

Patient information factsheet

Having a Limberg flap operation

We've given you this factsheet because you are having a Limberg flap operation. It explains what a Limberg flap operation is, what it involves and what you should do after the operation. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is a Limberg flap operation?

This is a procedure for people who either have severe or recurrent pilonidal disease (a condition that affects the skin and the tissue underneath it – it usually develops in the crease between the buttocks).

How is a Limberg flap operation done?

A diamond-shaped incision (cut) is made to remove the affected skin and underlying tissue. Another incision is made in the skin to free up tissue from the buttock next to it. One side of this diamond-shaped flap is then swung into position and stitched into place. A plastic tube is placed next to the wound to drain fluid. This is the operation with the lowest chance of recurrence for pilonidal sinus disease (about 2%).

Before your operation

If you feel unwell (sickness, diarrhoea, or fever) in the 48 hours before your planned appointment or develop any new symptoms, please contact us. We may need to reschedule your appointment.

Please try to get plenty of rest the night before your appointment.

On the day of your appointment:

- Follow your fasting instructions advised to you by pre-assessment. No food after midnight, but you can drink up to 170ml of water each hour up until your operation.
- Avoid smoking on the day of your operation. If you require nicotine replacement therapy during your hospital admission, please discuss it with your medical team.
- Avoid alcohol for at least 48 hours before surgery.
- We advise wearing comfortable and loose clothing.
- Please bring all your medications into hospital. You should have been told what medications to take and which ones to avoid at your surgical pre-assessment appointment.

During your operation

You will arrive at the surgical day unit, and when it is time for your operation, we will take you to theatre. After your operation, you will wake up in the recovery room. Once you are stable, we will transfer you to the surgical ward where you will continue to recover. You will have a drain in place.

You can eat and drink once you are fully awake, and we will encourage you to start moving and walking. You may lie on your side or front, but please do not sit or lie on your wound.

After your operation

Day 1

We will encourage you to move around as much as you are able, including walking several times throughout the day. You will be able to wear your own clothes, and you may eat and drink if you are able to. Please be mindful of your drain; the nurses will mark this every morning to check the output. Do not sit or lie on your wound.

Day 2

We will change your dressing this day. Please have a shower before the new dressing is applied – it is okay for your wound to get wet in the shower, but your wound should be dry before we change your dressing. You should continue to walk freely, aiming to walk several times a day. Do not sit or lie on your wound.

Day 3

You should continue to walk and move regularly throughout the day. We will remove your dressing – it is normal to notice some discharge (fluid) from the wound.

If you are being discharged with a drain in place, we will give you your colorectal nurse practitioner's number. When the drainage is less than 30ml in 24 hours for three consecutive days, the drain can be removed. Please phone the colorectal nurse practitioner, and they will ask for you to return to the hospital to remove the drain.

When you go home from hospital

- You should shower daily. Use your showerhead on gentle pressure to wash your wound each day and after going to the toilet. You can then dry the area with a hairdryer on a cool setting.
- **Do not sit or lie on your wound** until you have been seen by the nurse practitioner in clinic.
- You can have your stitches removed two weeks after your operation. We will give you information about this on your discharge paperwork.
- You will have an outpatient appointment with your doctor three months after your operation.

Drain chart

Please record your drain output at the same time each day by marking the drain or completing the table on the next page.

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Day and time	Drain output
Day 0	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	
Day 8	
Day 9	
Day 10	

Once your drain output is less than 30ml in 24 hours, please contact the nurse practitioner using the contact details in the 'Contact us' section.

Useful links

www.nhs.uk/conditions/pilonidal-sinus/

Contact us

Nurse practitioner

Telephone: **07826 869 158** (For urgent concerns, you may call any time; to arrange the removal of your drain, you may call from Monday to Friday, 8am to 4pm.)

If we're unable to answer your call, please leave a message on the answer machine with your name, hospital number and a brief reason for your call. We will return your call as soon as possible.

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**