Failed Pilonidal Surgery

New Paradigms
And New Operations Leading to Cures

John Bascom, MD. PhD
Sacred Heart Medical Center
Eugene, OR
PIЛONIDAL DISEASE
Many forms

From pimple or “PIT”--
To a tragedy....
The “PIT“ is the source of **ALL** trouble.
Options for Simple Home Treatment of Early Pits

1) Use tweezers to remove hairs (pull out at surface)

2) Currette out keratin. Use the eye of a darning needle. Allows pit to shrink

This simple move will cure ~ 30% of early pilos.

You will never start trouble if you begin with this.
When I am asked how to deal with simple pilonidals,
in contrast to complex problems that call for cleft lift,
I focus on the source, the stretched and elongated hair follicle,
the PIT.
And recommend simple control.
Local anesthetic, in office if possible.
List 2 points to remember on pilos

1. PICK ALL PITS

2. STAY OUT OF THE DITCH
PICK ALL PITS!
When this pit walks into your office -

minimal symptoms, single pit, shallow cleft.....

Keep it simple.

Inject a drop of local....
Do the right thing........

thrust one jaw of a mosquito forceps into the pit...
Clamp Down…
Cut Around It -
All Around....
You did this.....

Unroofing the follicle -

the specimen the size of a grain of rice.
You have just cut this wall away to cure the disease! New epidermis!
Keratin washes away!
When this Acute Abscess Walks into Your Office....
This is the Right Thing to Do -
Drain laterally --

A finger’s width off the midline.

STAY OUT OF THE DITCH
Once the Abscess is Open -

STOP!

…For 10 Days to let EDEMA fade. DON’T PACK.
When this drained abscess RETURNS to your office --

10 days after Incision & Drainage……
Edema has cleared;

now you can see
the pit -- so treat it
Insight!

PICK ALL PITS
If a cavity is present it is a CHRONIC ABSCESS:

Insight!

STAY OUT OF THE DITCH
Prevent Early Abscesses

To prevent early abscess re-seal, cut out skin plug... a painless alternative to packing

Scrub out the abscess cavity through an incision lateral to the midline --

Keep long incisions out of the ditch!
What is this Opening we call a Pit?
The “Pit” Nursery

- Single hair in normal follicle
- Crud gathering around hairs in stretched follicles
The Pilonidal Pistol

Shoots a hole in the Saran Wrap (epidermis)

Drives hair and crud into fat,

Which puts bacteria in fat

-- to start a

PILONIDAL ABSCESS !!!
Growing a Pilonidal Pistol -

- **GUN BARREL** = Follicle stretching to become a pit
- **BULLET** = Hair
- **GUNPOWDERS** = Keratin
The Pit – a Loaded Pistol

Stretched

Normal
The Pilonidal Pistol “Fires” Through the Tip of the Follicle
Earliest Infected Follicle

Blow-up on next slide
Start of an Acute Abscess

Follicle wall breaking

Hair punches through

Keratin explodes through
Summary:
Pick (Clean) ALL Pits!
...And Pick (Out) Early Pits

Keep it simple!

Learn to avoid trouble!
2 Points to Remember on Pilos

1. PICK ALL PITS

2. STAY OUT OF THE DITCH
Curing Complex Problems

When you ask “How can I cure complex pilonidal problems?”

I reply, “Cleft Lift.”

(Overlooked simple care or failed previous surgery often starts these complex problems.)
A Small Tragedy

21 yr old after--
Four years of disease & Five operations (2 were huge Rotation Flaps)

Learn to PREVENT these WRECKS

This is a SEWER! Here anaerobic bacteria destroy skin & suture lines. If you held your finger here for 4 years, its skin would rot off too!

Insight!
Red tissue is normal and healable!
Give em AIR!!
623 Patients

Out of 623 Pilonidal patients we treated, we located charts on the 31 WORST

These 31 had endured--

• 141! Prior operations
• 252! Years of open wounds
• All 31 healed after 1 cleft lift
Cleft Lift--Result

After 4 yrs and Pre-op

Ready for dressing

1 week post operative
Failure to heal - reasons

in our 31 patients

- In 16 Surgeon left a deep cleft
- In 7 Surgeon left an overhang
- In 5 Surgeon left pits (or new ones grew)
- In 3 Scar too tight, not enough skin left
When Clefts Will Not Heal -

WHAT GOES WRONG?
Clues from a Case That Failed to Heal....

Incision healed OK when in air

Deep cleft seals in pus. Yet offers big flap for cleft lift operation.

Incision healed OK where cleft was shallow
When patient stands, the cavity sucks in debris.

When patient sits ……
Processes that keep wounds open for years….

1. Tight scar generates…

. a hidden overhang.

3. Debris collects, anaerobes eat a new hole in skin

4. Primary opening collects pus and debris. It pumps pus and hair upward.
Entrance – primary opening

Exit--secondary opening

Tunnel

Would heal without treatment once you heal the entrance!

Entrance – primary opening
Technique

Push buttocks together and mark the outer line of contact.
Incise through the heavy red line first, then elevate all skin tinted blue. Plan to remove the skin tinted pink.
Flaps Turned Back, Red is exposed abscess cavity--

1. We often scrub clean where others would excise
What to Save

2. Skin to save for new, shallow cleft

3. Save fat for padding
4. Measure before cut away
Check for Coverage

Push buttocks together to check fit of blue coverage flap, mark a line and cut away pink discard flap (covered).
Control Shearing Forces

Tape strips are applied in an X shape to control shearing forces. Subcuticular sutures are removed at 10 days. No sutures to sacrum.
Cleft Lift--Result

After 4 yrs and Pre-op

Ready for dressing

1 week post operative
3 points to remember on Pilonidals

1. PICK ALL PITS

2. STAY OUT OF THE DITCH

3. CLEFT LIFT for worst cases
Failed Pilonidal Surgery

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And New Operations Leading to Cure
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–Available :

• CD of this Power Point talk
• DVD of cleft lift operation
• Reprints

Questions? thomasbascom@yahoo.com or <JBascomR@pacinfo.com>