National Institute for Health and Clinical Excellence

654 – Intraoperative nerve monitoring during thyroid surgery

Comments table

IPAC date: January 11, 2008

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Manufacturer (Medtronic)	**1**	Medtronic are in agreement with this recommendation.	Noted, thank you.
2	Manufacturer (Medtronic)	**2.1**	Medtronic are in agreement with the indications as described in this section.	Noted, thank you.
3	Manufacturer (Medtronic)	**2.2**	Medtronic are in agreement with the outline as described in this section.	Noted, thank you.
4	Manufacturer (Medtronic)	**2.3**	Medtronic are in agreement with the statement on efficacy.	Noted, thank you.
5	Individual clinician	**2.3**	As with all monitoring devices the use of ionm can create a perceived safeguard for the nerve in surgeons inadequately experienced to take on certain thyroid operations. The experience of the thyroid surgeon is the most important safety net and ionm must not be used to enable less experienced surgeons to take on more complex cases.	Noted, thank you. This issue is addressed in the Specialist Adviser comments: Section 2.3.4 states that one Adviser commented that there are significantly different opinions between surgeons as to whether this technology improves outcomes or whether it gives false reassurance to inexperienced surgeons.
6	Manufacturer (Medtronic)	**2.4**	Publications by Randolph, Lo and the Scandinavian quality registry state that RLN nerve paralysis is currently under-reported as post-operative laryngoscopy is rarely performed to assess actual vocal fold function.	Noted, thank you. Seven of the eight studies included in Table 2 specified that postoperative laryngoscopy was used. The remaining study did not specify the method of evaluating vocal fold mobility postoperatively.

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7	Individual clinician	**General**	An excellent review...intraoperative nerve monitoring carries the risk of being used as a perceived safeguard by surgeons who lack the experience to perform a specific thyroid procedure and therefore the main safeguard for the recurrent nerve must always be the experience of the surgeon. Nerve palsy rates can only be accurately asessed by laryngeal visualisation postoperatively, and all studies must include this to be valid.	Noted, thank you. Seven of the eight studies included in Table 2 specified that postoperative laryngoscopy was used. The remaining study did not specify the method of evaluating vocal fold mobility postoperatively.