POST-OPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING PILONIDAL CLEFT LIFT SURGERY

PREPARE FOR YOUR UPCOMING SURGERY

- Consider purchasing before your surgery date:
  o Gauze (doesn’t need to be sterile)
  o Balneol (perianal cleanser)
  o Q-Tips (doesn’t need to be sterile)

GENERAL INFORMATION AND DIET

- It’s expected for you to have some pain immediately after surgery. This will diminish each day. Many patients feel that the flap side is numb for up to 2 months. This too is normal. Normal sensation will eventually return.
- Please take the ibuprophen (if prescribed) 3x per day and only take the narcotic (oxycodone or hydrocodone) if needed. All pain medications can cause nausea so don’t take either on an empty stomach and hold the medication, nap, and place a cool washcloth on your forehead for 6-12 hours if you become nauseated.
- Don’t place an icepack on your bottom as it may damage the flap.
- Avoid Tylenol/acetaminophen as your prescribed narcotic already contains this medication, and taking more can be dangerous.
- You should also have received a prescription for an antibiotic. Please take your first dose the evening of surgery.
- Please eat light meals and refrain from alcoholic beverages the day of surgery as you may experience nausea from the anesthetic.
- Please shower daily starting the morning following surgery. Dry the wound carefully with a towel and then with a hairdryer on a cool setting. Don’t submerge in water for 1 month.
- Don’t drive a car or operate machinery for 24 hours after surgery.
- Don’t make important decisions or sign legal documents for 24 hours after surgery.
- You may return to school or work when you feel comfortable and can sit. This usually is in 4 or 5 days. You should still have your Drain-Helper roll gauze over the flap 3x/day, but the schedule can be modified to accommodate your work schedule.

PHYSICAL ACTIVITY

- Activity: No vigorous activity for the next several days. Sitting (even on the incision) and walking are encouraged.
- Please wait until after your drain is removed before engaging in vigorous exercise. Avoid sit-ups and activities that place pressure on your incision, submersion in water, and activities where you may fall on your backside (snow boarding, skate boarding, aggressive basketball…) for 1 month after the drain is removed.
THE DRAIN…..

- **You will need to change the gauze dressing covering your wound several times a day especially for the first few days. Use gauze liberally to protect your clothing and furniture. There are white fibrous pieces of tape crossing your incision; these are called Steri-Strips. Leave the Steri-Strips in place as they support your incision.**

- **You have a passive drain which looks like a rubber band that extends upwards from the lower part of your incision to a small hole at the top of the flap. It keeps the top hole open so fluid can drain out from under your flap so the flap can stick to the underlying tissue. For the first few days don’t be alarmed if the fluid looks quite bloody. It will become pink and may turn a light yellow over time.**

- **Rolling the flap (refer to video on pilonidalsurgery.com - ? publish on YouTube):** For the first 3-4 days after surgery and before your partner rolls, have your partner poke the upper hole with a non-sterile Q-tip around 1 inch under the flap at a shallow angle to make certain that the hole isn’t clogged (the nurses will have shown you how). 3 times a day for the 7-9 days your drain will be in, someone will need to roll rolled-up gauze up the flap side (the flap is the side with the superior drain hole) to evacuate fluid from under the flap. Please lie down on a firm surface. Have your drain-helper roll from the bottom to the top side of the flap to encourage fluid to drain through the top hole. Don’t be alarmed if there is some fluid that drains from the top of the incision. Don’t try and milk fluid from the lower drain hole. There is no reason to roll on the side opposite the flap.

BOWEL MOVEMENTS:

- For the first 2 weeks after surgery, please clean yourself carefully after every bowel movement with wet wipes or Balneol (a perianal cleanser to be placed on toilet paper). Then shower and dry the area carefully with a towel then a hairdryer.

- If a stool softener has been prescribed, please take this as long as you are taking the narcotic pain medication. To avoid constipation, you may also take an over the counter fiber supplement (Konsyl, Metamucil, or Benefiber – preferred in this order). However, should you miss moving your bowels for 1 or two days please purchase and take (also over the counter) Milk of Magnesia: take 2 tablespoons every 6 hours until you have a productive BM then stop to avoid diarrhea.

**Make an appointment to see Dr. Sternberg with your drain-helper 1 or 2 days following surgery. This appointment is CRITICAL; as I want to be certain that your helper is properly draining fluid from under the flap.**

**If you live more than a 30-MINUTE car ride (please account for traffic) away from the surgery center, you should spend the night of your surgery in**
SAN FRANCISCO. THIS IS IMPORTANT AS A LONGER CAR RIDE CAN LEAD TO BLEEDING UNDER THE FLAP. IN ADDITION, YOU MUST SEE DR. STERNBERG IN HIS OFFICE THE DAY FOLLOWING SURGERY.

NOTIFY ME IMMEDIATELY, IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- TEMPERATURE OVER 101° FAHRENHEIT
- PERSISTENT NAUSEA OR VOMITING
- BLEEDING NOT CONTROLLED BY APPLYING STEADY PRESSURE TO THE AREA FOR 20 MINUTES
- EXTREME PAIN NOT RELIEVED BY PRESCRIBED MEDICATION
- INABILITY TO URINATE FOR 8 HOURS AFTER SURGERY OR PASSING VERY SMALL FREQUENT AMOUNTS OF URINE

IF YOU REQUIRE IMMEDIATE MEDICAL ATTENTION AND ARE UNABLE TO CONTACT DR. STERNBERG, PLEASE GO TO THE EMERGENCY ROOM AT CALIFORNIA PACIFIC MEDICAL CENTER AT SACRAMENTO AND BUCHANAN STREET (2333 BUCHANAN ST, SAN FRANCISCO, CA 94115) OR YOUR NEAREST EMERGENCY ROOM.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL MY OFFICE AT 415.821.8000 DURING OFFICE HOURS: MONDAY – FRIDAY