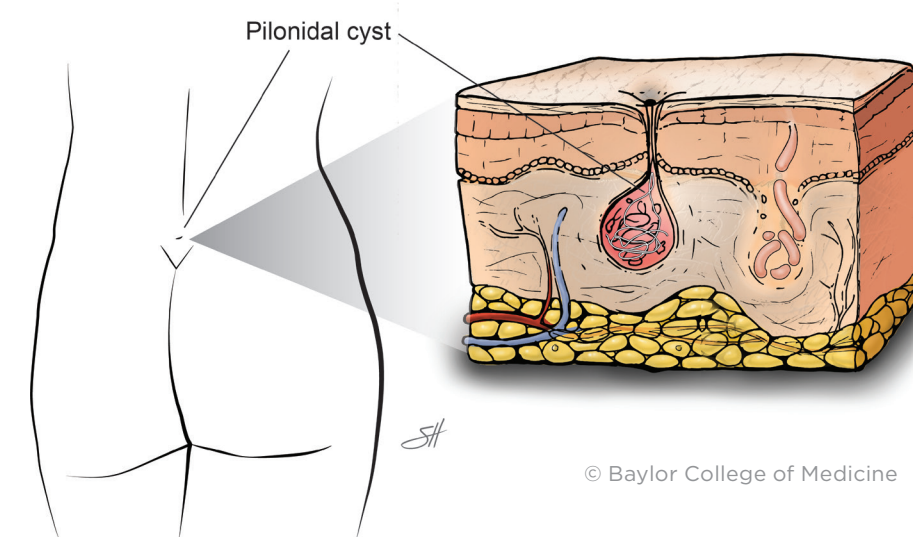


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A pilonidal cyst is an abnormal pocket in the skin located near the tailbone at the top of the buttocks that usually contains hair and skin debris. These cysts are caused by ingrown hairs. A pilonidal cyst can become infected and turn into a pus pocket, which could require emergency drainage.

Pilonidal cysts most commonly occur in young people and people who sit for prolonged periods of time, such as truck drivers or students. Some cysts may never cause problems. However, if they get infected often, surgery to remove the entire cyst may be recommended to prevent more infections.

If your cyst becomes infected, you may need antibiotics and/or drainage before the removal surgery. Call your surgery team if you experience worsening pain, redness or drainage of pus at the cyst site.

During Surgery

- You will be given anesthesia, so you will be asleep and pain-free.
- You will receive fluids and other medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- The surgeon will make an incision (cut) on the skin near the cyst. The cyst will be removed and the area where the cyst was will be cleaned. The skin will either be stitched closed or left open and packed with gauze. If it is stitched closed, a drain may be left in place.



After Surgery

Recovery – What to Expect

If your incision is large, you may need to spend one night in the hospital for pain control. Most patients can go home the same day as surgery. Pack an overnight bag in case you do need to stay.

Sitting can be painful after this surgery but sitting on doughnut cushion can help. You can buy one of these at a drug store. You may also notice pain in your throat from the breathing tube.

Pain

- You will have pain at the incision site after surgery for a few days that could last up to a few weeks. The pain should get progressively better and not worse.
- Your surgery team may give you prescription pain medication for this pain.
- You should wean off the strong pain medications to using over-the-counter-pain medications such as acetaminophen (Tylenol) or ibuprofen (Motrin) as soon as you are able. Follow the dosing instructions indicated on the label of these medications.

Incision Site Care

- If your incision was not closed for healing purposes, change the dressing or bandage as guided by your surgery team. The changing of the dressing may be painful. To help this, take pain medicine about half an hour before you change your dressing.
- You may shower starting the day after surgery. When you're done, use a towel to dry the area around your cut. Don't submerge the wound until it has fully healed.
- It will take about four weeks for your wound to fully heal. You will have a scar where the cyst was removed once the cut has healed.
- You may notice a small amount of clear or slightly yellow drainage from your wound. This is normal.

Bowel Movements

- Constipation is a common problem when you are taking pain medications.
- If you feel like you are getting constipated, begin taking an over-the-counter laxative like Miralax or milk of magnesia.
- However, if you get bloated or have nausea and vomiting, it may be more than just constipation. Call the office for instructions.

Walking

- Try walking every day.
- Start by walking a bit more than you did the day before. Gradually increase how much you walk.
- Walking increases the flow of blood and helps keep you from getting pneumonia and constipation.

Nutrition

- You may have mild nausea or bloating for the first few days.
- If this occurs, stick to a simple bland diet until the nausea improves.

Activity

- After one to two weeks, most people can go back to work and most activities.
- Avoid strenuous exercise and activities that require you to sit for long periods of time until you are fully healed.
- You may drive once you are not taking prescription painkillers and once you feel alert enough to drive safely.
- Avoid sitting for long periods of time or on hard surfaces until your wound has healed.

Drain Care

- It may be necessary for you to go home with a drain in place to allow your wound to heal.
- It is very easy to care for the drain. It is okay to shower and get soap and water on the drain but do not take a bath or go swimming.
- Measure and record the fluid before emptying. There are markings on the side to help you measure. Empty the fluid and keep the bulb squeezed as you put the cap back on, which keeps the drain on suction. Take the drain output record to your follow-up appointment.
- If you notice a change in the color of the drain fluid, especially green fluid or bright red blood, this is not normal, and you should call your surgical team right away.



Follow-Up

Your surgery team will discuss your follow-up plan with you. An in-person follow-up may not be necessary if you are doing well after surgery.

Call your doctor right away if you have any of the following symptoms:



- Fever of 100.4°F or higher
- Drainage or bleeding from the incision (more than a few drops)
- Signs of infection around the incision (redness, drainage, warmth, pain)
- Incision that opens up or pulls apart
- Persistent nausea, vomiting, or diarrhea



For non-urgent concerns, MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.