

Recovery/Post-operative Instructions

Pilonidal

Diet/Bowel Care

- You may resume your regular diet starting with bland (non-greasy, non-spicy) food, in small portions, that is easy to digest on the day of surgery
- Drink plenty of fluids to keep well hydrated as your body is recovering (juices, water, broth, sports drinks).
- Having surgery and narcotic pain medications can cause your bowels to slow down, and can cause constipation.

You should start taking a stool softener (Colace or generic Docusate Sodium) 100mg twice daily (available over the counter), starting the day before your surgery. Stop after your first bowel movement.

- If you go more than 2-3 days without a bowel movement you may use a Fleet Enema

Medications

• Pain medications

- o You will be given a prescription for pain medication (narcotics) and an anti-nausea medication. It is important to take these, as instructed, to keep your pain and nausea controlled.
- o The most commonly prescribed narcotics include: Percocet, Oxycodone, Ultram, Vicodin, Tylenol with Codeine, or generic versions of these.
- o The narcotic pain medication can make you sleepy and dizzy – you should not drive a vehicle while taking narcotics, and you should not drink alcohol while taking them. Narcotics can also cause nausea in some people so it is best to take them with food. Some people may have itching with narcotics; unless you have a rash, this is not an allergic reaction, just a side effect. You can take Benadryl to help with the itching.

• Regular Prescription Medications

- o You may resume your regular medications immediately after surgery (either in the evening after surgery or the following morning) unless told otherwise by the surgeon.
- o If you were given antibiotics, take them as instructed to completion.

Wound Care

- There will be pain after surgery. You may feel a firm ridge under the incision, this is normal and will go away after a few weeks.
- Remove the dressing after 48 hrs and take a shower. Do **not** scrub and pat dry. You can use a hair dryer on **COOL** setting
- No soaking in tub or pool
- Follow the **separate instructions** for **ANASEPT** wash and gel
- **Change the gauze dressing 2x a day or more as needed to keep dry and clean**
- A passive drain was placed at the time of surgery that looks like 1 or 2 rubber bands which keeps the holes from closing and fluid from accumulating under the skin. Twice a day, have someone apply gentle pressure between the drain openings to encourage drainage of the fluid from the openings. (Watch the video) The fluid may look bloody for the first few days. The amount of drainage will decrease over time. Have your caregiver gently rotate the drain with each dressing change which helps to keep the holes open.

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- Place Anasept Wash on the entire incision and let it sit for 5 minutes. Dab dry with gauze. Apply wound get to the same area. Cover with dry gauze. Secure with tape or underwear.

- **Clean carefully with baby wipes after bowel movements**

**If you are a smoker, you should quit smoking to help with your overall health and recovery and with your wound healing.

Activity

- You should be up walking around your house several times per day after surgery. This improves circulation and helps prevent complications after surgery.
- Sitting on your bottom should be **VERY limited. Be sure** to rotate your position
- No lifting, pushing or pulling more than 10 pounds (or lesser weight that forces you to use your abdominal muscles) and no aerobic exercise (other than regular walking), and no sexual activity until your follow-up office visit. Further restrictions will be discussed at that time.

****Call the surgeon's office: 561.333.1335 if you experience any of the following:**

(If you call after hours or on the weekend you will get the answering service and you will speak to the doctor on-call)

- Temperature higher than 101.5
- Any chest pain or difficulty breathing.
- Redness (more than a ¼ inch around the wound)/drainage/bleeding/pus from wound(s) or IV sites.
- Increased pain at incisions. Some pain is expected but should get progressively better over about a week.
- Worsened abdominal pain or vomiting or increasing abdominal distension (bloating).
- Any other concerns or questions regarding your surgery or recovery.
- **If you have difficulty urinating. You may need to go to the Emergency Room

Follow-up Visit

Your surgeon would like to see you in the office 1 week after your procedure. Call our office at 561.333.1335 2-3 days after surgery, to make an appointment.

Please call with any concerns regarding your surgery or recovery.