

Developed in collaboration with the Wound Care Champions, Wound Care Specialists, Enterostomal Nurses, and South West Regional Wound Care Program (SWRWCP) members from Long Term Care Homes, Hospitals, and South West CCAC contracted Community Nursing Agencies in the South West Local Health Integration Network.



<p>Title</p>	<p>Guideline: The Assessment of People with Pilonidal Sinus Wounds</p>
<p>Background</p>	<ul style="list-style-type: none"> • A pilonidal sinus wound, a.k.a. pilonidal cyst or sacrococcygeal fistula, is a wound near the natal cleft or mid-sacrococcygeal area of the back, that contains hair and skin debris and that sometimes becomes infected¹ • A pilonidal sinus tunnels under the skin and may have more than one tract/direction² • Pilonidal sinus wounds are a chronic acquired condition caused by³⁻⁶: <ul style="list-style-type: none"> ○ The presence of hair follicles in the natal cleft that cause a foreign-body reaction ○ The presence of hair tips that penetrate the dermis in existing dimples or the site of a previous pilonidal excision causing a foreign body reaction, and/or ○ The inflammation of hair follicles that results in a subcutaneous abscess • Pilonidal sinus wounds are more common in men than women (4:1), with the peak onset occurring at 19 years of age in women, and 22 years of age in men. Infrequently, pilonidal sinus wounds develop after the age of 40^{7,8} • Incision and drainage of a pilonidal sinus wound is associated with a 40-60% recurrence rate² • Recurrent sinuses require a wide excision with primary or secondary closure⁸. Primary closure is associated with a recurrence rate of 37%, while a secondary closure has a recurrence rate of 8-43%^{2, 8} • Healing rates of pilonidal sinus wounds closing by secondary intention vary from 2 to 6 months, but may take 1 to 2 years or even longer. Healing can be delayed by⁹: <ul style="list-style-type: none"> ○ Unrecognized and untreated deep infection and critical colonization ○ Inadequate or improper hair removal ○ Poor dressing hygiene ○ Inappropriate dressing choices ○ Inappropriate moisture management ○ Physical activity causing friction/shear to area ○ Incomplete pain assessment and management ○ Restrictive impact of the wound on activities of daily living ○ Unacknowledged psycho-social impact ○ Improper examination positioning that prevents adequate visualization and cleansing of the area ○ Inadequate personal skin cleansing to address contamination ○ Obesity

NOTE: this is a controlled document. A printed copy may not reflect the current electronic version on the SWRWCP's website. This document is not a substitute for proper training, experience, and exercising of professional judgment. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the SWRWCP give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of the work

Indications	This guideline is intended to be used by front line registered health care providers, to guide their assessment of individuals admitted or presenting with a pilonidal sinus wound.
Guideline	<p>NOTE: The assessment of a person with a pilonidal sinus wound follows the “SWRWCP’s Pilonidal Sinus Assessment and Management Algorithm”.</p> <ol style="list-style-type: none"> 1. Upon discovery of a pilonidal sinus wound on a person or upon admission of a person with such a wound to your health care facility/service, conduct a history and focused physical assessment using the SWRWCP’s “Initial Wound Assessment Form” (see “Procedure: Initial Wound Assessment Form”), if not already done, to determine the persons: <ol style="list-style-type: none"> a. Health/medical history (and the persons understanding of these) b. Nutritional status c. Wound history d. Wound related pain and quality of life (pain can be an indicator of infection) e. Extrinsic, intrinsic, and iatrogenic factors affecting wound healing f. Concordance concerns <p>This form contains the “Nestle Mini Nutritional Assessment (MNA[®]) Tool” to evaluate whether the person is malnourished or at risk for malnourishment, which can negatively affect wound healing [see “Procedure: Nestle Mini Nutritional Assessment (MNA[®]) Tool”].</p> <p>NOTE: Individual permission must be obtained by each organization wishing to use the MNA[®]</p> 2. Conduct a psychosocial assessment to determine the: <ol style="list-style-type: none"> a. Persons understanding of the wound and their risk factors b. Impact of the wound on the person and their body image c. Financial concerns and availability of support systems to address concerns d. The impact of the persons environment, physical/medical/psychosocial factors, and end-of-life goals on their care, as applicable e. The person’s preferences for treatment and motivation to comprehend and adhere to the plan of care 3. Assess the wound using the “NPUAP PUSH Tool 3.0” (see “Procedure: NPUAP PUSH Tool 3.0”). A comprehensive reassessment using the same tool should be completed weekly at a minimum to determine the wound progress and the effectiveness of the treatment plan. <p>NOTE: the best position of the person for wound assessment is the prone jackknife position. One or two pillows placed under the persons anterior pelvis when they are lying prone is required to achieve the desire effect. The person must then separate their buttocks using both hands</p>

