

National Institute for Health and Clinical Excellence

332 – Fetal vesico–amniotic shunt for lower urinary tract outflow

Comments table

IPAC date: 15 September 2006

Consultee name and organisation	Section no.	Comment no.	Comments	Response
Individual respondent – carer	1 – Provisional Recommendations	1	1.2 I strongly agree written information should be made easily available, also relevant web addresses. No written information was made available to us and we had to do our own research via the web. 1.3 We feel it would have been helpful to have spoken to a paediatric urologist and neonatologist. 1.4 Agree.	Noted, thank you.

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Individual respondent – carer	2.1 – Indications	2	2.1.1 Our son required ventilatory support after birth for 3 days,he was then able to breathe on his own to the surprise of his doctors. Attention then turned to his kidneys. He required dialysis. Both PDA tubes leaked,(Tubes so big for his size)he fought hard for 32 days, but passed away peacefully. 2.1.2 Our son was not considered a good candidate for vesico-amniotic shunting. We had to request the procedure. Born early due to maternal pre-eclampsia. He had a low birth weight(34wks 2days) 2.1.3 Termination of pregnancy advised. Not sure what vesicocentesis is.	Noted, thank you.
Individual respondent – clinician	2.1 – Indications	3	Termination should not be advised, it may be offered as an option but the ultimate decision is with the parents	Last sentence of 2.1.3 has been removed. A new sentence inserted has been : 'Some cases are treated by termination of pregnancy.'
Individual respondent – carer	2.2 – Outline of the procedure	4	2.2.1 No fetal blood sampled. 2.2.2 Cathetar dislodged (approx. 2wks after insertion.) Not offered a replacement.	Noted, thank you.
Individual respondent – carer	2.3 – Efficacy	5	2.3.1 Without shunting our son wold not have survived his birth. 2.3.4 We feel that the nephrologist was very against shunting, for any babies regardless of criteria. As such the renal departments may not be ready to look after babies that survive shunting, we would like to see them work along side the Specialist Advisors and update their research.	Noted, thank you.

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Individual respondent – carer	2.4 – Safety	6	2.4.1 Shunt displaced. 2.4.2 Catheterisation required after birth. 2.4.3 Preterm labour due to mother"s pre-eclampsia. No other complications arose due to the procedure.	Noted, thank you.