



What is a pilonidal cyst?

A pilonidal cyst (pilo-nidal = “nest of hair”) is a common condition in the midline buttock cleft skin. Some experts think it is present from birth, but it is more likely an acquired condition. Although the exact cause is not clear, a pilonidal cyst almost always involves hair trapped in a red, swollen, cyst (closed sac) beneath the skin for long periods of time. It is usually near the small indentations in the midline buttock cleft skin. Because it is a cyst that may be different depending on the person and is not a simple cyst, we use the term “pilonidal disease.” It affects men and women equally, and usually occurs in younger persons (ages 15-35).

What are the symptoms of a pilonidal cyst?

- Pits in the skin between the buttocks
- Pain and or swelling to one side of the groove at the top of the buttocks
- Bleeding and or drainage form an area of inflammation near the groove at the top of the buttocks

What is the treatment?

Treatment always involves surgical removal of the cyst. Treatment **must** also include removal of hair from the surrounding skin. This needs to be done while the wound is healing and for up to a year afterwards. **The single most important measure to prevent recurrence (return) of pilonidal disease is shaving or removal of hair from the buttock cleft area** and keeping it free of hair for 6-12 months after the wound is healed.

There is disagreement over whether the wound that results from removing a pilonidal cyst should be closed during surgery or left open to heal with moist dressing changes several times a day. The **lowest rate of recurrence** is achieved

by: 1. removing the cyst, 2. leaving it open to heal, and 3. keeping all hair in the area shaved for at least 6-12 months after the wound is healed.

Leaving the wound open to heal has gotten a poor reputation in the past because the wound management was poor and led to slow and painful healing. Proper wound management includes showering off the wound and using plain cotton gauze dressings (moistened with tap water and changed three times a day). With this method the recovery period is usually 2-10 days (depending of the size of the wound) with full healing within 5-8 weeks. The appearance is actually better as well than if the wound is closed with sutures.

When can I get the cyst removed?

The best surgical cyst removal is done when the cyst is not currently a sore (inflamed). Antibiotic therapy may help, but rarely is effective in removing a sore. The sore may drain by itself but it usually doesn't, and it may need Incision and Drainage (I&D) under local anesthesia in the clinic or emergency department.

Note: If there is a sore, incision and drainage is the first step.

The moist gauze packing placed at the time of Incision and Drainage (I&D) can be removed in two days. **No additional packing is needed**, only outer dressings.

I&D is a temporary procedure to allow the irritation to subside before the actual cyst removal (excision). Removal is done when the inflammation and swelling has subsided, usually in 3-6 weeks.

What can I expect during the removal procedure?

Removing a pilonidal cyst is done with local anesthesia (medication used to reduce sensation in a specific part of the body). The procedure takes place in an

ambulatory or minor surgery suite in almost all patients. During the procedure you can expect the following:

1. You are asked to lie down with hips elevated. The buttocks are held apart by adhesive tape. Both 1% lidocaine and 0.5% bupivacaine are used (separately or as a mixture) for local anesthesia.
2. The strategy is to **preserve as much normal skin** and surrounding tissue as possible, while removing the cyst. The cyst is burned using needle point electrocautery, which allows very precise removal.
3. The surgeon then applies medication for post-op pain relief and the wound is packed open with moistened plain cotton gauze. This dressing stays in for two days, undisturbed.

What are my post-op instructions?

You have undergone removal (excision) of a pilonidal cyst or sinus and have an open wound in the buttock cleft that is _____ cm in size. It is packed open with moist gauze, which is covered with a large, absorbent sterile dressing.

- You can leave this in place until we see you for your post-op visit in 2 days.
- You can expect to see reddish discoloration of the gauze dressing because there will be drainage into it. This is to be expected. The dressing will not interfere with your ability to move your bowels.
- Resume your normal, regular diet and your regular medications.
- You will have discomfort. We recommend starting on Ibuprofen 400mg or 600mg every 6 hours (or Naproxen 220mg every 12 hours, or Tylenol 500mg every 4-6 hours), depending on your preference) as needed.

You will have a post-op appointment in 2 days at the Taubman Center Surgery clinic to remove the packing and learn about moist dressing changes (listed below). Someone should come with you to learn how to do the dressing changes.

- You will need to change your dressings 3 times a day:
 1. Clean your wound by letting water run over it in the shower at least once a day.
 2. Pack wound with plain gauze moistened with plain tap water or saline three times a day. You may layer tape on itself so it doesn't have to be removed every time.
 3. If you see minor bleeding, especially from the skin edge, simply put moist dressing in place and hold pressure with outer covering dressing for 5-10 minutes. This ordinarily controls any bleeding.

You can expect to have pain with dressing changes for about 10 days. If moist dressings are changed as instructed, pain will dramatically diminish about 8-10 days after operation.

On follow-up visits, your hair will also be removed from around the wound.

- Between visits you are responsible for keeping the buttock cleft area shaved and free of hair for 9-12 months after the wound has healed completely to prevent recurrence. Shave hair widely around the wound every 1-2 weeks. Pick up loose hair with adhesive or Scotch tape.

What supplies do I need for home wound care?

- 100% cotton gauze non-sterile 2.25 inch wide bandage rolls (a brand that is easy to order online is Kerlix).
- Regular non-sterile cotton tip swabs (example: Q-Tips).
- Non-sterile dressing of your choice to place over the moist dressing that will be in the wound. Options to choose from are:
 - 4 x 4 cotton gauze
 - Female hygiene pads (these work great and are inexpensive especially for the first week).
- Skin tape: any type you know you are not sensitive to.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Richard Burney, MD
Reviewers: Adriana Lucia PA-C

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised 03/2019