Wound Dehiscence Following Karydakis Procedure – A Surgeon's Experience

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Abstract

Purpose of study

Pilonidal disease is a common condition effecting the skin and subcutaneous tissue of the natal cleft. Studies have not adequately analysed the rate of dehiscence following Karydakis procedure. This study is a retrospective audit of a surgeon's experience with Karydakis to reflect on wound dehiscence.

Statement of methods

All patients who underwent Karydakis procedure under a single surgeon over 10 years were included. The rate of wound dehiscence was analysed and compared with variables outlined below.

Summary of the results

Wound was completely healed in 20 patients, dehisced in 25 (<=10mm in 18, >10mm but not entire wound in five and entire wound in one). One patient required re-excision, 24 managed conservatively. The mean healing time was significantly higher for the dehiscence group (12.13 vs 3.45 weeks). Rate of dehiscence was compared to presence of comorbidities (p=0.162), intraoperative placement of subcutaneous drain (p=0.521), primary proceduralist (p=0.484), hair shaft on histopathology (p=0.920), number of midline pits (p=0.855), gender (p=0.651), health insurance status (p=0.651), previous incision and drainage (p=0.375), previous excision (p=0.029).

Conclusion

While Karydakis is a fairly simple procedure with very short post-operative stay, most patients are likely to experience minor dehiscence which can be managed conservatively and is more likely with history of previous excision. This should be stated in the consent and other surgical options should be discussed.

Recent Publications

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Biography

Dr Fahad Al Islam (lead author) is a surgical registrar at Nepean Hospital in Sydney, NSW, Australia. He attained MBBS degree in Bangladesh. He is currently completing Masters of Surgery with the University of Sydney which includes a dissertation on angiosarcoma involving three major sarcoma centres in Australia. The abstract that has been presented here and the study on angiosarcoma will be submitted for publication to ANZ Journal of surgery next month. He has publication in ANZ Journal of Surgery.

Dr Mark Muhlmann is a colorectal surgeon at Prince of Wales Hospital in Sydney, NSW, Australia. After attaining FRACS he completed fellowship in colorectal surgery with Colorectal Surgical Society of Australia and New Zealand. He is also one of the pioneers of robotic colorectal surgery in his institute. Dr Muhlmann has numerous publications in major journals.

Gary Low and Jia-Lin Yang are experience biostatisticians who assisted with the data analysis.

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