



POST-OPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING PILONIDAL CLEFT LIFT SURGERY

PREPARE FOR YOUR UPCOMING SURGERY

- CONSIDER PURCHASING BEFORE YOUR SURGERY DATE:
 - GAUZE (DOESN'T NEED TO BE STERILE)
 - BALNEOL (PERIANAL CLEANSER)
 - 1 ROLL OF 1-2" PAPER TAPE

GENERAL INFORMATION AND DIET

- IT'S EXPECTED FOR YOU TO HAVE SOME PAIN IMMEDIATELY AFTER SURGERY. THIS WILL DIMINISH EACH DAY. MANY PATIENTS FEEL THAT THE FLAP SIDE IS NUMB FOR 2 OR MORE MONTHS. THIS TOO IS NORMAL. NORMAL SENSATION WILL EVENTUALLY RETURN.
- PLEASE TAKE THE IBUPROPHEN (IF PRESCRIBED) 3X PER DAY AND ONLY TAKE THE NARCOTIC (OXYCODONE OR HYDROCODONE) IF NEEDED. **ALL PAIN MEDICATIONS CAN CAUSE NAUSEA** SO DON'T TAKE EITHER ON AN EMPTY STOMACH AND HOLD THE MEDICATION, NAP, AND PLACE A COOL WASHCLOTH ON YOUR FOREHEAD FOR 6-12 HOURS IF YOU BECOME NAUSEATED. ALSO, THE NARCOTIC CAN CAUSE SEVERE CONSTIPATION SO TAKE IT WITH CAUTION.
- DON'T PLACE AN ICEPACK ON YOUR BOTTOM AS IT MAY DAMAGE THE FLAP.
- AVOID TYLENOL/ACETAMINOPHEN AS YOUR PRESCRIBED NARCOTIC ALREADY CONTAINS THIS MEDICATION, AND TAKING MORE CAN BE DANGEROUS. YOU MAY TAKE TYLENOL/ACETAMINOPHEN IF YOU ARE NOT TAKING THE NARCOTIC. IT'S SAFE TO TAKE WITH IBUPROFEN.
- YOU SHOULD ALSO HAVE RECEIVED A PRESCRIPTION FOR AN ANTIBIOTIC. PLEASE TAKE YOUR FIRST DOSE THE EVENING OF SURGERY. THE ANTIBIOTIC WILL BE PRESCRIBED FOR 2 WEEKS. IF FOR ANY REASON THE PHARMACIST DID NOT DISPENSE ENOUGH OF THE ANTIBIOTIC FOR TWO FULL WEEKS, PLEASE CALL US.
- PLEASE EAT LIGHT MEALS AND REFRAIN FROM ALCOHOLIC BEVERAGES THE DAY OF SURGERY AS YOU MAY EXPERIENCE NAUSEA FROM THE ANESTHETIC.
- PLEASE SHOWER DAILY STARTING THE MORNING FOLLOWING SURGERY. DRY THE WOUND CAREFULLY WITH A TOWEL AND THEN WITH A HAIRDRYER ON A COOL SETTING. DON'T SUBMERGE IN WATER FOR 1 MONTH.
- DON'T DRIVE A CAR OR OPERATE MACHINERY FOR 24 HOURS AFTER SURGERY.
- DON'T MAKE IMPORTANT DECISIONS OR SIGN LEGAL DOCUMENTS FOR 24 HOURS AFTER SURGERY.
- YOU MAY RETURN TO SCHOOL OR WORK WHEN YOU FEEL COMFORTABLE AND CAN SIT. THIS USUALLY IS IN 4 OR 5 DAYS.

Physical Activity

- ACTIVITY: NO VIGOROUS ACTIVITY FOR THE NEXT SEVERAL DAYS. **SITTING** (EVEN ON THE INCISION) **AND WALKING ARE ENCOURAGED**, BUT PLEASE DON'T SIT DOWN TOO HARD.
- PLEASE WAIT UNTIL AFTER YOUR DRAIN IS REMOVED BEFORE ENGAGING IN VIGOROUS EXERCISE. AVOID SIT-UPS AND ACTIVITIES THAT PLACE PRESSURE ON YOUR INCISION,

SUBMERSION IN WATER, AND ACTIVITIES WHERE YOU MAY FALL ON YOUR BACKSIDE (SNOW BOARDING, SKATE BOARDING, AGGRESSIVE BASKETBALL...) FOR 1 MONTH AFTER THE DRAIN IS REMOVED. DEEP SQUATS SHOULD BE AVOIDED BUT OTHER FORMS OF WEIGHTLIFTING IS FINE.

DRESSINGS

- CHANGE ALL THE DRESSINGS ONCE A DAY. IT IS BEST TO KEEP A PIECE OF GAUZE OVER BOTH THE INCISION AND THE PLACE WHERE THE DRAIN ENTERS THE SKIN UNTIL THERE IS NO MORE DRAINAGE FOR AT LEAST 5 DAYS; AND ALSO, TO KEEP A SMALL, FOLDED, PIECE OF GAUZE TUCKED BETWEEN THE BUTTOCKS AT THE BOTTOM OF THE INCISION FOR ABOUT A MONTH. THIS PIECE OF GAUZE KEEPS THE TWO SIDES OF THE BUTTOCKS APART, WHICH ALLOWS AIR TO CIRCULATE, ABSORBS DRAINAGE, AND PREVENTS THE INCISION FROM RUBBING AGAINST THE OPPOSITE BUTTOCK. CHANGE THESE AT LEAST ONCE A DAY. THE MOST INEXPENSIVE, NON-STERILE, COARSE WOVEN GAUZE IS BEST. **LEAVE THE STERI STRIPS ON AND CAREFULLY PEEL THEM OFF 3 DAYS AFTER THE DRAIN IS REMOVED.**

The Drain.....

