NICE guidance

Endoscopic ablation for a pilonidal sinus

Interventional procedures guidance
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www.nice.org.uk/guidance/ipg646

1 Recommendations

1.1 Current evidence on endoscopic ablation for a pilonidal sinus raises no major safety concerns and the evidence on efficacy is adequate in quality and quantity. Therefore, this procedure can be used provided that standard arrangements are in place for clinical governance, consent and audit. Find out what standard arrangements mean on the NICE interventional procedures guidance page.

2 The condition, current treatments and procedure

The condition

2.1 A pilonidal sinus is a small infected tract or a network of interlinking tracts under the skin between the buttocks. The exact cause is unknown

but it may be from loose hairs pushing into the skin, combined with friction from clothes. The risk of developing a pilonidal sinus is increased by spending long periods of time sitting down, being overweight, a persistent irritation or injury to the affected area, having a hairy buttock cleft or a family history of the condition.

2.2 A pilonidal sinus does not usually cause symptoms unless it is infected and an abscess develops causing pain, redness, swelling under the skin and leakage of blood and pus.

Current treatments

2.3 Treatments include conservative management with regular bathing and keeping the area dry, and antibiotics if the sinus is infected. However this does not close the sinus tract. Procedures to close the sinus include injecting fibrin glue and surgical excision.

The procedure

2.4 Endoscopic ablation of a pilonidal sinus is less invasive than surgery and is usually done as a day case, using spinal or local anaesthesia. With the patient in the prone position, the external opening of the sinus is incised and a fistuloscope is inserted into the sinus tract. A continuous jet of irrigation solution is used, allowing optimal visualisation and assessment of the inside of the sinus. Under direct vision, forceps are used to remove hairs, infected tissue and any debris. Then an electrode is passed through the fistuloscope to cauterise the main sinus tract and any secondary tracts or abscess cavities. Necrotic material is removed using an endobrush and the sinus tract is cleaned using irrigation solution.

3 Committee considerations

The evidence

3.1 To inform the committee, NICE did a rapid review of the published literature on the efficacy and safety of this procedure. This comprised a

comprehensive literature search and detailed review of the evidence from 8 sources, which was discussed by the committee. The evidence included 2 systematic reviews, 1 randomised controlled trial, 3 retrospective comparative studies and 2 case series, and is presented in table 2 of the interventional procedures overview. Other relevant literature is in the appendix of the overview.

3.2 The specialist advisers and the committee considered the key efficacy outcomes to be: ablation of the sinus, prevention of recurrence, and improved quality of life.

3.3 The specialist advisers and the committee considered the key safety outcomes to be: bleeding and infection.

3.4 Patient commentary was sought but none was received.

Committee comments

3.5 The committee noted that the procedure needs specialised instrumentation and appropriate training.

3.6 The committee was informed that the procedure allows direct visualisation of the sinus so it can be effectively cleaned and hairs removed without the need for large incisions, and that this is important for the procedure's success.

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Endorsing organisation

This guidance has been endorsed by Healthcare Improvement Scotland.

Accreditation