

## Post-Op Pilonidal Cleft-Lift – Discharge Instructions and Information

- Activity: There are essentially no restrictions on basic daily activities after this surgery, other than to be careful not to accidentally pull out the drain or have any direct trauma to the incision. This means no contact sports, or any activity where you might fall on the incision, for six weeks after the operation. This includes football, basketball, wrestling, snowboarding, skiing, horseback riding, biking, etc. It is important to sit normally; it is actually better to sit straight so that the buttocks are slightly spread apart, than to sit on one side, and have the buttocks pressed together. There are no lifting restrictions.
- Wound care: **Change all the dressings once a day.** It is best to keep a piece of gauze over both the incision and the place where the drain enters the skin until there is no more drainage for at least 3 days; and also to keep a small, folded, piece of gauze tucked between the buttocks at the bottom of the incision for about a month. This piece of gauze keeps the two sides of the buttocks apart which allows air to circulate, absorbs drainage, and prevents the incision from rubbing against the opposite buttock. Change the one at the bottom at least once a day. The most inexpensive, non-sterile, coarse WOVEN gauze is best. Leave the Steri Strips on for 2 weeks. (Unless they become very loose or soiled with stool; if that happens, please remove them. There are stitches under the skin, and the incision will not fall apart without them.) Important: **Do not soak the wound, apply any ointments, antiseptics, or special dressings without discussing it with me or my office staff first!**

You will have a small drain in place which will most likely be removed at the first post-operative visit, (which will be about a week after the surgery). I'd prefer that you use as little tape as possible, and try to hold the dressings in place with your underwear or the mesh shorts that are provided at the hospital. (See next page for drain info.) There is some silky appearing tape securing the drain tubing to the skin. It is ok to leave this in place when showering to prevent tugging on the stitch. Use nail polish remover to remove any excess adhesive from the skin.

- Bathing: It is OK shower twenty-four hours after the surgery. It is OK to get the incision and the drain wet, but do not soak in a tub or go swimming until 1 MONTH after surgery. You should have been given a lanyard with a clip, which you can use to hold the drain while in the shower.
- Clothing: It is very important that you wear clothing that is not tight across the buttocks after this procedure on a permanent basis. Loose clothing allows air circulation, and more importantly, does not exert pressure on the buttocks which will accentuate the tightness and depth of the gluteal fold. Spandex is one of the worst problems, but any brand of tight elastic clothing is a problem.

*I strongly recommend avoiding:*

Spandex underwear	Compression shorts
Tight or form-fitting yoga pants	Bicycle shorts
Girdles or "control" garments	Spanxs or similar "shaper" garments
Any tight jeans, leggings, or tights	

- Diet: There are no restrictions on diet after the surgery, but please read the web page <https://www.pilonidal.com/nutrition> and follow the instructions there. A diet with adequate protein (at least 50 gms/day) is very important.
- Constipation: Sometimes the pain medication can cause constipation. It is OK to take a stool softener or milk of magnesia as needed, but do not use any suppositories or enemas. If you need something stronger than milk of magnesia, you can try magnesium citrate (2-4 tablets) or Senekot (1-2) tablets. Both of these work in 6-8 hours. Call us if you need help. Regularity of your bowel movements is important. Do NOT try and hold in a stool, you cannot hurt the incision by having a normal bowel movement.

