

# National Institute for Health and Clinical Excellence

## 331 – Fetal cystoscopy for diagnosis and treatment of lower urinary tract outflow obstruction

### Comments table

IPAC date: 10 November 2006

<b>Consultee name and organisation</b>	<b>Section no.</b>	<b>Comment no.</b>	<b>Comments</b>	<b>Response</b> Please respond to all comments
BUPA	<b>1 – Provisional recommendations</b>	1	BUPA, unsurprisingly, has not been asked to fund this so has not evaluated it.	Noted, thank you.
Individual respondent – clinician	<b>1– Provisional recommendations</b>	2	No mention is made of the rationale for treating cystoscopically as opposed to by vesicoamniotic shunt. At least theoretically the potential advantages of cystoscopy are that it should obviate the high incidence of shunt related complications, particularly dislodgement and obstruction, and it obviates the problem of chronic bladder decompression in utero which currently lead to a high incidence of incontinence in survivors, with a need for subsequent bladder augmentation in childhood.	Thank you. Section 1.4 states that further data on case selection would be welcomed. It is not within the remit of the interventional procedures programme to produce guidance on the comparative clinical effectiveness of more than one procedure.