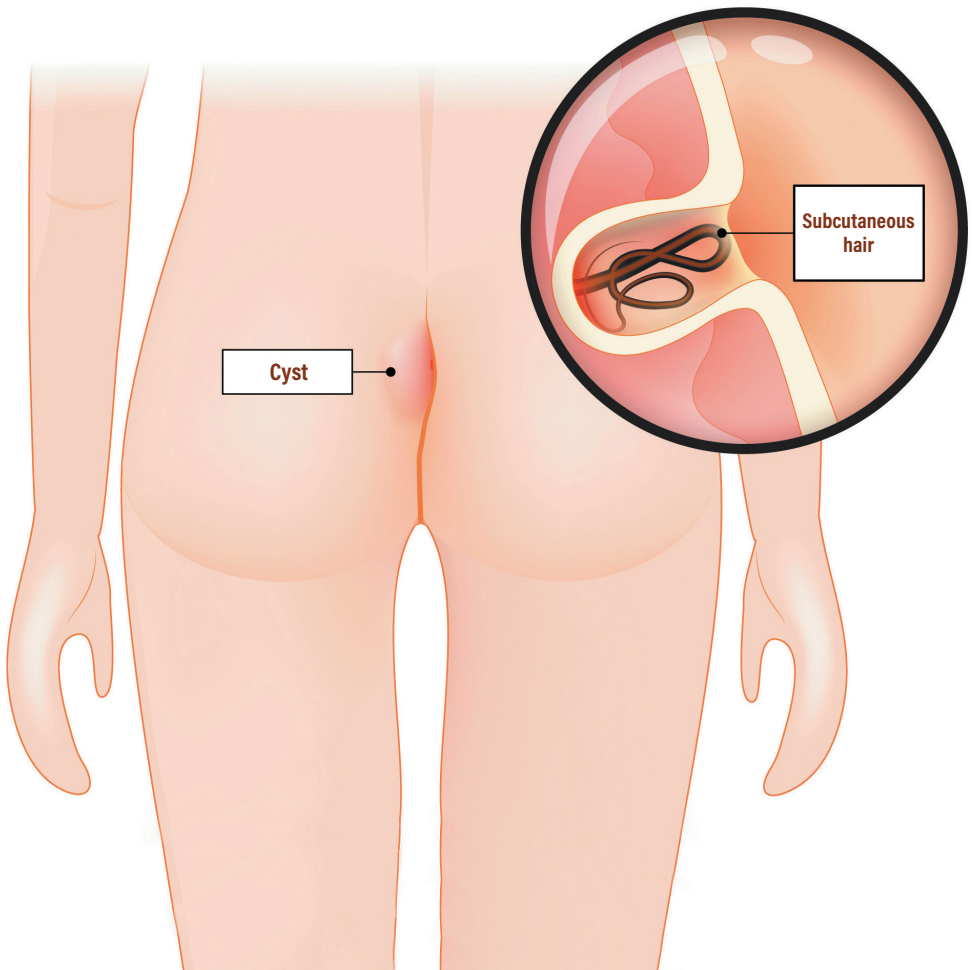


Pilonidal Sinus

Information Brochure for Families

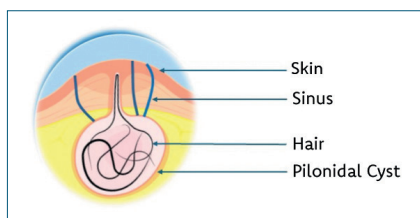


What is a Pilonidal Sinus?

A pilonidal sinus is a skin condition that develops in the crease between the buttocks. It occurs in some people who have certain risk factors, including: prolonged sitting, excess body hair, the shape of the buttocks, other individual anatomical factors. Teenagers and young adults are most commonly affected.

A pilonidal sinus can appear in different ways, ranging from one to several small openings (pits) in the skin of the buttock crease. There may also be pink, tender tissue growths near the top of the cleft.

The condition develops when loose hairs become trapped in the crease and penetrate beneath the skin, forming small tunnels (sinuses) and creating a pocket called a cyst. The cyst may become infected, causing pus to drain through one or more of the small openings.



Symptoms

- Redness
- Swelling
- Pain
- Drainage of fluid or pus, sometimes mixed with a small amount of blood

Example of pilonidal sinus presentation



Prevention

Not everyone with a pilonidal sinus needs surgery. Good hygiene and proper care of the buttock crease may help prevent an operation.

It is important to follow these recommendations every day to prevent symptoms from worsening. It is also helpful to ask a family member to inspect the area and assist with hair removal if needed.

Recommendations

- Remove hair with a manual or electric razor **1-2 times per week** over a strip approximately **10 cm (4 inches) wide**, extending from the anus to the top of the buttock crease.
- Wash the buttock crease thoroughly at least **once daily** (or more often if necessary) with a shower or bath, making sure to remove all loose hairs.
- Inspect the small skin openings at least once a week, removing any visible hairs with tweezers.
- Keep the area clean and dry at all times.
- Avoid prolonged sitting. If necessary, use a cushion to distribute pressure. **Do not use a donut-shaped cushion**, as it increases pressure on the affected area.
- Wear loose-fitting clothing to reduce friction.
- If overweight, losing weight may help reduce the risk of recurrence. Permanent laser hair removal can also help prevent recurrence.

