

Cyanoacrylate instillation for occlusion of parotid sinuses

Interventional procedures guidance

Published: 25 February 2004

www.nice.org.uk/guidance/ipg42

1 Guidance

- 1.1 Current evidence on the safety and efficacy of cyanoacrylate instillation for occlusion of parotid sinuses does not appear adequate for this procedure to be used without special arrangements for consent and for audit or research.
- 1.2 Clinicians wishing to undertake cyanoacrylate instillation for occlusion of parotid sinuses should take the following action.
 - Inform the clinical governance leads in their Trusts.
 - Ensure that patients understand the uncertainty about the procedure's safety and efficacy and provide them with clear written information. Use of the Institute's [information for the public](#) is recommended.

- Audit and review clinical outcomes of all patients having cyanoacrylate instillation for occlusion of parotid sinuses. Publication of safety and efficacy outcomes will be useful in reducing the current uncertainty. The Institute may review the procedure upon publication of further evidence.

2 The procedure

2.1 Indications

- 2.1.1 Superficial parotid gland surgery may be complicated in about 10–15% of patients by the development of an abnormal tract (sinus) between the remnants of the parotid gland and the outer surface of the cheek. The sinus may have unwanted cosmetic effects, and may cause chronic leakage of saliva with excoriation of the cheek.
- 2.1.2 Management of parotid sinuses includes watchful waiting, bandaging, radiotherapy, local denervation of the gland or excision of the deep lobe of the gland.

2.2 Outline of the procedure

- 2.2.1 A solution of lipiodol and cyanoacrylate is injected via the sinus into the parotid gland, sealing the sinus. If the procedure is unsuccessful and symptoms recur, the procedure can be repeated.

2.3 Efficacy

- 2.3.1 The evidence was limited to one case report. Although this demonstrated the feasibility of the technique, the report was uncontrolled and did not provide any further information about efficacy and safety. For more details, refer to the 'Sources of evidence' section.
- 2.3.2 No specialist advice was provided for this procedure. The Advisors who were approached were unaware of the technique.

2.4 Safety

2.4.1 See Section 2.3.1.

2.4.2 No specialist advice was provided for this procedure. The Advisors who were approached were unaware of the technique.

2.5 Other comments

2.5.1 The procedure appears to have been carried out once, on one patient, by one clinician. Anyone considering its use may wish to contact that clinician, Mr AJ Marcus of the Edgware Hospital.

Andrew Dillon
Chief Executive
February 2004

3 Further information

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

'Interventional procedures overview for cyanoacrylate instillation for occlusion of parotid sinuses', October 2002.

Information for patients

NICE has produced information on this procedure for patients and carers. It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 Changes since publication

As part of NICE's work programme, the current guidance was considered for review in May 2009 but did not meet the review criteria as set out in the IP process guide. The following guidance therefore remains current.

28 January 2012: minor maintenance.

5 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE [interventional procedure guidance](#) process.

We have produced a [summary of this guidance for patients and carers](#). Information about the evidence it is based on is also [available](#).

Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with

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Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).