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<th>Guideline: The Assessment of People with Pilonidal Sinus Wounds</th>
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| **Background** | - A pilonidal sinus wound is a wound near the natal cleft the area between the cheeks of the buttock that is frequently a site of hair growth and skin debris  
- A pilonidal sinus tunnels under the skin and may have more than one tract/direction.  
- Pilonidal sinuses are typically either congenital or acquired:  
  - A congenital pilonidal sinus develops in patients with a “dimpling” of the natal cleft. Hair and dead skin cells collect and a sinus can form  
  - Acquired pilonidal sinus often results from “in-grown” hair, which leads to the hair follicle becomes distended with keratin and may become infected due to the accumulation of hair, debris and bacteria. Acquired pilonidal sinuses may present as a hair-containing cyst or abscess.  
- Risk factors for Pilonidal disease include: male gender, age 16-40 years, personal and/or family history of pilonidal disease, stiff hair, abundant hair, sedentary lifestyle, obesity, and hirsutism  
- Incision and drainage of a pilonidal sinus wound is associated with a 40-60% recurrence rate  
- Recurrent sinuses require a wide excision with primary or secondary closure. Primary closure is associated with a recurrence rate of 37%, while a secondary closure has a recurrence rate of 8-43%  
- 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:  
  - 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 |
| **Indications** | This guideline is intended to be used by health care providers, to guide their assessment of individuals with a pilonidal sinus wound. |
| **Guideline** | 1. Upon discovery of a pilonidal sinus wound on a patient or upon admission of a patient with a pilonidal sinus wound to your health care facility/service, conduct a history and focused physical assessment to determine the patients:  
  a. Current and previous medical history, including medications  
  b. Nutritional status  
  c. Wound history  
  d. Wound related pain and quality of life  
  e. Extrinsic and intrinsic factors affecting wound healing  
  f. Patient goals and ability to participate in the care plan |
2. Conduct a psychosocial assessment to determine the:
   a. Patient understanding of the wound and their risk factors
   b. Impact of the wound on the patient and their body image
   c. Financial concerns and availability of support systems to address concerns
   d. The impact of the patient’s environment, physical/medical/psychosocial factors, and end-of-life goals on their care, as applicable

3. Complete a validated wound assessment/monitoring tool (such as the “NPUAP PUSH Tool 3.0”). It is important to track wound progression over time using a validated tool so that treatment plan effectiveness can be evaluated. This should be done weekly at a minimum.

   **NOTE:** the best position of the patient for wound assessment is the prone jackknife position. One or two pillows placed under the patient’s hips/pelvis when they are lying prone is required to achieve the desired effect. The patient must then separate their buttocks using both hands.

4. Assess the wound for signs/symptoms of increased bacterial burden using “NERDS and STONEES” or refer to the “Guideline: The assessment and management of bacterial burden in acute and chronic wounds” to help guide your assessment. Common findings of possible infection in pilonidal sinuses include: purulent discharge, excess exudate, friable granulation tissue, bridging of epithelial tissue across the wound, malodour, cellulitis, excessive pain, and delayed healing.

5. Assess the wound’s moisture balance and the appropriateness of the current dressing. Additional guidance can be found in the “Guideline: The Assessment and Management of Moisture in Acute and Chronic Wounds”.

6. Assess the wound to determine if debridement interventions are warranted or see “Guideline and Procedures: Wound Debridement (excluding conservative sharp debridement)” and “Guideline: Conservative Sharp Wound Debridement”. **NOTE:** Follow your organization policies and standard operating procedures as well as your College’s Standards before completing care below the dermis.

7. Determine the healability of the patient’s pilonidal sinus wound based on your holistic assessment. Choose the most appropriate wound healing goals based on the wound’s ability to heal:
   a. Healing
   b. Not-healing (“Maintenance”)
   c. Non-healable/palliative

   **NOTE:** Wound healing goal may change over time and should be re-assessed on an ongoing basis.

8. Once you have completed a thorough assessment of the patient and their pilonidal sinus wound, proceed to implement appropriate interventions as outlined in “Guideline: The Management of People with Pilonidal Sinus Wounds”.

**References**