You have a drain from surgery since fluid will accumulate under the potential space under the surgical flap. If you have a drain with a tube connected to a bulb, then you have a “closed suction drain”. Here’s how to take care of it. Please reference the videos on the website for a visual demonstration.

Secure the tube and bag inside your clothing with a safety pin and be careful that the tube doesn’t get snagged and accidentally pulled.

It may be uncomfortable for you to sleep on your back for the 7-10 days the drain is in.

1. Empty your drain at least twice a day into the provided measuring cup and record the volume (as CCs or MLs) of fluid to show Dr. Sternberg at your next appointment.
2. Change the dressing around the tube every day.
3. You should remove the dressing when showering and replace it.
4. Use the supplied lanyard placed around your neck to hold the drain during showering.
5. “Stripping” the tube helps keep blood clots from blocking the tube. Best to do with an alcohol swab or with soapy fingers (so your fingers slide).
6. Please wash your hands thoroughly (goes for a helper if you have one too) before emptying the drain!
7. The bulb should be partially compressed at all times. If the bulb is full and round, then it is not applying suction, and should be re-compressed.

Emptying the bulb:

1. Get your measuring cup ready.
2. Clean your hands well with soap and water or with an alcohol-based cleanser.
3. Open the bulb cap.
4. Empty the fluid into the measuring cup and record the date and the time for Dr. Sternberg.
5. Squeeze the suction bulb and hold it flat.
6. While the bulb is squeezed flat, close the cap.
7. Flush the fluid down the toilet.

What if there is no fluid draining into the bulb?

This may mean that there is no more fluid accumulating under the flap, but it could also mean that the drain is clogged. You should strip the drain.

1. If you see a blood clot or obstruction in the drain, squeeze the tubing there to help break it up.
2. Grip the drain with your fingers, close to where it exits your body and compress the tube to occlude it. With your other hand squeeze down the length of the tube with an alcohol pad or with soapy fingers (so they slide). Start where it comes out of your body and move toward the drainage bulb. Keep the stripping fingers compressing the tube and release the fingers compressing the tube where it exits your body. Do this several times until fluid is draining into the bulb.
3. If this doesn't work please contact Dr. Sternberg. It's not an emergency and can wait until the next day. He can unclog the drain in the office the following day if you are in town. If you are out of town, please go thru the unclogging maneuver with the 5 cc syringe that he taught you in the office the day following surgery.

BOWEL MOVEMENTS:

- FOR THE FIRST 2 WEEKS AFTER SURGERY, PLEASE CLEAN YOURSELF CAREFULLY AFTER EVERY BOWEL MOVEMENT WITH WET WIPES OR BALNEOL (A PERIANAL CLEANSER TO BE PLACED ON TOILET PAPER). THEN SHOWER AND DRY THE AREA CAREFULLY WITH A TOWEL THEN WITH A HAIRDRYER ON THE LOW HEAT SETTING.
- TO AVOID **CONSTIPATION**, YOU MAY TAKE AN OVER THE COUNTER FIBER SUPPLEMENT (KONSYL, METAMUCIL, OR BENEFIBER – PREFERRED IN THIS ORDER). HOWEVER, SHOULD YOU MISS MOVING YOUR BOWELS FOR 1 OR TWO DAYS PLEASE PURCHASE AND TAKE (ALSO OVER THE COUNTER) MILK OF MAGNESIA: TAKE 2 TABLESPOONS EVERY 6 HOURS UNTIL YOU HAVE A PRODUCTIVE BM THEN STOP TO AVOID DIARRHEA.

MAKE AN APPOINTMENT TO SEE DR. STERNBERG WITH YOUR DRAIN-HELPER THE DAY FOLLOWING SURGERY. THIS APPOINTMENT IS CRITICAL, AS I WANT TO BE CERTAIN THAT YOUR HELPER IS PROPERLY DRAINING FLUID FROM UNDER THE FLAP.

IF YOU LIVE MORE THAN A 30-MINUTE CAR RIDE (PLEASE ACCOUNT FOR TRAFFIC) AWAY FROM THE SURGERY CENTER, YOU SHOULD SPEND THE NIGHT OF YOUR SURGERY IN SAN FRANCISCO. THIS IS IMPORTANT AS A LONGER CAR RIDE CAN LEAD TO BLEEDING UNDER THE FLAP. IN ADDITION, YOU MUST SEE DR. STERNBERG IN HIS OFFICE THE DAY FOLLOWING SURGERY.

NOTIFY ME IMMEDIATELY, IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- **TEMPERATURE OVER 101° FAHRENHEIT**
- **PERSISTENT NAUSEA OR VOMITING**
- **BLEEDING NOT CONTROLLED BY APPLYING STEADY PRESSURE TO THE AREA FOR 20 MINUTES**
- **EXTREME PAIN NOT RELIEVED BY PRESCRIBED MEDICATION**
- **INABILITY TO URINATE FOR 8 HOURS AFTER SURGERY OR PASSING VERY SMALL FREQUENT AMOUNTS OF URINE**

IF YOU REQUIRE IMMEDIATE MEDICAL ATTENTION AND ARE UNABLE TO CONTACT DR. STERNBERG, PLEASE GO TO THE EMERGENCY ROOM AT CALIFORNIA PACIFIC MEDICAL CENTER AT 1101 VAN NESS AVE OR YOUR NEAREST EMERGENCY ROOM. IF YOU HAVE ANY QUESTIONS, PLEASE CALL MY OFFICE AT 415.417.3377