

PILONIDAL SINUS POST-OPERATIVE INSTRUCTIONS

PAIN

You will be given a prescription for Mobic, a prescription strength NSAID. This should be taken 2x/day for the first 5 days. If you have mild to moderate pain on top of this, you can take Tylenol 4 times a day. The goal of pain management is to avoid narcotics.

Your pain will be most severe the first three to five days following surgery, and then it should gradually subside. The intermittent use of an ice pack on the wound for the first 48 hours will help to reduce pain and prevent swelling. All the aches and pains associated with a hernia repair will take several weeks to months to fully resolve, but you should see a gradual improvement daily.

INCISION

- Your incision will be closed with stitches that will need to be removed in the office. In order to decrease the chances of swelling or fluid accumulation under the incision, bolsters (a thick sponge-like dressing) will be tied into place over the skin. These bolsters will remain in place for the first week after surgery. Gauze will be placed over the bolsters and tape will secure the entire dressing in place. While your incision is small, a large amount of tape (also called your dressing or bandage) will be in place after surgery.
- Some fluid (yellow to light red to orange) may ooze or leak from the incisions. This is generally normal. However, if the fluid is foul smelling, thick, or does not decrease in amount, call our office.
- After the first post-operative visit, when the outer dressing is removed, your stitches will be left in place for approximately one week. **DO NOT PLACE ANY ANTIBIOTIC OINTMENTS OR CREAMS ON THE NEW SCAR.**

SHOWERING/BATHING

You may shower at any time but no bathing until 2 weeks after surgery. When you shower, please try to keep the dressing as dry as possible. It will be difficult to keep it dry – but try your best. When showering, face the shower directly – and don't turn around so as not to get your back or dressing wet. If the dressing comes off, you can re-apply it yourself. Just place some gauze over the bolsters and secure the gauze in place with tape.

DIET

No restrictions.

PHYSICAL ACTIVITY/RECOVERY

It is very important to lie on your stomach as much as possible during the first week after surgery. The incision needs time to heal without any tension. Sitting puts a great deal of tension on the incision. Standing does as well but to a lesser extent. This does not mean that you have to lie on your stomach for 7 days straight – but you should try as much as possible. Excess tension may cause the incision to open. While this will not require another operation, it will require a much longer time to heal (approximately 4 to 6 weeks).

You will be able to resume almost all of your regular activities after your first post-operative visit (one week after surgery), when your dressing and bolsters are removed. More vigorous activities, jogging, and/or aerobic exercises are not recommended for approximately four weeks after surgery. In most cases, you will need to miss approximately one week of work.

FOLLOW UP

Please call the office to schedule a post-operative follow-up visit for one week after your surgery. At this visit, the bandage will be removed. The bolsters will be removed as well. The skin sutures will stay in place for approximately one more week. You will be able to return to most normal activities after this visit. A second post-operative visit will be required one week after your first post-operative visit to remove the remaining stitches.

WHEN TO CONTACT THE OFFICE

Please call the office if you experience any of the following:

- Pain that is not relieved by medication
- Fever more than 100.5° F or chills
- Excessive bleeding (a bloody dressing)
- Excessive swelling
- Redness outside the dressing

Matthew Lublin, MD, FACS
16311 Ventura Blvd., Suite 800
Encino, CA 91436

Phone: (310) 828-2212 Fax: (310) 828-6829
www.drmatthewlublin.com