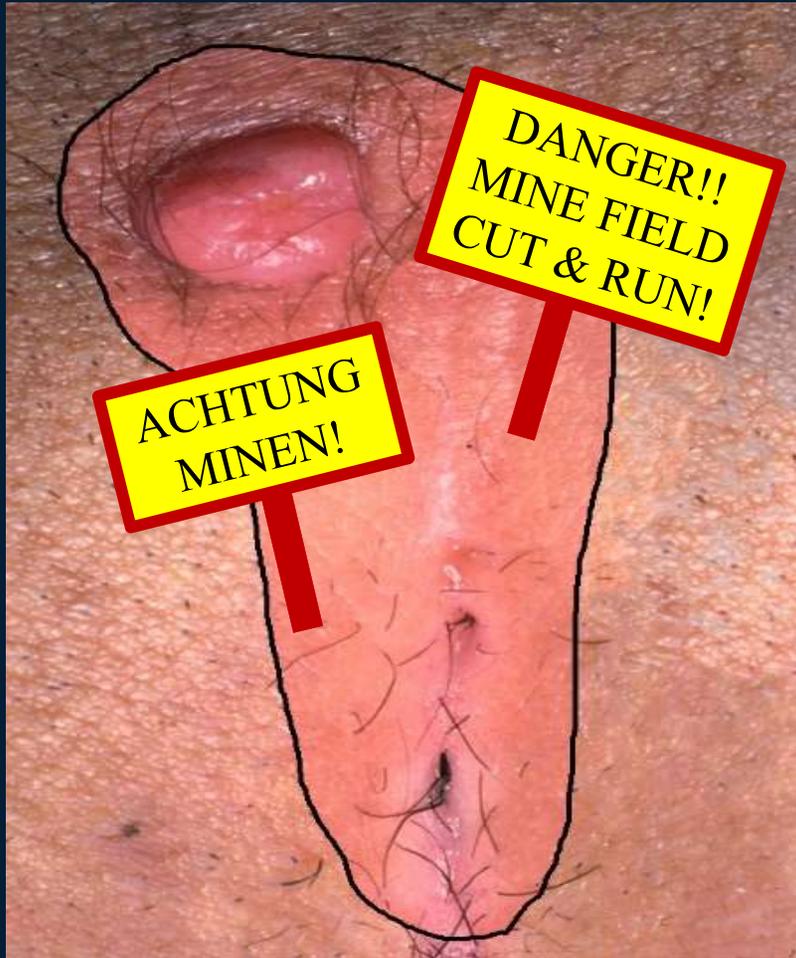
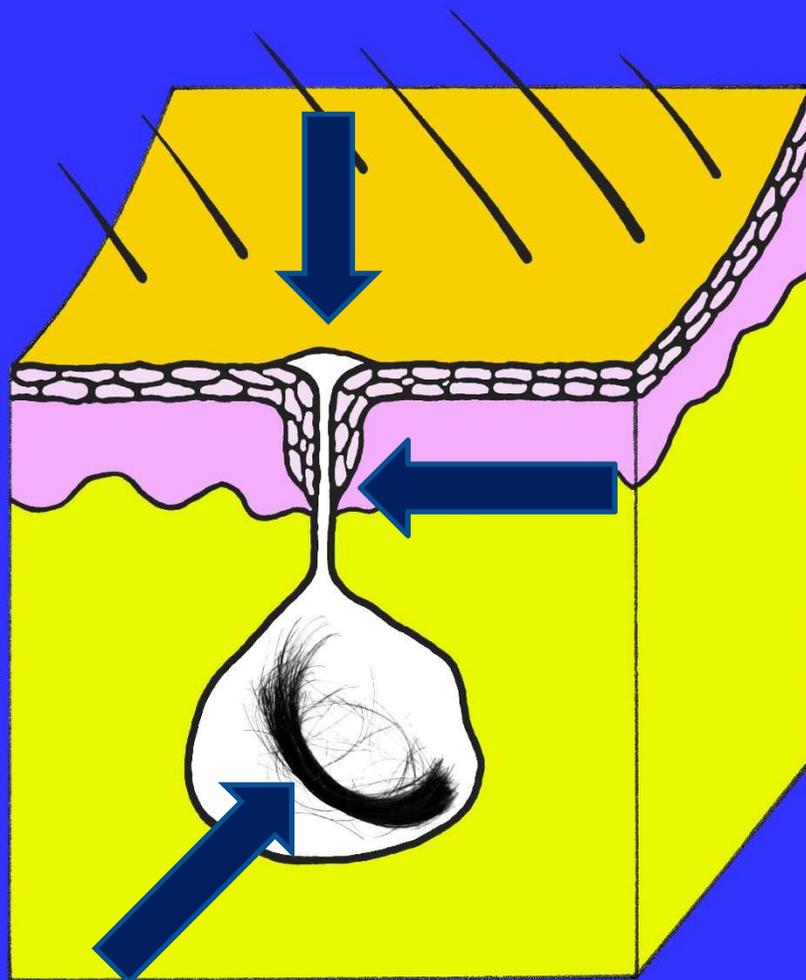


