Pilonidal Management Protocol
For Providers

1. Shave the gluteal cleft area from the sacrum, to a point just above the anus, using dry razor. Fine electric clipper with disposable head as found in OR and clinics works well for this also. Spread buttocks, and clear an area the width of a disposable razor, making sure the midline is cleaned of all hair, including sinuses. Wide adhesive tape can be used to pick up cut hairs. Fine forceps or hemostat can be used to pull hairs that have burrowed into midline sinuses, if present. All hair must be meticulously removed, as this is the irritant that causes the disease. Good lighting is required. Hair removal products such as Nair are also an option for further maintenance at home.

2. I&D abscesses through small lateral incisions when possible. This can often be done under local anesthesia. Pack with ¼" or ½" packing ribbon. Vessel loop ring drain may be an option also, and can be directed from the abscess to a nearby open sinus, or counter incision in larger abscess. Remove gauze in 2-3 days, or vessel loop in 1 week. Do not repack. Cover with dry gauze or pad until drainage stops. Some abscesses come to a head in the midline, and are also capable of healing with the above principles.

3. Patients are instructed to shower once or twice a day, and wash the area thoroughly with a wash cloth and mild soap, using downward strokes.

4. Antibiotics (oral or topical) are generally not prescribed unless there is cellulitis or occasionally folliculitis.

5. Patients follow up every two weeks and the area is inspected and re-shaved as needed. Most patients take about 4-6 weeks to heal. Ancillary staff (NP, PA, RN, MA, etc.) can be taught to help families with this also.

6. Once the area is completely healed, the area is again shaved and follow up can be as needed. Patients are reminded to remain vigilant about hygiene of the area. After acute infections are resolved, referral to dermatology for permanent laser hair removal in the area is an option in selected more recalcitrant cases.

7. Recurrences are treated by repeating above.

8. Sinuses are generally not excised after healing.

9. Avoid wearing tight fitting pants that irritate the area.

10. Limited excision of sinus tract and/or abscess area can be considered for recalcitrant cases, but these are few.

11. There is no anatomic pilondal "cyst", per se. This is a misnomer. What people call a cyst is nothing more than an abscess cavity caused by the intrusion of hair, as above.

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