

**National Institute for Health and Clinical Excellence
Additional Submission Information**

Mega Soft Patient Return Electrode for use during Monopolar Electrosurgery

The purpose of this table is to show where the External Assessment Centre relied in their assessment of the topic on information or evidence not included in the original manufacturer submission. This is normally where the External Assessment Centre:

- a)** become aware of additional relevant evidence not submitted by the manufacturer
- b)** need to check “real world” assumptions with NICE’s Expert Advisers, or
- c)** need to ask the manufacturer for additional information or data not included in the original submission

These events are recorded in the table to ensure that all information relevant to the assessment of the topic is made available to MTAC. The table is presented to MTAC in the Assessment Report Overview, and is made available at public consultation.

Table 1: Additional submission information

| Submission Document Section/Sub-section number | Question / Request to Manufacturer or Expert Adviser <i>Please indicate whether Manufacturer or Expert Adviser was contacted. If an Expert Adviser, only include significant correspondence and include clinical area of expertise.</i> | Response <i>Attach additional documents provided in response as Appendices and reference in relevant cells below.</i> | Action / Impact / Other comments |
|--|--|---|--|
| Section 2.1.6 and subsequent | Cost to NUTH of diathermy pads: and NHS Supply Chain prices for diathermy pads and reusable cables | See Tables 2 to 4 following this table | Cost used as base case and price as sensitivity analysis |
| Section 3.10.1 and subsequent | A set of questions were sent to the sponsor during the course of the assessment. The questions presented below: | Responses to the questions from the sponsor are presented below | Impacted on clinical and economic evaluation |
| | What is the frequency of pad repair? Please describe robustness of pad. | The pad shouldn't need repair. If it is cut accidentally we have a bespoke patch kit which can be used. The pad is very robust and lasts for 2 years even in very busy theatres such as St Barts. | Informed economic evaluation |
| | What is the mean operational life and range, rather than the regulatory life of 18 months warranty? | The indemnified life of the Mega Soft Patient Return Electrode is 24 months. Its predecessor, the Mega2000, was indemnified for 18 months. | Informed economic evaluation |
| | Please describe the warranted use of Mega Soft Patient Return Electrode with other generators' equipment, particularly with the market leaders Valleylab and Covidien. Please explain the level of indemnity cover provided through the statement ' <i>We provide a warranty and hold-harmless for each pad.</i> ' | The pad is indemnified to a limit of \$10M irrespective of generator used as long as the Instructions for Use are followed. | Informed economic evaluation |
| | Please provide names of a contact at five sites using the device and at five sites which have trialed Mega Soft Patient Return Electrode and have stopped using it. | 5 names were provided. 5 hospitals that have used the Mega Soft Patient Return Electrode pad and no longer do (mainly down to unavailability of capital monies) <ul style="list-style-type: none"> • Solihull; • BMI Sandringham; • Frenchay; • Southmead; • Leicester Nuffield. | Not taken forward |

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| | Please summarise Megadyne's experience in placing devices in hospitals for trials (adults and paediatrics) in Europe and USA. | Acceptance of the product and acceptance of the advantages versus using sticky plates is almost universal. The second stage is always securing capital monies and this is often the biggest challenge. Megadyne supply product direct and via a dealer network in the USA. In the rest of the world they supply via dealer partners such as ourselves. The product is used widely throughout the world. | Informed economic evaluation |
| | Please describe the product's main use in USA surgical theatres, for example short day cases or long theatre cases >4 hrs. | The pad is used extensively in short and long cases. There is no real distinction. The pad has advantages over sticky plates in both scenarios. | Informed economic evaluation |
| | Is use focussed on surgical patients (adults and paediatric) with burns or trauma, including extensive skin and tissue damage, or who are elderly with frail skin and who may experience skin tears when an adhesive electrode is removed? | The pad has benefits for all patients and provides the safest patient grounding solution available. It is not limited to any sub sect. Additional benefits apply for patients with frail skin or burns or existing prostheses etc. | Informed economic evaluation |
| | <p>Please provide the cost of various Megadyne products (pre and post discount assuming a large volume order) being:</p> <p>Sticky Pads:</p> <ul style="list-style-type: none"> • Adult, disposable dual plate, with 3m (10') pre-attached cord; • Adult, disposable single plate, with 3m (10') pre-attached cord; • Paediatric dual plate, with 3m (10') pre-attached cord; • Paediatric single plate, with 3m (10') pre-attached cord. <p>Mega Soft Patient Return Electrode:</p> <ul style="list-style-type: none"> • Mega Soft Patient Return Electrode Paediatric Patient Return Electrode; | We only supply one sticky pad (code 0855C). The price is £120 per box of 50. The adult Mega Soft Patient Return Electrode is £2,100 (£1,900 discounted) and the paediatric pad is £2,950 (£1,900 discounted). The Mega Power generator system is £7,900 | Informed economic evaluation |