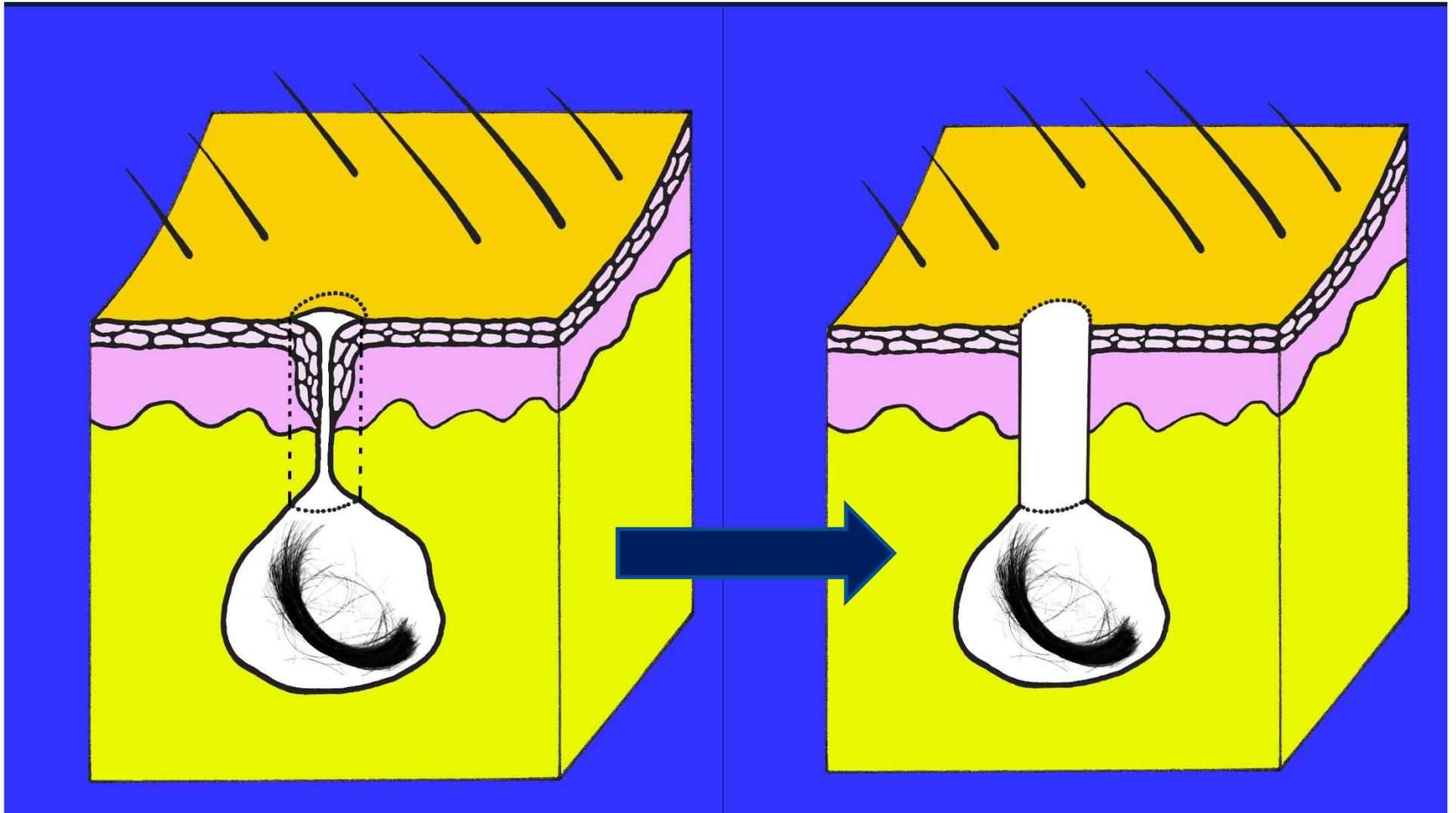
Minimal Surgery for Pilonidal Disease Using Punches (Trephines)

