Suffering from coccyx fistulas?

Patient Information

SiLaC®
The new minimally invasive laser therapy for coccyx fistulas

www.pilonidal-cysts.com
What are coccyx fistulas and what causes them?

Coccyx fistulas are chronic inflammatory abscesses that occur in the area of the gluteal fold. The cause of such a condition can be hereditary dispositions, hormonal changes, ingrown hair and heavy sweating.

The most common cause is hair growing inwards - hence the Latin name sinus pilonidalis (pilus = hair, nidus = nest). When a hair grows in, bacteria can get under the surface of the skin and cause inflammation. Pus is formed and often accumulates in an abscess cavity. One or more fistula tracts develop, reaching to the skin surface. These are lined with an epithelium, which the body cannot eliminate itself.
How do coccyx fistulas feel?

In coccyx fistulas, a distinction is made between three types:

The **Bland (“Mild”) form** is the most harmless form, as it has no signs of inflammation. The coccyx fistula is recognizable, if at all, only by a few small fistula openings on the skin surface.

The so-called **Acute Abscessed form** the coccyx fistula has become inflamed. Heavy sweating and tight, rough underwear that rubs on the skin also contribute to inflammation.

In this case, the coccyx fistula is externally noticeable by redness and swelling. This area is then very sensitive and responds strongly to pressure. Sitting and walking cause pain – by walking it can be intense. In some cases, purulent and bloody fluid can also seep out of the fistula opening.

The **Chronic Fistulous form** shows no acute signs of inflammation. However, the coccyx fistula secretes blood and pus permanently, which is usually only noticeable by the discharge in the underwear. Within a few days, the coccyx fistula can inflame and swell considerably, which in turn causes severe pain.

Since coccyx fistulas significantly limit the quality of life of those affected, it is strongly recommended to see a doctor at first signs.

The most common cause of coccyx fistulas is **hair growing inwards**, causing inflammation.
How are coccyx fistulas treated?

Many of those affected turn to the family doctor with first symptoms, who will refer them to a specialist (proctologist) on suspicion of coccyx fistulas. This determines whether there may be another condition such as anal fistula or anal abscess.

The classic treatment of coccyx fistula is surgery. Antibiotics and ointments may be able to alleviate the symptoms – but often do not cure the condition.

Surgery not only removes the coccyx fistula itself, but also the surrounding tissue. This is to prevent a recurrence (“relapse”). Due to the anatomically unfavorable position of the wound, healing can be especially problematic. About 20 percent of those affected develop recurrences within three years.

**Conventional surgical methods**

- **By Excision** (removal of the entire fistula system and open wound treatment): Healing time 1.5 to 3 months and recurrences up to 35%.
- **By Plastic Procedures** (closing the wound with skin flaps) most common method according to Limberg: 4% recurrence compared to open wound treatment, but over 60% of patients are dissatisfied with the cosmetic result. This is because skin grafting that is supposed to cover defects with the body’s own tissue sometimes result in large skin transplants.

For the “Cleft-Lift”-Method (a variant of Karydakis Flap), a relatively high rate of wound healing disorders is documented at 18 – 40%.

References from: S3 Guideline - Sinus pilonidalis, ed. v. German Society for Coloproctology (DGK), April 2014, p. 10 -11, p. 13
SiLaC® is a new procedure to treat coccyx fistulas. Here, the coccyx fistula is irradiated with a minimally invasive laser. Minimally invasive means that only the smallest possible incision is necessary.

The surgeries are usually performed under spinal or general anesthesia. In the treatment, which in itself only takes a few minutes, a probe is inserted into the inflamed fistula tract. With the help of laser energy, the fistula tissue is precisely eroded, without the surrounding tissue being damaged or even having to be removed. Any cuts to relieve the abscess are significantly smaller.

By retracting the probe, the fistula tissue is slowly and safely destroyed. The extremely flexible probe is well suited for use in winding passageways and can be used regardless of the length of the fistula tract.

* SiLaC® is the abbreviation for Sinus Pilonidalis Treatment, which means the closure of the coccyx fistula as a result of using lasers.
What are the advantages of SiLaC®?

The minimally invasive SiLaC® therapy offers patients and physicians a number of benefits compared to conventional surgery:

- Closing of the fistula tract by laser irradiation
- Very little pain
- Minimal wound surfaces
- Excellent healing results
- Removal of excess, inflamed tissue and residual hair
- Maximum patient comfort
- Outpatient procedure possible
- Short treatment duration
- Quick recovery

Unique FUSION® technology from biolitec®

The silica glass caps by biolitec® are fused to the fiber instead of merely glued. That way we offer maximum stability and safety during therapy.
How can coccyx fistulas be avoided?

The causes of coccyx fistulas are varied. In addition to a hereditary predisposition, the following factors favor the development of a coccyx fistula in particular:

- Thick hair
- Heavy sweating, especially in combination with tight underwear
- Weak immune system
- Long term sitting
- Smoking
For more information about the SiLaC® treatment don’t hesitate to contact us: +49 6172-27159-11. You will receive medical information directly from your physician.

Please visit our website:
www.pilonidal-cysts.com