

The Impact of Negative Pressure Wound Therapy on Healing in Patients post Excision of **Pilonidal Sinus. A Systematic Review and Meta-Analysis**

1. Introduction

- Pilonidal sinus (PS) is a debilitating inflammatory disease affecting 0.7% of the population, predominantly young males¹. A burdensome to patients and to the healthcare system².
- The management of PS wounds post-surgical intervention can be very challenging³. Negative pressure wound therapy (NPWT) is being increasingly used in complex wounds, to promote wound healing and prevent infection⁴.

2. Review Question

What is the impact of negative pressure wound therapy on healing in patients post excision of pilonidal sinus?

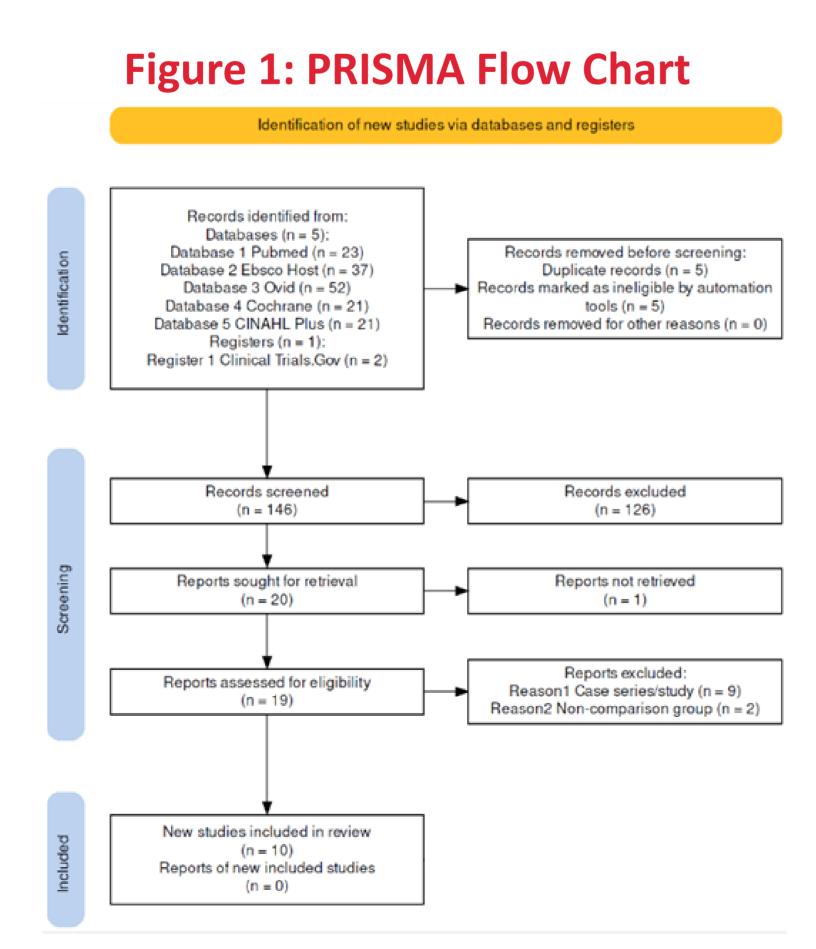
3. Methods

- The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines guided the conduct and reporting of the review⁵.
- Five databases and other relevant literature were searched in Jan 2024.
- Quality appraisal was undertaken using the Evidence-based Librarianship (EBL) checklist⁶.
- Data was analysed narratively and using meta-analysis.

4. Results

- A total 10 studies were included (Figure 1), with a mean sample size of 61 participants (SD: 33).
- Three studies were randomized control trials, four were retrospective, two were prospective and one was a pre-post test study.
- The mean validity score across all included studies was 63.5% (SD: 18.15).
- Four studies reported wound healing in days in favour of NPWT; Figure 2 indicates that a mean difference of -17.16 was found in two studies (*p*=0.00001). Two studies reported a median reduction in healing time of 9 days (p=0.44), and 34.1 days (p=0.0000057).
- Figure 3 indicates that a mean difference of -3.28, in favour of NPWT, was found in two studies reporting wound healing in weeks (*p*=0.00001).