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|--|--|--|----------------------------------|
| | <ul style="list-style-type: none"> Mega Soft Patient Return Electrode Patient Return Electrode. Power Generator: <ul style="list-style-type: none"> Mega power generator. | | |
| | Is there a hard plastic moulding over a corner of the electrode that may cause pressure necrosis if a patient is placed on it for long time? | There is a hard moulding in the top corner of the product but there is no need for the patient to contact this area. | Technical consideration |
| | Explain Guy's and paediatric evaluation St Thomas's scoring please (issue is some scores exceed 5). | Not sure on this one - maybe we can discuss at our meeting when our Health Economist is present. | Informed economic evaluation |
| | <p>It is stated on page 1 of the scope issued by NICE that a proprietary cable called a 'DetachaCable' is connected 'deep inside' the Mega Soft Patient Return Electrode.</p> <ul style="list-style-type: none"> If the DetachaCable is proprietary how does it connect to other manufacturers generators? Are all generator connectors manufacturer specific? Are all disposable pad connectors manufacturer specific? If the connectors are not the same, do adaptor cables or connectors need to be purchased separately? [NB this might affect economics] Is the area where the DetachaCable connects to the Mega Soft Patient Return Electrode (known as the 'rigid corner' in the Mega Soft Patient Return Electrode instructions for use) padded to prevent pressure injuries? | <p>(Response provided verbally at a meeting). DetachaCable is proprietary.</p> | Technical consideration |
| | On page 2 of the scope, the Mega Soft Patient Return Electrode is specified as measuring 117 cm x 51 cm. For pressure relief, this is not a large enough area to accommodate a full size adult e.g. depending on position, the patients legs, head, or arms etc. will not be | <p>(Response provided verbally at a meeting). Secondary pressure devices may be needed for example at the heels.</p> | Informed economic evaluation |

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| | <p>resting on the Mega Soft Patient Return Electrode (assume most adults are >117 cm tall).</p> <ul style="list-style-type: none"> • If the Mega Soft Patient Return Electrode is to be used as a pressure relieving device, what relieves the pressure on the shoulder, head, arms, elbows, legs, feet, heels etc. (depending on the position of the patient)? • Will a pressure relieving mattress/operating table top cover still be required? [NB this may affect economics] • The paediatric Mega Soft Patient Return Electrode may also have the same issue - it measures 66 cm x 30.5 cm. | | |
| | <p>If for some reason the patient does not contact the Mega Soft Patient Return Electrode for the minimum required area and the patient cannot be repositioned, how can electrosurgery still be performed?</p> <ul style="list-style-type: none"> • How often does this happen? • If this is the case the manufacturer instructs in their FAQ to use a disposable adhesive electrode (pad) - this may be something to consider in the economic analysis. | <i>(Response provided verbally at a meeting).</i> Sufficient patient contact can always be maintained without the use of additional sticky pads. | Informed economic evaluation |
| | Are technology costs (Mega Soft Patient Return Electrode, mattress and pads) inclusive or exclusive of VAT? | Costs are exclusive of VAT | Informed economic evaluation |
| | The PSSRU cost (2010/11) for a surgeon contract hour is £136 excluding qualifications. Can you please explain additional assumptions to get to £347 per hour per submission? | <p>The last row of the table on p219 of "CURTIS, L. 2010. Unit costs of health and social care. Personal Social Services Research Unit (PSSRU)." reads;</p> <p>"£110 (£127) per contract hour; £347 (£403) per hour operating; £148 (£171) per patient-related hour</p> | Informed economic evaluation |