Dr. M. Gips

Pilonidal Conference, Vienna, September 28th, 2019

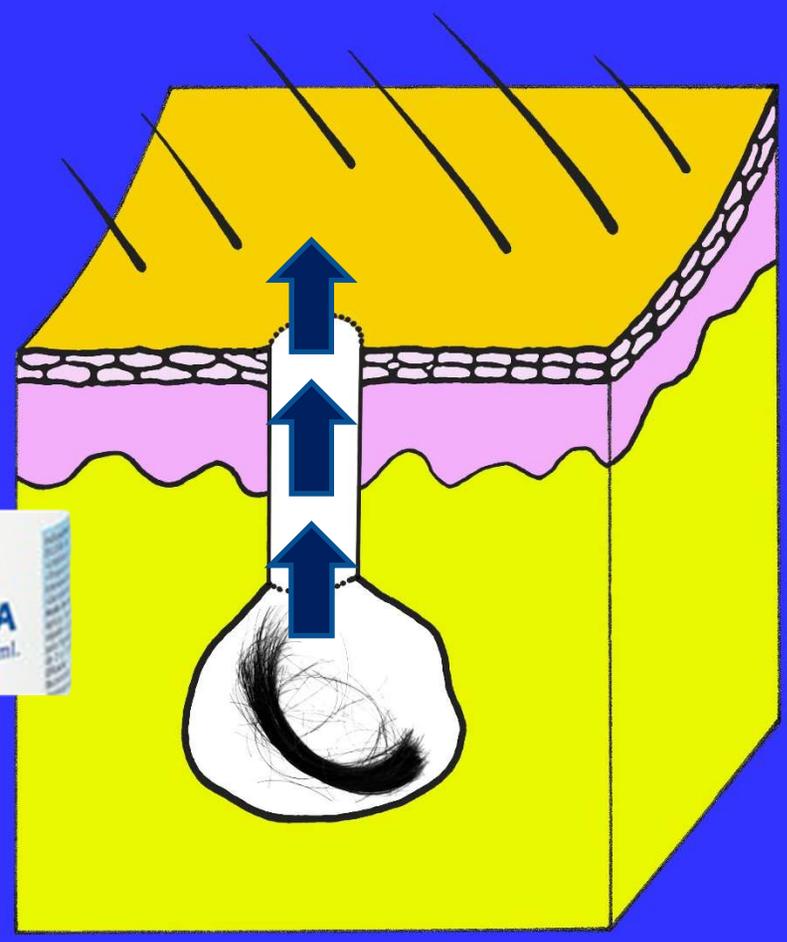
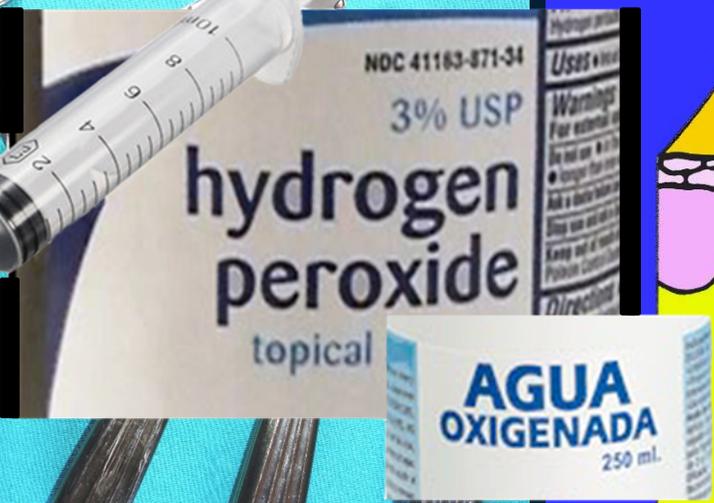
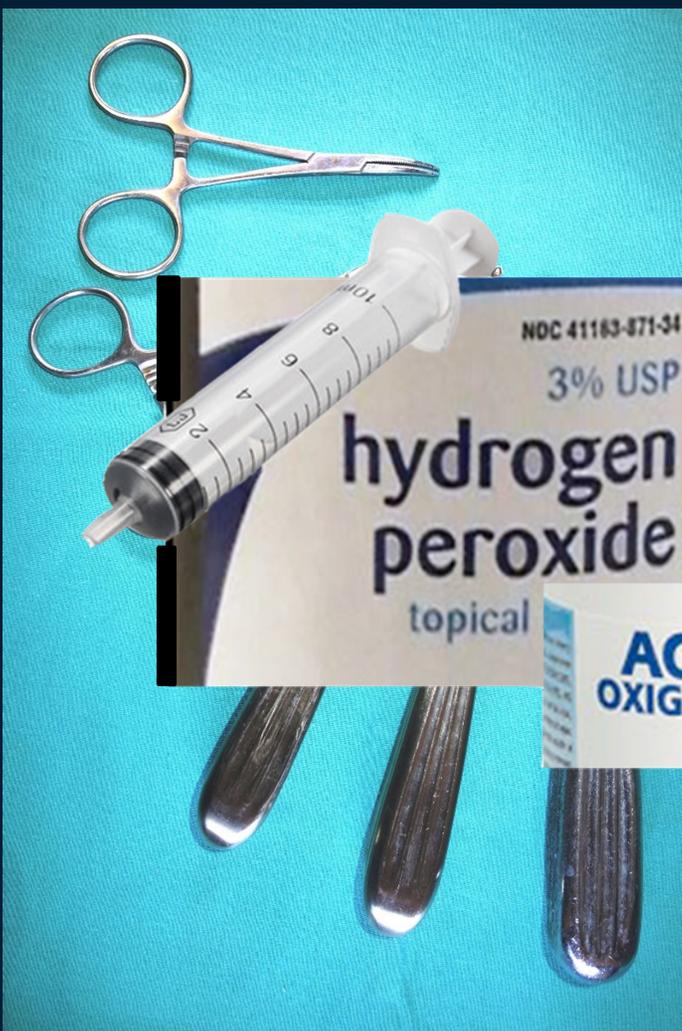


