

PILONIDAL SINUS CENTER MUNICH

EXPERTS IN TAILBONE „CYST“ TREATMENT

Hofer • Liebl • Specialists in visceral surgery and proctology



Operations with plastic closure of the wound (Karydakis, Cleft Lift)

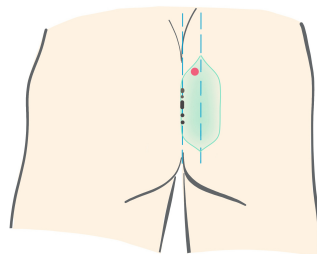
WHEN ARE THESE SURGICAL TECHNIQUES INDICATED?

When surgery is performed for pilonidal sinus, **we want to avoid large wounds in the midline area**. Whenever this is not possible, so in the case of

- ▶ pre-existing wounds
- ▶ unstable scars after conventional surgery
- ▶ numerous, closely adjacent fistula openings,

plastic reconstruction can restore an intact midline.

In surgery, "plastic" does not refer to the use of synthetic material, but to the **transfer of natural tissue from the body, the "flap"**.



In the area of the cleft of the buttocks, permanent healing requires that the suture or subsequent scar is relocated to the side. The methods according to KARYDAKIS and BASCOM are very similar in terms of the basic concept. They differ slightly in the type of incision and the thickness of the flap. The scar is transferred to the lateral side. The gluteal fold is flattened. Only a few patients are bothered by this slight change in body contour.

WHICH METHOD IS APPROPRIATE?

After examination and ultrasound, we will advise you about the chances of success of minimally invasive or plastic surgery. For the decision it is also necessary to know what is more important to you - the smallest possible intervention or the best chance of healing in the long term. **The advantages of plastic reconstruction are:**

- ▶ The wound is closed, open wound treatment is avoided.
- ▶ A lateral scar will heal, even if hair reduction or shaving is not perfect.
- ▶ The "weak point", which would also be at risk in the future from regrowing hair and mechanical stress, is eliminated.

BEFORE THE DAY OF SURGERY

- ▶ Discussion and **explanation of the procedure** at the consultation in the office.
- ▶ Decision about the **type of anesthesia**. Usually general anesthesia is the best choice.
- ▶ **Arrangement of the surgery time**, in case of general anesthesia always at the IATROS clinic, Nymphenburgerstraße 1 (High-rise opposite to the Löwenbräu cellar), in case of local anesthesia in the practice office Brienner Straße 13
- ▶ **Anesthesia consultation** by telephone with the anesthesiologists of the IATROS Clinic ("premedication"), Tel. 089 461356-0
- ▶ Please also inquire about the currently valid **regulations for infection control!**

ON THE DAY OF SURGERY

- ▶ Please come to the scheduled appointment **on time, freshly showered and on an empty stomach**. Fasting also means that you have not smoked, drunk coffee or chewed gum. The point is that there should be as little stomach acid as possible in the stomach.
- ▶ In the reconstructive surgeries we give an **antibiotic at the beginning of the surgery**. Therefore, please let us know if you have any known allergies.
- ▶ The operation lasts between 50 and 90 minutes. Afterwards, you will be in the **recovery room for another 1 to 2 hours** and can then **be picked up**. You are not allowed to leave on your own.
- ▶ We will inform you of any special circumstances that may have occurred during the operation in the final consultation.
- ▶ You are welcome to **sit normally on the way home**. Light compression reduces the risk of postoperative bleeding.
- ▶ Ibuprofen in a dosage of up to 3 x 600 mg / day is usually sufficient as a painkiller. If this is not the case, please contact us.

THE DAYS AFTER SURGERY

- ▶ The wound is **sutured in several layers**. All **sutures are absorbable**. We will inform you if, as an exception, it is nevertheless required to remove the stitches.
- ▶ During the first ten days you may sit, but you should not drop heavily into an armchair and it is also better to **refrain from sports, bathing and sauna**.
- ▶ Postoperative **bleeding is rare** and initially manifests itself more as a feeling of tension than as visible bleeding. If you are in doubt, please contact the number below.
- ▶ For **three days we recommend taking an antibiotic** to prevent wound infections (1 tablet in the morning and 1 tablet in the evening), we will give you this preparation.
- ▶ You can **take a shower from the second day**. To do this, remove the bandage. You can change the bandage yourself - swabs and elastic tape are sufficient. You can leave the skin-colored strips of tape on the wound until they fall off by themselves. If the wound is dry, you can also do without the bandage.
- ▶ An accumulation of fluid (**seroma**, "like a waterbed") occasionally forms under the flap. With time, this will disappear and the body will reabsorb the tissue fluids. Sometimes there is a sudden drainage that may appear like a hemorrhage. This may be bothersome or frightening, but it is never dangerous. Cover the area with compresses or a panty liner and contact us. In most cases, no specific action is required.
- ▶ **1 x per week we recommend shaving** around the wound, especially in the lower section. This is best done with Octenisept ® as disinfectant and lubricant and the "hospital" disposable razors.
- ▶ After 2 - 3 weeks the scar should normally be closed and stable. Recurrences (relapses) occur in < 10% of cases.
- ▶ In the case of fistulas close to the anus, injury to the superficial portion of the sphincter muscle cannot be ruled out, but we have never seen a functional disturbance caused by these operations.
- ▶ Numbness in the surgical area is an infrequent but possible concern.

In case of emergency you can reach us mobile:

0172-8007900