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|---|---|--|---|
| | | (includes A to F). I have selected the £347 per hour as it relates to the cost of the surgeon's time whilst he/she is operating. I believe this appropriate because we assume that use of the Mega Soft pad reduces the time of operations." | |
| | The PSSRU cost (2010/11) for a nurse day ward (includes staff nurse, registered nurse, registered practitioner) is £34 excluding qualifications. Can you please explain additional assumptions to get to £41 per hour per submission | The last row of the table on p207 reads; "£23 (£26) per hour; £41 (£47) per hour of patient contact." I have selected the £41 per hour as it relates to the cost of the nurse's time whilst he/she has patient contact, which is appropriate during an operation." | Informed economic evaluation |
| | Please provide further comment of the validity of the sponsor's estimate of the 5 minute delay. | The sponsor advised the estimate of five minutes was per patient and comprised the following activities: pick up diathermy pad from store, possibly in an anteroom; check plate and size; read instructions re where not to apply pad and find appropriate area; shave patient if required and apply. The sponsor advised that these activities are conducted in theatre because lead to ESU is there; otherwise if in prep room have to wheel patient with loose wire attached. | Informed economic evaluation |
| | Can you please advise which customers would get a discounted price and who would pay the full price. | If application to MTAC is successful all sales will be at the discounted price. This should be used for the base case analyses. | Informed economic evaluation |
| | Can you please advise on the cost of a re-usable lead wire to connect to another lead wire from the ESU for diathermy pads without lead wires? (Cost of a reusable lead is from £20 to £80 £20 to £80 100 times) | The sponsor emailed pages from NHS Supply Chain catalogue showing prices for 3m long re-usable diathermy cables, with jack plug for REM machines. These varied by supplier from Lang Skintact at £16.63; Unomedical £19.64, ConMed £27.08, cables for all Valleylab generators £30.85 and for use with Eschmann TD411 - Bard/Birtcher - Concept - Erbe - Neomed short insulation generators £85.13. | Informed economic evaluation |

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|--|--|--|-----------------------------------|--|-------------------|-----------------------|----------------------------------|---|-----|-------------------------------------|---|-----|--|---|-----|--------------|-------------|-------------|--------------------------------|---|
| | | The sponsor noted the cable, whilst re-usable, had to be sterilised between uses and re-attached by a technician. He also noted these can develop faults. He estimated about 100 uses per cable. | | | | | | | | | | | | | | | | | | |
| | Can you please provide an estimate of the additional costs of cleaning, handling, folding and storing the Mega Soft Patient Return Electrode? | The sponsor advised the marginal cost of between patients cleans, compared to no Mega Soft Patient product, was nil because any surface would need to be wiped down between patients. At night he noted the Mega Soft was often left on the table or possibly rolled up and placed at end of the table taking at most 30 seconds | Informed economic evaluation | | | | | | | | | | | | | | | | | |
| Section 3.10.4 | A questionnaire was sent to 5 NICE experts. One was returned completed. The questions are presented below. | Responses to the questionnaire are presented below. | Impacted on economic evaluation | | | | | | | | | | | | | | | | | |
| | <p>Q1. Can you please advise of the severity of burns from patient return electrodes using split sticky pads and non-split sticky pads. The categories to use are set out in Table 1.</p> <table border="1" data-bbox="421 1002 1070 1342"> <thead> <tr> <th rowspan="2">Category</th> <th colspan="2">% of Burns from Return Electrodes</th> </tr> <tr> <th>Split sticky pads</th> <th>Non-split sticky pads</th> </tr> </thead> <tbody> <tr> <td>Major burn, third degree or more</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>Other burn with major complications</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>Other burn without major complications</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>Total</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> | Category | % of Burns from Return Electrodes | | Split sticky pads | Non-split sticky pads | Major burn, third degree or more | 0 | N/A | Other burn with major complications | 0 | N/A | Other burn without major complications | 0 | N/A | Total | 100% | 100% | <i>Table was not completed</i> | Followed up with separate question to experts |
| Category | % of Burns from Return Electrodes | | | | | | | | | | | | | | | | | | | |
| | Split sticky pads | Non-split sticky pads | | | | | | | | | | | | | | | | | | |
| Major burn, third degree or more | 0 | N/A | | | | | | | | | | | | | | | | | | |
| Other burn with major complications | 0 | N/A | | | | | | | | | | | | | | | | | | |
| Other burn without major complications | 0 | N/A | | | | | | | | | | | | | | | | | | |
| Total | 100% | 100% | | | | | | | | | | | | | | | | | | |