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NPWT significantly reduces wound healing time, recurrence rates, pain, and improves patient satisfaction compared to other dressings.

NPWT emerges as a potential management treatment for PS excision wounds, worthily consideration in clinical practice.

Data showed very low certainty of evidence, demanding more highquality research with larger sample sizes.

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Key Messages

Figure 2: Forest Plot: Wound Healing in Days

		NPWT		Any other dressing			
Study or Subgroup	Mean	SD	Total	Mean	\$D	Total	
Banasiewicz 2013	11.8	4.7	10	30.3	8.3	9	
Kansal 2023	59.24	10.21	42	75.31	14.68	39	
Total (95% CI) 52 Heterogeneity: Chi ^z = 0.33, df = 1 (P = 0.57); I ^z = 0% Test for overall effect: Z = 8.16 (P < 0.00001)						48	

Figure 3: Forest Plot: Wound Healing in Weeks

	NPWT			Any other dressing			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	1
Danne 2017	9.8	6.3	32	15	18.1	30	
El-Tohfa 2020	5.28	0.92	25	8.55	1.02	25	
Total (95% CI)			57			55	
Heterogeneity: Chi2 =	0.30, df	= 1 (P	= 0.58)	; ² = 0%			
Test for overall effect	Z=11.9	8 (P <	0.0000	1)			

Figure 4: Forest Plot: Number of Wounds Healed

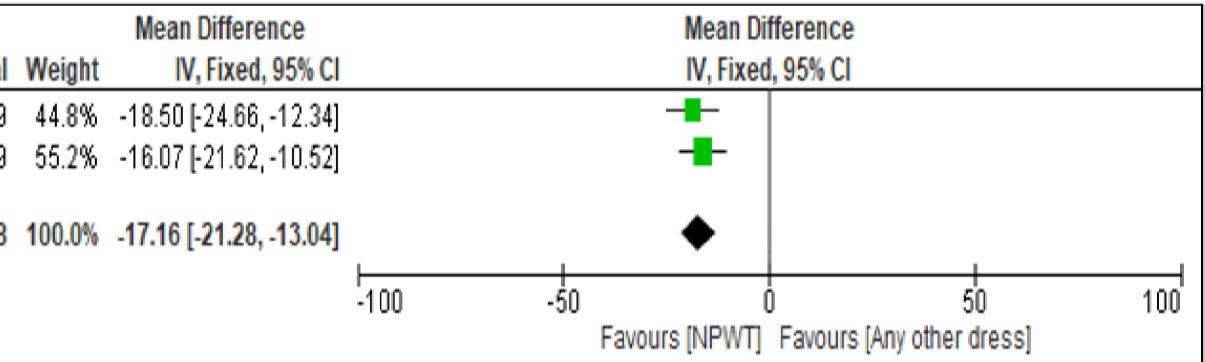
		NPW	Т	Any other dre	ss
	Study or Subgroup	Events	Total	Events	
	Liu 2023	30	32	23	
	Total (95% CI)		32		
	Total events	30		23	
Heterogeneity: Not applicable Test for overall effect: Z = 1.79 (P = 0.07)					

