

What do I do after coccygectomy

- Coccygectomy is a very successful procedure in the right hands. However, as with every surgical procedure there are risks like infection².
- Make sure you do not sit in the first week after surgery until your doctor has removed your sutures.
- Either lie or stand so as to avoid stretching the sutures in the skin.
- If you feel the wound becoming red, hot, swollen or tender telephone your surgeon to meet up for an urgent review & suture removal.
- After suture removal movement, posture, exercises and sitting are an important part of healing.

If you have any other questions please do not hesitate to ask

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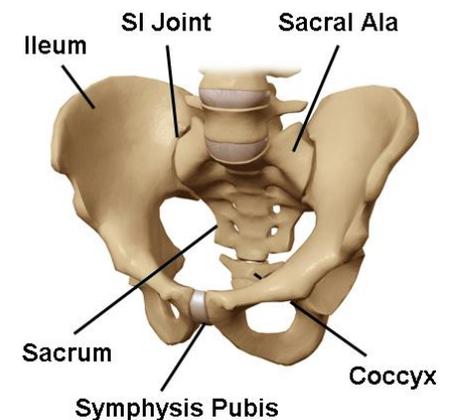
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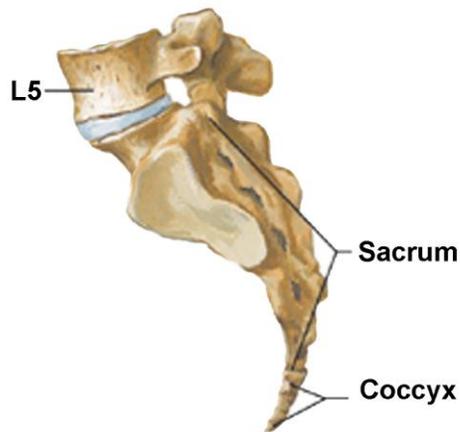
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Coccydynia

Coccydynia is the pain that occurs in or around the bony tailbone structure at the bottom of the spine (coccyx). Coccydynia is more common in women and obese patients.

The coccyx has several important functions. It is the insertion site for multiple muscles, ligaments, and tendons. It provides weight-bearing support to a person in the seated position. Leaning back while sitting leads to increased pressure on the coccyx.





COCCYDYNIA

WHAT CAUSES IT?

It is most commonly caused by trauma to the coccyx or sacrococcygeal joint during a fall. However, prolonged sitting on a hard or narrow surface like a bicycle seat, arthritic joint changes, gout or childbirth can all be the cause. There is a confluence of sympathetic nerves (ganglion impar) in front of the sacrococcygeal joint that can become involved in the scar tissue around an injured joint. One of the problems is that pain in this region is multifactorial in nature so a precise diagnosis is important.

HOW DO I KNOW IF I HAVE COCCYDYNIA?

The pain can feel dull and achy but typically becomes sharp during certain activities, such as sitting, rising from a seated to a standing position or prolonged standing. Defecation or sexual intercourse also might become painful. For women, sacrococcygeal pain can make menstruation uncomfortable as well.

DO I NEED A SURGEON?

Coccydynia or coccygodynia, usually goes away on its own within a few weeks or months. To help you recover without a professional try:

- Sitting upright without slouching — keep your back firmly against the back of the chair, knees level with hips, feet flat on the floor and shoulders relaxed.
- Lean forward while sitting or standing
- Sit on a doughnut-shaped pillow or wedge (V-shaped) cushion
- Take over-the-counter pain relievers, such as ibuprofen (Neurofen), ibuprofen and codeine phosphate (Neurofen Plus) or aspirin

AM I GOING TO GET BETTER?

If your pain goes on for more than 2 weeks (chronic coccydynia), consult your doctor. He or she should do a rectal examination to rule out any other conditions. Depending on the circumstances, your GP might refer you to an orthopedic surgeon. Your doctor or the specialist might recommend using standing & sitting x-rays, magnetic resonance imaging (MRI) or other investigations to find out if you have a fracture, degenerative changes or, in rare cases, a tumor.

“read about other patients experiences on advice sites like www.coccyx.org”



WHAT ABOUT TREATMENT?

Treatments from a professional for chronic coccyx pain might include:

- **Physical therapy.** A physical therapist might show you how to do pelvic floor relaxation techniques and exercises to strengthen your abdomen and pelvic floor.
- **Manipulation without anaesthetic.** There is little evidence that massaging the muscles attached to the tailbone through the rectum will ease pain. This is a painful procedure with little chance of cure.
- **Medication.** An injection of a local anesthetic into the tailbone can relieve pain for a few weeks at most. It is useful as a diagnostic procedure. Certain antidepressants or anti-epileptic medications might relieve coccyx pain as well.
- **MUA & injection.** An injection of a local anesthetic and cortisone followed by manipulation under anaesthetic has the best chance of relieving symptoms¹.
- **Surgery.** During a procedure known as a coccygectomy, the coccyx is surgically removed from the surrounding ligaments and joint leaving the ligaments intact. It is an excision hemiarthroplasty. This option is typically reserved for the small % of patients with recurrence after they tried MUA and injection.

References

- ¹Wray CC, Easom S, Hoskinson J. Coccydynia. Aetiology and treatment. *J Bone Joint Surg Br.* 1991 Mar;73(2):335–338.
- ²Haddad B, Prasad V, Khan W, Alam M, Tucker S. Favourable outcomes of coccygectomy for refractory coccygodynia. *Ann R Coll Surg Engl.* 2014 Mar;96(2):136-9.