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| | Q2. Are you or your members aware of any litigation involving an NHS organisation associated with use of sticky pads? <i>(Yes or no)</i> | No | NHS Litigation asked for information |
| | Q3. For what percentage of adult patients undergoing surgery and paediatric patients undergoing surgery does placement of a sticky pad on the patient give rise to a serious difficulty for the theatre nurses? | 0 | Informed economic evaluation |
| | Q4. Are protocols in place and training provided to theatre staff on the use of sticky pads? <i>(Yes or no)</i> | Yes | Informed economic evaluation |
| | Q5. Please advise the mean price paid by the Trust (that is after the deduction of discounts) for: <ul style="list-style-type: none"> • Adult split pads: £ • Adult non-split pads £ • Paediatric split pads £ • Paediatric non-split pads £ | <i>No costs were given</i> | NHS NUTH asked for information |
| | Q6. Does the Trust require that theatres purchase sticky pads from the manufacturer of the diathermy (electrosurgical) unit [ESU] to ensure the manufacturer's warranty is not invalidated? <i>(Yes or no)</i> | No | Informed economic evaluation |
| | Q7. Does the Trust receive free ESUs as part of a purchasing agreement for electrodes? <i>(Yes or no)</i> | No | Informed economic evaluation |
| | Q8. What is the mean number of surgical procedures per day, per theatre, using monopolar surgery? | 80+ <i>(unspecified number of theatres)</i> | Informed economic evaluation |
| | Q9. How many days a year do theatres operate at that level of mean number of procedures? | 200 | Informed economic evaluation |
| | Q10. What percentage of surgical patients (adults and paediatric) have burns or trauma, including extensive skin and tissue damage, or are elderly with frail skin and who may experience skin tears when an adhesive electrode is removed? | Informal enquiry: 15% | Informed economic evaluation |
| | Q11. Does the response to Question 8 on mean number of surgical procedures a day generalise to the | Yes | Informed economic evaluation |

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| | specific patient groups in Question 10? | | |
| | Q12. Any other comments you may wish to make? | We purchase approx 23000 split pads per year. I am not in a position to give a cost breakdown. We run a centralised incident reporting system (DATIX) and in the last 4 years there are no reports of incidents reported. Red skin and minor abrasions are common (30+ %) on informal questioning, reflecting the reporting system. | Informed economic evaluation |
| | Further responses were provided by experts on the following: | | |
| | Delay in theatre | <p>Response 1 Hold up is a relatively uncommon problem in my experience. I think the time (5mins) is a bit generous but wouldn't argue and I would put the need at nearer 10% purely for placement of the electrode (maybe we have a less hairy population!). Patient safety now means we have to use electric razors with disposable heads all the time.</p> <p>Finding a plate, forgetting to put it on in the anaesthetic room or the surgeon changing their minds and then having to rummage around under the drapes are much more common causes of delay!</p> | Informed economic evaluation |
| | Staff and practices in theatre | <p>Response 1 The mean number of operations per week per theatre that require the use of monopolar is 13.5. However as we have been using the Mega soft mattress for a number of years now we do not have to shave any of our patients for placement of a patient return electrode.</p> <p>Response 2 In addition to 1 surgeon, 1 anaesthetist, 1 nurse anaesthetist and 2 operating room nurses per operation</p> | Informed economic evaluation |

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| | | <p>we also have a Registrar and a healthcare assistant.</p> <p>Response 3 Any number of surgeons probably 2, on average 2 anaesthetists, 2 nurses, 1 hca, 1 anaesthetic practitioner 9 could be by odp/nurse). We don't have nurse anaesthetists. 6 minimum I would of thought.</p> <p>Response 4 I would estimate that we use monopolar on 4 operations a day per theatre. We use the megadyne mainly so don't shave but when we do it takes approx 3 minutes, 40% of patients shaved and we use electric disposable shavers</p> <p>Response 5 We carry out approximately 16 monopolar procedures per day across all 10 theatres. We no longer use sticky pads as we have the Megadyne mattresses so no patients are shaved.</p> <p>Response 6 This number is actually difficult to give as it depends on specialty - for instance cardiac may do an average of three cases whereas gynae may do average of 15. We run 24 theatres broken down by specialty. I could get the usage of plates by specialty but I am not sure if that is any better. The figure you are looking for would be an average of 24 theatres divided into 20,000 cases per year - approx 1000 cases/theatre / year - assume 200 working days = average 5 cases/theatre/day.</p> | |

