

Hospital / Clinic / Practice: [Klinik / Praxis:]



Patient data: [Patientendaten:]

englisch

The procedure is scheduled for (the date): Der Eingriff ist vorgesehen am (Datum):

Abscess at the body surface Abszess der Körperoberfläche
Localisation: _____

Sinus pilonidalis (pilonidal abscess / jeep disease)
Sinus pilonidalis (Steißbeinfistel)

Dear patient, dear parents,

you have/your child has an abscess at the body surface or a pilonidal abscess and your doctor suggests surgery.

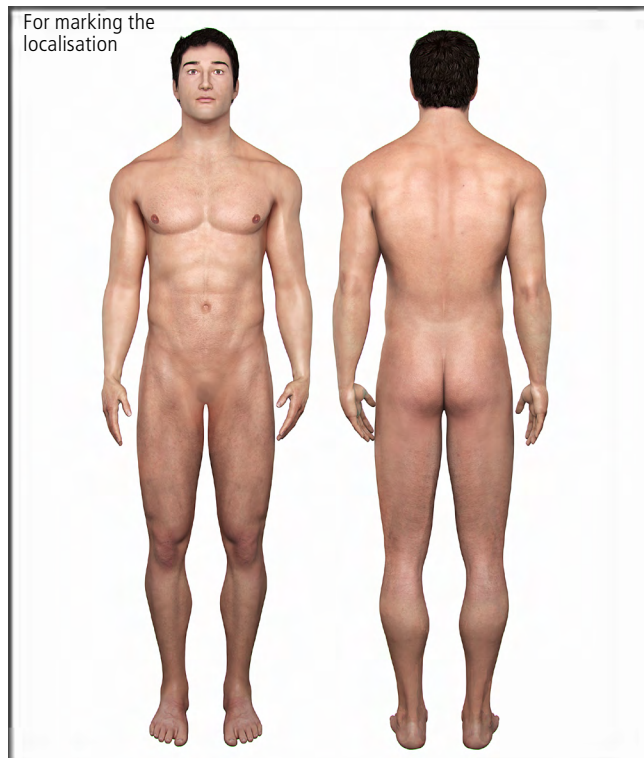
This information is meant to prepare you for the information talk with your doctor. During the talk the doctor will explain to you all the advantages and disadvantages of the planned measures in comparison to alternative methods. He will also inform you about the risks. He will answer your questions to reduce your fears and worries. Afterwards you can give your consent to the suggested surgery. After the talk you will get a copy of the completed and signed sheet.

REASONS FOR ABSCESSSES URSACHEN VON ABSZESSEN

An abscess is an encapsulated pus accumulation in the tissue caused by some inflammation. In most cases a bacterial infection is the reason caused by some injury to the skin (injection, operation, ingrown hair, foreign body). An abscess usually becomes obvious due to its typical signs of inflammation such as redness, swelling, overheating and pain. Sometimes high temperature and the general feeling of illness as well as loss of proper use of the affected body structure might occur. Some factors encourage the appearance of abscesses.

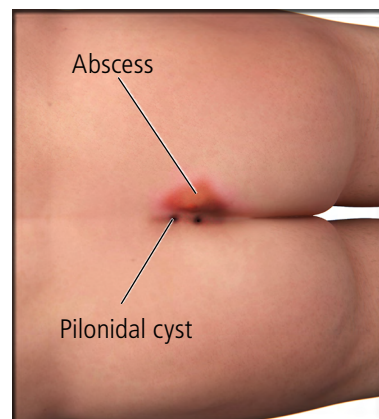
Amongst these are the accompanying illnesses such as diabetes mellitus or an insufficient blood circulation, lacerations to the skin, chronic skin problems (psoriasis, neurodermitis) or a generally weakened immune defense (due to illness, chemotherapy, immunosuppression).

If an abscess hasn't been treated it can spread, open up over the skin or create an unnatural connection channel (fistula). It also might affect other organs spread via lymph channels (lymphadenitis) or via the blood vessels which, in the worst case, could lead to a life-threatening blood poisoning (sepsis).



REASONS FOR A PILONIDAL ABSCESS

URSACHE EINER STEISSBEINFISTEL



The pilonidal cyst (sinus pilonidalis) is a chronically inflammatory cyst formation above or in the intergluteal cleft. Synonymously used notions are pilonidal cyst, pilonidal abscess, pilonidal dimple, hair cyst. According to current opinion, the pilonidal cyst is caused by ingrowing broken hair into the skin which can lead to an abscess and hereby lead to

fistula channels. Furthermore congenital disposition or injury e.g. falls, are being discussed as reasons. Intense body hair, overweight (adipositas), extended seating position and intense secretion of sweat facilitate the appearance of an abscess. Insufficient body hygiene is not considered as a starting factor.

