

# INFORMED CONSENT: PILONIDAL PROCEDURE

## PILONIDAL DISEASE

Pilonidal disease refers to an infection in the skin near the tailbone, often caused by ingrown hairs. This can result in the formation of cysts, abscesses, or sinus tracts (pits), which may be painful, swollen, and drain pus or blood. The condition can be caused by various factors, such as prolonged sitting, trauma, or excessive hair growth in the area.

If left untreated, pilonidal disease can cause recurrent infections and may form multiple sinus tracts beneath the skin. While early stages may be managed with simple drainage, chronic or recurrent cases often require more definitive surgical treatment.

## **Treatment Options**

Several treatment options are available depending on the severity and recurrence of the condition. The following are common medical and surgical treatments available in our clinic:

### 1. Incision and Drainage (I&D)

This is the first-line treatment for an infected pilonidal cyst or abscess. The procedure involves making an incision in the cyst or abscess to drain the pus and reduce infection and swelling. While effective at relieving immediate symptoms, incision and drainage do not typically resolve the underlying issue, and the cyst may return.

### 2. Excision of Pilonidal Tracts

This surgical procedure involves the complete removal of the pilonidal cyst, abscess, or sinus tracts to prevent recurrence. Depending on the severity and extent of the condition, the wound may either be left open to heal naturally from the inside out or closed with stitches. Open wounds require diligent care to promote healing, which can take several weeks to months.

Wound care typically involves twice-daily saline irrigation, followed by the application of an antibiotic ointment such as Polysporin. The wound is then packed with cotton gauze to keep it open as long as possible. Keeping the wound open is important because it allows healing to occur from the inside out, reducing the risk of infection, incomplete healing, and recurrence. While this procedure is highly effective in treating pilonidal disease, the recovery period can be lengthy, requiring ongoing wound care and attention for optimal healing.

## 3. Laser Pilonidoplasty

This minimally invasive option uses a laser fiber inserted into the pilonidal tract. The laser energy burns the tract from the inside, destroying the sinus tracts and sealing them off. Laser pilonidoplasty offers a faster recovery time and a lower risk of complications compared to traditional surgical excision. However, it is important to note that laser treatment is not covered by OHIP, so there will be out-of-pocket costs for this option. Laser pilonidoplasty is a promising alternative for patients looking for a quicker return to normal activities and less post-procedure discomfort.

### **Symptoms and Complications**

Following pilonidal procedures, patients may experience varying levels of pain, swelling, and discomfort, particularly at the surgical site. While most patients recover without major complications, potential risks include:

- Pain: Post-operative pain is common and can usually be managed with medication.
- **Bleeding**: Minor bleeding is expected after surgery, but persistent or heavy bleeding should be addressed by a healthcare provider.
- **Infection**: There is a risk of infection at the surgical site, leading to symptoms such as redness, swelling, fever, or worsening pain. In severe cases, an abscess may form, requiring further treatment.
- Wound Healing Issues: The wound may take longer to heal, particularly if it is left open. Proper wound care is essential to prevent complications.
- Recurrence and Persistence of Disease: Despite treatment, there is a risk that the cyst or sinus tract may recur over time, or continue to persist, particularly if the condition was severe or long-standing.



### ALTERNATIVES TO TREATMENT

- Conservative Treatment: For early-stage pilonidal disease, careful hygiene, keeping the area clean, and avoiding prolonged sitting may help manage the condition. Shaving or laser hair removal may also reduce the recurrence of pilonidal cysts.
- Laser Hair Removal: By permanently reducing hair growth in the affected area, laser hair removal helps prevent hair from becoming trapped in the natal cleft, which is a common contributing factor to pilonidal cysts and infections. For optimal results, hair removal is typically performed at least 3 cm on either side of the natal cleft, the groove between the buttocks, to ensure comprehensive coverage. Reducing hair in this area can significantly decrease the likelihood of recurrence, especially when combined with good hygiene and wound care practices.

### **Other Information**

It is not advisable for patients who are pregnant to undergo surgical procedures, including surgical fissure treatment during pregnancy, as these procedures may comprise a significant component of fetal risk (including fetal death and malformation).

### **PATIENT CONSENT**

I have been informed by my surgeon/anesthesiologist and/or their assistant(s) and/or clinic staff and understand the following:

- 1. The nature, purpose and reason for the procedure.
- 2. The probable discomforts, potential side effects, complications and risks of the procedure and anesthesia.
- 3. The advantages, disadvantages, risks and possible complications of alternative procedures.
- 4. The reasonable benefits obtainable by these procedures but acknowledge that each has its limitations, and persistence or recurrence of symptoms can happen.
- 5. It is impossible to identify every possible complication.
- 6. The risk these procedures and sedation have on the fetus.
- 7. I am responsible to inform the health practitioner(s) prior to my procedure of any dental issues as well as any other health issues that may need further assessment and care including but not limited to heart/liver/kidney disease, use of anticoagulants, pacemaker, and previous and current treatments.
- 8. I am responsible for informing the health practitioner(s) prior to my procedure of any contagious illness I may have including but not limited to Covid, hepatitis, AIDS/HIV.

I also authorize and consent to:

Reviewed by Dr.

- 1. Such additional or alternative procedure which may be found to be immediately necessary in the professional judgement of the physicians present during the performance of this procedure.
- 2. The administration of anesthetic, and to refrain from working, driving a motor vehicle or travelling on my own for 24 hours.
- 3. The help of doctors and assistants as may be necessary.

Please acknowledge your consent by initialing below for the procedure(s) you are undergoing:

·	Patient Initial Here) Patient Initial Here) (Patient Initial Here)	
	ised my concern(s)/question(s), and was given an adequate exact I have read and fully understand the above consent.	xplanation and
Patient Name & Signature	Date	
Witness/Interpreter Signature	Date	