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| | Time to clean and store Mega Soft product | <p>Response 1 The time to clean is really minimal (less than a minute). They are cleaned with a disinfectant wipe between patients and at the end of a theatre session. This procedure can be undertaken by any grade of staff. They are kept/stored on the operating table so they are always insitu.</p> <p>Response 2 Although it's an extra layer on the operating table mattress, prior to its use we would have had a pressure relieving gel in its place so the cleaning time is the same. But I would suggest that the time to clean in between patients is 30 seconds performed usually by a healthcare assistant. The operating table mattress and the megadyne are removed from the table at the end of the list and placed on a trolley to dry, the addition of the megadyne would add ~ 1min to this, usually by a healthcare assistant but may be nurse/theatre practitioner.</p> <p>Response 3 It takes about a minute to wipe over the mega soft patient return pad between cases with a sporacidal wipe and it is left on the table at the end of the day. This is usually carried out by a Theatre support worker.</p> <p>Response 4 Pure guess work, but 5min cleaning between cases (clean and relay on mattress) and 5 min at the end of the day (assuming remains on the table overnight) would seem reasonable.</p> | Informed economic evaluation |

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|--|---|--|----------------------------------|-----|------------------------|----|---------------------|-----|------------------------------|------------|------|----|------------------------------------|
| | <p>Pressure pads:</p> <p>a) <i>In all surgical cases, does mega soft act as a pressure relieving mattress during the procedure such that no additional support is required and team thus avoid having to use any other mattress?</i></p> <p>b) <i>What would be the most common form of mattress used prior to MEGA SOFT?</i></p> | <p>Response 1</p> <p>a) They need heel supports, and for larger patients protection for arms and elbows. When patient positioned on their side, they use a vacuum bean bag for positioning.</p> <p>b) They wouldn't have used anything in addition to the operating table mattress at that time.</p> <p>Response 2</p> <p>a) Nothing else used in the areas where Mega Soft is in place. Other supports may be needed for areas such as arms.</p> <p>b) Don't know, possibly gel mattress from Central Medical Supplies, such as Action pads. http://www.actionproducts.com/operating_room_products/overlays/ViewCategory/catalog.cfm</p> | Informed economic evaluation | | | | | | | | | | |
| Section 2.1.6 | NHS Litigation asked to quantify costs paid as a result of diathermy pads burns | <p>Response from NHSLA:</p> <p>Below is a breakdown of the number of claims made and damages paid based on claims relating to diathermy burn claims identified in the NHSLA database. This includes all relevant claims, i.e. closed and outstanding as at 30/11/11, reported to the NHSLA since January 2005.</p> <table border="0" data-bbox="1095 1193 1621 1342"> <tr> <td>Number of claims brought</td> <td>276</td> </tr> <tr> <td>Closed with no damages</td> <td>34</td> </tr> <tr> <td>Closed with damages</td> <td>195</td> </tr> <tr> <td>Total paid (damages + costs)</td> <td>£5,651,312</td> </tr> <tr> <td>Open</td> <td>47</td> </tr> </table> | Number of claims brought | 276 | Closed with no damages | 34 | Closed with damages | 195 | Total paid (damages + costs) | £5,651,312 | Open | 47 | Used to inform economic evaluation |
| Number of claims brought | 276 | | | | | | | | | | | | |
| Closed with no damages | 34 | | | | | | | | | | | | |
| Closed with damages | 195 | | | | | | | | | | | | |
| Total paid (damages + costs) | £5,651,312 | | | | | | | | | | | | |
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| Section 2.1.6 | Fifty Medical Directors asked to advise on issues with diathermy pads | Nil | NHS Litigation contacted |
| Table 4.1 | Enquiry to mattress manufacturer (Charnwood) | <p>Response to internet enquiry:</p> <p>£330.00 for a basic operating table mattresses, 5cm in depth and consisting of foam with a neoprene covering which would last a year based on consumer feedback.</p> <p>£800.00 for the Liquid Displacement Cell (LDC) mattress- a full pressure relieving operating table mattress complete with gel interior and a good quality pressure relieving foam, covered Permalon anti-static two way stretch fabric for around.</p> <p>There is no clinical evidence that mattresses sold in the market for prices up to £3000.00 are any better in pressure relief.</p> | Confirmed sponsor estimate of life |
| Table 4.1 | <p>Request for prices from NHS Supply Chain for the following:</p> <p>OPERATING TABLE GEL PAD Operating table gel pad full length (1800x520x10mm) NPC: N0860910 MPC: 8146939</p> <p>OPERATING TABLE PERINEAL CUT OUT Operating table gel pad 3/4 length with perineal cut-out NPC: N0860912 MPC: 8146954</p> <p>OPERATING TABLE GEL PAD LIGHTWEIGHT Light weight table gel pad 1150 x 520 x 10mm NPC: N0860913</p> | <p>Response from NHS Supply Chain re prices</p> <p>NHS Supply chain obtained a quote from Eschmann for the accessories.</p> <p>Operating table gel pad full length (1800x520x10mm) Unit Price: £517.65</p> <p>Operating table gel pad 3/4 length with perineal cut-out Unit Price: £362.95</p> <p>Lightweight table gel pad 1150 x 520 x 10mm Unit Price: £362.95</p> | Informed economic evaluation |

