

# Computed tomography- guided thermocoagulation of osteoid osteoma

**Understanding NICE guidance –  
information for people considering the  
procedure, and for the public**

March 2004

## **Computed tomography-guided thermocoagulation of osteoid osteoma**

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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0503. A version in Welsh and English is also available, reference number N0504. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0504. The NICE interventional procedures guidance on which this information is based is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Copies can also be obtained from the NHS Response Line, reference number N0502.

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## About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called computed tomography-guided thermocoagulation of osteoid osteoma (computed tomography is usually shortened to CT). It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether CT-guided thermocoagulation of osteoid osteoma is safe enough and works well enough for it to be used routinely.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of CT-guided thermocoagulation and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

## About CT-guided thermocoagulation of osteoid osteoma

Osteoid osteomas are growths of bone tissue (they are non-cancerous tumours). They usually happen in the legs and they are almost always painful. Normally, patients start off their treatment with painkillers. But if these don't help or there are other problems besides pain, an operation may be needed. The standard operation is an open one, which means an opening is made in the area of the growth. The surgeon then removes the growth through the opening.

In CT-guided thermocoagulation, the position of the growth is found using CT scanning. CT scanning builds a 3-dimensional picture of the area using X-rays. Through a short incision in the skin, a small hole is made in the bone and a probe is placed into the middle of the growth. The probe uses high-frequency energy to heat the growth and destroy it. The patient has another CT scan later to see how well the procedure worked. Sometimes patients have more than one session of thermocoagulation.

## How well it works

### What the studies said

The studies NICE looked at asked patients if they had less pain after the procedure as a way of seeing how well it worked. One study checked on patients around 3 years after they'd had the procedure. Nearly all the patients who'd had one or two sessions of thermocoagulation said they had less pain afterwards (89 out of 97 patients said this). Other studies had similar results.

### What the experts said

The experts said that the procedure was already being used by doctors to help patients and there were no concerns about how well it worked. One expert said that it was better than the open operation as the growth was less likely to come back.

## **Risks and possible problems**

### **What the studies said**

Only five out of 239 patients who had the procedure had problems. These included burns, but they weren't serious.

### **What the experts said**

The experts said patients felt pain after the procedure, but this didn't last for long. Very rarely, a patient got an infection in the area. The experts also said that if a tumour was difficult to get to, there was a risk that the surrounding area might be damaged by the heat. But the procedure would still be safer than having the open operation.

## What has NICE decided?

NICE has considered the evidence on CT-guided thermocoagulation. It has recommended that when doctors use it for people with osteoid osteomas, they should be sure that:

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

## Other comments from NICE

NICE said that it's particularly important to take care with patients with a growth in the spine. This is because there are many important nerves close by. Doctors should not use the procedure if they might damage the nerves in the back as a result.

## What the decision means for you

Your doctor may have offered you CT-guided thermocoagulation of osteoid osteoma. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless you should understand the benefits and risks of CT-guided thermocoagulation before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

## Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on CT-guided thermocoagulation of osteoid osteoma is on the NICE website ([www.nice.org.uk/IPG053guidance](http://www.nice.org.uk/IPG053guidance)), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0502. The evidence that NICE considered in developing this guidance is also available from the NICE website.

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