

Patient Information

## Department of General Surgery

# Endoscopic Pilonidal Sinus Treatment (EPSiT)

You have been diagnosed with pilonidal sinus disease and we are providing this leaflet for you to understand Endoscopic Pilonidal Sinus Treatment (EPSiT); a new treatment performed at University Hospitals of Coventry and Warwickshire.

### What is a pilonidal sinus?

A pilonidal sinus is a small tunnel in the skin at the top of the buttocks, where they divide (the cleft). It does not always cause symptoms and only needs to be treated if it becomes infected. Most people with a pilonidal sinus do not notice it unless it becomes infected and causes symptoms. An infection will cause pain and swelling, and a pus-filled cavity (abscess) can develop.

Pilonidal problems mostly affect men from their teens into their thirties; however women may also be affected. It affects around 26 per 100,000 people. You may be more likely to have a pilonidal sinus related problem if you:

- Are overweight
- Are not mobile, for example if your job involves sitting for long periods of time
- Have a lot of body hair
- Have a family history of pilonidal problems

### Treatments for an infected pilonidal sinus:

Treatment for an infected pilonidal sinus will depend on:

- Your symptoms



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- The size of the sinus
- Whether it's your first sinus or it keeps coming back

A pilonidal sinus abscess will need treatment with antibiotics. The pus inside will also probably need to be drained.

There are a number of treatment options for a pilonidal sinus that keeps coming back and that's painful, bleeding or leaking discharge. Most people will need a surgical procedure to get rid of 'pits' where the hairs get stuck. Your surgeon will discuss these options with you individually.

Sometimes the sinus is very small and can be completely removed, and then closed with stitches. Nearly a third of these patients experience problem with the wound healing. Sometime it is necessary to leave an open wound and edges of the wound may be partly closed with stitches.

None of these methods are guaranteed to succeed at the first attempt, and sometimes multiple operations may be needed to eventually achieve healing of the wound.

### **Why Use Endoscopic Pilonidal Sinus Treatment - EPSiT**

Endoscopic Pilonidal Sinus Treatment (EPSiT) is a new treatment performed at University Hospitals of Coventry and Warwickshire. It is less invasive surgery using a tiny camera to explore the sinus. The internal lining of sinus is safely burnt (cauterised) and cleaned with a brush. Some people will need more than once EPSiT for complete healing of sinus. This procedure is often performed as a day-case procedure under a brief general, spinal anaesthetic (awake anaesthesia with a needle injection into the back for patients with significant heart or lung diseases) or under local anaesthesia in selected patients.

The benefits of EPSiT compared to traditional surgical removal of sinus are:

- The surgeon can see the sinus (tunnel) using a tiny camera. It helps to identify complex sinus with branching tunnels and abscesses
- The natal cleft is not affected
- Wounds are quite small and don't need insertion of packing material
- People have less pain after the procedure and can go back to work and daily life much faster
- It can be performed under local anaesthesia

### **What are the side effects of the EPSiT procedure?**

- Pain and minor bleeding are common side effects of EPSiT
- You might develop discharge from the sinus. If you also have a high temperature, you might need antibiotics to treat a wound infection.
- Fluid is used to wash the sinus tract during EPSiT and rarely (1 in 20 patients) this fluid escapes out of the sinus tract and causes swelling around the natal cleft. This swelling usually goes away by itself after a few days.
- Most people have a small amount of bleeding from the wound. You may notice this more after your dressing has been changed. This is normal and nothing to worry about. It is a good idea to wear a small pad inside your pants to protect your clothes from any staining.

### **You must contact 111/ Urgent Care Centre / Accident and Emergency if you experience any of these side effects:**

- Worsening pain in natal cleft associated with temperature
- On-going fresh bleeding from natal cleft

### **What happens before my surgery?**

You will need to attend a pre-admission clinic, which is usually run by specialist nurses. At this clinic, we will talk about your medical history and carry out any tests or examinations needed. You may be asked to keep your natal cleft hair-free whilst you are waiting for surgery.

### **After the procedure**

After your procedure you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have worn off. They will monitor your heart rate, blood pressure and oxygen levels too. You will be given oxygen via a facemask, fluids via your drip and pain relief until you are comfortable enough to return to your ward. Your surgeon will review you in the ward and talk to you about how the procedure went. You will be given pain killers and wound care advice to take home.

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### **Eating and drinking**

You can eat and drink normally, and we recommend that you eat a high fibre diet and drink six to ten glasses of water every day.

### **Getting about after the procedure**

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of forming clots in your legs and lungs. Within one to two hours of your operation, you will be encouraged to get up and walk around.

### **Leaving hospital**

You will go home the same day (for planned day-case surgery) or the following day.

### **Your dressings at home**

Before you go home your nurse will talk to you about how to look after your dressings at home. You will need to continue to have your dressings changed each day. The dressing should be laid on the wound flat. You may have some fluid or discharge from the wound while it is healing. A small pant liner or pad will protect your underwear. If hairs start to grow you may need to have these shaved to stop them from growing into the wound. You can have sex as soon as you feel comfortable to do so.

### **How long should I stay off work?**

- The time taken to get back to normal activities varies for different people and will depend on the surgery you have had. Most patients can return to work 24 hours following EPSiT surgery. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery.
- Avoid lifting if it causes you any pain or discomfort. You should not go swimming until your wound has healed as the chlorine in the water may affect wound healing and there is a chance of picking up or passing on an infection.
- You may find that vigorous exercise is uncomfortable. Start with gentle walking and build up your activity level gradually.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6101 and we will do our best to meet your needs.

## Patient Information

### Contact:

If you need further information or advice, you can contact the secretary of your surgeon through hospital switchboard via 02476964000

The Trust operates a smoke free policy

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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