

PILONIDAL SINUS POST-OPERATIVE INSTRUCTIONS

PAIN

You will be given a prescription for Percocet, a mild medication for pain. Percocet should be taken as follows: 1 to 2 tablets every 4 hours for pain. For the first 24 hours after surgery, you may take Percocet every 3 hours if needed. You should avoid driving while taking Percocet because it can make you drowsy. Once pain improves or if the pain is not so severe, you may substitute Percocet with Tylenol at any time.

INCISION

- Your incision will be closed with stitches that will need to be removed in the office. In order to decrease the chances of swelling or fluid accumulation under the incision, bolsters (a thick sponge-like dressing) will be tied into place over the skin. These bolsters will remain in place for the first week after surgery. Gauze will be placed over the bolsters and tape will secure the entire dressing in place. While your incision is small, a large amount of tape (also called your dressing or bandage) will be in place after surgery.
- Some fluid (yellow to light red to orange) may ooze or leak from the incisions. This is generally normal. However, if the fluid is foul smelling, thick, or does not decrease in amount, call our office.
- After the first post-operative visit, when the outer dressing is removed, your stitches will be left in place for approximately one week. **DO NOT PLACE ANY ANTIBIOTIC OINTMENTS OR CREAMS ON THE NEW SCAR.**

SHOWERING/BATHING

You may shower at any time but no bathing until 2 weeks after surgery. When you shower, please try to keep the dressing as dry as possible. It will be difficult to keep it dry – but try your best. When showering, face the shower directly -- and don't turn around so as not to get your back or dressing wet. If the dressing comes off, you can re-apply it yourself. Just place some gauze over the bolsters and secure the gauze in place with tape.

DIET

No restrictions.

PHYSICAL ACTIVITY/RECOVERY

It is very important to lie on your stomach as much as possible during the first week after surgery. The incision needs time to heal without any tension. Sitting puts a great deal of tension on the incision. Standing does as well but to a lesser extent. This does not mean that you have to lie on your stomach for 7 days straight – but you should try as much as possible. Excess tension may cause the incision to open. While this will not require another operation, it will require a much longer time to heal (approximately 4 to 6 weeks).

You will be able to resume almost all of your regular activities after your first post-operative visit (one week after surgery), when your dressing and bolsters are removed. More vigorous activities, jogging, and/or aerobic exercises are not recommended for approximately four weeks after surgery. In most cases, you will need to miss approximately one week of work.

FOLLOW UP

You should follow-up in the office for a post-operative visit approximately one week after your surgery. At this visit, the bandage will be removed. The bolsters will be removed as well. The skin sutures will stay in place for approximately one more week. You will be able to return to most normal activities after this visit. A second post-operative visit will be required one week after your first post-operative visit to remove the remaining stitches.

WHEN TO CONTACT THE OFFICE

Please call the office if you experience any of the following:

- Pain that is not relieved by medication
- Excessive swelling
- Fever more than 100.5° F or chills
- Redness outside the dressing
- Excessive bleeding (a bloody dressing)

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