

LETTER

Postoperative Bleeding Following Minimally Invasive Surgery for Pilonidal Disease

Luigi Basso, M.D., F.R.C.S.I.

"Pietro Valdoni" Department of Surgery, "Sapienza" University of Rome, Italy

Gaetano Gallo, M.D.

Department of Surgical and Medical Sciences, "Magna Graecia" University, Catanzaro, Italy

ACCEPTED

To the Editor – Sevinç et al¹ are to be congratulated on their paper describing a new procedure of minimally invasive surgery (MIS) to treat pilonidal disease (PD). MIS procedures have gained popularity, especially in certain PD situations.² However, they are not complication-free, and, for instance, early postoperative bleeding may occur,^{3,4} which can be difficult to manage, despite heavily compressive dressings, lying supine in bed on a mattress and local hemostatics. Hence, some of these bleeders are candidates to return to operating room (OR), which is distressing for both patient and family, involves recruiting an emergency team, and is expensive. In our still unpublished series of 848 PD patients operated by a combined Bascom-Gips procedure^{5,6} we had 22 cases of early postoperative bleeding (2.6%), all refractory to attempted on-the-ward traditional measures. As a last resource, prior to returning to OR, we moved the patient from lying supine on the mattress of his bed to lying supine on a hard surface floor (marble, wood, etc.), after positioning on the floor, for comfort, only one layer of cotton sheet and a pillow for his head. The patient remained in this position on the floor until full hemostasis was achieved. Typically, 60 minutes sufficed, with full resolution of bleeding in 100% of these cases within 90 minutes. Simply positioning of a bleeding patient supine on a hard surface floor is an always available, cheap, and effective way to cease early postoperative bleeding after MIS for PD and prevents shifting the patient back to OR.

REFERENCES

1. Sevinç B, Damburacı N, Karahan Ö. Comparison of curettage plus platelet rich plasma gel and curettage plus phenol application in treatment of pilonidal sinus disease: a randomized trial. *Dis Colon Rectum*. 2021; Epub ahead of print. 10.1097/DCR.0000000000002082
2. Milone M, Basso L, Manigrasso M, et al. Consensus statement of the Italian society of colorectal surgery (SICCR): management and treatment of pilonidal disease. *Tech Coloproctol*. 2021;25:1269–1280.
3. Milone M, Fernandez LM, Musella M, Milone F. Safety and efficacy of minimally invasive video-assisted ablation of pilonidal sinus: a randomized clinical trial. *JAMA Surg*. 2016;151:547–553.
4. Di Castro A, Guerra F, Levi Sandri GB, Ettorre GM. Minimally invasive surgery for the treatment of pilonidal disease. The Gips procedure on 2347 patients. *Int J Surg*. 2016;36:201–205.
5. Bascom J. Pilonidal disease: origin from follicles of hairs and results of follicle removal as treatment. *Surgery*. 1980;87:567–572.
6. Gips M, Melki Y, Salem L, Weil R, Sulkes J. Minimal surgery for pilonidal disease using trephines: description of a new technique and long-term outcomes in 1,358 patients. *Dis Colon Rectum*. 2008;51:1656–1662.