

Living with your Pilonidal Sinus

CarePartners

A GUIDE FOR YOU AND YOUR CAREGIVER

Please check off when you have read the content

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Introduction

Welcome to the CarePartners Wound Care Team! In the pages of this booklet we will tell you about how we can help you to help your wound.

This booklet is available in paper copy or on line at www.carepartners.ca It is full of information to help you to understand what is going on with your body when you have a wound and what your body needs to heal the wound or, if it can't heal, to feel better.

Sometimes we have to use medical terms, so words in *italics and underlined* will be defined in the glossary at the end of the booklet.



Some information will have web links or a picture of a computer beside it like this.



This means that there is more information either on the internet or on the CarePartners website. You can either click on the link or go to www.carepartners.ca and click on the Health Information tab.

What Is A Wound?

A wound is any break in your skin. Sometimes wounds are called ulcers. The two words mean the same thing. There are many causes of wounds. Sometimes they are hard to heal. Your nurse or doctor will help you to know the type and cause of your wound and why it is having trouble healing. Treatment may include helping you to improve your nutrition, increasing your mobility and activity, removing sources of pressure or friction, addressing specific conditions such as diabetes, improving your blood flow and helping you to reduce the risk of you getting an infection or treating the infection if one is present.

To help your wound heal you may need to change some of your activities and habits.

If you smoke, you will need to consider quitting or if you have diabetes you will need to really follow your diet and monitor your blood sugars. More about that later.

What Is Wound Care?

Wound care includes all the activities of managing your wound including what you and your nurse will do to help your wound heal. The nurse will assess you and your wound to determine if your body is ready to heal and will apply dressings to support your wound. Your nurse may need to take pictures of your wound. They will ask you to consent to this.

Wound care also includes teaching you to be as independent as possible with your wound care.

At each visit your nurse will assess your wound to see how it is doing. Different kinds of wounds need different kinds of treatments and dressings. These may change over time. Your nurse may need to contact your doctor or other health professionals to discuss your wound or to get you a special referral if needed.

Sometimes your body is ready for healing and your wound needs minimal support. This is called a *healable wound*.

Sometimes your body needs specific things to heal your wound like special medication or devices. This is called a *maintenance wound* and in this case your nurse will discuss with you what needs to change or what you need to do to help your wound to heal.

Sometimes your body is unable to heal your wound. This is called a <u>non-healable</u> wound. In this case your nurse will help you to learn how to manage the symptoms you are experiencing to ensure that you are more comfortable and to reduce the risk of infection.



I have a Pilonidal Sinus. What is that?

A pilonidal sinus (PNS) is a small hole or tunnel in the skin at the top of the buttocks. It may fill with fluid or pus, causing a cyst or abscess. A pilonidal cyst usually contains hair, dirt, and debris. It can cause severe pain and can often become infected. The cyst can break open or may need to be drained. When you have had it once, you are at high risk for getting it again. Sometimes you will need to see a surgeon to have it removed.

Although less common, pilonidal sinus injuries can also happen between the fingers on people who work with hair such as hairdressers or pet groomers.

How did I get this Pilonidal Sinus?

The cause is not certain, but risk factors have been identified. A pilonidal sinus in the buttock area tends to occur in young adults up to the age of 40 and is more common in males than females. Risk is increased for people with lots of hair on the buttocks and a deep separation. This is often seen in athletes who have very strong buttocks muscles or in people who are obese. This is because when walking, the buttocks rub together irritating the area and leading to irritated hair follicles that get infected. Jobs that require long periods of sitting and a family history of pilonidal sinuses increase the risk.

Hair dressers and groomers who do not wear gloves increase their risk of pilonidal sinus injury.

Things I can do to Help my Pilonidal Sinus to get Better

Complete this section with your nurse. Check off as many of the things you think you can try to do to help keep yourself healthy and heal your wound.