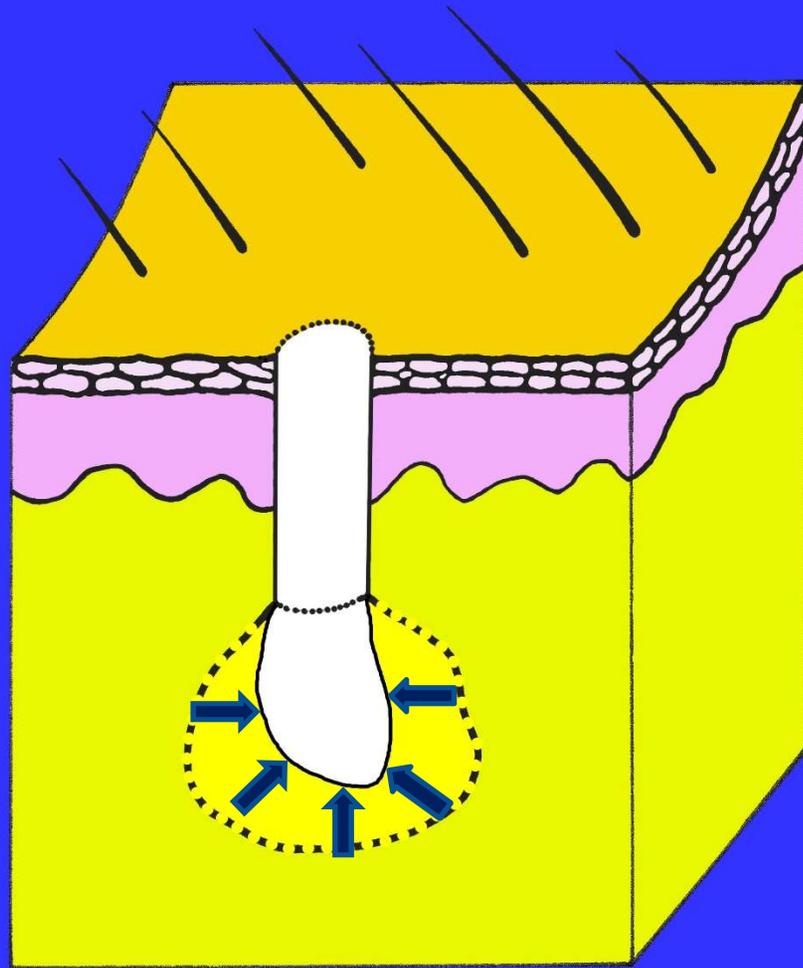


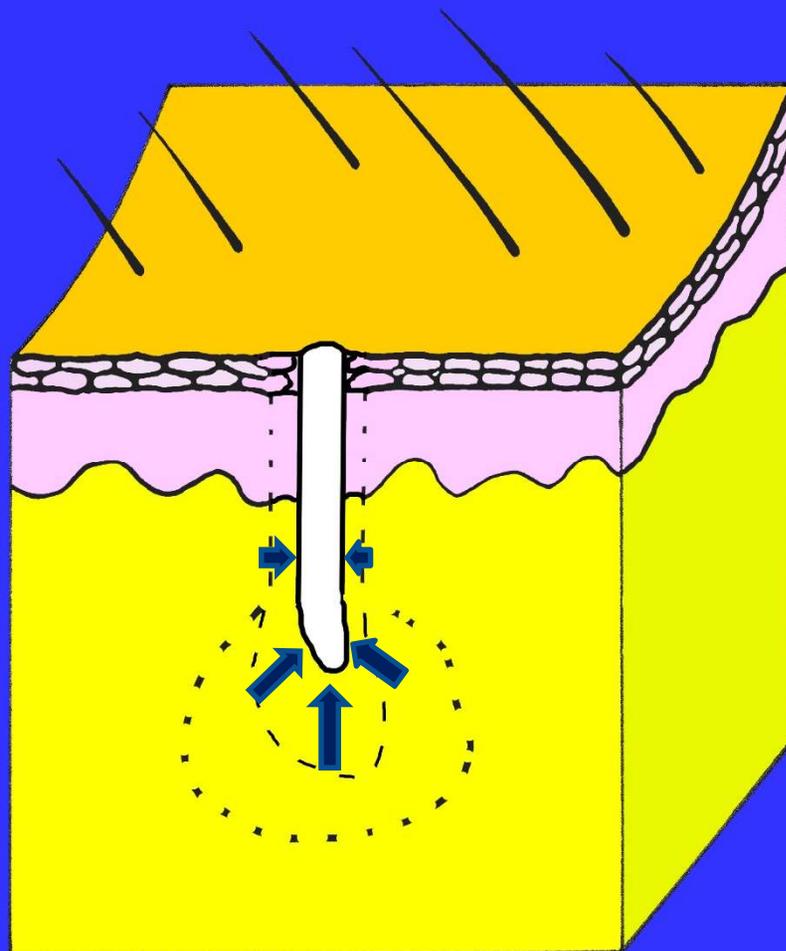


Pilonidal openings & tracts
are individually cored-out
utilizing skin punches
or “keyes” type trephines,
2-8 mm in diameter.





