PROCEDURE

Surgery for pilonidal cyst

Surgery removes or treats an infected pilonidal cavity and its skin openings.

PURPOSE
Treat infection and remove or close pilonidal tracts

PROCEDURE TYPE
Therapeutic surgery, sometimes minimally invasive

WHERE IT IS DONE
Operating theatre or outpatient clinic

ANAESTHESIA
Local or general, based on the operation

HOW LONG IT TAKES
About 30 to 90 minutes

PREPARATION
Medication review and fasting if anaesthesia requires it

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Infection, bleeding, wound breakdown, recurrence

RESULTS
Immediate findings; pathology results within days if tissue is tested

Overview

Surgery for a pilonidal cyst treats an infected cavity or small tunnels in the cleft between the buttocks, near the tailbone. These tunnels are often called pilonidal sinuses. They may contain hair, skin debris, or pus.

There is no single operation used for everyone. An abscess, which is a painful collection of pus, may only need to be opened and drained. Long-term or repeatedly infected tracts may be removed, cleaned, or closed using another technique.

After tissue is removed, the wound may be left open to heal from the bottom upward. It may instead be closed with stitches. When closure is used, placing the scar away from the centre of the buttock cleft generally leads to better wound outcomes than closing it directly in the midline.

Some centres offer smaller procedures, such as removing only the skin pits or treating the tracts with a small camera and instruments. These approaches may allow a faster recovery, but they are not suitable for every pattern of disease.

Why the procedure is performed

Surgery may be offered when a pilonidal abscess needs drainage or when ongoing sinus tracts cause repeated pain, swelling, infection, or fluid leakage.

The aim may be to:

Draining an abscess treats the immediate infection. It does not always remove the remaining sinus tracts, so another procedure may be discussed after the inflammation settles.

- Drain pus and relieve pressure from an abscess
- Remove hair, debris, and chronically inflamed tissue
- Close or flatten the deep cleft where problems recur
- Help a wound heal and reduce future flare-ups

Who should and should not have it

You may be offered planned surgery if you have repeated infections, persistent drainage, wounds that do not heal, or sinus openings that interfere with daily life. The choice of operation is influenced by the number and position of the openings, previous procedures, wound size, and your priorities for healing time and recurrence risk.

An urgent drainage procedure is often appropriate for a painful abscess. A larger excision is not always needed at that stage.

Surgery may not be the right next step when the pits are not causing symptoms. Observation and care of the cleft may be reasonable instead.

Elective surgery may be delayed if you have an acute abscess that first needs drainage, an uncontrolled medical problem, or a medication-related bleeding risk that has not been addressed. Smoking, poor blood sugar control, and some immune conditions can make wound healing harder. These issues do not automatically rule out surgery, but your team may recommend reducing the risk before proceeding.

The surgeon should explain why a specific technique is being recommended and whether simpler options are reasonable.

How to prepare

Follow the treating facility's instructions because its own instructions take priority. Preparation differs according to the operation and type of anaesthesia.

Tell the team about all prescription medicines, over-the-counter products, and supplements you take. This is especially important for blood thinners and medicines used for diabetes. Do not stop a prescribed medicine unless the treating team tells you to do so.

If you will have general anaesthesia, you will receive instructions about when to stop eating and drinking. Arrange for an adult to take you home. You may also need someone to stay with you during the first night.

Shower as directed. Do not shave the area unless the facility specifically asks you to, because shaving can cut or irritate the skin.

Plan for wound dressings at home. If the wound will be left open, ask who will change or pack it and how often. Loose clothing may be more comfortable after the operation.

What happens during the procedure

The team confirms the procedure and examines the area. You may receive local anaesthetic to numb the skin or general anaesthesia so you are unconscious. Your position allows the surgeon to reach the cleft safely.

For an abscess, the surgeon makes an opening, drains the pus, and cleans the cavity. The wound is usually left open so remaining fluid can escape.

For planned surgery, the surgeon identifies the pits and tracts. Depending on the method, they may:

A drain may be placed under a closed wound to remove fluid. Dressings are applied when the procedure is finished. Removed tissue is sometimes sent to a laboratory for examination.

- Remove the small pits and clean the connecting tracts
- Use a narrow camera to see and treat the tracts
- Excise the affected tissue and leave the wound open
- Close the wound with stitches, often away from the midline
- Reshape or flatten the cleft with a tissue flap for complex disease

Recovery and what to expect afterward

Pain: Soreness, bruising, and a pulling feeling around stitches are common. Your team will explain which pain medicines are suitable. Pain should gradually improve rather than becoming more intense.

