

General Surgery & Surgical Oncology

Pilonidal Cystectomy

What is a pilonidal cystectomy?

A pilonidal cystectomy is a procedure in which your health care provider opens or removes a cyst over your tailbone.

When is it used?

A pilonidal cystectomy may be done to open and drain an infected pilonidal cyst. Or it may be done to remove a cyst. This type of cyst is in the area just above the crease in your buttocks. It is caused when hair cells below the outer skin develop into a closed sac. The cyst may become infected and painful, leak pus, and smell.

An alternative is to choose not to have treatment, recognizing the risks of your condition. You should ask your health care provider about this choice.

How do I prepare for a pilonidal cystectomy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Arrange for someone to drive you home after the procedure. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your provider gives you. If you are to have general anesthesia, eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will be given a local or general anesthetic. A local anesthetic is a drug that should keep you from feeling pain during the operation. A general anesthetic will relax your muscles and put you to sleep. It will prevent you from feeling pain during the operation.

If the cyst is infected, your health care provider may just make a cut in the skin, remove the hair, and drain any pus that has formed. Your provider may try to remove the whole cyst or may just leave the cyst open to allow it to drain completely. If there is no infection, the provider may remove the whole cyst and close the cut in the skin with sutures (stitches).

What happens after the procedure?

You may go home that day or stay in the hospital for 1 to 2 days, depending on the procedure and your condition. Keep the area as clean as possible. It may take as long as 6 months or more for the area to fill in with scar tissue if it was left open. If sutures were used, they may stay in as long as 2 to 3 weeks. Your health care provider may recommend changes in your lifestyle to help prevent or postpone a cyst reforming.

Ask your provider what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

You no longer have a painful, smelly, or leaky cyst if it is completely removed.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- A local anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia.
- You may develop another cyst.
- The cyst could become infected again if it was not removed.
- You may need another operation to try to control the problem.
- You may have infection or bleeding.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You have uncontrollable pain.
- You notice extensive drainage from the operation site.

Call during office hours if:

• You have questions about the procedure or its result.