

National Institute for Health and Clinical Excellence

817 – Endovascular repair of popliteal aneurysms

Consultation Comments table

IPAC date: Friday 11 February 2011

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 British Society of Interventional Radiology Specialist Society	1	The British Society of Interventional Radiology welcome and support the guidance and participated as external advisors in the production of this report and have no further specific comments.	Thank you for your comment.
2	Consultee 2 Vascular Society of Great Britain and Ireland	1	Endovascular repair of popliteal artery aneurysms: the only randomised trial published, clearly showed a high occlusion rate (10% after 24 hours of deployment) and more emphasis needs to be placed on the fact, that this treatment should only be used when surgery is not a viable alternative or within research trials.	Thank you for your comment. Section 1.3 of the guidance states that patient selection for this procedure should be carried out by a multidisciplinary team which should include a vascular surgeon. The Committee considered this comment and decided not to change the guidance.
3	Consultee 2 Vascular Society of Great Britain and Ireland	2.1	Current treatment in the UK is by open surgical bypass grafting. Popliteal artery aneurysm stenting is an accepted technique in the USA and Europe.	Thank you for your comment. Section 2.1.1 will be changed to state that 'current treatment is usually by open surgical bypass grafting'. NICE Interventional Procedures guidance is applicable to current practice in England, Wales, Scotland and Northern Ireland.
4	Consultee 2 Vascular Society of Great Britain and Ireland	2.2	Agreed	Thank you for your comment.
5	Consultee 2 Vascular Society of Great Britain and Ireland	2.3	Agreed	Thank you for your comment.

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6	Consultee 2 Vascular Society of Great Britain and Ireland ty of Great Britain and Ireland	2.4	Adequate stent length is vital and dislocation can occur with the usage of two stents, even with an overlap. These stents should be followed up prospectively as part of a surveillance protocol (as for EVAR). Many radiologists and vascular surgeons fel that these patients should be given dual anti-platelet therapy in the prei-operative and post operative period to help reduce the 10% thrombosis rate.	Thank you for your comment. Section 2.1.1 of the guidance will be changed to state that antiplatelet therapy may be given.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."