptoms ⁵	Complications	Prevention
	<ul style="list-style-type: none"> › Pain at the wound site › Swelling › Discharge of pus or blood from the wound › Inflammation › General malaise › Pyrexia (fever). 	<ul style="list-style-type: none"> › Infection › Haemorrhage at the wound site › Delayed healing › Wound breakdown › Wound recurrence › Psychological issues, particularly embarrassment and stigma due to the positioning of the wound and associations with poor hygiene. 	<ul style="list-style-type: none"> › The natal cleft requires special attention with regards cleaning and should be kept as free from hair as possible › Weekly shaving or the use of a hair removal cream up to the age of 30 is recommended to prevent recurrence.

Treatment

- › There are several treatment strategies for pilonidal sinus, including²:
 - Conservative: particularly used in non-severe presentations and involves antibiotics to clear any infection and prevent surgery, as well as preventative measures such as regular cleansing and shaving of the area
 - Minor surgery: in smaller non-infected cases any hair can be removed from the abscess/follicle and the track cleaned out
 - Surgery: including excision of the affected tissue — including abscesses and inflammation — followed by primary closure; and wide excision, where the sinus is 'laid open' and heals by secondary intention.

Nursing and wound management

- › Nursing management of a pilonidal sinus includes:
 - Management of pain is important, particularly in patients admitted as an emergency³
 - Nurses should give consideration to any underlying conditions that may be a contributing factor or give rise to complications, such as diabetes, use of steroids, weak immune system, etc²
 - It is also very important that clinicians remember that patients may be unprepared for the size of the wound that may be uncovered, as the opening of the abscess itself may appear small
 - The patient's vital signs, such as temperature, are also important as an indicator of potential infection²
- › Specific wound care considerations when dealing with a pilonidal sinus include:
 - Wounds in this area can heal quickly as they are well perfused, however healing can be affected by organisms regularly found in the natal cleft⁶
 - Due to the frequency of dressing changes required — and the pain involved⁶ — dressings that not only conform to the wound, but which are non-traumatic on removal (i.e. gelling fibre dressings), should be considered in this area
 - Due to the delicacy of the periwound skin and the location of these wounds, a dressing that can absorb exudate, preventing leakage, and conform well to the wound bed is desirable⁶
 - Shaving around the periwound skin can also help with atraumatic removal of dressings, as well as preventing recurrence.⁶

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