

# A New Protocol for the Treatment of Pilonidal Cysts



Geert Vanwalleghem CNS, Wound Care and Pressure Ulcer prevention  
H. -Hartziekenhuis Roeselare-Menen vzw, Belgium

## INTRODUCTION

The annual incidence of pilonidal sinus is approximately 26 per 100,000, of which complex pilonidal sinuses are the minority. At our hospital we treat between 30-35 pilonidal cysts a year. Treatment options for pilonidal sinus are multiple including excisions with healing by secondary intention. The cavities are often packed with gauze to stop the bleeding, and covered with absorbent pads. Due to time consuming and painful changes we have tried numerous alternative dressing options (including silver alginates and topical negative pressure therapy), none of which gave satisfactory results due to adherence to the wound bed and very painful time-consuming dressing changes.



*Insertion of Iodine soaked gauze in the cavities. Removing these types of dressings cause our patients a lot of pain and distress.*

## AIM

To improve our routines in the management of pilonidal cysts and achieve healing with less pain for the patient.

## METHOD

The day after surgery the packed gauze is removed (this procedure is very painful for the patient as the gauze often sticks very tightly to the wound bed) and replaced by polymeric membrane cavity dressings\* which are covered by an absorption pad. Polymeric membrane dressings were chosen as a result of their documented ability to reduce pain, cleanse wounds and facilitate healing. We have found that by using these dressings, additional cleansing is not always necessary during dressing changes.

The dressings are changed on a daily basis for a week by a home care nurse. Follow-up visit at the hospital after 1 week. The level of exudate determines the frequency of dressing changes after the first week.

30 patients treated over 1 year were evaluated using this method.

## RESULTS

Previously, the part that caused the patient the most pain was the cleansing procedure combined with the removal of the dressings which stuck to the wound beds. The patients' pain level was often on a level of 8 on a scale of 0-10.

When using polymeric membrane dressings cleansing was often not needed, so dressing changes took less time to perform, saving the nurses a lot of time. We also noted that the patients' pain level reduced to 3, much less pain when we used these dressings. Speed of healing was not possible to evaluate due to the large difference in the size of cavities treated, combined with the fact that the patients treated themselves after the first week until healing and only came back if there were complications. However, none of these patients came back for the same cyst, nor were there any reports of infection on any of the 30 patients evaluated.

It should be noted that laser hair removal should be performed once the cyst has healed to prevent recurrence.

## Examples of four different Pilonidal cysts in various stages of healing.



## Pilonidal Cysts

A pilonidal cyst is a cyst that develops along the coccyx near the cleft of the buttocks. These cysts usually contain hair and skin debris. Pilonidal cysts occur more frequently in men than in women, and they are more common in Caucasians than in other racial groups. Pilonidal cysts most commonly occur between the ages of 15 to 24.

There are several theories as to why pilonidal cysts occur. Most researchers believe that pilonidal cysts are caused by the penetration of loose hairs into the skin. In response to this ingrown hair, a local inflammatory reaction causes a cyst to form around the hair. Excessive pressure or repetitive trauma to the sacrococcygeal area is thought to predispose individuals to develop the cyst or to irritate an already existing pilonidal cyst.

Other risk factors for pilonidal cyst include a family history of pilonidal cysts, occupations which require prolonged sitting, hairy individuals, and the presence of a deep natal cleft (the cleft between the buttocks).

The treatment and management of pilonidal cysts depends on many factors, including the presence of symptoms and the extent of the disease. Recurrence of pilonidal cysts is common.



*Polymeric membrane cavity dressings are often torn into strips prior to application.*

Polymeric membrane dressings contain several unique integral components which work synergistically to promote the body's natural wound healing. The hygroscopic glycerin maintains a moist wound environment and prevents the dressing from sticking to the wound surface. The surfactant, which is activated by wound fluid, facilitates the loosening of the bonds between slough and healthy tissue allowing the liquefied slough to become absorbed into the dressing.

This often eliminates the need of manual cleansing during dressing changes. These dressings help relieve wound pain by inhibiting nociceptor activity.



*Over time the bleeding diminishes.*

## DISCUSSION

By using polymeric membrane cavity dressings we could eliminate the need of cleansing during dressing changes leading to a dramatic reduction of pain as well as time needed to change the dressings. After having tried a variety of different dressing we now have a solution that is less time consuming for the nurses, eliminates pain for the patients and is very easy to handle.

With our new dressing protocol in place we see an increased quality of care both for the patients and nurses involved.

## Bibliography

Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain*. 2004 Feb;5(1):38-47.

\*PolyMem® WIC Cavity Wound dressing  
Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.