I will try these	√
Keeping my Wound Clean Keeping the area of the wound clean is very important to wound healing preventing new wounds from developing.	ng and to
I will remove the soiled dressing before showering or before a sitz bath.	\circ
I will cleanse frequently with a hand held shower sprayer to gently flush out the inside of the wound or I will use a sitz bath.	0
I will not sit more than 5 minutes in the sitz bath.	\circ
I won't sit in the bathtub.	0
I will shower after each bowel movement if possible.	\circ
I will carefully dry the wound after showering, patting it dry, not rubbing it.	0
I will carry wet wipes with me for cleansing when away from home.	\circ
Removal of Hair	
Hair can be an irritant and can hold feces and or fuzz from clothing.	
I will shave around my wound 1-2 times per week or consider permanent hair removal by electrolysis or laser.	\circ
Clothing Choices While Healing Tight clothes irritate the wound area.	
I will wear loose pants and underpants (e.g. boxer shorts)	\circ

I will wear cotton underwear, avoiding nylon or synthetic fabrics that do not breathe.	\circ
I will keep my belt away from the wound area.	\circ
Activity While Healing Any exercise causing the buttocks to rub against each other will injure and increase the risk of having another pilonidal sinus.	the wound
I will limit the amount of walking/cycling/running/sitting I do.	\circ
I will not do "squats" while my wound is healing.	0
If I am a hair stylist or pet groomer, I will wear gloves.	\circ

What do I need to Know about Wound Dressings?

Keeping a wound covered helps to prevent infection and promotes healing. You should always have a dressing on your wound.

Wounds should not be left open to the air to "breathe". We don't breathe through our skin! Oxygen is carried in our blood and gets to the wound by the blood. Normally we don't allow wounds



to dry out and form a scab because when this happens, the wound takes longer to heal, is much more painful, there is more scarring, and there is a greater risk for infection.

If your wound is healable the nurse will use a dressing that can stay on for several days, in some cases, for a week or more. This may sound surprising, and if you have come from the hospital where dressings were changed every day it might worry you. Don't worry! Now that you are home or receiving care at the clinic the kinds of dressings that will be used may be different than in the hospital. Think of them as a

blister that is allowing your wound to heal underneath while at the same time protecting it from germs and trauma.

You may be surprised to see how moist the wound is under the dressing. We want it to be moist, like the inside of your eye. This kind of moisture allows the new skin to grow and your wound to heal more quickly.

Sometimes your wound will have dead tissue like a wet or dry scab in it. This dead tissue is a barrier to healing and must be removed. Your nurse will use dressings to get rid of the dead tissue. This is called *autolytic debridement*. During this process you will notice some things that may concern you. Don't worry, these are all normal and part of the process but if at any time you are worried talk to your nurse. You may notice:

- Increased drainage
- Odor when the dressing is removed; it should go away when the wound is cleaned
- The wound may look larger

Once the dead tissue is removed from your wound it should look moist, pink and slightly bumpy. This means it is ready to grow the new tissue it needs to heal.

If your nurse has determined that your wound cannot heal then they will not encourage autolytic debridement and the dressings will be different. They may use dressings that can be changed more often and that do allow the wound to dry out. Your nurse may paint antiseptic on the wound to help reduce the risk for infection. In both cases your nurse may teach you how to change your dressings. They will show you exactly what to do, order your supplies and check in with you on a regular basis to see how you are doing. Refer to the section called "How to Change my Dressing".

Will My Wound Be Painful?

Sometimes wounds hurt. Pain can interfere with your daily activities, reduce your appetite and make it hard to sleep. It can even slow the healing process. Most pain can be treated effectively with medication or other therapy.

If you have pain from your wound talk to your nurse so that they can suggest medications or other therapy to reduce your pain. They may need to contact your doctor for a prescription.

You will be asked to rate the intensity of your pain with 1 being the least painful or no pain and 10 being the worst pain you have ever experienced. Your pain rating will change, and pain should decrease with the right dressing and as your wound heals.

Your nurse will want to know the answer to the following questions. Write your answers on this chart and discuss them with your nurse.											
When does the wound hurt?											
Rate your pain	1	2	3	4	5	6	7	8	9	10	
What makes your wound feel worse?											
What makes it feel better?											
The medication I will take for my wound pain is:											
I take it every	hour	S.									
Side effects I need to be aware of are:	. 0										

If your doctor prescribes medication for your pain, please take it as prescribed. Sometimes people stop taking their medications because they feel better, but the reason they were feeling better is they were taking their pain medication! Follow the instructions; don't take the medication more often than prescribed.