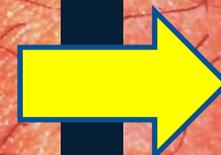
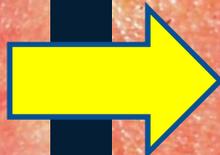
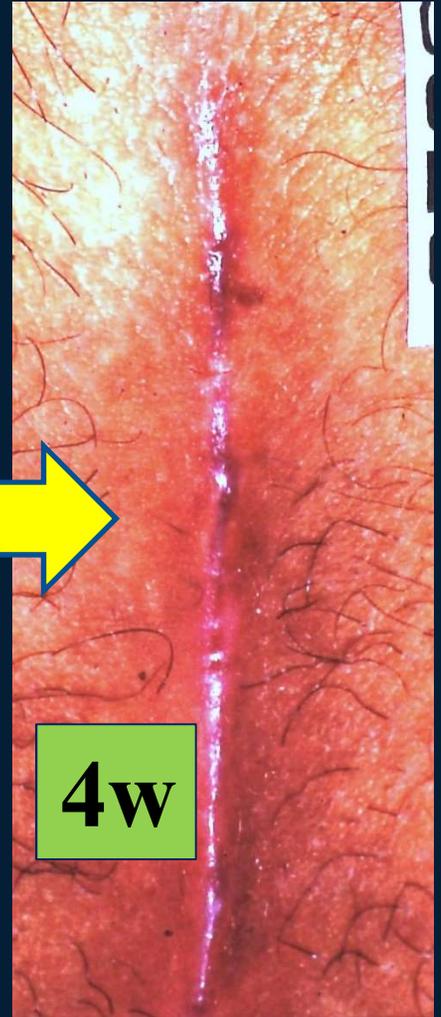
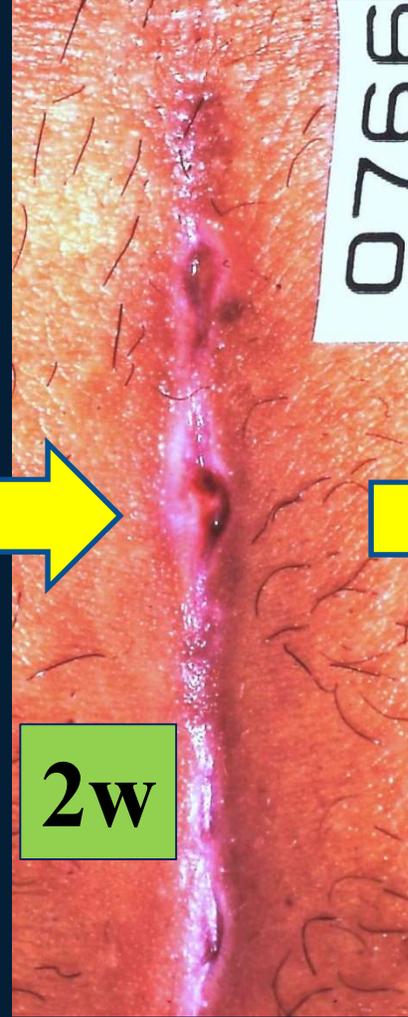