	<ol style="list-style-type: none"> 4. Assess the wound for signs/symptoms of increased bacterial burden using the “Bioburden Assessment Tool” (see “Procedure: Bioburden Assessment Tool”), as per the “Guideline: Assessment and Management of Bacterial Burden in Acute and Chronic Wounds”. NOTE: “Pilonidal sinus wounds infected with hemolytic streptococci and anaerobic bacteria have a statistically significant correlation between pocketing in the base with friable granulation tissue, bridging of the epithelium, and infection ... small pinhole openings in the bluish, newly epithelialized tissue may be present distally and proximally. The openings may probe to the main wound or may be isolated and contain friable granulation tissue. Pockets of infection may form with minor tension, leading to breakdown of newly epithelialized tissue⁹⁻¹¹” 5. Assess the wound’s moisture balance and the appropriateness of the current dressing using the “Guideline: The Assessment and Management of Moisture in Acute and Chronic Wounds” 6. Assess the wound to determine if debridement interventions are warranted. See “Guideline and Procedures: Wound Debridement (excluding conservative sharp debridement)” and “Guideline and Procedure: Conservative Sharp Wound Debridement” 7. Determine the healability of the persons pilonidal sinus wound based on your holistic assessment, the persons/caregivers willingness to participate in and adhere to the plan of care, and based on the results of use of the “Determining Healability Tool” (see “Procedure: Determining Healability Tool”). Choose the most appropriate wound healing goal: <ol style="list-style-type: none"> a. Healable b. Maintenance c. Non-healable/palliative 8. Once you have completed a thorough assessment of the person and their pilonidal sinus wound, you may proceed to implement appropriate interventions as outline in “Guideline: The Management of People with Pilonidal Sinus Wounds”.
<p>References</p>	<ol style="list-style-type: none"> 1. Pilonidal Support Alliance. What is it? Accessed April 11, 2012 from: http://www.pilonidal.org/education/whatisit.php. 2. Banerjee D. The etiology and management of pilonidal sinus. Journal of Wound Care. 1999;8:309-10. 3. Brearley R. Pilonidal sinus a new theory of origin. Br J Surg. 1955;43(177):62-8. 4. Sondenaar K, Pollard ML. Histology of chronic pilonidal sinus. APMIS. 1995;103:267-72. 5. Lord P. Anorectal problems: etiology of pilonidal sinus. Dis Colon Rectum. 1975;18:661-4. 6. Bascom JU. Pilonidal disease: long-term results of follicle removal. Dis Colon and Rectum. 1983;26:800-7. 7. Spivak H, Brooks V, Nussbaum, et al. Treatment of chronic pilonidal disease. Dis Colon Rectum. 1996;39:1136-9.

	<ol style="list-style-type: none"> 8. Miller D, Harding K. Pilonidal sinus disease. World Wide Wounds [online]. 2003. Accessed April 11, 2012: www.worldwidewounds.com/2003/december/Miller?Pilonidal-sinus.htm. 9. Harris CL, Laforet K, Sibbald RG, et al. Twelve common mistakes in pilonidal sinus care. Advances in Skin & Wound Care. 2012;25(7):324-332. 10. Marks J, Harding KG, Hughes LE, et al. Pilonidal sinus excision – healed by open granulation. Br J Surg. 1985;72:637-640. 11. Marks J, Harding KG, Hughes LE. Staphylococcal infections of open granulating wounds. Br J Surg. 1987;74:95-97.
<p>Related Tools (NOTE: these tools and their instructions can be found on the SWRWCP’s website: swrwoundcareprogram.ca)</p>	<ul style="list-style-type: none"> • The SWRWCP’s Pilonidal Sinus Assessment and Management Algorithm • Initial Wound Assessment Form • Procedure: Initial Wound Assessment Form • Nestle Mini Nutritional Assessment (MNA[®]) Tool • Procedure: Nestle Mini Nutritional Assessment (MNA[®]) Tool • NPUAP PUSH Tool 3.0 • Procedure: NPUAP PUSH Tool 3.0 • Bioburden Assessment Tool • Procedure: Bioburden Assessment Tool • Guideline: Assessment and Management of Bacterial Burden in Acute and Chronic Wounds • Guideline: Assessment and Management of Moisture Balance in Acute and Chronic Wounds • Guideline and Procedures: Wound Debridement (excluding conservative sharp debridement) • Guideline and Procedure: Conservative Sharp Wound Debridement • Determining Healability Tool • Procedure: Determining Healability Tool • Guideline: The Management of People with Pilonidal Sinus Wounds