If you aren't taking pain medications on a regular schedule, have pain medication available that you can take when you need it. If your dressing changes are painful, take your pain medicine about an hour before you are going to have your dressing

changed so that it has a chance to get working. As your wound healing progresses you may be able to reduce your pain medications. Talk to your nurse about this.

Is my Wound at Risk for Infection?

Sometimes wounds can develop an infection. This can happen up to 4 weeks after surgery.

There are many ways to reduce the risk of infection. Your nurse will teach you how:

- To perform <u>hand hygiene</u> by washing your hands or using alcohol based hand rub before and after you do your dressing
- To keep your dressing supplies in a clean container and away from pets

Your nurse has been trained to recognize the signs of infection. Some kinds of wound infection are called *Superficial Infections*.

This means that the *germs* are only on the surface of the wound. They won't make you sick, but they can slow wound healing. You may see an increase in drainage, odor, pain or some redness around the wound, but you won't have chills or fever because of it.

Superficial infection is managed with specialized <u>antimicrobial dressings</u>. Your nurse may decide to use one of these if they think your wound needs it. Your nurse will not take a <u>swab</u> when they determine that you have a superficial infection as swabs do not tell us if the wound is infected. We don't use antibiotics for superficial infections.

Another, more serious kind of infection, is called *Deep Tissue Infection*. In this case the germs have spread to your body and are making you sick.

You may see redness and swelling spreading beyond the wound. The pain may increase, and you might have a temperature or have chills. This kind of infection needs a prescription for antibiotics. Your nurse will take a swab if they think that you have a Deep Tissue Infection so that your doctor will know what antibiotics will be effective. If you are given antibiotics be sure to take them as prescribed and finish them.

If you think you have Deep Tissue Infection you should see your doctor right away or go to the nearest Hospital Emergency.

How Does What I Eat And Drink Affect My Wound?

Wound healing requires good nutrition. Your body needs extra protein and vitamins and minerals to heal.

Here are Some General Guidelines to Consider:

- Don't try to lose weight when you have a wound to heal
- Try to eat a variety of foods following Canada's Food Guide
 - https://www.canada.ca/en/health-canada/services/canada-food-guides.html
- Don't skip meals
- Your body needs fluids. Try to drink 6-8 glasses of water or other fluids per day. Drinks with caffeine can cause you to lose fluids, so do not count them in your total
- If you have been told to limit your fluid intake by your doctor, be sure you follow those instructions
- If you are on a restricted diet for some other reason it could be hard to get all your nutrients. Consult a dietician or a nutritionist for more information
- If you don't feel hungry try to eat smaller meals more frequently
- Weigh yourself once a week. If you are losing weight you may have trouble healing your wound so contact your doctor
- Take a multivitamin
- If you find it hard to eat a balanced diet, try a protein shake or buy a food supplement. There are some recipes in our Nutrition Guide found on our website at www.carepartners.ca under the tab 'Health Information.'



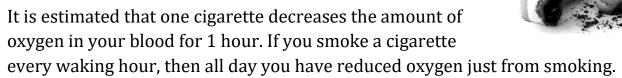
Here are Some Examples of Nutrients in Foods:

Discuss these with your nurse. Circle the foods you will try to eat more often:

Vitamins & Minerals	Food Source
Vitamin C	Citrus fruits & juices (oranges, lemons, limes, grapefruit), berries, sweet peppers, Brussels sprouts, cantaloupe, tomatoes, cauliflower, broccoli, potatoes, bok choy, kimchi, sauerkraut
Vitamin A	Liver, milk/dairy, eggs, fish oils, leafy green vegetables, orange and yellow vegetables
Vitamin E	Delays wound healing. If you are taking a Vitamin E supplement stop while your wound is healing.
Zinc	Meat, fish, seafood, poultry, liver, eggs, milk, legumes, chick peas, whole wheat bread, wheat germ
Iron	Meat, poultry, fish, organ meats, eggs, legumes, nuts, dried fruit, fortified breads, cereals and pastas, tahini, kimchi, sauerkraut
Protein	Meat, fish fresh or canned, dried fish, dried meat, poultry, cheese, eggs, milk, yogurt, protein shakes, tofu, chick peas

Why should I Stop Smoking or Vaping when I have a Wound?