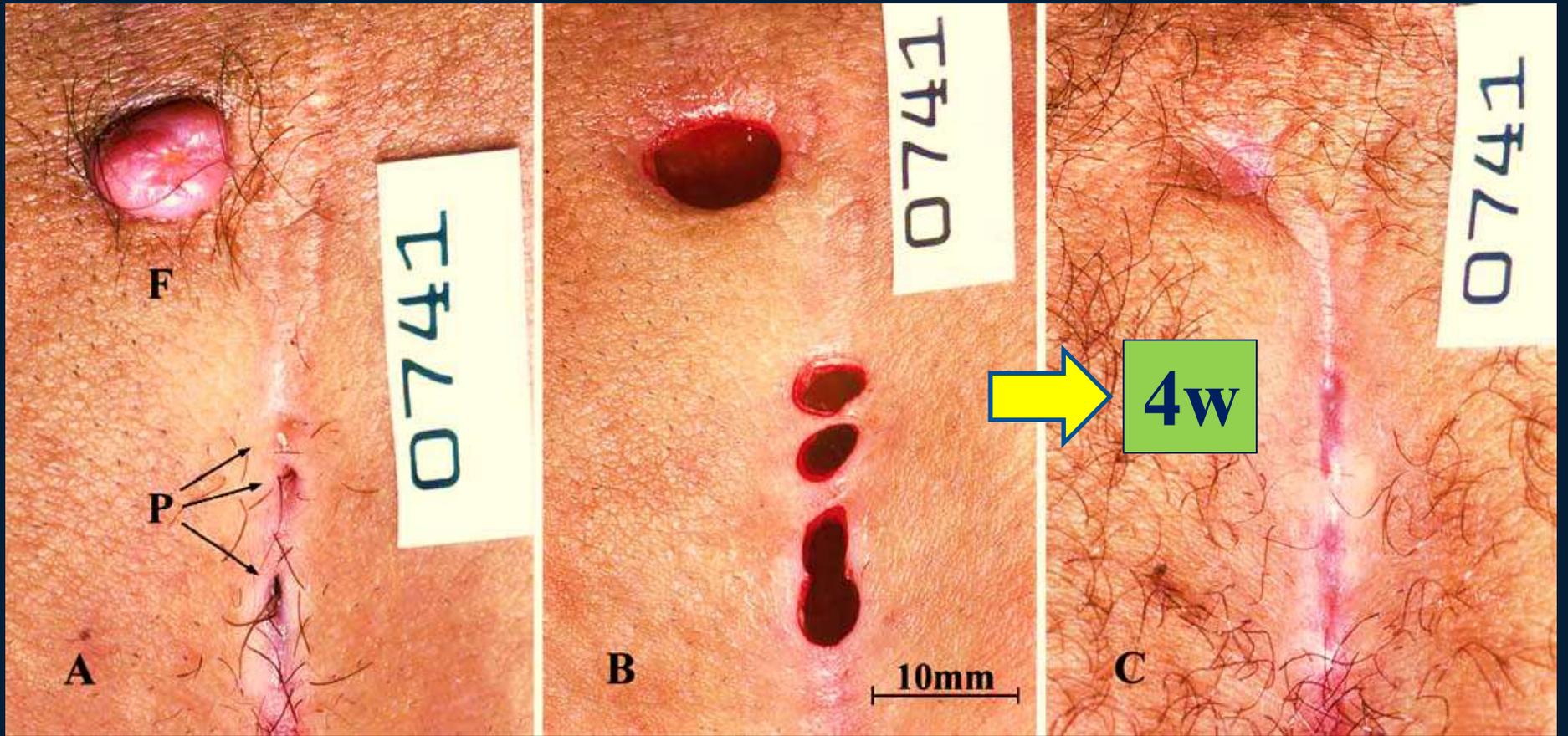


Local anesthesia is suitable for most procedures using **Lidocain 2%** with **Adrenalin** (Epinephrine) 1:100,000. Use of a "Dental" syringe with a long 35-38mm, **27G** needle, is recommended.









Appealing and incomparable
aesthetic outcome.

Cons:

- Very small pits may be obscured by edema or missed by the naked eye.
 - An unnoticed hair nest left behind in the pilonidal cavity or a missed pit, can initiate **persistent**/recurrent disease.

Nevertheless!

In case of recurrence, the **same** treatment
can be repeated as needed.

**Minimal Surgery for Pilonidal Disease Using
Trepines: Description of a New Technique and
Long-Term Outcomes in 1,358 Patients.**

M.Gips, Y.Melki, L.Salem, R.Weil, J.Sulkes.

Diseases of the Colon and Rectum 2008

During an 11-year period,
1358 patients underwent operation
for symptomatic pilonidal disease,
under local anesthesia, using trephines.

Patients' mean age was 21 years
and 84% were males.

Complete healing was observed

Within 1.5-5.3 weeks (mean 3.4 weeks).

Rate of postoperative infection was 1.5%,
secondary bleeding occurred in 0.2%.

Mean follow-up period was 7 years:
Recurrence rate after 5 years was - 13.2%
and after 10 years - 16.2%.

Long-term recurrence rate is similar
to **commonly** used midline wide excision
and lay-open operations **~17%**.

Flap Operations are reported
to have below **5%** recurrence rates.

However!

Choosing flap treatment as a default option over a minimal one, means that about **83** patients of every **100** treated, will undergo an unnecessary extensive flap operation, in order to prevent about **12** additional recurrences.

