What is Pilonidal Disease?
Pilonidal disease is an infectious process that occurs in the groove between the buttocks over the coccyx (tailbone). It is a very common condition which usually affects young people. It may present as an acute abscess (boil), or as a chronic cavity (cyst) with several openings (pits). Commonly, the symptoms of pain and swelling may be followed by spontaneous drainage and improvement. Or, the abscess may be drained by a physician. Recurrence is common after drainage, although this may occur weeks or years later. Once a pilonidal abscess develops, it usually becomes a persistent (chronic) problem rather than healing after the first episode.

What is cleft lift surgery?
Cleft lift surgery is a procedure that flattens the natal cleft by elevating it. During the procedure the infection and debris under the skin is removed. The incision is stitched closed. A drainage tube is placed under the skin and a bulky dressing is placed to help push the tissues from each side together as they heal.

What are the advantages of cleft lift surgery?
The deep natal cleft is the major reason for the development of pilonidal disease. Surgical procedures that place a wound in the natal cleft are likely to take longer to heal, have a more difficult time healing and have a higher rate of recurrence. Cleft lift surgery reshapes the natal cleft, flattening it and moving the incision to the side. It has the highest rate of wound healing and lowest rate of recurrence.

The incision is stitched closed after cleft lift surgery. Therefore, wound care is simpler than if an open wound is left that needs to be packed with gauze several times daily until it heals. Since the wound is on the back, patients need help from a family member or friend to take care of the wound.

What are the risks of this procedure?
The main risks associated with cleft lift surgery are collection of fluid under the skin (seroma), bleeding and infection. There is also a change in appearance of the back side that may be a concern for some people.

How do I prepare?
If you have any significant medical problems, a medical clearance report is needed from your primary care doctor. Do not eat or drink anything for at least 8 hours before the operation. No other preparation is necessary.
What can I expect after surgery?

Cleft lift surgery is an outpatient procedure. Most patients go home a few hours after surgery.

There are 3 main activity restrictions for the first 6 weeks after surgery:
1. Avoid *sliding* on the incision (sitting and direct pressure is okay).
2. Avoid jumping and landing on your feet which can jar the incision.
3. Avoid squatting which can pull the incision apart.

When you leave the hospital you will be have a bulky dressing on the area and a drainage tube under the skin that comes out from the dressing into a small suction bulb. The dressing should be left alone until the first visit after surgery. It should only be changed if it becomes wet from drainage or soiled by a bowel movement. Your nurse will teach you how to care for the drain. The drainage tube is “milked” 3 times each day to keep the fluid moving through the tube. You will need to empty the drainage fluid from the suction bulb and record the total amount for each day. Bring this list of daily drainage to your first post-operative visit. You will be given a prescription for antibiotics to be taken by mouth while the drain is in place. Showers should be avoided until the dressing is changed at your first visit after surgery.

When should I follow up in the clinic?

Your **first clinic visit** should be 4-5 days after surgery. The drainage tube is usually removed at this visit, and the antibiotic pills can then be stopped. The dressing will be changed, and your caregiver (whoever will be helping you with the dressings) will be shown how to change the dressing. It is VERY IMPORTANT that you bring your caregiver with you to the appointment so that the dressing change instructions can be demonstrated for you and your caregiver. The dressing must be changed once daily or when needed if soiled. Shower with the dressing off and let the water run over the wound. Do not scrub the wound.

The **second clinic visit** after surgery should be 2 weeks later. If everything is healing well, the bulky daily dressing changes may be stopped. A gauze pad should be tucked near the bottom of the incision and help in place by your underwear for another 2 weeks.

The **third clinic visit** should be 6 weeks after surgery. This will be the last visit if everything has healed well. Activity restrictions will be lifted at this time.

Patient information materials developed in the Section of Colon and Rectal Surgery at Rush University Medical Center. The information contained in this brochure is believed to be accurate; however, questions about your individual health should be referred to your physician.

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