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| | MPC: 8146975 | | |
| Section 2.1.6 | MHRA asked for information on reported incidents from diathermy pads | Information was provided by MHRA, for the period from 2000, on the estimated number of reported electrosurgery incidents. The MHRA stated that approximately 70% of these incidents were related to burns, with approximately 35% of the burn events related to the neutral (return) electrodes. | Important to size problem of adverse events from diathermy pads |
| Section 2.1.2 | The EAC extracted information from the MHRA) website for safety warnings, medical device alerts, field safety notices and one-liners for relevant information and advice on monopolar electrosurgery and patient return electrodes. | The findings were sent to MHRA which identified two omissions and this was rectified | Ensure guidance on intervention and device complete. |

Table 2: Price paid in year from 1 April 2012 by NUTH for Diathermy Pads

| Cost and description of diathermy pads | Qty supplied | Total demand (£) | Per unit |
|---|------------------------------|---------------------------|-----------------|
| Diathermy plate standard (solid) without leadwire Universal 'A' 140 x 106mm soft hydrogel adhesive apple shape with overlapping gel | 25 | 576.25 | £0.46 |
| Diathermy plate split without leadwire Universal 'A' REM 140 x 106mm soft hydrogel adhesive apple shape with overlapping gel | 28 | 813.4 | £0.58 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 10 | 239 | £0.48 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 68 | 1,613.20 | £0.47 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 15 | 354.5 | £0.47 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 2 | 47.8 | £0.48 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 1 | 23.9 | £0.48 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 60 | 1,412.40 | £0.47 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 15 | 354.5 | £0.47 |
| Diathermy plate split without leadwire Universal 120 x 132mm overlapping gel low profile waterproof woven cloth backing | 2 | 47.8 | £0.48 |
| Diathermy plate split with leadwire Adult 183 x 114mm | 6 | 533.94 | £1.78 |
| Diathermy plate split with leadwire Adult 183 x 114mm | 2 | 177.98 | £1.78 |
| Diathermy plate split with leadwire Adult 183 x 114mm | 1 | 88.99 | £1.78 |
| Diathermy plate split with leadwire Adult 183 x 114mm | 3 | 266.97 | £1.78 |
| Diathermy plate split without leadwire Adult 183 x 114mm | 7 | 700.35 | £2.00 |
| | 245 | 7,250.98 | £0.59 |
| | Cost per pack inc VAT | Total cost inc VAT | |
| | £23.05 | £576.25 | £0.46 |
| | £30.34 | £6,674.74 | £0.61 |
| | Total | £7,250.99 | |

Table 3: NHS Supply Chain prices for single diathermy pad (inc VAT)

