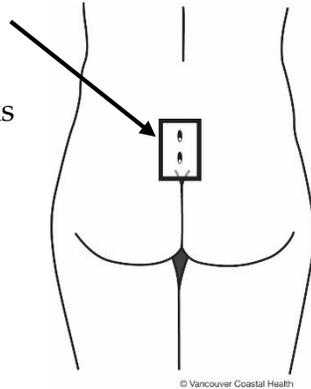


Pilonidal Cyst – Draining or Removing Your Surgery and Recovery at Home

You have a **pilonidal cyst** near your tailbone, just above your buttocks. This is an infected area with pus and needs to be either drained or removed.



Appointments after surgery

See your family practitioner 7 to 10 days after surgery

My appointment is on: _____

See your surgeon 3 to 4 weeks after surgery.

My appointment is on: _____

The surgery

To remove the cyst, the surgeon cuts around the cyst and takes it out along with surrounding tissue. The surgery usually takes about 1 hour.

Depending on how much tissue is removed, the area might be packed with gauze and left to heal from the inside out.

Sometimes a special bandage is put on to help the area to heal. The bandage attaches to a machine. The machine creates gentle suction (negative pressure) to remove fluid and gently pull skin edges together. We call this Vacuum Assisted Closure™ (V.A.C.) therapy.

If no packing is used, the cut (incision) is sewn closed.

You usually go home the same day. This depends on your health before surgery and your recovery.

Going home checklist

- You have a ride home and someone to stay with you for 24 hours, or longer if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - * not driving or operating hazardous machinery
 - * not drinking alcohol or using any substance or street drug
 - * not making important decisions or signing legal documents

Family practitioner – Refers to family doctor or nurse practitioner

Caring for Yourself at Home

Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

Moving your bowels can be uncomfortable after this type of surgery. Constipation can make it worse. You can get constipated if you are less active, eating less fibre, or taking opioid pain medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Your incision

Always wash your hands before and after touching around your incision site.

Depending on the type of bandage, either we show you how to change the bandage or we arrange for a Home Health nurse to change it. If changing the bandage yourself, change it at least once a day.

You can start showering 2 days after the surgery. If you have V.A.C. therapy, you will be seeing a Home Health nurse. Ask the Home Health nurse how best to wash.

If you have stitches, they either dissolve on their own or need to be taken out by a nurse or doctor. Keep the area clean and dry.

Until the area heals:

- × No soaking in a bath tub or hot tub.
- × No swimming.
- × No sitting for long periods.

Activity and Rest

Balance your activity and rest for the first few days.

Do not lift, push, or pull anything over 5 kilograms (10 pounds) for 2 to 3 weeks. This includes carrying children and groceries.

Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

You can usually return to driving 1 week after surgery. If you are not sure about driving, check with your surgeon.

Do not drive or drink alcohol if you are taking an opioid medication.

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®)
 naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet®/Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.

- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

When to get help

Call your surgeon or family practitioner

if you have any of the following:

- not urinated (gone pee) within 8 hours of surgery
- nausea or throwing up not going away
- a dry mouth, only passing a little dark urine, and feeling thirsty
- no bowel movement for 2 to 3 days after surgery
- bright red blood in your stool after 3 or 4 days
- a fever over 38°C (101°F)
- warm, red, swollen incision, or blood or pus (yellow/green fluid) draining from the area
- pain does not ease with pain medicine, or stops you from moving or recovering
- redness, tenderness, or pain in your calf or lower leg
- feel increasingly tired or dizzy

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain

Questions you might have:

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