The symptoms of a pilonidal abscess are depending on the acuteness of the illness. If there is an acute abscess, considerable pain and discharge of suppurating fluid may occur at the cyst

opening. In a chronic state continuous discharge from the cyst channels and itching cause most frequently discomfort.

POSSIBILITIES OF TREATMENT BEHANDLUNGSMÖGLICHKEITEN

The operative procedure is dependent on the size, the localisation and the reason of the abscess respectively the peculiarity of the pilonidal cyst. This will be explained to you in detail by your doctor.

Abscess Abszess

In case of small abscesses local anaesthesia with the injection of anaesthetic or a freezing of the area might be sufficient. In case of larger or very painful abscesses complete anaesthesia is recommended. Depending on the result, the following methods will be used: scraping out of the abscess, incision into the pus cavity, removal of the skin above the abscess or the extensive removal of the abscess and the affected tissue. After that, an extensive and diligent cleansing of the abscess cavity and, if necessary, the removal of necrotized tissue will be performed. The resulting wound will first of all be left open and rinsed regularly. A wound closure is medically not advisable due to a possible inflammation or the risk of a further abscess. In some cases the insertion of antibiotic means or a special sponge into the abscess cavity and the application of a vacuum bandage may enhance healing. Frequently this decision can only be made during surgery.

Pilonidal cyst Steißbeinfistel

The treatment of a pilonidal cyst is done under anaesthesia or local anaesthesia and is dependent on the results. It can be the mere opening of the abscess under local anaesthesia with minimal scraping out of the cyst channels (pit picking) up to the complete removal of the abscess and the cyst infected skin areas up to the coccygeal bone under complete anaesthesia. In case of minimal inflammation it can be sutured immediately or covered by means of a shifted skin lappet (Limberg-, Karydakis-plastic surgery). All these procedures have advantages and disadvantages especially considering the frequency of the renewed pilonidal cysts (recidive) and the duration of the wound healing. Your doctor will discuss with you the most suitable method and the planned procedure.

ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

In some cases, e.g. a deep positioned abscess, the insertion of thin plastic tubes (drainages) into the abscess cavity may be considered.

A mere therapy with antibiotics is really sufficient since the capsule of the abscess (abscess membrane) prevents adequate permeation of antibiotics from the blood.

In case of a pilonidal cyst there is no sensible alternative to surgery. Solely the surgical approach offers various possibilities.

POSSIBLE ADDITIONAL MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

During surgery, depending on the results, an extension or adjustment of the operation might be necessary. If there is no other possibility, your doctor will perform the required additional measures. If extensive measures are predictable your doctor will inform you in advance.

PROSPECTS FOR SUCCESS ERFOLGSAUSSICHTEN

In most cases one operation is sufficient for the treatment of an abscess. The risk of an anewed abscess at the same spot (recidive) or at another spot or the spreading after results despite operation is minimal, but should that be the case, further surgery will be necessary.

In case of a pilonidal cyst there is a general risk of relapse. The more thoroughly the operation has been performed the lower is this risk of relapse.

The healing of the wound in case of larger ones may take up to some months in rare cases and possibly require further surgery.

TIPS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions of your doctor and the nursing staff. Unless instructed differently, please note the following guidelines:

Preparation: Vorbereitung:

Administration of medicines: It is important to inform your surgeon which medicines you are currently taking or injecting (especially anti-clotting remedies, such as Aspirin® [ASS], Plavix®, Xarelto®, Pradaxa®, Eliquis®, Marcumar, etc., antidiabetics containing metformin, the so-called „Biguanides“ for diabetic patients) or which medicines you have taken irregularly in the last 8 days prior to the procedure. This includes any medicines without prescription and herbal remedies. The surgeon will inform you if, and for how long, you should discontinue the intake.

Aftercare: Nachsorge:

Pains after surgery can be eased off by medication. If needed, you will get additional painkillers.

During the **4 hours** following surgery, you should **not eat or drink** anything.

Depending on the healing process, **drainages** and **surgical suture material** will usually be removed after 10 to 14 days.

In case of an **open wound healing** the wound has to be rinsed and bandaged regularly, usually several times a day. Depending on the results you may do that yourself.

Refraining from smoking has a positive effect on the healing of the wound.

In case of a pilonidal cyst regular shaving of the affected area or a laser epilation in the area of the perineum is recommended as a **relapse prophylaxis**.

Please inform your doctor should there be **increasing pain, redness of the wound, swelling, bleeding or high temperature**.

