**PIlonidal Treatment STudying the OPtions (PITSTOP) is an HTA funded study.**

**Thank you for completing this questionnaire. All the questions below are related to the operative management of pilonidal disease in the elective setting. This questionnaire is to help us understand variation in practice in order to ensure our study is designed appropriately.**

Please tick your response where indicated.

1. Do you see pilonidal sinus disease as part of your day to day practice?

Yes No

(If you have responded “NO” to Q1, your survey is now complete)

2. Approximately how many patients would you see with pilonidal sinus per year?

\_\_\_\_\_\_patients per year

3. Do you see recurrent pilonidal sinus disease as part of your practice?

Yes No

4. What is your estimated overall recurrence rate (**primary and recurrent disease**)

|  |  |
| --- | --- |
| **Recurrence rate** | **Tick closest estimate** |
| No idea |  |
| <5% |  |
| 6-15% |  |
| 16-30% |  |
| >30% |  |

5. What proportion of your pilonidal sinus disease management is for recurrent disease?

\_\_\_\_\_\_\_\_\_%

6. What proportion of your pilonidal sinus disease management is for recurrent disease resulting from surgery performed by someone else?

\_\_\_\_\_\_\_\_\_%

7. Do you operate on all patients with pilonidal sinus disease that you manage?

Yes No

If “YES” proceed to Q10

8. If “NO”: approximately what proportion of pilonidal sinus disease would you operate on?

|  |  |
| --- | --- |
| 91%-99% |  |
| 81%-90% |  |
| 50-80% |  |
| Less than 50% |  |

9. If “NO”: what alternative measures do you use to assist with treatment? (more than 1 may apply)

|  |  |
| --- | --- |
| Shaving |  |
| Waxing |  |
| Depillating agents |  |
| Laser hair removal |  |
| Salt Baths |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If you don’t operate on a patient with pilonidal sinus disease what most influences your decision not to operate? (if more than one choice please rank from most to least important 1-7)

|  |  |
| --- | --- |
| Extent of disease |  |
| Proximity of disease to anus |  |
| Duration of symptoms |  |
| Age of patient |  |
| Previous surgery for disease |  |
| Inability of patient to take time off work |  |
| I routinely offer conservative treatment first |  |
| Patients concern re cosmesis |  |
| Extent of disease |  |
| Lateral opening present |  |
| Gender |  |
| Smoker |  |
| Body habitus |  |
| Comorbidity |  |
| Other |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you offer more than one type of operation to treat pilonidal sinus disease?

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Tick all that apply** | **Please mark top three preferences in order** |
| Local excision and leave open |  |  |
| Local excision and primary midline closure |  |  |
| Excision and lateral closure: |  |  |
| Bascom’s cleft closure (Bascom’s II) |  |  |
| Karydakis |  |  |
| Pit picking (Bascom’s I) |  |  |
| Pit picking alone |  |  |
| Rhomboid flap (Limberg etc) |  |  |
| Other flap procedure |  |  |
| Curettage and glue |  |  |
| Curettage and phenol injection |  |  |
| EPSiT (Endoscopic pilonidal sinus treatment) |  |  |
| Other (please detail) |  |  |

12. Do you offer “non-closure” type surgery to treat pilonidal sinus disease?

Yes No

(if “NO” go to Q14)

13. If yes which “non-closure” procedure do you perform?

|  |  |
| --- | --- |
| Bascom’s Type 1 |  |
| Curettage / Debridement / Cleaning of tracts |  |
| Excision and Packing |  |
| Excision and Marsupialisation |  |
| Excision and VAC Dressing |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Do you believe “off centred” closure/flap methods to be superior to midline closure?

