INTRODUCTION
The annual incidence of pilonidal sinus is approximately 26 per 100,000, of which complex pilonidal sinuses are the minority. At our hospital we treat between 30-35 pilonidal cysts a year. Treatment options for pilonidal sinuses are multiple including incisions with healing by secondary intention. The cavities are often packed with gauze to stop the bleeding, and covered with absorbent pads. Due to time consuming and painful changes we have tried numerous alternative dressing options (including silver alginates and topical negative pressure therapy), none of which gave satisfactory results due to adherence to the wound bed and very painful time-consuming dressing changes.

AIM
To improve our routines in the management of pilonidal cysts and achieve healing with less pain for the patient.

METHOD
The day after surgery the packed gauze is removed (this procedure is very painful for the patient as the gauze often sticks very tightly to the wound bed) and replaced by polymeric membrane cavity dressings* which are covered by an absorption pad. Polymeric membrane dressings were chosen as a result of their documented ability to reduce pain, cleanse wounds and facilitate healing. We have found that by using these dressings, additional cleansing is not always necessary during dressing changes.

The dressings are changed on a daily basis for a week by a home care nurse. Follow-up visit at the hospital after 1 week. The the level of exudate determines the frequency of dressing changes after the first week.

30 patients treated over 1 year were evaluated using this method.

RESULTS
Previously, the part that caused the patient the most pain was the cleansing procedure combined with the removal of the dressings which stuck to the wound beds. The patients’ pain level was often on a level of 8 on a scale of 0-10. When using polymeric membrane dressings cleansing was often not needed, so dressing changes took less time to perform, saving the nurses a lot of time. We also noted that the patients’ pain level reduced to 3, much less pain when we used these dressings.

Speed of healing was not possible to evaluate due to the large difference in the size of cavities treated, combined with the fact that the patients treated themselves after the first week until healing and only came back if there were complications. However, none of these patients came back for the same cyst, nor were there any reports of infection on any of the 30 patients evaluated. It should be noted that laser hair removal should be performed once the cyst has healed to prevent recurrence.

DISCUSSION
By using polymeric membrane cavity dressings we could eliminate the need of cleansing during dressing changes leading to a dramatic reduction of pain as well as time needed to change the dressings.

After having tried a variety of different dressing we now have a solution that is less time consuming for the nurses, eliminates pain for the patients and is very easy to handle.

With our new dressing protocol in place we see an increased quality of care both for the patients and nurses involved.

Bibliography

*PolyMem® WIC Cavity Wound dressing
Manufactured by Ferriis Mtg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferriis Mtg Corp. contributed to this poster design and presentation.