



## Post-Operative Instructions for Pilonidal Excision

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### Wound/Dressing Care

- You have gauze which is **packed internally into your wound**. You also have multiple layers outside this gauze. Please keep this dressing until the following day.
- If you need to use the bathroom to have a bowel movement (BM), or if the dressings become soiled, you can remove the dressings on the day of surgery.
  - Remember to start Sitz baths after you use the bathroom.
  - **Just replace the external dressing, not the internal packing.**
  - You can replace external dressings daily or twice a day
- Follow up in clinic in 1 week.
- **You also have sutures that must be removed two-three weeks after surgery.** Come to the clinic for this.
  - Sitz bath the area after every BM
  - You may use either warm tap water or mix Epsom salts into it as well (your choice).
  - You will likely need to do this for two weeks and then as needed.
- To help support the area, we recommend sitting on a soft pillow.
  - A circular hemorrhoid pillow is OK to use around the pilonidal excision site.

### Showering/Baths

- You can shower the day after surgery. Just place a dry dressing to the area after your shower. It is OK to get the area wet, but no soaking of the wound.
- No swimming or baths for three weeks after the procedure.
- After certain procedures, it is OK to soak in a tub of water to reduce swelling and pain, but discuss this with us first before trying.

### Medications

- Take your pain medication as needed.
- If your pain is less severe, you can take ibuprofen (over the counter, such as Motrin or Advil) instead of your narcotic pain medication as needed.
- You can also take acetaminophen (over the counter, such as Tylenol) **instead** of your narcotic pain medication, but do not take both Tylenol and your narcotic pain medication because your narcotic contains Tylenol as well.
- If you have any unusual symptoms such as rashes, itchiness or diarrhea, please discontinue the medication and call our office or your medical doctor.

To reach our office call:

**202.741.3243**

for an EMERGENCY dial 911

Answering services, cell phones & beepers are not perfect. Common sense dictates that if you cannot get a hold of your surgeon or your medical doctor, you should go to the Emergency Room to play it safe.

## Gastrointestinal (GI) Discomfort

- GI discomfort and nausea are not unusual with pain medication and antibiotics, but please call if you are not able to drink or eat by the night of surgery.
- Constipation is also common with the use of narcotics. Remember to take your Colace daily until you stop using narcotics. If you feel that you are becoming constipated, you can take 17 grams of Miralax or milk of magnesium (available over the counter). You can also take prune juice to help with your constipation.
- Typically, patients will have urinated prior to leaving the hospital. If you find it difficult to urinate when you are at home by the evening hours, try taking your pain medication, and then 15 minutes afterwards when the pain medication is working, try taking a hot shower and then attempt to urinate. If this does not work, please call us or simply go to Emergency Room. This is true for patients with or without a history of prostate disease or bladder problems.

## Post-Operative Emergencies & Concerns

**Heart, Lung, Calf Problems:** If you develop chest pain, shortness of breath or significant calf pain, you must go to the nearest Emergency Room.

**Bleeding or Drainage:** Some bleeding and drainage is expected. If the bandage becomes stained, remove the dressing and replace it with new gauze and monitor the bleeding. If you think that the drainage is excessive, call the office or go to nearest Emergency Room.

**Fever:** If you have a temperature greater than 101°F on more than one reading 48 hours or more after surgery, call the office or go to the nearest Emergency Room.

**Unrelenting pain:** Many anorectal procedures are painful after surgery, but the pain steadily decreases over time with the worse pain within the first three (3) days of surgery. If the pain increases, if you have fevers or chills, or have excess perianal drainage, call the office or physician line after hours.

## Diet & Activity Restrictions

**Driving:** You can drive when you are comfortable using the brake and gas pedal and you are off all narcotic pain medication. Do not drive under the influence of narcotic medication.

**Sexual Activity:** No anorectal or vaginal intercourse until the area is fully healed, generally 1-2 months, but can be up to 3 months.

**Physical Activity:** Avoid vigorous exercise for the first two weeks, especially avoiding squats and heavy lifting which can stretch the anorectal area.

**Diet:** Avoid greasy foods and spicy foods for the first week. Spicy foods may cause perianal discomfort. A diet high in fiber is recommended.

## Other Questions?

Give us a call at our office number: **202.741.3243**

- Vincent Obias, MD
- Roger Brucal, Nurse Practitioner - Colorectal Service



The GW Medical  
Faculty Associates

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