Ontario
North East Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Est

Surname:	First Name:
CHRIS #:	Date of Birth (DD/MM/YYYY):
HCN:	Version Code

Wound - Pilonidal Sinus Clinical/Incision & Drainage Pathway
Surgical Wound Healing by Secondary Intention

Pilonidal Sinus/Incision & Drainage:

A Pilonidal Cyst or abscess is located near or at the natal cleft of the buttocks and often contains hair and skin debris. Excessive pressure or repetitive trauma to the sacrococcygeal area is thought to predispose individuals to develop the cyst or to irritate an already existing pilonidal cyst. Bacteria invade the opening causing infection.

Treatment for many cysts or abscesses, including pilonidal sinus may include incision and drainage, where the abscess is incised and the debris is drained.

To be completed at least once weekly and/or with change in patient condition **This tool is used only as a guide and does not replace clinical judgment* **ASSESSMENT** Date/Initial →	✓ **where applicable; (N/A) where not applicable**			
Complete a comprehensive patient history and assessment including: age of wound, comorbidities, medications, and nutritional status				
Perform and document a complete pain assessment				
Perform and document a complete wound assessment identifying wound bed appearance (need for debridement), exudate (type and amount) Assess for tunnelling / undermining / fistulas / sinus tracts and peri wound area				
Assess wound for signs and symptoms of infection: induration, increased exudate, unusual odour, delayed healing, friable or discoloured granulation tissue, peri wound erythema > 2cm and report to MD				
Notify MD if signs of systemic infection (i.e. fever)				
Assess patient adherence and understanding of treatment plan				
GOALS				
Wound will be protected from infection, insulated and supported in a moist wound healing environment				
Patient will have acceptable pain management and report a decrease in pain intensity				
Patient will demonstrate progression towards healing within a reasonable time frame (i.e. >20% in 3 weeks)				
Patient factors contributing to infection will be corrected (i.e. nutrition, hygiene)				
Patient will be an active participant in his/her plan of care				
ACTIVITY AND HYGIENE				
Encourage patient to keep skin clean and dry				
Teach patient proper hygiene i.e.: post bowel movement care/showering – may use a handheld sprayer to gently flush out the inside of the wound and to direct soap, shampoo, and loose hair away) or use moist towelette to cleanse area				
Teach patient/family hair removal ie: shaving (with pivotal head razor) the natal cleft at least weekly in a 5cm-wide strip at least 2.5 cm from wound edges up to and including distal wound to the anus				
Teach patient/family proper dressing replacement if soiled or after activities that produce sweating				
Teach patient/family risk factors for development of Pilonidal sinus ie: excess hair on buttocks/natal cleft, prolonged sitting, or excessive prolonged pressure to sacrococcygeal area, obesity, tight fitting clothing, poor hygiene, friction				

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Encourage frequent repositioning to take pressure off sacral/anal region				
Teach patient to avoid driving for first week post surgery				
Teach patient to avoid lifting heavy objects for first week post surgery				
Encourage loose fitting pants				
WOUND TREATMENTS				
Position patient prone with one to 2 pillows under the anterior pelvis				
Mechanically irrigate and cleanse wound with PSI pressure between 4-15				
Pat peri-wound dry and apply barrier, skin prep for protection				
Select dressing to keep wound moist, control exudate and avoid maceration of peri-wound area				
Non exudating wound: Apply primary dressing **Hydrogel (****)** Apply secondary dressing – thin foam, hydrocolloid or transparent film **(To conform to natal cleft) (****)**				
Manage *exudate:* **Calcium alginate/hydrofibre (****)** Apply secondary dressing: **Foam/Super Absorbent : (To conform to natal cleft) (****)**				
Manage *bioburden*: apply antimicrobial dressing- for exudating wound **absorbent silver** or **Cadexomer Iodine/PHMB/Gentian Violet** (****) Apply secondary dressing: **Foam/Super Absorbent** (****) Apply **(To conform to natal cleft)**				
Manage bioburden in *non-exudating* wound (**nanocrystalline silver** moistened with sterile water or **hydrogel (****)** Apply secondary dressing: thin foam, hydrocolloid or transparent film **state:**_____ **(To conform to natal cleft)**				
Change dressing Q_____(3-7) days depending on dressing type used and as needed				
If chronic inflammation is suspected, consider protease inhibitor				
Consider NPWT (if appropriate) with moderate to heavy exudate				
Other: Consider using a paste or conforming barrier between pilonidal wound and anus to maintain seal				
Document variance if deviation from Clinical Pathway – Document Tracking Form				
NUTRITION				
Encourage regular meals throughout the day. Encourage meal plan to meet recommendations of Canada Food Guide				
Encourage adequate fluid intake (1.5-2L/day) unless contraindicated				
DIAGNOSTIC TESTS				
CT for unexplored fistulas or sinus tracts (inability to determine wound base)				
Obtain culture and swab as per MD orders				
MEDICATIONS				
Provide analgesics PRN and 1 hour prior to dressing change				
Initiate systemic antibiotic/topical therapy as per MD order				

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PAIN				
Encourage mobility if appropriate				
Apply topical analgesics (as per MD/NP e.g. EMLA) – State:				
Dressing changes are painful (procedural) ensure patient takes analgesic before dressing changes				
Use non-pharmacological techniques such as repositioning, rest – State:				
Cleanse wounds gently using warm water or saline				
Involve patient in pain procedural choices (what helps what doesn't) (e.g. time outs) – State:				
Take analgesics as prescribed (refer to: WHO guidelines for analgesic)				
Offload area				
TEACHING AND PSYCHOSOCIAL SUPPORT				
Teach patient: Factors contributing to infection and delayed healing and signs and symptoms of infection				
Involve patient and family in care planning where appropriate				
Provide patient and family with information that will enhance knowledge and skills necessary to promote recovery and improve function				
Provide patient with information on follow up care and accessing community resources				
REFERRALS				
Request consult for Physiotherapist if underlying comorbidities				
PT REFERRAL/INTERVENTION				
1. **2.**				
Request consult for Occupational Therapist if underlying comorbidities				
OT REFERRAL/INTERVENTION				
1. **2.**				
Request consult for Dietitian for energy protein assessment if nutritional status implicates delayed wound healing. Complete nutritional assessment screening tool. Based on result – automatic referral (Dietitian to amend) *see below for specific interventions*				
DIETITIAN REFERRAL/INTERVENTION				
1. **2.**				

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Request referral for Enterostomal Therapist/Wound Care Specialist/Nurse Practitioner/Physician (i.e. wound deterioration, if < 20% healing following 3 to 4 weeks of appropriate treatment, further surgical intervention required) State:_____				
ET/WCS/APN/NP/MD REFERRAL/INTERVENTION				
1. **2.**				
Request consult for ineffective coping, financial issues, etc. State: _____ *See below for effective interventions*				
SOCIAL WORK REFERRAL/INTERVENTION				
1. **2.**				
DISCHARGE PLANNING				
Provide educational pamphlet and appropriate education for prevention				
Refer to self-management if appropriate				
Discharge patient. Community referrals as required				

Print Name	Signature	Initials	Date