Wounds must have oxygen to heal. We get oxygen when we breathe air in. If we have heart or lung disease the oxygen we breathe in cannot get to the wound. Smoking tobacco in any form can prevent your wound from getting the oxygen it needs. This is especially true if your wound is on your leg or foot or you have diabetes or heart disease.



We know that asking you to stop smoking is a really big deal. If you think you can or if you want help, check out these resource

Government of Ontario Support to Quit Smoking

https://www.ontario.ca/page/support-quit-smoking



If you can't quit, then consider trying to reduce the number of tobacco products you use in a day or maybe limit the time of day you smoke to after supper. Any tricks you can use to lower the amount you smoke will make a difference.

E-cigarettes and vaping (including marijuana) also have an impact on wound healing because they contain many of the same chemicals that are in cigarettes. Consider trying to reduce your use of e-cigarettes or vaping whenever possible.

Second hand smoke (the smoke from someone else smoking) can contain as many harmful ingredients as smoking and will affect your healing. If someone in your house smokes, ask them to try to go outside away from open windows. If they smoke in the garage, use a fan to blow smoke toward the outside.

Second hand smoke is unhealthy for the nurses caring for your wound too. Never smoke when your nurse is in your home.

How Can I Avoid Trauma to My Wound?

Trauma can be anything that causes harm or injury to the area of the wound. Try to avoid:

- Tight fitting clothes,
- Sitting for prolonged periods,
- Any exercises that cause the buttocks to rub together or spread apart.

Wounds can be easily damaged. Take care of your wound by protecting it from trauma.

How to Change My Dressing



You may be asked to pick up or to purchase items for the nurse to use when doing your wound care and you will be asked to keep these items clean. Our nurse will provide you with sterile instruments. This may include forceps, scissors and a probe. Be sure that you or your nurse only use these instruments for your dressings.

If your wound is between your buttocks, lie on your stomach with one to two pillows under your hips. This helps to open the buttocks, so the nurse/caregiver can see, clean and dress your wound. This is better than if you lay on your side.

If your Pilonidal Sinus is deep you will need packing in the wound. It is likely that if you are doing your own dressing changes you will need assistance with packing. As the wound heals the amount of packing will decrease and in time you won't need any. Never leave the Pilonidal Sinus uncovered as this increases the risk of injury and infection.

At first you may need a family member to assist with the dressings as you will not be able to see it or manage the packing that is required.

Depending on the size of your wound and over time you can do the dressing on own while standing up or sitting leaning forward.

Your nurse will show you how to change your dressing and tell you how long to keep the dressing on between changes. They will recommend specific products.

6 Steps to Change Your Dressing

- 1. Prepare the area in which you will do the dressing change
- 2. Gather your supplies
- 3. Remove the old dressing
- 4. Cleanse the wound
- 5. Apply new dressing
- 6. Cleanse your equipment

Prepare the area

You will need a clean spot to do your care with good lighting. Remove kids and pets from the area.

Check off the supplies you need

 Alcohol based hand cleaner for your hands
Adhesive remover
○ Gauze pads
 Sterile normal saline
 No sting barrier film nor skin prep
○ Tape
O Plastic sealable trash bag
 Clean towel to absorb spills
Forceps and scissors if needed

Remove the Old Dressing

Dressings

- 1. Clean your hands with soap & water or an alcohol-based hand rub.
- 2. Slowly lift the corners or edge of dressings, if it is sticky use the adhesive remover to loosen.

- 3. Hold down the skin and pull tape across the skin rather than pulling. If you have an adhesive dressing anchor the dressing with one hand and stretch it away from the wound to loosen it. Do not tear your skin.
- 4. Throw away the used dressings in plastic bag.
- 5. Clean your hands again.

Clean the Wound

- 1. First clean your wound in the shower using the handheld shower sprayer or a sitz bath. When you are ready for the new dressing, have your caregiver follow these steps.
- 2. Place a towel under the wound.
- 3. Cleanse the wound with the saline the way your nurse showed you.
- 4. Use gauze to blot the surrounding skin around the wound.
- 5. Discard used gauze into the plastic bag.
- 6. Check the wound for redness, drainage, swelling or odour.