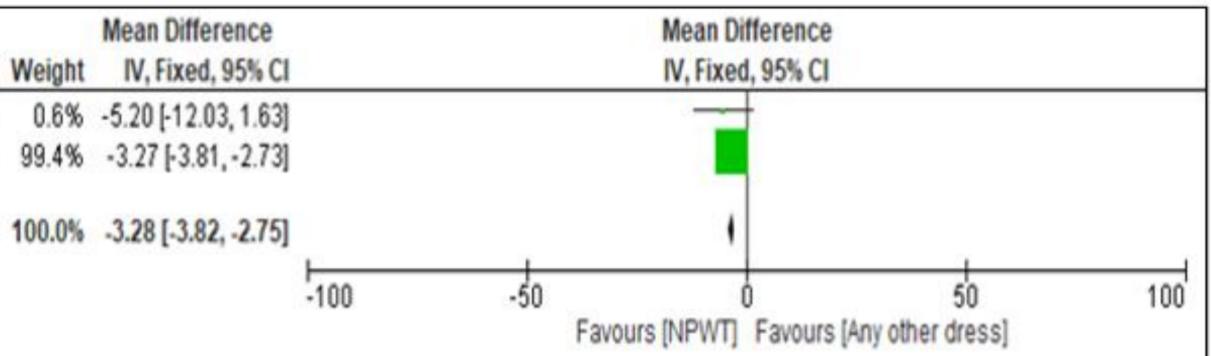
1 Gabor S, de Lima Favaro M, Pimentel Pedroso RF, Duarte BHF, Novo R, Iamarino AP, Ribeiro MAF, Jr. Pilonidal Cyst Excision: Primary Midline Closure with versus without Closed Incision Negative Pressure Therapy. Plast Reconstr Surg Glob Open. 2021;9(3): e3473. 2 Mahmood F, Hussain A, Akingboye A. Pilonidal sinus disease: Review of current practice and prospects for endoscopic treatment. Ann Med Surg (Lond). 2020;57: 212-7 3 Hannan E, Harding T, Feizal H, Martin S. Negative pressure wound therapy following excision of pilonidal sinus disease: A retrospective review. Colorectal Dis. 2021;23(11): 2961-6. 4 Kansal R, Garg A, Arora B, Singh C, Malhotra K, Mehta M, Gupta A, Kishore H, Mondal H, Bawa A. Wide Local Excision of Complex or Infected Pilonidal Sinus Followed by Negative Pressure Wound Therapy: Does It Enhance Wound Healing? Cureus. 2023;15(10): e48049. 5. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, Chou R, Glanville J, Grimshaw JM, Hróbjartsson A, Lalu MM, Li T, Loder EW, Mayo-Wilson E, McDonald S, McGuinness LA, Stewart LA, Thomas J, Tricco AC, Welch VA, Whiting P, Moher D. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Bmj*. 2021;372: n71. 6. Glynn L. A critical appraisal tool for library and information research. *Library Hi Tech*. 2006;24(3): 387-99.

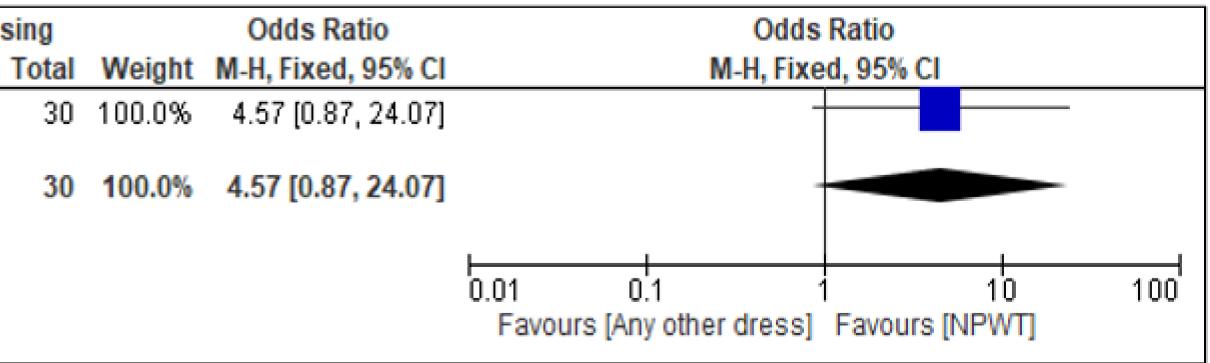


4. Results (continued)

One study reported the number of wounds healed, with an odds ratio of 4.57 (p=0.07), indicating no statistically significant difference in healing between the two study groups (Figure 4). Lastly, one study reported a reduction in wound size by 4.13cm² in favour of NPWT.







References

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