- Antibiotics: I will have prescribed one or two antibiotics for you to take for the week after the surgery. Please take them as directed, with PLENTY of water. START THEM IN THE EVENING THE DAY OF SURGERY.
- Pain: A long-acting local anesthetic (Exparel) will have been injected during the surgery, and this lasts 2-3 days. When it wears off there may be a bit more discomfort than there was earlier. If needed, take the pain medication I have prescribed. If this is too strong or doesn't agree with you, take acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) if you are not allergic to these and they do not bother your stomach. **During this three-day period YOU CAN NOT HAVE ANY OTHER LOCAL ANESTHETIC anywhere on your body, except Marcaine.** If you happen to have some injury during this three-day time period, please make sure the medical personnel taking care of you are aware of this.
- Nausea: If you have nausea that started right after the operation it is probably from the anesthetic and will resolve by itself. If you were not nauseated initially, but developed nausea later, it is probably from the pain medication or antibiotics. If this happens, stop taking the prescription pain medication and try acetaminophen (Tylenol). If a scopolamine patch was put on the skin behind your ear to prevent nausea, please remove this the day after surgery. If you notice dizziness, blurred vision or extremely dry mouth, this can be from the patch, and you can remove it sooner. If you still have nausea, let me know; we might need to adjust your antibiotics.
- About the drain: The drain is a clear plastic tube with grooves along the sides to allow fluid to flow from the inside of the body to the collection reservoir. The plastic bulb provides suction when it is compressed and the plug is in place. The drain removes blood or fluid, and will pull tissues together with negative pressure to help the wound heal. There is not usually much fluid in the drain after this operation. **The drain should be emptied and the bulb re-primed twice/day, and the output recorded (see pg. 4).**

Instructions to empty your drain:

The bulb should be partially compressed at all times. If the bulb is full and round, then it is not applying suction, and should be re-primed. **You will need to record the amount of fluid coming out of the drain, and keep a daily total.** It doesn't matter if you measure the output in cc's, ml's, ounces, teaspoons or tablespoons, but please be consistent. Please use the table on the last page of this information sheet to record the output. This information will be important when deciding when to remove the drain. It is important to keep the drain in at least 5-7 days, and have the drainage less than 20cc/day before removing.

If the drain should become disconnected from the bulb, clean the ends with alcohol or peroxide, and re-attach the tubing to the bulb. The drain attaches to the connector with the serrated outer surface.

#### **Problems you may encounter with the drain, and what to do:**

**Clogging:** The most common problem with the drain is that it gets clogged with small bits of blood clot or protein-like material. When this happens, the drain will stop draining and there may be drainage around the drain onto the dressing.

The way to prevent and solve this problem is to "milk" the drain periodically. Follow these steps:

1. Squeeze the drain closed with the fingers of your left hand as close to the stitch as possible,
2. While holding on with your left hand, take the thumb and forefinger of your right hand, squeeze the drain as high as possible, and run your fingers down the drain toward the bulb, pushing any material into the bulb.
3. Do this as many times as needed to clear out the drain. You may find that putting a little hand lotion or liquid soap between the fingers that are going to slide down the drain will make this easier. It is okay if the tubing stays collapsed for a period of time after milking.

The drain slipping out:

These drains usually stay in place very well. There is a small black suture holding it in place. The drain itself has a small black dot which should be visible on the outside of the drain, which is usually positioned right at the point where the drain exits the skin; this dot is for reference. If the stitch should break or come loose, nothing special need be done other than to make sure that the drain is securely taped to the skin. If the drain should be accidentally pulled out a little, this is not a problem as long as the bulb stays compressed and can still apply suction. If the drain has been pulled out too far, the bulb will fill with air; there will be a whistling sound when the bulb is set and it will rapidly re-inflate. You may see several small grooves on the surface of the drain at the point where it is slipping through the skin. If this happens, please call my office. The drain may need to be adjusted or removed. There are about four inches of drain under the skin.

- Follow-up appointments: Usually I will want to see you approximately 5-7 days after the surgery to remove the drain, and then about two weeks after that to see how the incision is healing. At that time, we will decide about any further appointments.
- If you are a patient traveling here from a great distance, this can be handled differently. If you have a local surgeon, nurse, PA, wound care professional or family member who is comfortable with drain removal, it is perfectly fine to have them remove the drain, as long as the drainage is less than 20 cc/day, it does not look infected, and you have discussed the situation with our office. After that, you can just email us periodically and let us know how you are doing and send photos.
- If there are any healing problems it is very important that you let us know about them, and either come see me or email me a photo.

**PLEASE!**

**Do not allow anyone else to operate on this or recommend wound care without discussing it with me or my staff first.**

**If you have any problems during office hours, please call my office. Otherwise, please email me directly.**

**My office: 715.832.1044**

**Email: [angela@evergreensurgical.com](mailto:angela@evergreensurgical.com)**

**Steven C. Immerman, M.D., FACS © 2024**

