This leaflet has been written to help you understand more about hidradenitis suppurativa.

**Hidradenitis suppurativa?**

It is caused by inflammation of large sweat glands, usually in the armpits and/or groins (hidradenitis). The most common areas that are affected are the groins, armpits, skin around the genitals and around the back passage (anus). It can also affect the upper buttocks, thighs and under the breast area. These areas show a mixture of boil-like lumps, areas leaking pus (suppurativa) and scarring.

It affects women more than men. It does not occur before puberty or after the menopause. Sometimes it can get better during pregnancy but can often be worse before a menstrual period.

Often a variety of germs are found if there is an infection, but no-one knows if the infection causes the problem or the problem causes the infection.

There may also be a link with acne.

More information can be given to you by your GP or by your plastic surgeon.

**What causes hidradenitis suppurativa?**

It is not clear why the sweat glands are affected like this in some people. Secretions from the glands are unable to escape, so the glands swell with pus creating a sore red abscess that can break open (rupture). Usually there are repeated cycles of ruptured abscesses and then it seems to improve for a while.

It seems to run in families, but this is not always the case.

**What does hidradenitis suppurativa look like?**

It varies from person to person.

The skin will probably have lots of blackheads, red lumps like boils or pus spots, abscesses and there may even be cysts. Sometimes the areas that constantly leak pus can develop into a sinus (a narrow tunnel).

**How can hidradenitis suppurativa be treated?**

Early hidradenitis can sometimes be treated with medicines. The possibility of this treatment needs to be discussed in more detail either with your GP or plastic surgeon.
Severe and long-term hidradenitis may need an operation. Surgery can involve the removal of the glands and then closing the wound, this is called direct closure, or sometimes a skin graft is required.

Either treatment will leave you with scars.

There is no cure for this condition; all treatments try to reduce the severity of the condition. The condition can go on for many years and may eventually disappear although there is no guarantee that this will happen.

**Direct closure**

This is when the affected area is small and when removed, the skin edges are stitched together. Dissolvable stitches are often used. The skin in this area can be very tight after the operation and care with arm movement will be needed.

**Skin grafting**

A split skin graft (SSG) is used to cover an area which cannot be stitched together. The skin is usually taken from your upper thigh, which is known as the donor site. The SSG is then placed on the part of the body that needs new skin. It is kept in place with glue and/or stitches.

**Special instructions after surgery for split skin graft**

**Pain**

There might be discomfort at the operation site as well as the donor area.

Take any pain killers that you have been given as instructed. Please follow the directions on the packet. However, please contact Plastic Outpatients or your GP for advice if you feel that your pain has become a problem.

**Dressings**

These must be kept clean and dry.

It is important that a specialist nurse removes your first dressing after your operation. A nurse will see you in the Plastic Outpatients Department, 5 to 7 days after your operation. Your dressings will be removed and your graft checked.

Further dressings can be done by the practice nurse at your GP’s surgery.

You will be given a letter and new dressings to take with you. You will be asked to make an appointment with the practice nurse and will be told when to make the appointment for.

The nursing staff in Plastic Outpatients will advise you about bathing, showering, and when to start applying moisturising cream to your newly healed skin.

**Recovery period**

Everyone is different. Everyone recovers in different ways. You will be able to discuss with the doctors and nurses what you might expect to happen. They will suggest how long you will need to be off work, when you can start driving and when you can resume your normal activities.
Risks and complications

Infection

If you do get an infection you may be given antibiotics. Signs of infection are if the wound becomes red, hot, swollen and/or you start to feel unwell. If you have any doubts or worries about your wound, please contact your GP.

Graft failure

This means that the graft hasn’t healed properly or ‘taken’. Infection or a collection of blood under the wound can cause this to happen.

However, if the nurse is concerned and wants the doctor to look at your wound, they will arrange this for you.

Sometimes the wound will heal by itself but if the whole graft fails then it would need to be replaced at another operation.

Taking care of your healed skin

After everything has healed it is important to moisturise your skin after washing. The oil and sweat glands are often damaged after a skin graft making the scar much drier than normal. This needs to be done 2-3 times a day with a non-perfumed cream.

If you have any worries or questions contact
Burns and Plastics Unit
01722 336262 ext. 3507
evenings and weekends

or
Plastic Outpatients department 01722 336262 ext 3254
Monday to Friday 8am to 5pm.

We hope you make a speedy recovery.