

Treatment options for patients with pilonidal sinus disease: PITSTOP, a mixed-methods evaluation

Steven Brown,^{1*} Daniel Hind,² Emily Strong,²
Mike Bradburn,² Farhat Vanessa Nasim Din,³
Ellen Lee,² Matthew J Lee,⁴ Jonathan Lund,⁵
Christine Moffatt,⁶ Jonathan Morton,⁷ Asha Senapati,⁸
Philip Shackley,⁹ Peter Vaughan-Shaw,¹⁰
Arkadiusz Peter Wysocki,¹¹ Tia Callaghan,²
Helen Jones¹² and Nyantara Wickramasekera⁹
on behalf of the PITSTOP Management Group

¹Department of General Surgery, Northern General Hospital, Sheffield, UK

²Sheffield Clinical Trials Research Unit, School of Health and Related Research (ScHARR), University of Sheffield, Sheffield, UK

³Academic Coloproctology, Institute of Genetics and Cancer, University of Edinburgh, Western General Hospital, Edinburgh, UK

⁴Department of Oncology and Metabolism, The Medical School, University of Sheffield, Sheffield, UK

⁵Derby Royal Infirmary, University Hospitals of Derby and Burton, Derby, UK

⁶Nottingham University Hospitals NHS Trust, Nottingham, UK

⁷Addenbrookes Hospital, Cambridge University Hospitals, Cambridge, UK

⁸St Mark's Hospital, London, UK; Queen Alexandra Hospital, Portsmouth, UK

⁹School of Health and Related Research, Regent Court, Sheffield, UK

¹⁰Department of Colorectal Surgery, Western General Hospital, Edinburgh, UK

¹¹Griffiths University Medical School, Brisbane, Australia

¹²Oxford University Hospitals NHS Foundation Trust, Oxford, UK

*Corresponding author steven.brown13@nhs.net

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published July 2024
DOI: 10.3310/KFDQ2017

Plain language summary

Treatment options for patients with pilonidal sinus disease: PITSTOP, a mixed-methods evaluation

Health Technology Assessment 2024; Vol. 28: No. 33
DOI: 10.3310/KFDQ2017

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Background

Pilonidal disease is caused by ingrowing hairs between the buttocks. It can cause pain and infection and may need surgery. We do not know which operation gives the best results, or who operations help.

Objectives

PITSTOP aimed to find out which operation is the best and what is important to patients when deciding on surgery, and to suggest ideas for better treatment and future research.

Methods

We looked at what operations were done and their outcomes. We interviewed patients about their experiences. Some completed a survey to help us understand what operations they might prefer based on risks and outcomes. Surgeons completed a survey about their experiences, and we explored whether a new tool could help us tell the difference between 'mild' and 'bad' disease. We used findings from these studies to help patients and surgeons give priorities for future practice and research.

Results

Six hundred and sixty-seven patients joined PITSTOP. People who had a major operation had more pain and took longer to return to normal activities. Some were still affected 6 months after surgery. However, disease recurrence was lower than after a minor procedure. Patients based decisions about treatment on the likelihood of success and the time to recover. The study and the surgeons' survey both showed marked differences in practice. Surgeons tended to offer one or two operations learned during training. A classification tool put cases in similar groups, but this did not influence treatment choices. The consensus exercise identified five research priorities, the top one being to put types of surgery into two groups. Of the five practice priorities, the top one was that surgery should not make the patient worse than the disease.

Conclusions

There is variation in the treatment of pilonidal disease. Wound issues and impact on daily living should be avoided. The highlighted research questions should be addressed to improve care.

Health Technology Assessment

ISSN 2046-4924 (Online)

Impact factor: 3.6

A list of Journals Library editors can be found on the [NIHR Journals Library website](#)

Launched in 1997, *Health Technology Assessment* (HTA) has an impact factor of 3.6 and is ranked 32nd (out of 105 titles) in the 'Health Care Sciences & Services' category of the Clarivate 2022 Journal Citation Reports (Science Edition). It is also indexed by MEDLINE, CINAHL (EBSCO Information Services, Ipswich, MA, USA), EMBASE (Elsevier, Amsterdam, the Netherlands), NCBI Bookshelf, DOAJ, Europe PMC, the Cochrane Library (John Wiley & Sons, Inc., Hoboken, NJ, USA), INAHTA, the British Nursing Index (ProQuest LLC, Ann Arbor, MI, USA), Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and the Science Citation Index Expanded™ (Clarivate™, Philadelphia, PA, USA).

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

The full HTA archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hta.

Criteria for inclusion in the *Health Technology Assessment* journal

Manuscripts are published in *Health Technology Assessment* (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

Health Technology Assessment (HTA) research is undertaken where some evidence already exists to show that a technology can be effective and this needs to be compared to the current standard intervention to see which works best. Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients. Technologies in this context mean any method used to promote health; prevent and treat disease; and improve rehabilitation or long-term care. They are not confined to new drugs and include any intervention used in the treatment, prevention or diagnosis of disease.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This article

The research reported in this issue of the journal was funded by the HTA programme as award number 17/17/02. The contractual start date was in September 2018. The draft manuscript began editorial review in April 2023 and was accepted for publication in November 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 Brown *et al.* This work was produced by Brown *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: <https://creativecommons.org/licenses/by/4.0/>. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).

