

## **FAILED PILONIDAL SURGERY: THE CAUSE AND A CURE**

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**Hypothesis:** Refractory pilonidal disease is not due to deep tissue defects that must be excised. Rather, it is due to damage of epidermis in the depths of a gluteal cleft. When other operations fail, then an operation we call cleft lift protects epidermis, reduces the depth of the cleft and moves all suture lines to open air. It heals refractory wounds.

**Design:** Before-and-after trial.

**Setting:** Community private practice with experience in pilonidal disease in over 700 cases, providing hospital and office care.

**Patients:** From 105 recent cleft lift operations for pilonidal disease, we selected a subset of at least twenty-five referred patients with unhealed disease. These are added to 31 similar patients of a prior series. The 56 patients had already accumulated more than 300 years of open wounds and had undergone more than 200 operations.

**Intervention:** The deep gluteal cleft skin was reshaped using a skin flap. The operation reduced the depth of the cleft and moved all suture lines to open air. Deep tissue was left largely intact.

**Results:** All of the last 25 healed within one week. Wounds healed after cleft lift in all 56 patients and 53 of the 56 wounds healed after a single operation. All remained healed. Follow-up in 85% averaged 30 months.

**Conclusion:** When applied to unhealable pilonidal disease, the cleft lift procedure produced rapid healing. The failure of multiple old operations suggests the need of a paradigm shift in our understanding of the disease. We add observations from this series that explain the roles of cleft geometry, of wandering hair, of occlusion pressures to 125 mm Hg, of the importance of the preserved healing powers in deep tissues and of intact epidermis in bringing an end to unhealable pilonidal wounds.