You will be having pilonidal cyst surgery. This is my pre-procedure instruction/information sheet. The etiology of pilonidal disease remains controversial, and may in fact be a combination of factors. Although theories of congenital origin were popular in the past, generally an acquired etiology is more accepted at present. Two popular theories maintain that either 1) a small pit develops secondary to subcutaneous rupture of a follicle in the natal cleft, into which errant hairs may collect; or 2) errant hairs strands burrow into the skin at the level of the natal cleft secondary to their natural unidirectional scaled surface and the propensity of hair to collect in this region. Once a single hair has started the process, others follow. In either case, a subcutaneous cavity or sinus is created, not uncommonly with a surprisingly large amount of hair present in the space. This may smolder for months or years before becoming secondarily infected abscessed.

Presentation:
While a pilonidal cyst can be observed in both sexes and at any age, they predominate in men and in the second and third decade of life. Initially presenting as an abscess and cellulitis at the level of the sacrococcygeal area, spontaneous drainage often occurs, to be followed by generally painless chronic waxing and waning drainage from the secondary sinuses. The majority of secondary sinuses track cephalad, but some may track toward the anus, potentially being confused with fistula-in-ano or hidradenitis suppuritiva.

The diagnosis is most often readily apparent, with an area of swelling and fluctuance over the sacrum characterizing the acute presentation of a pilonidal abscess, and one or multiple sinus opening in the midline over the sacrum in the chronic state. Midline pits are almost always identifiable inferior to the sinus. Differential diagnosis includes furuncle, anal disease and sacral osteomyelitis.

Treatment:
When presenting in the acute phase with redness, swelling, tenderness and fluctuance, drainage of the offending abscess can often be accomplished in the office. Antibiotics are not necessary. The incision should always be made off the midline, and drainage should be assured in the standard fashion as for any abscess. Importantly, any contained hair and debris should be removed from the abscess cavity, and any loculations should be disrupted. If possible, the chronic sinus should be debrided. The wound can be packed with gauze, and the patient is discharged and instructed to remove the packing the next day, shower or bathe at least twice daily thereafter. Close follow up in the office is important to keep hair from collecting in the healing wound. In many cases, such treated abscesses will heal without sequelae.

When a chronic sinus has developed, multiple options are available for definitive treatment. Generally, healing is expected in 30-60 days, and recurrence is in the range of approximately 15%, with the exception of marsupialization, which has the lowest recurrence rate of approximately 5%. In the majority of cases, treatment under some form of anesthesia will be required. The patient is placed in prone jackknife position, the area over the sacrum is shaved and prepped, and the limits of the pilonidal cavity are determined. This can be done by probing, or by using vital dye such as dilute methylene blue injected carefully into the sinus. This will stain the cyst but not the surrounding tissue, and be a helpful guide regarding completeness of excision of the cyst.

Dr. Rosenfeld typically excises the cyst cavity and places Matristem powder (biologic mesh which helps wound healing. With the use of Matristem powder (porcine bladder submucosa) the
chance of recurrence is lower. The mesh will also continue to work in the event the wound becomes infected. In more severe cases the wound is left open and the Matristem mesh powder and mesh sheet are placed in the wound. Mesh and powder is added in the office every 2 weeks until the wound heals. I have used the product on multiple occasions and it has worked very well.

There are inherent risks to having pilonidal cyst surgery. Though the complications are not frequent they can occur. The risks to the surgery include but are not limited to: death, bleeding, infection, abscess, recurrence, stroke, heart attack, clots in the legs that can dislodge and go to the lungs, and anesthesia complications. Before you undergo the operation you will need to follow the instructions below.

1) **Location:** Your surgery has been scheduled at:
   a) Simi Valley Hospital - (805) 955-6000
      2975 N. Sycamore Drive
      Simi Valley, CA 93065
   b) Aspen Surgical Center – (805) 955-8100
      2750 N. Sycamore Drive
      Simi Valley, CA 93065

2) **Schedule:**
   a) Date: __________________________
   b) Time: __________________________ am / pm

3) **Arrival:**
   a) You must arrive at __________________________ am / pm
   b) You must have someone drive you to and from your procedure. You are not allowed to take a cab or other limo service home. You must leave the facility with a responsible adult.

4) **Registration:** You must arrive and register at the facility at the above arrival time.

5) **Medication:**
   a) If you take prescribed medication every morning, you may do so on the morning of the procedure with just a sip of water.
   b) If you are a diabetic on insulin, take ½ of your morning dose on the morning of the procedure.
   c) For an ache or pain you may use Tylenol as it contains no aspirin.
   d) **IMPORTANT:** You are not allowed to take any non-steroidal anti inflammatory medications starting 7 days prior to the procedure. This includes but is not limited to:
      i) **Aspirin, Plavix, Celebrex, Ibuprofen (Motrin), Advil, Aleve, Bayer, Persantine (Dipyridamole), Bufferin, Anacin, Excedrin, Alka-Seltzer or any other medicine containing aspirin. Discontinue Redux or any kind of diet pills.**
   e) **Important:** Please notify the office if you take any blood thinners including but not limited to:
      i) **Coumadin (Warfarin), Pradaxa, or Effient.**

6) **Travel:** You must be in town for 2 weeks after the procedure. If you have plans to travel within this time we will need to reschedule the procedure or you will need to change your plans.

7) **Questions:** Call my office (805) 579-8972 at any time if you have questions.
8) **Bowel Prep:**
   a) Take a fleet’s enema (over the counter at the pharmacy. Buy the one on the green & white box.) 2 – 3 hours before the procedure. The directions are on the box.

9) **Working After Surgery:**
   a) You must take a week off of work. You are having surgery and no matter how small, you will have pain and shouldn’t work for one week.
   b) You will receive a post operative instruction sheet detailing what you need to know about your recovery.

I understand that it is my responsibility to read this information (4 pages) fully. I understand that if I have any questions after reading this material I am to call the office before my scheduled procedure to address them.

Signature ___________________________  Date _______________
WARNING

TAKING HERBAL MEDICATIONS CAN INCREASE THE RISK FOR COMPLICATIONS WHEN HAVING SURGICAL PROCEDURES.

If you are taking any of the below herbal supplements you must stop 1 week prior to your procedure.

<table>
<thead>
<tr>
<th>Herbal Supplement</th>
<th>Risk for surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromelain</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Danshen</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Dong quai</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Feverfew</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Garlic</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Ginger</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Ginkgo</td>
<td>May cause bleeding</td>
</tr>
<tr>
<td>Ginseng</td>
<td>May cause bleeding, may cause rapid heartbeat.</td>
</tr>
</tbody>
</table>