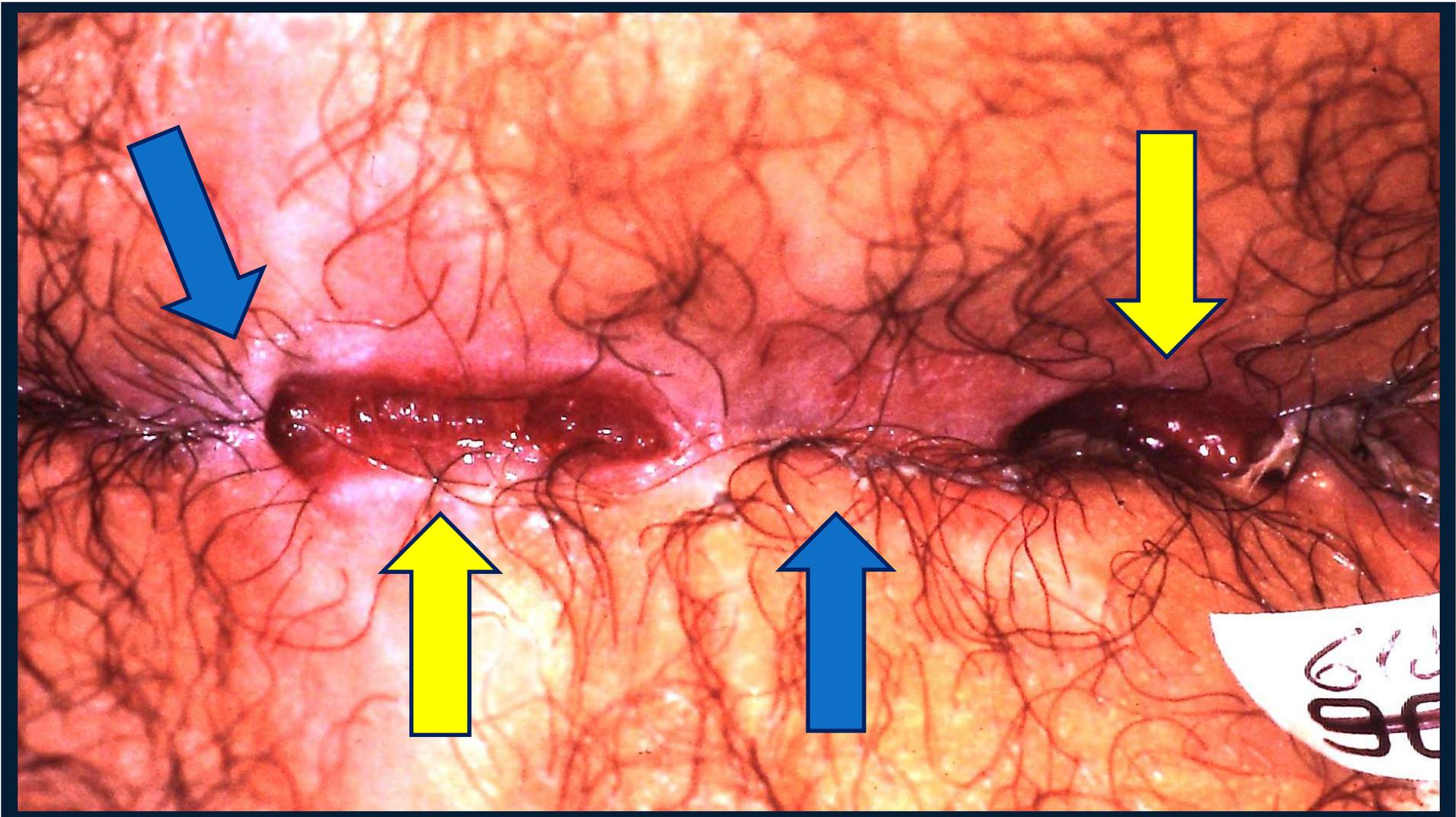


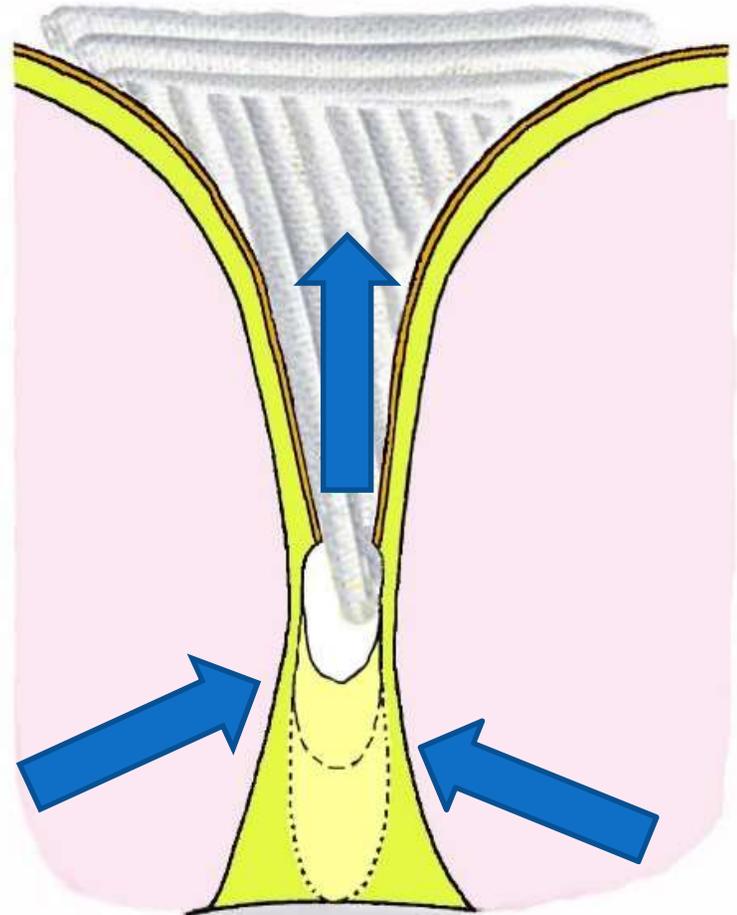
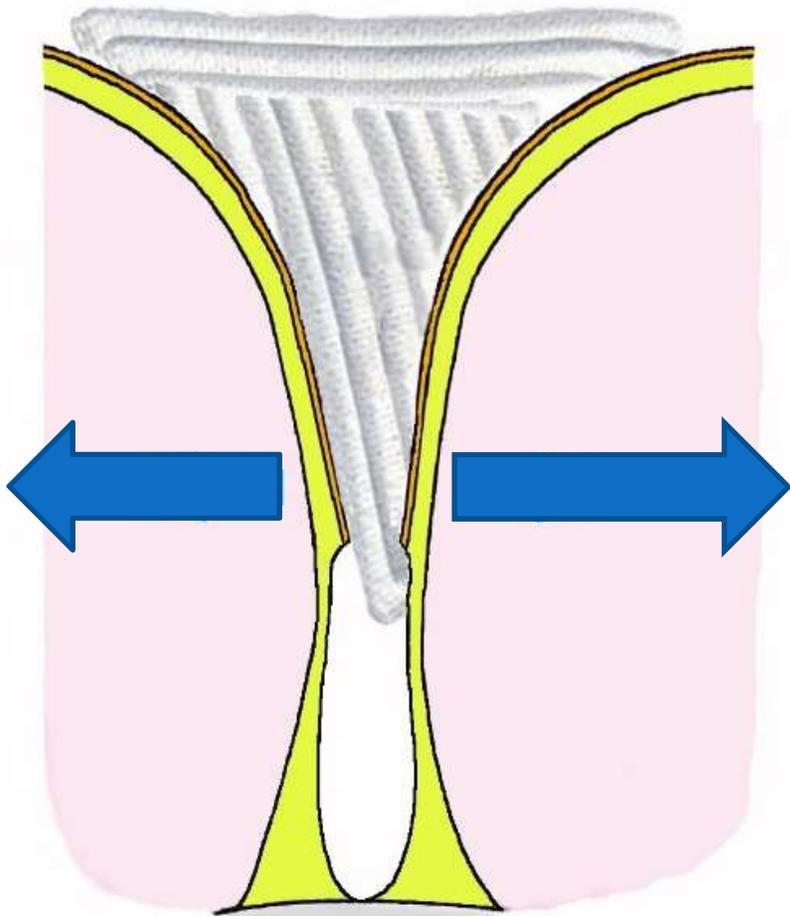
Primary disease presenting as pilonidal pits and fistulas.



