GRANGER MEDICAL CLINIC

Exceptional Care. One Patient at a Time.

General Surgery
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Post-Operative Instructions: Pilonidal Cyst

Diet:

- Start with clear liquids after surgery to prevent nausea, vomiting, and constipation (i.e. soup, Jell-O, juices, popsicles, Gatorade/Powerade, water, etc.) Drink plenty of water (64 oz or more per day).
- Advance to regular diet tomorrow. Eat lots of whole grains, fruits, and green leafy vegetables.
- Avoid dairy products or foods that might cause constipation.

Medication:

- Take the pain medication prescribed by your doctor. You will be prescribed a small-dose narcotic medication, ibuprofen, and an anti-nausea medication. Make sure you take these medications with food.
- Alternate your pain medications every 4 hours for better pain control. (i.e. take small-dose narcotic at 8:00 am, then at 12:00 noon take ibuprofen. 4:00pm take the narcotic again, and so-forth.)
- If you do not want to take the small-dose narcotic medication, you may switch to Tylenol. You may take Tylenol and ibuprofen at the same time. **Do NOT take Tylenol and the narcotic medication at the same time.**
- You may be prescribed an antibiotic. Take as directed.
- Take laxatives, such as MiraLAX or Dulcolax tablets, once or twice daily to avoid constipation. Start after surgery and may discontinue one your stools become regular.

Activity:

- Rest for the first 24 hours after surgery.
- Walk short distances, like to the bathroom, only on the night of surgery.
- Day after surgery, get up and walk as tolerated. Take short walks throughout the day and gradually increase walking over the next few days after recovery.
- Do not make sudden positional changes; if lying down, sit up for a minute before standing.
- No driving while on narcotic pain medication.
- No lifting, pushing or pulling anything greater than 10-25 pounds for 4-6 weeks after surgery.
- No weight lifting, squatting, jogging, swimming, or other strenuous activities for 4-6 weeks after surgery.
- A safe rule of thumb: "if it hurts, don't do it."
- If your wound is closed (sutured), be very careful while bending, sitting, or using the restroom.

Dressing/Bandages:

- Keep your dressing clean and dry for 24 hours. You may remove the outer dressing after 24 hours.
- Possible drainage from incision. You may want to wear pads, use gauze, or adult diapers to protect your undergarments.
- If packed with gauze, change as instructed.
- If you have a bolster (bunny tail-like roll) and a drain, make sure you change the gauze frequently to keep incision clean and dry.
- Do not apply any medications, ointments or products to your incisions while open, draining or scabbed.

Bathing & Wound Care:

- You may shower after 24 hours after surgery. Gently pat-dry the wound area and incisions a soft, clean towel.
- Do not scrub or rub on your incision.
- If you have a bolster (bunny tail-like roll) and a drain, make sure to cover it while showering that way it does not get wet.
- No soaking or bathing in a tub or swim in a pool/hot tub until directed by the surgeon.

Miscellaneous:

- No alcohol for 24 hours after surgery or while taking any narcotic pain medication.
- Do not make any personal or business decision for 24 hours or while taking any narcotic pain medication.
- Recommendation is to have a responsible adult with you for the rest of the day and night following surgery.

What to Expect:

- You may notice some bleeding and drainage.
- Bowel movement irregularity is expected when taking narcotic pain medication. It is recommended that you take a stool softeners and laxatives needed to help with pain from stools (see medication for details).
- You may feel sleepy during the day with the narcotic pain medication, but not excessively so. Take short walks as tolerated to keep energy and movement in your body.
- You may have some nausea or vomiting the day of surgery, sometimes also with the narcotic pain medication, but this should not persist.
- You may have a sore throat.

Possible Problems:

Call 801-955-0071 to speak with your surgeon or on-call surgeon if:

- Unable to drink liquids or keep liquids in your system because of nausea and vomiting.
- Unable to urinate 8 hours after surgery.
- Temperature of 101*F.
- You notice excessive bleeding or unexpected drainage from the incisions.
- You notice extreme redness or warmth around your incision sites.
- Wound edges, opens, or separates.
- Nausea of vomiting 24 hours after surgery.
- Excessive pain even while taking pain medication. (Understand pain medication may not completely eliminate discomfort.)
- Pain or swelling in the legs.
- Excessive diarrhea. Occasional loose stool is not uncommon. However constant, watery diarrhea can lead to dehydration.
- You can present yourself to the Emergency Department for evaluation and they will contact your surgeon.

Other Information:

- The hospital will call you the day before your procedure with a time that you will need to arrive at the hospital and any other important information that you will need to know prior to surgery.
- You must have someone available to drive you home after your surgery.
- You may receive up to 4 separate bills from surgery: 1-facility, 2-physician, 3-anesthesia, 4-pathology
- Wear comfortable clothing. Bring your glasses, hearing aids, insurance cards and identification cards.
- If you must cancel or reschedule your procedure, please give notice 2 full business days in advance.
- Post op visit is to be scheduled as needed after surgery. Please call with any questions or concerns.
- If you have a bolster (bunny tail-like roll) and a drain, then you're post op visit should be scheduled sooner, typically about 5 days. Please let us know when making the follow up that you have a drain.