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 Trephines: Description of a New Technique and Long-Term Outcomes in 1,358 Patients.


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!
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!

Pain in the Sun

P.S. 😊