

PILONIDAL SINUS CENTER MUNICH

PILONIDAL SINUS TREATMENT CENTER

Hofer • Liebl • Specialists in Visceral Surgery and Proctology

Minimally invasive - surgery for Pilonidal sinus (Pit picking)



BEFORE THE APPOINTMENT

Allow enough time for your arrival. The **traffic and parking situation in downtown Munich** can be very time-consuming. The parking lot at Salvatorplatz is located at the back of the Luitpoldblock. The subway station **Odeonsplatz U4/5** is directly in front of our entrance. Please inform us if you have to travel longer than 2 hours or need to catch a specific train or flight.

We use **local anesthesia**, so you should not have an allergy to prilocaine (Xylonest®) or mepivacaine (Scandicain®).

You do **not need to be fasting** for the procedure. Please take an accompanying person with you. Be aware of the potential for impaired ability to drive after surgery.

If necessary, discuss an expected **inability to work** for an average of one to two weeks with your workplace.

If possible, **shave in the gluteal fold area** and **shower** thoroughly. Avoid using iodine or astringent ointments, which interfere with laser treatment.



ON THE DAY OF THE OPERATION

After the examination, the treatment can be performed directly if the appointment is adequately scheduled. In this case, you waive your right to a consideration period and second opinion.

The procedure is performed in the **prone position** and **takes 20-90 minutes**. Before the beginning of the operation you should visit the bathroom once again.

Shaving and local anesthesia are the next steps, the injection causes only minor discomfort. After 10 minutes the area is completely painless. Local anesthesia does not affect alertness, muscle strength or bowel function.

If desired, **laser epilation therapy*** is performed to inactivate the pits and permanently reduce hair density in the gluteal fissure area.

The fistula openings are then excised sparingly („pit picking“), usually as skin cylinders of 2 - 5 mm Ø. Through these openings or via a lateral release incision of 1 - 2 cm, the fistula tract is removed (sinusectomy) or eradicated by laser (SiLaC).

If a wound larger than 2 cm cannot be avoided, it can be closed with a special suture technique („mattress suture“).

Any bleeding is carefully cauterized. The procedure is terminated with a dissolvable tamponade and a compression bandage.



Treatment options marked with * are self-pay services, please feel free to ask us about the conditions.

Stand up slowly so that your circulation remains normal. You will be given a bottle of water, a piece of pastry and a painkiller and recover in the waiting area. If you need a leave for work or school, please let us know.

ON YOUR WAY HOME

Choose the **shortest way home**, preferably by car. You should not drive a motor vehicle yourself. You can sit normally in the car or public transport. You are advised to avoid long walks.

If **bleeding** occurs, place several bandages on the wound and apply constant pressure for 15 minutes or sit on the wound and wait a while. Post-operative bleeding is not dangerous, in doubt contact the emergency number below.

THE 1ST WEEK AFTER SURGERY

You can **change the dressing and move normally**. We recommend covering the wound with a rolled-up bandage and fixing it with tape, alternatively wearing tight-fitting briefs with a standard panty liner.

Bloody **secretion** and unpleasant **odor** are normal. Wound pain is more severe on the second day than the first and improves after 1 - 2 weeks. Treatment with over-the-counter ibuprofen is usually sufficient.

Prolonged sitting > 2 hours is not recommended for initially. Exercise is allowed as far as the pain in the wound permits, in the case of sutured wounds not before 2 days after removal of the sutures.

In the past, we have allowed **showers and bathing** with normal tap water without any negative consequences. According to the regulation of the Robert-Koch-Institute (RKI) we now have to recommend a terminal bacteria filter ("Legionella filter", e.g. Germlyser D®).

THE 2ND WEEK

Any **tamponade used dissolves**, slight irritation and swelling may occur. The secretion may change color to yellow or brown. **Yellow layers** are not pus, but fibrin, which acts as a natural wound adhesive.

Once a week it is absolutely necessary to shave the edges of the wound with a disposable razor and to check the wounds for penetrated hairs. This can be done by us, relatives or family doctor. In good light and good visibility (magnifying glass, reading glasses, if necessary), the wound is examined and hairs are removed with tweezers. Normally you do not need ointments or powders, antibacterial ointments (Bepanthen antiseptic®, Betaisodona®) can be used.

In case of a suture we recommend to **remove the suture** material about 10 days after the operation with us or the general practitioner despite dissolvable sutures. Hair could otherwise grow into the stitch channels.

If you do not live too far away, **cold plasma (CAP)*** and/or **Low Level Laser therapy (LLLT)*** can be applied 1 - 2 times a week to stimulate wound healing and thus shorten the healing period.

Laser hair removal is performed every 4-6 weeks and is a preventive measure against recurrence (relapse). It is advisable to perform this treatment painlessly with local anesthesia.

COMPLETION OF WOUND HEALING

Wounds should be **closed and dry after 6 - 8 weeks**. After that, any swelling and secretion of fluid or increase in pain is suspicious of newly ingrown or penetrated hairs and should be checked by us. Shaving should be continued for 2 months after wound healing is complete.

In case of emergency reach us mobile: **+49 157 92358978**