

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional procedures consultation document

Endoscopic ablation for a pilonidal sinus

A pilonidal sinus is a small infected cavity under the skin between the buttocks, just above the anus. It commonly contains hairs. It may cause pain and leak blood or pus. In this procedure, an endoscope (a thin flexible tube with a camera on the end) is put into the sinus tract. The hairs and infected tissue are removed and the sinus is cleaned. An electrode is passed through the endoscope to deliver heat, which seals the inside of the sinus. The aim is to clean the sinus and encourage healing.

The National Institute for Health and Care Excellence (NICE) is looking at endoscopic ablation for a pilonidal sinus. NICE's interventional procedures advisory committee has considered the evidence and the views of specialist advisers, who are consultants with knowledge of the procedure.

The committee has made draft recommendations and we now want to hear your views. The committee particularly welcomes:

- comments on the draft recommendations
- information about factual inaccuracies
- additional relevant evidence, with references if possible.

This is not our final guidance on this procedure. The recommendations may change after this consultation.

After consultation ends:

- The committee will meet again to consider the original evidence and its draft recommendations in the light of the consultation comments.
- The committee will prepare a second draft, which will be the basis for NICE's guidance on using the procedure in the NHS.

For further details, see the [Interventional Procedures Programme process guide](#).

Through our guidance, we are committed to promoting race and disability equality, equality between men and women, and to eliminating all forms of discrimination. One of the ways we do this is by trying to involve as wide a range of people and interest groups as possible in developing our interventional procedures guidance. In particular, we encourage people and

organisations from groups who might not normally comment on our guidance to do so.

To help us promote equality through our guidance, please consider the following question:

Are there any issues that require special attention in light of NICE's duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people with a characteristic protected by the equalities legislation and others?

Please note that we reserve the right to summarise and edit comments received during consultations or not to publish them at all if in the reasonable opinion of NICE, there are a lot of comments, or if publishing the comments would be unlawful or otherwise inappropriate.

Closing date for comments: 30 January 2019

Target date for publication of guidance: April 2019

1 Draft recommendations

- 1.1 Current evidence on endoscopic ablation for a pilonidal sinus raises no major safety concerns. 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.

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 7 sources, which was discussed by the committee. The evidence included 2 systematic reviews, 1 randomised controlled trial, 2 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.

Tom Clutton-Brock
Chairman, interventional procedures advisory committee
December 2018