Eating: You can usually drink and eat once you are awake and not feeling sick. Start with light food if anaesthesia has upset your stomach.

Activity: Gentle walking is encouraged. Avoid strenuous exercise, cycling, heavy lifting, and activities that put pressure or friction on the wound until your team says they are safe. Follow instructions for showering, dressings, drains, and hair control. An open wound may need regular dressing changes for several weeks.

Driving: Do not drive home after sedation or general anaesthesia. Wait until the required anaesthesia restriction has passed and you can sit comfortably, turn safely, and make an emergency stop without pain or sedating medicine.

Work: Return time is affected by wound size, the type of closure, and whether your job involves prolonged sitting or physical work. A small procedure may require only a short absence. Open healing or flap surgery often requires longer and continued wound care.

Risks and possible complications

Possible complications include:

A wound that is left open usually takes longer to heal and needs more dressing care. Closing the wound may allow faster healing, but the closure can become infected or separate. When closure is planned, an off-midline technique is generally preferred over a midline closure.

No operation can guarantee that pilonidal disease will not return.

- Bleeding or a collection of blood under the wound
- Wound infection or another abscess
- Fluid collecting beneath a closed wound
- Stitches separating or part of the wound reopening
- Delayed healing, particularly in the deep cleft
- Numbness, tenderness, or a noticeable scar
- Recurrence of pits, tracts, or infection
- Reactions to anaesthesia or blood clots, as with other operations

Results and follow up

The surgeon can usually tell you what was found and which procedure was completed soon afterward. If tissue is examined in a laboratory, those results usually take several days and may be reviewed at a follow-up visit.

Follow-up checks how the wound is healing and whether stitches, packing, or a drain need attention. Keep these appointments even if the wound feels comfortable.

Ask how to keep the cleft clean and dry after healing. Your team may discuss clipping or laser hair removal. Avoid starting hair-removal treatment on an unhealed wound unless instructed.

Alternatives

For pits that are not causing symptoms, observation may avoid an operation. It does not remove the tracts, so you should seek advice if pain, swelling, or drainage begins.

Careful washing, drying, and hair control may reduce irritation. These measures do not drain an abscess or reliably eliminate established tunnels.

Antibiotics like amoxicillin or doxycycline may be used when infection is spreading into the surrounding skin or in selected medical situations. Antibiotics alone usually cannot empty a collection of pus or remove a chronic tract.

Incision and drainage is the simplest treatment for an acute abscess. It offers quick pressure relief and a smaller procedure, but a sinus may remain and cause another episode.

Pit-picking or endoscopic treatment uses smaller openings and may cause less pain and a faster return to activity. It may be less suitable for extensive, branching, or recurrent tracts, and another procedure can be needed.

Wide removal with open healing avoids placing stitches in an infected or high-tension area, but healing and dressing care take longer. Off-midline closure or flap surgery may heal sooner and flatten the cleft, but it is a larger operation with risks related to stitches and tissue flaps.

When to call your healthcare team

Contact the surgical team promptly if you have increasing pain, redness, warmth, swelling, cloudy drainage, a bad smell, fever, or chills. Also call if a drain stops working unexpectedly, the wound opens, or bleeding continues despite firm pressure.

Routine questions about dressing supplies, mild itching, work certificates, or hair removal can

usually wait until office hours or your planned follow-up.

Seek emergency help for severe trouble breathing, chest pain, fainting, confusion, uncontrolled bleeding, or a rapidly worsening illness.

Common questions

Will I be asleep?

You may be awake with local anaesthetic for drainage or a small procedure. Larger excisions and flap operations are often performed under general anaesthesia. Your team will confirm the plan beforehand.

Can I drive home?

No, not after sedation or general anaesthesia. Arrange for someone to take you home. Follow the facility's instructions about when driving can safely resume.

How painful is the surgery?

Pain is usually most noticeable during the first few days and should gradually ease. Open wounds and larger flap procedures may remain tender for longer. Increasing pain after initial improvement needs medical advice.

How long will the wound take to heal?

A small incision may heal relatively quickly. A larger open wound can take several weeks or longer. Closed wounds often heal sooner if they remain intact, but wound separation can delay recovery.

When will I know whether it worked?

You should know what the surgeon found soon after the procedure. The longer-term result becomes clearer as the wound heals and you remain free from drainage, infection, or new pits.

Will the pilonidal cyst come back?

It can return after any procedure. The risk is influenced by the extent of the tracts, the operation used, wound healing, and the depth of the buttock cleft.

Sources

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