Apply New Dressing

- 1. Open the new cover dressing & remove from the package. Only touch the corners.
- 2. Apply skin barrier or skin prep to the skin around the wound.
- 3. Insert the new packing into the wound.
- 4. Center dressing over the wound.
- 5. Secure with tape or, if the dressing is adhesive, smooth out the adhesive borders.
- 6. Discard the packaging into the plastic bag and seal the bag.
- 7. Clean your hands.
- 8. Put the plastic garbage bag in a larger garbage bag for disposal with your regular household garbage.

How to Clean my Equipment

Each time after wound care is completed, follow these directions to clean the instruments:

- 1. Fill a clean bowl with warm water and add dish soap,
- 2. Wash each instrument in the warm water removing anything visible,
- 3. Rinse the instruments under the tap with warm running water,
- 4. Lay instruments on a clean towel or paper towel and air dry them,

- 5. Once the instruments are completely dry, put them in a clean, plastic container with a lid or a clean, sealable plastic bag,
- 6. Close the lid of the container or seal the bag,
- 7. When it is time to do your wound care, remove the instruments from the container or bag and complete your wound care,
- 8. Repeat the cleaning procedure each time wound care is completed,
- 9. Once the wound is closed and no more wound care is required, safely dispose of the instruments.

When to Call my Nurse

Call your nurse if any of the following occur:

- 1. Increased pain at the wound site
- 2. Redness or swelling around the wound or spreading out from the wound
- 3. Warmth around the wound site
- 4. Foul odor from the wound after you have cleaned it
- 5. Change in colour or amount of drainage
- 6. Fever, chill or nausea

I am Ready for Discharge. What Do I Need to Know?

There will come a time when you and your nurse agree that it is time to discharge you from nursing services because your wound is closed or because you now have all the skill you need to look after it yourself.

There is still a lot going on under the surface. It can take up to 2 years for your wounded area to get back its strength. Even then it won't be as strong as it was before your injury because the new tissue is scar tissue and doesn't have all the characteristics of uninjured skin.

Always protect the area from pressure, trauma and other forms of injury.

If you have stopped or reduced smoking keep doing it!!!

Important Contact Information

If you Need Help

	How to contact your nurse:	
'he nearest hospital emergency address:	How to contact your doctor:	
	The nearest hospital emergency address:	
lotes:	Notes:	

Glossary of Terms

Antimicrobial dressings: are used to reduce the number of micro-organisms in the wound which reduces the risk of infection.

Autolytic debridement: uses the body's own enzymes and moisture to re-hydrate, soften and finally liquefy hard eschar (scab) and slough (wet dead tissue) in the wound. Only dead tissue is liquefied. It is virtually painless for the patient.

Conservative sharps debridement: conservative sharp wound debridement (CSWD) is the removal of loose avascular tissue without pain or bleeding.

Deep tissue infection: infection in a wound that has reached the deeper layers of the body. A deep infection means that the whole body is infected, not just the wound and oral or IV antibiotics are needed for healing.

Germs: microorganism, especially one that causes disease.

Hand hygiene: cleaning hands to remove soil, dirt, and germs. If water and soap are not available, hands can be cleaned with alcohol based hand rub.

Healable wound: a wound that is ready to heal and all the patient factors make it able to heal; these factors include circulation, diet, devices etc.

Maintenance wound: a wound where healing has stalled due to factors that need to be corrected such as blood sugars in the person with diabetes or the purchase of specific equipment or perhaps remedial surgery.

Non-healable wound: a wound that cannot heal due to factors that cannot be corrected such as poor circulation.

Superficial infection: A wound infection that is localized to just the wound. The body is not infected and the patient does not need systemic antibiotics to heal.

Swab: a test that the nurse can perform by touching a special cotton tip applicator to a cleaned wound and then sending the applicator to a laboratory to see what microorganisms grow. The results from a swab tell the doctor what kinds microorganisms are growing on the wound and what antibiotics might work to treat infection.