| Brand | Unit of issue | Price | Split | | | | Solid | | | |
|----------------------------|---------------|--------|---------|--------|----------|--------|----------|--------|----------|--------|
| | | | Adult | | Child | | Adult | | Child | |
| | | | No wire | Cabled | No wires | Cabled | No wires | Cabled | No wires | Cabled |
| Covidien | 600 | 589.56 | £0.98 | | | | | | | |
| Covidien | 12 | 181.3 | | | | £15.11 | | | | |
| Covidien | 25 | 116.86 | | | | £4.67 | | | | |
| ConMed | 25 | 49.31 | | | | | £1.97 | | | |
| ConMed | 25 | 52.47 | | £2.10 | | | | | | |
| ConMed | 5 | 3.18 | £0.64 | | | | | | | |
| Lang Skintact | 50 | 95.37 | | | | £1.91 | | | | |
| Unomedical Neutralect | 50 | 104.67 | | £2.09 | | | | | | |
| 3M Health Care Ltd | 200 | 102.71 | | | | | £0.51 | | | |
| ConMed | 25 | 52.47 | | | | | | | | £2.10 |
| Lang Skintact | 50 | 26.56 | £0.53 | | | | | | | |
| Lang Skintact Cool Contact | 50 | 33.99 | | | £0.68 | | | | | |
| Lang Skintact | 50 | 27.54 | £0.55 | | | | | | | |
| Lang Skintact | 50 | 90.38 | | £1.81 | | | | | | |
| Lang Skintact | 50 | 22.66 | | | | | £0.45 | | | |
| Lang Skintact | 50 | 33.31 | | | | | | | £0.67 | |
| Unomedical Neutralect | 50 | 29.05 | £0.58 | | | | | | | |
| Unomedical Neutralect | 50 | 21.96 | | | | | £0.44 | | | |
| Lang Skintact | 50 | 22.57 | | | | | £0.45 | | | |
| Lang Skintact | 50 | 28.44 | £0.57 | | | | | | | |
| Lang Skintact | 50 | 83.59 | | | | | | £1.67 | | |
| Lang Skintact | 50 | 92.28 | | £1.85 | | | | | | |
| Unomedical Neutralect | 50 | 102.91 | | £2.06 | | | | | | |
| Unomedical Neutralect | 50 | 104.66 | | £2.09 | | | | | | |

| | | | Split | | | | Solid | | | |
|-----------------------|---------------|--------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Brand | Unit of issue | Price | Adult | | Child | | Adult | | Child | |
| | | | No wire | Cabled | No wires | Cabled | No wires | Cabled | No wires | Cabled |
| Lang Skintact | 50 | 21.5 | | | | | £0.43 | | | |
| Lang Skintact | 50 | 23.4 | £0.47 | | | | | | | |
| Lang Skintact | 50 | 85.82 | | | | | £1.72 | | | |
| ConMed | 10 | 19.92 | | | | | | | | £1.99 |
| 3M Health Care Ltd | 100 | 67.05 | | | | | £0.67 | | | |
| 3M Health Care Ltd | 100 | 76.31 | £0.76 | | | | | | | |
| ConMed | 5 | 2.45 | | | | | £0.49 | | | |
| 3M Health Care Ltd | 40 | 105.38 | | | | | £2.63 | | | |
| Lang Skintact | 50 | 82.64 | | | | | | | | £1.65 |
| Unomedical Neutralect | 50 | 35.16 | | | | | | | £0.70 | |
| Tyco Polyhesive | 50 | 100.05 | £2.00 | | | | | | | |
| Tyco Polyhesive | 50 | 88.99 | | £1.78 | | | | | | |
| Lang Skintact | 100 | 167.09 | | £1.67 | | | | | | |
| Lang Skintact | 50 | 89 | | | | | | | | £1.78 |
| Lang Skintact | 50 | 96.18 | | | | | £1.92 | | | |
| Lang Skintact | 50 | 98.12 | | | | £1.96 | | | | |
| Tyco ProRe Universal | 50 | 25.81 | £0.52 | | | | | | | |
| Skintact | 50 | 92.28 | | £1.85 | | | | | | |
| Mean prices | | | £0.76 | £1.92 | £0.68 | £5.91 | £0.49 | £1.98 | £0.68 | £1.88 |

Table 4: Re-usable cables

| Brand | Unit of issue | Price | No wire | Cabled |
|--------------------------------|----------------------|--------------|----------------|---------------|
| Unomedical Neutralect | 1 | £20.06 | | £20.06 |
| Unomedical Neutralect | 1 | £18.91 | | £18.91 |
| Lang Skintact Cool Contact | 1 | £16.96 | | £16.96 |
| Bard/Birtcher Erbe ESU | 1 | £86.94 | | £86.94 |
| For Valleylab ESUs | 1 | £31.51 | | £31.51 |
| Mean excluding ERBE ESU | | | | £21.86 |