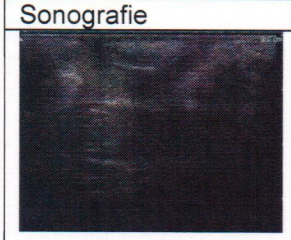
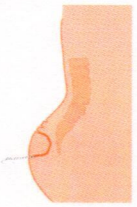
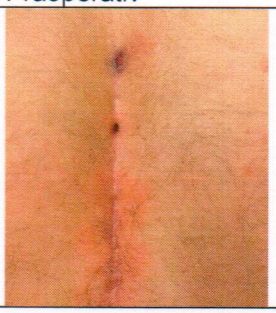
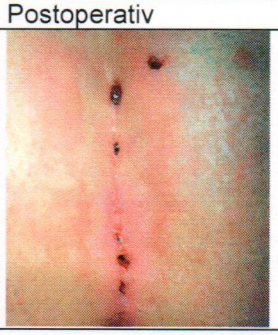
Protocol and Pitfalls

Laser Coagulation of Pilonidal Sinus (LCP)

Sonografie	OP-Methode	Präoperativ	Postoperativ
			

Before surgery:

Blood thinner:	discontinue (controverse discussion)

During surgery:

Antibiotics:	not nessecary
Anaesthesia:	general anaesthesia
Local anaesthesia:	bupivacaine 0,5% with adrenaline 1:10.000 to broaden tissue thickness
Wavelength:	1470 nm (810 or 980 nm going deeper into tissue, not as much effective)
Probe:	600 µm fiber with special glas top with 360 spreading laser light
Power:	10 Watts
Shots:	each 5 mm 3 sec, beginning at one end of fistula tract, gently pulling until adherence loosed, remove gently pasting necrosis from glas top, than pushing probe into fistula tract again until you feel resistance In cases of fistula cavities you´ll not feel resistance. Therefore try fan-shaped burning to reach every edge of cavity.
Bandage:	compressing dressing

After surgery:

What normally happens:	low pain, low discharge and bleeding until 4 weeks
Bandage:	no adhesive bandage after first changing dressing, shower with water 3 times a day and PVP-iodine ointment on a gauze compress
Sick note:	3 days, but man with own business will go for business next day
Pain killer:	Ibuprofen 600 if nessecary
Sports:	no heavy weights and contact sports for 3 weeks no jogging, cycling for 1 week no swimming in pools until wound closure
Hair removal:	There is no strong evidence for advantage of hair removal after complete healing. Nevertheless it is very nessecary until wound closure.

Pitfalls:

- There will be a more or less synclinal scar in place of pit wound.
- If fistula tract is longer than 5 cm, make an additional opening between the two of fistula openings.
- Don´t miss fistula tracts using ultrasound.

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