

# National Institute for Health and Clinical Excellence

## 414 – Laparoscopic mobilization of the greater omentum for breast reconstruction

### Consultation Comments table

IPAC date: December 14, 2007

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Individual clinician	1	It is perhaps worth mentioning that a number of “breast surgeons” are also trained in general surgery and laparoscopic techniques and therefore could provide the necessary expertise for both the reconstruction and the omental harvesting.	Please respond to all comments  This is covered by 1.3 that states “Patient selection should be carried out in the context of a multidisciplinary team experienced in the management of patients requiring breast reconstruction, and should include a breast cancer specialist and a surgeon experienced in laparoscopic techniques. “
2	Individual clinician	2.1	Lipomodelling for partial or complete autologous breast reconstruction is also being used and perhaps should be mentioned in the context of possible volume deficits after different forms of reconstruction. Indeed lipomodelling for partial reconstruction is already being used a lot more than omental reconstruction.	This appears to be a new procedure – it was not mentioned by any of the Specialist Advisers and the literature does not suggest that it is established.  The list of current treatments and alternatives is not intended to be definitive.