

Turkish Surgeons' Practice Patterns and Safety Perceptions Regarding Phenol Treatment for Pilonidal Sinus Disease

Dear Colleague,

This survey aims to evaluate real-world clinical practice patterns, indications, and safety measures related to phenol therapy in the management of pilonidal sinus disease (PSD) in Türkiye. The findings will contribute to understanding current practice variability and identifying gaps relevant to standardization and patient and occupational safety.

Participation is voluntary, and responses will be analyzed anonymously.

For questions regarding the study, please contact the study coordination team.

Dr. Ender Ergüder

- 1- Name - Surname:
- 2- Email address
- 3- Informed Consent:

By proceeding with this questionnaire, I confirm that: I have read and understood the information provided above. My participation is voluntary, and I may withdraw at any time without providing a reason. I understand that my responses will be anonymized and used solely for scientific purposes.

- ☐ I agree to participate
- ☐ I do not agree to participate

Demographic and professional information

4- Your age:

5- Your gender

- ☐ Woman
- ☐ Male
- ☐ Prefer not to say

- 6- Practice setting
- ☐ University hospital
 - ☐ Training and research hospital
 - ☐ State hospital
 - ☐ Private hospital
 - ☐ Private practice
- 7- What is your position?
- ☐ Surgical resident
 - ☐ Specialist surgeon
 - ☐ Academic surgeon
- 8- On average, how many patients with pilonidal sinus disease do you evaluate per year?
- ☐ 1-10
 - ☐ 11-20
 - ☐ 21-30
 - ☐ >30
- 9- On average, how many phenol applications do you perform per year?
- ☐ 1-10
 - ☐ 11-30
 - ☐ >30
- 10- For how long have you been performing phenol treatment? (Please write down the time elapsed since you started phenol application)
- ☐ month/year
- 11- In which setting do you most frequently perform phenol application? Ofis-
muayenehane
- ☐ Outpatient examination room
 - ☐ Intervention room
 - ☐ Operating room
- 12- Is there a dedicated ventilation system in the setting where you perform phenol treatment?
- ☐ Yes
 - ☐ No
 - ☐ I do not know
- 13- Does your institution implement measures to prevent phenol exposure? (an institutional protocol, exposure guide, quality-control forms, etc.)
- ☐ Yes
 - ☐ No
 - ☐ I do not know

- 14- Do you wear a mask while applying phenol, and if so, which type?
- ☐ Yes, normal surgical mask
 - ☐ Yes, N95 mask
 - ☐ No, I don't wear a mask
- 15- Beyond a mask and gloves, do you use any additional personal protective equipment during phenol application?
- ☐ Yes
 - ☐ No
- 16- Please specify which additional personal protective equipment you use.
- ☐ Gown
 - ☐ Glasses
- 17- Do you implement any patient-side protective measures during phenol application?
(Select all that apply)
- ☐ I recommend the patient use a mask
 - ☐ Skin protective barrier cream
 - ☐ I recommend nothing
- 18- If you chose a skin protective cream in the previous question, can you specify which one?
- ☐ Antibiotic creams
 - ☐ Regenerative creams
 - ☐ Moisturizing creams
 - ☐ Other
- 19- How do you obtain phenol for clinical use?
- ☐ From the institution's pharmacy
 - ☐ Supplied by the institution from an external pharmacy
 - ☐ I personally purchase from a non-pharmacy source (e.g., internet, distributor)
 - ☐ Other (please write)
- 20- In which form do you use phenol?
- ☐ Liquid
 - ☐ Crystallized
 - ☐ Both
- 21- At what concentration do you apply phenol?
- ☐ 30%
 - ☐ 40%
 - ☐ 80%
 - ☐ 99.9 % (pure)
 - ☐ I do not know
- 22- Do you measure the amount of phenol used during the procedure?
- ☐ Yes
 - ☐ No

23- If you answered 'Yes' to Question 22, please specify your measurement method

24- For which disease stages or clinical scenarios do you prefer to use phenol treatment?
(Select all that apply.)

- ☐ Asymptomatic pits
- ☐ Pilonidal abscess
- ☐ Simple Pilonidal disease
- ☐ Complex Pilonidal disease
- ☐ Recurrent Pilonidal disease
- ☐ Other

25- Do you combine phenol treatment with other procedure (EPSIT, excision, laser, unroofing, etc.)?

- ☐ Yes
- ☐ No, only sinus cleaning before phenol application

26- If you answered "Yes" to Question 25, please specify which procedures you combine with phenol.

- ☐ Excision
- ☐ EPSIT
- ☐ Laser
- ☐ Unroofing
- ☐ Other

27- In patients treated with phenol, how many sessions are usually required

- ☐ 1
- ☐ 2-3
- ☐ 4-5
- ☐ 6-10
- ☐ >10

28- What is the usual interval between phenol sessions ?

- ☐ < 1 week
- ☐ 1-2 weeks
- ☐ 2-3 weeks
- ☐ > 3 weeks

29- By which criteria do you define complete healing? (Select all that apply.) Cessation of discharge

- ☐ Discharge cessation
- ☐ Epithelization of the pits
- ☐ At least 4 weeks without symptoms
- ☐ Other

30- Do you recommend wound care/dressing after the procedure?

- ☐ Yes
- ☐ No

31- Have you observed any adverse events in your patients during or after phenol application?

- ☐ Yes

- ☐ No
- 32- If you answered “Yes” to Q31, please describe the adverse event(s) observed.
 - ☐ Skin burn
 - ☐ Abscess
 - ☐ Contact dermatitis
 - ☐ Localized skin color change
 - ☐ Pain
 - ☐ Other
- 33- Have you personally experienced any adverse effects during or after performing phenol application?
 - ☐ Yes
 - ☐ No
- 34- If you answered “Yes” to Q33, please describe the adverse effect(s) you experienced.
 - ☐ Headache
 - ☐ Shortness of breath
 - ☐ Eye burn
 - ☐ Skin burn
 - ☐ Other
- 35- In your opinion, is phenol application safe for surgeons?
 - ☐ Yes
 - ☐ No
 - ☐ I am not sure
- 36- In your opinion, is phenol application safe for patients?
 - ☐ Yes
 - ☐ No
 - ☐ I am not sure
- 37- If you personally had pilonidal disease, would you prefer to be treated with phenol?
 - ☐ Yes
 - ☐ No
 - ☐ I am not sure
- 38- Are you concerned that performing phenol applications could negatively affect your health?
 - ☐ Yes
 - ☐ No
 - ☐ I am not sure

