

# National Institute for Health and Clinical Excellence

## 597 – Intraoperative red blood cell salvage during radical prostatectomy or radical cystectomy

### Consultation Comments table

IPAC date: 14<sup>th</sup> February 2008

Comment no.	Consultee name and organisation	Section no.	Comments	Response
1	Individual clinician	1	We have been using this technique for >7 years, with no problems. We have audited our results and shown no excess in cancer recurrence rates. We do not use additional written information as we do not consider that this procedure carries any risks compared with allogenic transfusion. I would be reluctant to have to introduce yet another patient information document for this. I feel this would information overload, our patients whoa re stressed enough having major cancer surgery without worrying about theoretical risks of autotransfusion. I suggest that provision of written information is not made a requirement.	Please respond to all comments  The use of NICE's information for patents 'understanding NICE guidance' is recommended as this explains the guidance in lay terms. Clinicians may wish to tailor patient information to suit local and patient need.

<b>Comment no.</b>	<b>Consultee name and organisation</b>	<b>Section no.</b>	<b>Comments</b>	<b>Response</b> Please respond to all comments
2	Individual clinician	<b>1</b>	Radical prostatectomy is increasingly performed laparoscopically or robotically. These procedures are associated with much lower transfusion rates as is laparoscopic/robotic radical cystectomy which is less well established. It may be worth clarifying that the recommendations apply to open radical prostatectomy and open radical cystectomy. Presumably the panel agrees that cell salvage is not cost effective for the laparoscopic/robotic approaches where transfusion rates are less than 5%.	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
3	Individual clinician	<b>2.1</b>	Agree. As above any information leaflet providing balanced information on allogenic vs autologous blood would have to favour autologous blood	Thank you for your comment. Clinicians carrying out the procedure should ensure the relative risks of transfusion options are understood by the patient.
4	Individual clinician	<b>2.1</b>	Currently pre operative autologous donation (PAD) where blood is taken prior to the operation, stored and then available to the patient for transfusion during or post operatively is not undertaken as routine in the UK. This, currently, would only be available in very special circumstances eg patients with multiple antibodies where it is unlikely to find compatible donor units.	Thank you for your comment
5	Individual clinician	<b>2.2</b>	Agree	Thank you for your comment.

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6	Individual clinician	2.5	Agree. This is a theoretical risk that has not been found to be real. Patients with cancer already have circulating cancer cells. Cell salvage is not only better for patients, but cheaper for the NHS, conserves blood stocks and appears to improve haemostasis as clotting factors are also re-infused along with RBCs.	Thank you for your comment.