Yes No

(if NO go to Q16)

15. If “YES” which procedure do you routinely perform for primary elective surgery?

|  |  |
| --- | --- |
| Karydakis Flap |  |
| Z Plasty Flap |  |
| Rhomboid Flap |  |
| Gluteal Rotation Flap |  |
| Bascom’s cleft lip procedure |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. If “YES” which procedure do you routinely perform for recurrent elective surgery?

|  |  |
| --- | --- |
| Karydakis Flap |  |
| Z Plasty Flap |  |
| Rhomboid Flap |  |
| Gluteal Rotation Flap |  |
| Bascom’s cleft lip procedure |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. What is your recurrence rate following definitive pilonidal sinus surgery

(approximately)?

|  |  |
| --- | --- |
| <1% |  |
| 1-5% |  |
| 6-10% |  |
| 11-15% |  |
| 16-20% |  |
| >20% |  |

17. Do you believe routine hair removal for patients, following surgery, minimises recurrence?

Yes No

(If “NO” go to Q18)

18. If “YES” what method do you routinely perform?

|  |  |
| --- | --- |
| Shaving |  |
| Waxing |  |
| Depillating agents |  |
| Laser Hair Removal |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Please provide a response as to how you would manage and treat the following case scenarios:

*i. 30 year old male plumber who has had previous surgery, no details available, and now presents with recurrent disease. Single discharging pit around scar, and can’t afford much time off work.*

|  |  |
| --- | --- |
| Conservative / hair removal |  |
| Cleaning / Curettage tracts |  |
| Bascom’s Type 1 Procedure |  |
| Lay Open +/- Marsupialisation |  |
| Excision and Primary Closure |  |
| Bascom’s Cleft Lip Procedure |  |
| Karydakis Procedure |  |
| Rhomboid Flap |  |
| Z-Plasty Flap |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ii. 16 yo old male, 6 previous surgeries with other surgeons, has recurrent disease and partially open wound/sinus 1cm long in natal cleft that has been like that for 9 months. Wants to play contact sport. Parents not happy.*

|  |  |
| --- | --- |
| Conservative / hair removal |  |
| Cleaning / Curettage tracts |  |
| Bascom’s Type 1 Procedure |  |
| Lay Open +/- Marsupialisation |  |
| Excision and Primary Closure |  |
| Bascom’s Cleft Lip Procedure |  |
| Karydakis Procedure |  |
| Rhomboid Flap |  |
| Z-Plasty Flap |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*iii. 19 year old female, fair skin, dark hair, previous abscess drainage, swelling and discomfort in natal cleft, Very worried about cosmesis and what the scar will look like if you operate.*

|  |  |
| --- | --- |
| Conservative / hair removal |  |
| Cleaning / Curettage tracts |  |
| Bascom’s Type 1 Procedure |  |
| Lay Open +/- Marsupialisation |  |
| Excision and Primary Closure |  |
| Bascom’s Cleft Lip Procedure |  |
| Karydakis Procedure |  |
| Rhomboid Flap |  |
| Z-Plasty Flap |  |
| Other: |  |

If ‘other’ please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. How many **elective pilonidal** procedures do you personally do per year?

|  |  |
| --- | --- |
| **Number of cases** | **Tick closest estimate** |
| <10 |  |
| 11-15 |  |
| 16-20 |  |
| 21-25 |  |
| >25 |  |

21. How did you learn the techniques you use, please tick relevant boxes for each procedure you offer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Procedure** | **Training in registrar program/fellowship** | **Observed Colleagues** | **Course/**  **workshop** | **Videos/ text** | **No formal**  **training** |
| Wide local excision and leave open |  |  |  |  |  |
| Wide local excision and primary midline closure |  |  |  |  |  |
| Excision and lateral closure: |  |  |  |  |  |
| Bascom’s cleft closure (Bascoms II) |  |  |  |  |  |
| Karydakis |  |  |  |  |  |
| Pit picking (Bascom’s I) |  |  |  |  |  |
| Pit picking alone |  |  |  |  |  |
| Rhomboid flap (Limberg etc) |  |  |  |  |  |
| Other flap procedure |  |  |  |  |  |
| Curettage and glue |  |  |  |  |  |
| Curettage and phenol injection |  |  |  |  |  |
| EPSiT (Endoscopic pilonidal sinus treatment) |  |  |  |  |  |
| Other (please detail) |  |  |  |  |  |

22. Do you ever refer to another specialty?

Yes No

23. If so who?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. What region are you from?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_