

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional procedures consultation document

Laparoscopic renal denervation for loin pain haematuria syndrome

Loin pain haematuria syndrome causes pain near the kidney on one or both sides of the body (loin pain) and blood in the urine (haematuria). In this procedure, nerves are stripped from the kidney (renal denervation) using keyhole (laparoscopic) surgery. The ends of the nerves are clipped or heated to stop them growing back. The aim is to relieve pain.

NICE is looking at laparoscopic renal denervation for loin pain haematuria syndrome.

NICE's interventional procedures advisory committee met to consider the evidence and the opinions of professional experts, who are consultants with knowledge of the procedure.

This document contains the [draft guidance for consultation](#). Your views are welcome, particularly:

- comments on the draft recommendations
- information about factual inaccuracies
- additional relevant evidence, with references if possible.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others.

This is not NICE's final guidance on this procedure. The draft guidance may change after this consultation.

After consultation ends, the committee will:

- meet again to consider the consultation comments, review the evidence and make appropriate changes to the draft guidance
- prepare a second draft, which will go through a [resolution process](#) before the final guidance is agreed.

Please note that we reserve the right to summarise and edit comments received during consultation or not to publish them at all if, in the reasonable opinion of NICE, there are a lot of comments or if publishing the comments would be unlawful or otherwise inappropriate.

Closing date for comments: 25 June 2021

Target date for publication of guidance: October 2021

1 Draft recommendations

- 1.1 Evidence on the safety and efficacy of laparoscopic renal denervation for loin pain haematuria syndrome is inadequate in quality and quantity. Therefore, this procedure should only be used in the context of research. Find out what [only in research means on the NICE interventional procedures guidance page](#).
- 1.2 Further research should report details of patient selection, technique used and long-term follow-up outcomes.

2 The condition, current treatments and procedure

The condition

- 2.1 Loin pain haematuria syndrome (LPHS) causes severe, recurrent flank pain and haematuria (either macroscopic or microscopic). The cause of LPHS is unknown and diagnosis is only made after excluding all other possible renal causes of flank pain and haematuria.

Current treatments

- 2.2 Initial treatment of LPHS involves prescription of analgesics, up to and including opioids. If these are unsuccessful, surgical intervention can be tried, including renal denervation, nephrectomy, and renal autotransplantation.

The procedure

- 2.3 Laparoscopic renal denervation is a minimally invasive procedure to interrupt the sensorial and sympathetic innervation of the kidney to control the pain. The procedure is done under general anaesthesia, using a retroperitoneal approach. Lymphatic and

nervous tissue are stripped off the renal artery and vein with subsequent division of all perihilar nervous tissue, with or without mobilisation of the kidney. The laparoscopic technique aims to reduce the anaesthetic time and produce a quicker recovery time than open surgery.

3 Committee considerations

The evidence

- 3.1 NICE did a rapid review of the published literature on the efficacy and safety of this procedure. This comprised a comprehensive literature search and detailed review of the evidence from 3 sources, which was discussed by the committee. The evidence included 3 case series. It is presented in [the summary of key evidence section in the interventional procedures overview](#). Other relevant literature is in the appendix of the overview.
- 3.2 The professional experts and the committee considered the key efficacy outcomes to be pain reduction, reduction in analgesia, and improved quality of life.
- 3.3 The professional experts and the committee considered the key safety outcomes to be pain, bleeding, infection, and inadvertent kidney damage.
- 3.4 Patient commentary was sought but none was received.

Committee comments

- 3.5 There are other methods of denervating the kidney, some of which are less invasive.

- 3.6 The pathophysiology of loin pain haematuria syndrome (LPHS) and the method of action of renal denervation for the treatment of this condition are unclear.
- 3.7 The current best practice for the treatment for LPHS has not been established.

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Chair, interventional procedures advisory committee

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