National Institute for Health and Care Excellence

IP1220 – Minimally invasive video-assisted parathyroidectomy

Consultation Comments table

IPAC date: Wednesday 11th June 2014

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**1**	I do not agree with 1.1.	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
2	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**2**	This appears fine.	Thank you for your comment.
3	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**3**	Very brief, but is a reasonable description of the procedure.	Thank you for your comment.

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4	Consultee 2 ENT Consultant Specialist Adviser	**3**	The MIVAP technique employs a central 2cm incsion just above the sternal notch. This allows the exploration of bilateral neck compartments. Therefore MIVAP can be employed for per-operative image-negative cases (approxiamtely 25%) as it allows bilateral neck exploration. This is a major advantage compared to the alternative technique of minimally invasive parathyroidectomy which employs an incision laterally over one sternomastoid muscle. This requires positive findings on a pre-operative localisation study. further it will not allow bilateral neck exploration if the adenoma is not found (approximately 10-25% cases). CO2 insufflation is now rarely used.	Thank you for your comment. Section 3.2 of the guidance has been changed.
5	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**4**	No significant benefit with MIVAP has been found. In the absence of clear evidence of efficacy, a case has not been made for MIVAP. The quality of some of the RCTs also need to be comprehensively evaluated. Another important outcome measure (i.e. the risk of hypoparathyroidism following parathyroid surgery) may have not been evaluated in these studies.	Thank you for your comment. The NICE Interventional Procedures Programme assesses the safety and efficacy of new interventional procedures, based on the best available evidence; the quality of the evidence is considered by the Interventional Procedures Advisory Committee. The Committee does not consider comparative effectiveness. Section 5.3 of the guidance describes reported rates of hypocalcaemia.
6	Consultee 2 ENT Consultant Specialist Adviser	**4**	Any form of minimally-invasive (focussed) parathyroid surgery must be performed on the basis of per-operative localisation study and with the support of adjunctive intra-operative PTH assay to enable optimal surgical outcome and high success rate. Employment of minimally-inavsive parathyroid surgery without intra-operative PTH assay is associated with lower success rates and is strongly ill-advised.	Thank you for your comment. Section 3.1 of the guidance has been changed.

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7	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**5**	The high incidence of cord paresis is a cause for concern. Also, complication rates (especially the rarer theoretical ones) need to be evaluated in much larger cohort of patients than is currently available.	Thank you for your comment. The safety outcomes reported are those which are described in the available literature, and Specialist Advisers are requested to describe theoretical and anecdotal adverse events. The incidence of cord paresis is reported in section 5.1 of the guidance.
8	Consultee 2 ENT Consultant Specialist Adviser	**5**	A trocar is not employed with MIVAP. It is quite likely this suggestion of theoretical injury by a trocar has been suggested by someone who has never seen/performed the procedure. theefore this theoretical injury is not valid and does not require highlighting. Further, MIVAP has not shown additional injury to neuro-vascular or trachea/oesophagus in numerous studies compared to other minimally-invasive or open procedures.	Thank you for your comment. Section 5.4 of the guidance has been changed.
9	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**6**	Agree.	Thank you for your comment.
10	Consultee 2 ENT Consultant Specialist Adviser	**6**	Given the additional training required the conversion rate (to open) and success rates (cure) must be prospectively audited to ensure satisfactory service. These rates at each centre must be notified to the patients as part of consent.	Thank you for your comment.
11	Consultee 1 Senior Lecturer and Honorary Consultant Surgeon Specialist Adviser	**NOTE**	I am a surgeon in active clinical practice. I do not offer MIVAP to my patients.	Thank you for your comment.

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12	Consultee 2 ENT Consultant Specialist Adviser	**NOTE**	Specialist Advisor	Thank you for your comment.

"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."