Surgical Consent for Pilonidal Cystectomy

**Diagnosis:**
- You have been diagnosed with a Pilonidal Cyst. This cyst occurs near your tailbone. A cyst is a closed tract that is filled with fluid and hair; it is frequently infected.

**Name of Procedure/Treatment:**
- Pilonidal cystectomy which is the surgical removal of the tract and its contents

**Nature and Purpose of proposed treatment:**
- An incision is made in the area of the cyst. The sinus tract or sac with the abnormal or infected tissue is removed. The incision is then closed with stitches and/or staples. A dressing will then be applied to the area. Occasionally, a small drain will be inserted into the incision to allow drainage from the site. This drain will be removed in a few days. Sometimes the wound is left open and will be packed with gauze if the tract was infected.

**Risks common to all surgical procedures:**
- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

**Risks and complications of the proposed treatment:**
- Pain after surgery, which may require you to take pain medication
- An infection, which may require you to take antibiotics
- Recurrent disease may occur in 25-30% of all cases, which may require further surgery
- Non-healing wound requiring more surgery

**Risks or complications of the proposed treatment that is specific and unique to the patient:**

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____________________________________________________________________________________________________________

**Alternative treatments:**
- Analgesics, for pain
- Antibiotics, to treat any infection
- Sitz baths (sitting in a tub of warm water)

**Prognosis if the proposed treatment is NOT accepted:**
- If you choose not to have surgery, you may experience continued discomfort and progression of the disease

I understand the above information and give my consent to have the described treatment performed.

___________________________________  ___________________________________
Patient Signature      Physician Signature

___________________________________  ________________________________
Date         Date

In certain procedures, your primary surgeon may feel that an assistant surgeon will be needed for the optimal conduct of the above surgical procedure.

I understand that in certain procedures my surgeon may feel that an assistant surgeon will be needed.

___________________________________  ________________________________
Patient Signature      Date