If you are an **out-patient** an adult has to pick you up. Please make sure that you are cared for at home according to your doctor's recommended period of time. Since your reactions might be affected by the administering of medication you are not allowed to participate in the general traffic for **24 hours after surgery**, not even as a pedestrian. You also should not undertake any risky activities nor make any personal or financial decisions.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is generally known that **any medical surgery**, even relatively small operations such as an abscess opening **bears risks**. If complications occur, additional measures of treatment or a surgery may be required and in an extreme case, they can be life threatening or lead to permanent damages. Please understand that due to legal reasons we have to mention all risks specific to this procedure, although partly they relate only to exceptions. The doctor will explain in more detail the risks which are specific to you during the interview. However, you can also refuse detailed explanation. In that case, skip the chapter on risk and confirm that at the end of explanation.

Generally, any parts near the operation site (e.g. muscles, nerves, vessels) might get injured. **Injury to nerves** may lead to sensation of numbness or permanent pain. In case of injury to a vessel, loss of an extremity might happen in extreme cases.

Infections or reinfections around the surgical wound or around the insertion point of injection needles with abscess formation, necrotizing of tissue (necrosis) and scar formation are possible. In most cases, infections can be successfully treated with antibiotics, new abscesses might have to be opened if necessary. In rare cases, a spreading of germs into the blood vessels can lead to life-threatening **blood poisoning** (sepsis) or inflammation of the inner tissue of the heart (endocarditis) could be caused.

Allergic reactions (intolerance reactions) e.g. to medication (painkillers and aesthetics) can lead to skin rashes, itching, swelling but also sickness and cough. Serious reactions as for example breathing difficulty, cramps, rapid heartbeat or **circulatory shock** are rare. Due to the reduced circulation and despite intensive medical care temporary or even permanent damage to some organs e.g. damaging of the brain, paralyzing and kidney failure might occur.

During any surgery there is the **risk of bleeding**. Most of them can be dealt with immediately. In rare cases after-bleeding may occur, thus requiring further surgery. In case of **severe bleeding, transfusion** of blood/blood particles might be necessary. Hereby, infection with germs might occur, e.g. hepatitis, in very rare cases HIV, BSE or other dangerous - even unknown - germs.

Damaging to the skin, soft tissues or nerves e.g. due to injections, disinfectants, electrical current, blood blockage or positioning are possible. Pain, sensation of numbness and paralyzing may occur but they are mostly only temporary. Permanent damage to nerves, necrotising of tissue or scars are rare.

Blood clots might form and cause vascular occlusion (**embolism**). The blood clots might be transported and hereby block blood vessels of other organs. In such a case, **lung embolism, stroke or kidney failure** with permanent damage might occur.

In case of a **delayed healing process** or in case of some patients who suffer from some **disorder** of the **healing process**, painful scar formation and growths (keloids) might occur. Then a correcting operation may be necessary.

If wound closure is not possible, the **healing of a wound** may take **several months** in case of extensive wounds and possibly require further surgery.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of treatment in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects. **yes=ja no=nein**

Gender: M / F, **age:** _____ **years, weight:** _____ **kg, height:** _____ **cm, occupation** _____
 Geschlecht: m / w, Alter: Jahre, Gewicht: kg, Größe: cm, Beruf

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Heparin, Marcumar®, Plavix®,
 Ticlopidin, Clopidogrel, Xarelto®, Pradaxa®.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS),
 Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel,
 Xarelto®, Pradaxa®.

Any Other:

Sonstiges:

When did you take the last dose? _____
 Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____
 Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Do you smoke? yes no

If so, what and how much daily:

Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you have any metal implant
 (such as artificial hip)? yes no

Haben Sie ein Metallimplantat (z. B. eine künstliche Hüfte)?

Are you pregnant? not certain nicht sicher yes no

Besteht eine Schwangerschaft?

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____
 Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart

rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelerkrankung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck.

Any other: _____
Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen), Stimmband-Zwerchfelllähmung.

Any other: Sonstiges: _____

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____
Sonstiges:

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Any Other: _____
Sonstiges:

Kidney diseases? yes no

Kidney insufficiency, kidney inflammation, kidney operations, kidney or ureter stones,

blood in the urine, plasmocytoma.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung, Nieren-OP, Nieren-oder Harnleitersteine, Blut im Urin, Plasmocytom.

Other: _____
Sonstiges:

Liver diseases? yes no

jaundice, cirrhosis, liver inflammation.

Lebererkrankungen? Gelbsucht, Leberzirrhose, Leberentzündung.

Any other: _____
Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____
Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)? yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Do you have a malignant tumour (cancer)? yes no

Leiden Sie an einer Tumorerkrankung (Krebs)?

Are you receiving or have you received chemotherapy? yes no

Erhalten oder erhielten Sie eine Chemotherapie?

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, Postleitzahl, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after your: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