Treatment

Abscess Drainage

Sometimes, severe pain and swelling require surgical drainage of an abscess. This is usually performed under local anesthesia in the emergency department or outpatient surgery clinic. Afterward, antibiotics may be prescribed. Regular dressing changes are required.

Even after healing, there is a significant risk that the condition will return. Continue following all preventive recommendations and attend follow-up appointments at the pilonidal sinus clinic.

If pain increases or new swelling develops, in addition to contacting the pilonidal sinus clinic immediately, also begin **10-minute sitz baths 2-3 times daily** using warm water. Sitz baths may be taken in a bathtub or basin and no additives are necessary.



Source: https://commons.wikimedia.org/wiki/File:Pilonidal_abscess.jpg.

Minimally Invasive Surgery (Gips Procedure)

If symptoms continue despite appropriate self-care, minimally invasive surgery may be recommended. This is an outpatient procedure performed under local anesthesia.

During surgery, small openings are made around the sinus tracts. Trapped hairs are removed and the cavity beneath the sinuses is thoroughly cleaned.

The wounds are **not closed with stitches**. Instead, packing material is placed in the wound. Dressings must be changed **daily** by a CLSC nurse or at home if parents or caregivers are comfortable doing so. Regular follow-up visits allow the healthcare team to monitor healing and adjust treatment if necessary. Even after successful surgery, pilonidal sinus may recur, making good hygiene and regular hair removal essential.

Examples of pilonidal sinus wounds before and after surgery



After Surgery

- Shave the area around the wound (approximately a **10 cm wide strip**) once or twice weekly.
- It is **VERY important** to shower at least once daily. If a dressing is present, remove the packing and dressing before showering. You may also remove the dressing after washing your hair once in the shower. Wash with a soap-free cleanser (such as Spectro Jel® or Cetaphil®) or another mild soap.
- Rinse the wound thoroughly with the shower stream for **5 minutes**.
- As needed, take an additional shower if you've exercised heavily, the wound has been contaminated with stool or after shaving.
- Once fully healed, laser hair removal is recommended to permanently reduce hair growth and lower the chance of recurrence.

During CLSC Dressing Appointments

- Before your appointment, remove the dressing and packing and shower according to the instructions above.
- Cover the wound with a temporary dressing (gauze or a sanitary pad).
- At your appointment, a nurse will replace the wound packing and dressing.
- The CLSC will schedule your next dressing changes.

Extensive Surgery

For more advanced disease, a larger operation may be required. This surgery is performed either under local anesthesia, or under general anesthesia in the operating room. The wound will be larger than with the minimally invasive (Gips) procedure. The cavity left in place after the surgery will need to be filled with a dressing.



After surgery, the wound is packed with a gelling fiber dressing (Aquacel® or Hydrofera Blue®). Dressings are changed daily by CLSC nursing staff. Your surgeon may recommend VAC (Vacuum-Assisted Closure) therapy to help large wounds heal more quickly. The system includes a foam dressing, tubing, a collection canister, a transparent adhesive dressing and a portable suction device that operates continuously (24 hours/day).

Instructions before CLSC and clinic appointments

- Turn off the VAC machine **30 minutes before removing the dressing.**
- This allows the foam to fill with air, reducing discomfort.
- Carefully peel off the outer adhesive dressing.
- Remove the foam dressing. If the foam sticks to the wound, leave it in place—it will loosen during the sitz bath or shower.
- Take a shower or sitz bath.
- Apply a temporary dressing.
- Attend your scheduled dressing change appointment to continue with a gelling fiber dressing (Aquacel®) or VAC dressing.

The CLSC will schedule your next dressing changes.

Pain Management

It is normal to experience pain while sitting after surgery. Take pain medication approximately **one hour before dressing changes** if needed. Usually, over-the-counter medications such as Acetaminophen (Tylenol®) or Ibuprofen (Advil®) are sufficient. Follow the dosage instructions on the packaging.

Diet

A balanced diet rich in proteins, fibers, fruits and vegetables will promote wound healing. Drinking plenty of water and eating fibers also helps prevent constipation and makes bowel movements easier.

Physical Activity

Sports and vigorous physical activity should be limited after surgery because they increase friction, pressure and moisture inside the wounds which may delay healing. Walking is encouraged. Your healthcare team will tell you when you can safely return to sports, usually after several weeks. Avoid sitting for long periods. A regular cushion may improve comfort. **Do not use a donut cushion**, as it increases pressure on the wound.

After the surgery, you will receive a prescription for wound dressings to purchase at the pharmacy. Pain medications are available over the counter. If CLSC dressing changes are required, the CLSC will contact you the same day or the following day to schedule your appointment.

Contact Information

For questions or concerns after returning home, you can contact the following persons:

- Wound/Ostomy Care Nurses (Stomatherapy Team)
clinique.sinus.pilonidal.hsj@ssss.gouv.qc.ca

Contact the clinic if the wound worsens, symptoms return, or you have concerns about healing. If your problem is urgent and cannot wait **24-48 hours** for a callback during business days, go directly to the emergency department.

- For questions regarding the appointment scheduling:
Outpatient Surgery Clinic: Phone: **514-345-4915**

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Validated by

Comité des dépliants

Printed by

Imprimerie du CHU Sainte-Justine

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F-7225A GRM 30014205 (September 2026)