Patient perspective: surviving pilonidal sinus with infection

Phil Martin is a 62-year-old father of four and chief executive officer for a hospitality equipment company in Cambridge. Seeing Phil in his suit and tie, one would never know that less than 4 months ago, he was being discharged from the hospital where he spent 3 months being treated for one of the largest and most complex wounds the tissue viability team at Hinchingbrooke Hospital, Huntingdon, had ever seen. Through interviews, this is the story of the positive attitude and the creative medical and nursing team that saved Phil's life.

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In early spring of 2014, Phil Martin discovered a small bump on his buttocks. After a couple of failed attempts to book an appointment with his GP, he rationalised that it was unlikely to be anything serious and went about his usual business. Phil is the chief executive officer of a company that provides equipment to the hospitality industry and it is not unusual for his work to include regular travel.

About a month or two after his initial discovery of the bump, he came home from a working trip in a lot of pain and asked his neighbour to take him to the accident and emergency (A&E) unit. Little did he know that night that he would not be returning home for months and that the seemingly harmless lump would see him undergoing surgery 15 times over the next 21 days.

Where the wound began

Phil came into the hospital with a perianal abscess, which he had been ignoring for at least a month. "The doctor took one look at it and said to me, 'You're not going anywhere anytime soon,'" remembers Phil.

Phil was found to have pilonidal sinus, which can be caused by an ingrown hair that becomes infected. It appears as a small hole in the skin, which usually develops in the cleft of the buttocks and which is twice as common in men as it is in women (NHS Choices, 2012). However, it had been at least one month by the time Phil had the bump next to his anus checked. Not only had it become infected but, as the infection had been left untreated, pus had built up within it, hardened and created a large abscess.

Even more worryingly, septicaemia had set in, which can be potentially fatal. Phil was taken into surgery to begin clearing infected material and relieving the symptoms of infection — in his case, pain — and was also put on antibiotics. However, due to

Sarah Thompson and Phil Martin, who credits Sarah and her colleagues for his recovery.

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the severity of the infection, he was put into an induced coma.

24 hours to live

"I remember having a look at his wound when he was still in a coma," says Sarah Thompson, who became Phil's Tissue Viability Nurse (TVN) over the next few months. "He had a drain inserted and a lot of discharge was coming out — I looked at the wound and at how ill he was and I didn't believe he was going to make it."

The doctors did not believe Phil would make it out alive either. As bacteria spread through Phil's bloodstream, his organs began to fail and during surgery, his heart stopped twice. This is when Phil's family received a call from the medical team to come in and say their goodbyes. Phil's sons, Ben and Paul, slept by his beside for 5 days running and his daughters came to the hospital to visit him as well.

"It was very upsetting," explains Phil about the fact that his children thought they were about to lose him. "The close family were very upset and they spent a lot of time with me. They were told I was only going to last 24 hours," Phil says.

The next day, the medical team would begin switching off the machines and would see whether Phil's body would begin to function effectively without them, he remembers. "My body just kicked in and took over; but my family wasn't convinced. They kept trying to talk to me and I wouldn't respond. But all of a sudden I said, 'Why don't you shut up and let me go back to sleep?' and then they knew I was going to be alright."

Travelling infection, creative treatment

While Phil was lucky to have woken up from his coma, he was in a lot of pain and the infection in his buttocks had spread through to his abdomen and then travelled under his skin all the way down his right leg to behind his knee.

In addition to the large wound spreading under Phil's skin, the medical team created four incisions in his legs to allow it to drain. He

also needed to have a stoma formed as a result of the wound to his anus. The medical team applied negative pressure wound therapy (NPWT) dressings to Phil's wound, which did not work due to the sheer size and complexity of the wound. The NPWT dressings were removed and Phil underwent various trips to the theatre for irrigation and debridement.

Phil's wound continued to drain, but the team knew they needed to actively treat the wound to prevent further infections so they had to put their heads together to come up with a solution. Sarah says: "I know that sometimes it is a case of being creative and there is no training out there that can tell you what to do."

As Sarah is a standalone TVN at Hinchingbrooke Hospital, she phoned other TVNs in the area for advice. She decided to separate Phil's large wound into three — perianal, abdominal and leg wounds — by sectioning off parts with dressings, alongside NPWT so that they were more manageable to treat. Sarah says this was one of the most challenging parts of treating Phil's wound and she knew it was possible for it to fail but, luckily, it worked.

The normal NPWT that the team was using reduces exudate and helps stimulate healing. However, Phil's leg was badly infected and needed something that would reduce the bioburden while the wound healed. This is when Sarah called in specialists and this resulted in the introduction of a different negative pressure wound therapy system (V.A.C.Ulta™; KCI), which allowed for flexible treatment and healing of Phil's wound. By this time, Phil was no longer going into the theatre to have his wound washed out. Instead, Sarah was seeing Phil two or three times a week and providing everything he needed on the ward.

A little humour goes a long way

"When I first became aware of the challenges, there was initially some fear. I lost 5 stone in weight and nearly all the muscles in my legs, so getting up and walking was difficult," remembers Phil, who was discharged more than 4 months ago at the time of publication. Phil has not had a pain killer for months and has been doing light workouts to get his strength back up. While Phil credits Sarah and the nursing and medical teams for his recovery, Sarah and her colleagues believe Phil was the key to his own healing.

"Phil as a person is unique and he inspired the nurses," says Sarah. "I've never nursed someone who has been that poorly and we were constantly concerned that he could die at any point, but he'd been to hell and back and he was still telling jokes."

Phil, who saw his practice nurse for daily dressings is now completely healed and has been for 2 months. Before then, he would tell people he had been bitten by a shark.

"I did die twice during surgery, I've been told, and I'm very lucky to have survived,' says Phil. "It was life changing, but I'm a great believer in positive thinking and the challenges were more psychological than physical."

Sarah says she doesn't think anyone else could have made it through Phil's ordeal: "To see him go from a shell of a man in hospital to the way he is now, all suited and booted and giving me abuse, you can't put a price on that," laughs Sarah. "It was Phil's attitude and determination — that's what really saved him." WE

References

NHS Choices (2012) *Pilonidal Sinus*. Available at: http://tinyurl.com/bwy6fbj (accessed 27.11.2014)

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