Minimal surgery

Make it the default!



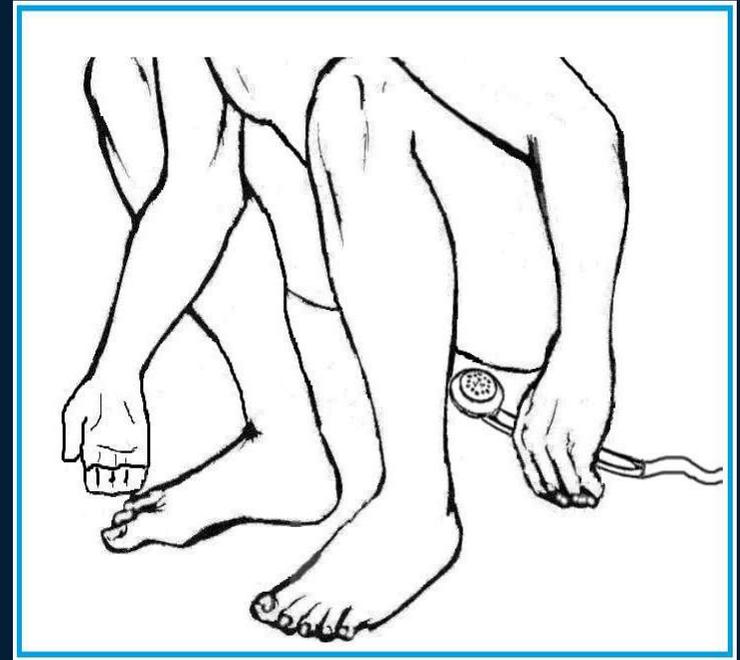




Adhesive
tape

Folded
gauze

Starting on the day after surgery, local douche is recommended 2-3 times daily, followed by re-dressing of wounds.

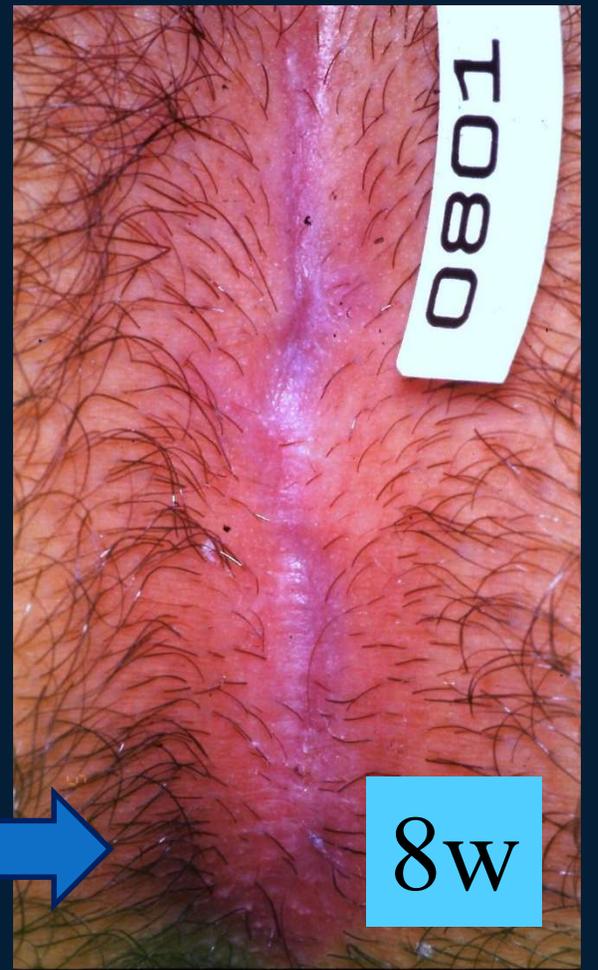


Routine everyday activity is allowed,.

Excluding sports, public pool or sea bathing
and horse or bicycle riding .

Patients are followed-up every week or two until complete healing of wounds takes place (usually within 2-4 weeks, after **punch** operation).

On each visit after a **punch** operation
invading hairs are removed as necessary
and the nearby skin shaved
using a scalpel blade
(if overgrown hair observed).



Special dressings?

Do not read this list!

Sea-weeds, calcium-alginate, hydrogel, silver, honey, platelet-derived growth factor, granulocyte-colony-stimulating factor, porcine urinary bladder matrix, hemoglobin spray, polyvinyl fibers, zinc, foam materials, negative pressure therapy, platelet rich plasma, plant extracts.

Pain iN the S

P.S.

