



PILONIDAL CYST

What is a pilonidal cyst?

Your child has been diagnosed with a pilonidal cyst, a painful and infected cyst created from body hair being forced into the skin by friction.

Who gets a pilonidal cyst?

It is most common in young men, but young women can get it as well.

How is a pilonidal cyst diagnosed?

The information you gave the doctor plus an examination are all that is necessary to diagnose the problem.

How is the decision made that surgery is needed?

An operation is necessary to open the cyst, drain the pus, and remove the hair from the area. A pilonidal cyst can drain on its own, but will come back as long as hair is present in the cyst. Relieving the infection also helps relieve the pain associated with this type of cyst.

What can I expect from surgery?

Your child will be taken to the operating room and placed under general or regional anesthesia. The cyst will then be opened and cleaned out. The surgeon may close the incision, or leave it open to heal from the inside out. The child will have a short stay in the hospital before going home. Instructions on how to care for each type of wound are included on this handout.

What care is needed at home after surgery?

Care of the incision

Open wound: The wound should be cleansed and packed on a daily basis. Cleaning may be done in the shower after removing the packing. Several types of packing and dressing material are available for these wounds, so be sure to get specific instructions for the materials you will be using. Assemble your supplies before showering your child so you can do the dressing immediately afterward. You may give your child some pain medication one hour before changing the dressing to make it more comfortable. Continue the dressing changes until the wound heals completely. You will be given appointments to see the surgeon a couple of times to check the progress of wound healing. Changes to your wound care routine will be made during these appointments.

Closed wound: After draining and cleaning the cyst, the surgeon will close the wound. Stitches may be under the skin or on top of the skin. Stitches on top of the skin will be removed 7-10 days after the procedure. Stitches under the skin will dissolve in a few months. Either way, leave the surgical dressing in place until told to remove it (usually 48-72 hours after the procedure).

Bathing: Sponge bathe your child until the stitches are removed. Showering is permitted 3 days after the procedure if the stitches are under the skin. Showering is more effective than a sponge bath for wound cleansing. DO NOT soak in the tub with either an open or closed wound.

Activity: DO NOT sit or lie on the wound for more than 30 minutes at a time. Not only does it hurt, but it puts unnecessary tension and pressure on the wound which will impair wound healing. Have your child sleep on his/her stomach or side, not on the back. Avoid any activity that will cause the wound to get hit. Your child may resume full activity 2-3 weeks after the procedure.

Medication: The most common medicine(s) prescribed after this procedure are pain medication and antibiotics. Please get the prescriptions filled and follow all instructions for taking the medicine(s).

If taking narcotic pain medicine, avoid riding toys, playground equipment, stairs, and driving (if applicable).

Diet: Your child may resume a regular diet but avoid spicy and greasy foods the first week after the procedure

When should I call the surgery team?

Call the surgeon if you notice any of the following:

- Increased redness, swelling, or drainage in the area
- Foul odor of the wound or drainage
- Fever of 101.5 F degrees or higher
- Bleeding
- Rash
- Vomiting (especially with medications)

When can my child return to school or daycare?

School, P.E., or work activities will need to be excused until the wound heals, so get a note from the doctor before leaving the hospital.

Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at www.APSNA.org.

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