

Understanding NICE guidance

Information for people who use NHS
services

Image-guided needle drainage of spinal cysts

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how image-guided needle drainage can be used to treat people with spinal cysts in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe spinal cysts or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 6.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.



What has NICE said?

There is not a lot of evidence to say how well this procedure works or how safe it is. NICE has looked at the small amount of evidence available and has said that the evidence is adequate for this procedure to be offered as a treatment option for people with spinal cysts considering how rare this condition is. Doctors should be sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

If a doctor wants to use this procedure, he or she should explain the uncertainty and the likely benefits and potential risks of the procedure. The patient should be given this leaflet and other written information as part of the discussion.

This procedure may not be the only possible treatment for spinal cysts. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Image-guided needle drainage of spinal cysts

The procedure is not described in detail here – please talk to your specialist for a full description.

A cyst is a fluid-filled sac.

Sometimes cysts form around the spinal cord. Often, cysts do not cause any problems but as they grow they can press on the spinal cord or the nerves. There are several types of spinal cysts, all of which are rare.

Tarlov cysts affect nerve roots in the base of the spine. They do not usually cause any symptoms, but may occasionally cause pain in the lower back, buttocks or legs. Arachnoid cysts in the tissue that

surrounds the spinal cord may cause symptoms such as back or leg pain, or loss of sensation or numbness in the legs or arms. Spinal echinococcal cysts are a rare feature of tapeworm infestation (the medical name for this is hydatid disease), and they may also cause pain and numbness.

If spinal cysts are painful, painkillers are usually prescribed first. Open surgery may be considered to drain or remove the cysts if the painkillers do not help or if there is a danger that the cyst may cause damage to the nervous system.

Image-guided spinal cyst drainage is a less invasive alternative to open surgery in some circumstances. Under local anaesthetic, the doctor (usually a radiologist) inserts a fine, hollow needle into the cyst and drains its contents to remove pressure on the spinal cord or nerve roots. This is done using either computed tomography (CT) or magnetic resonance imaging (MRI) guidance to see the cyst inside the body and monitor the drainage. CT and MRI imaging are both very sophisticated ways of seeing inside the body, using a computer and either X-rays or a magnet to enable the doctor to see cross-section 'slices' of areas of the body.

If there are cysts in different areas of the spine, the procedure may be repeated several times.

What does this mean for me?

NICE has said that although there is not a lot of evidence, this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks image-guided drainage of spinal cysts is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

Your doctor should also explain to you that the benefits of the procedure are not certain and that further procedures may be necessary. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below.

How well does the procedure work?

NICE looked at four studies on this procedure, all of which involved only a very small number of patients. In the first study, two out of three patients with Tarlov cysts experienced pain relief for 3 weeks and one patient experienced pain relief for several weeks after the procedure (the exact number of weeks was not recorded). In the second study of one patient with a Tarlov cyst, the patient experienced pain relief for 5 days but then the pain came back and the patient had a different procedure. However, in a third and fourth study of two patients (one with an arachnoid cyst and one with spinal echinococcal cysts), both patients had no symptoms when they were reviewed 1 year after the procedure.

Some of the patients were reviewed some time after the procedure to see whether the cysts had refilled. The cysts refilled in all the patients with Tarlov cysts, all of whom then had a further procedure. The cysts did not refill in the patient with spinal echinococcal cysts.

The expert advisers did not raise any particular concerns about this procedure.

Risks and possible problems

There was only one study which looked at the safety of the procedure, and this only involved one patient. In this study, the patient did not experience any problems during the procedure.

The expert advisers said that possible problems are bleeding, infection and nerve or spinal cord damage which could include paralysis.

More information about spinal cysts

Your local Patient Advice and Liaison Service (PALS) may be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG223

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1275).

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