



Response of the Association for Perioperative Practice (AfPP) to the National Institute for Health and Clinical Excellence Consultation on Health Technology Appraisal Laparoscopic surgery for the treatment of colorectal cancer

This response is provided by the Association for Perioperative Practice (AfPP). AfPP is a professional association representing 8,000 perioperative nurses, operating department practitioners (ODPs) and support staff in the United Kingdom working in both the NHS and the independent sector. This response is representative of the AfPP Board and a cross-section of AfPP members whose views have been sought and collated. Consultees are bound to the terms of the confidentiality acknowledgement.

AfPP welcomes this review to establish whether the use of laparoscopic surgery for colorectal surgery is the preferred procedure. As colorectal cancer is the second most common malignancy in England and Wales it is important that healthcare establishments and clinicians are aware of the risks and resources required for laparoscopic surgery. It is especially important to determine whether this procedure is clinically effective for patients.

Currently NICE guidance states that open rather than laparoscopic resection should be the preferred surgical procedure. Laparoscopic surgery should only be undertaken as part of a randomised trial therefore the incidence of laparoscopic surgery is very low.

AfPP are satisfied that the technology review clearly identified the evidence for and against this intervention having considered all available randomised controlled trials. AfPP are also supportive of submissions by medical device companies being analysed for systematic review. If they do not comply with this criterion they should not be used as evidence due to potential commercial sensitivities.

The data indicates positive outcomes for patients having laparoscopic surgery as length of hospital stay is shorter, blood loss and post operative pain are less and return to usual activities is likely to be faster than after open surgery. However the review outlines that laparoscopic surgery takes longer to perform. This would be significant factor for Theatre Managers and those responsible for capacity planning and for ensuring effective utilisation of operating lists as this procedure will require longer operating time. When planning the lay out of operating theatres it would also have major implications for storage space to house minimal invasive equipment and related medical devices.

AfPP would recommend that the National Purchasing Supply Agency are involved in any future review as this agency would need to plan a tendering process for consumables required for laparoscopic surgery within the NHS.

A conclusion of the review indicates no difference with the ability to attain lymph node retrieval between laparoscopic and open surgery. AfPP clinicians have reported that there are often greater difficulties experienced with the removal of lower lymph nodes during laparoscopic surgery.

Reliable evidence with regard to potential future costs of laparoscopic surgery to the NHS is not available as is the evidence of training costs for the number of operating surgeons required to perform this technique. The review committee should be mindful that specialist training will not only be required for the operating surgeon but also the perioperative team which may include nurses and operating department practitioners directly involved with new technology and providing assistance to the operating surgeon. AfPP would therefore recommend that reliable data should be sourced to ascertain future projections to enable healthcare establishments performing this procedure to provide adequate budgetary arrangements.

AfPP would welcome more evidence on the merits of hands assisted laparoscopic surgery. The review reports that this procedure provides similar costs and outcomes to laparoscopic surgery and may be complementary to laparoscopic surgery for particular cases.

The review indicates associated short term benefits to patients such as early discharge. AfPP would support the need for more evidence to ascertain the long term outcomes for the patient including outcomes for carers involved in the patient's rehabilitation. This is often a hidden cost but a significant factor for improving the quality of life for the patient and carers.

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