National Institute for Health and Clinical Excellence

62 – Implantation of an opaque intraocular lens for intractable double vision

Consultation Comments table

IPAC date: 15th January 2009

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional Chair of scientific committee, Royal College of Ophthalmologists	**1.1**	Needs specific inclusion of outcome data and safety monitoring (audit): see below	Thank you for your comment.
2	Consultee 2 NHS Professional	**1.1**	These recommendations add nothing to standard practice in the UK at the moment. I think this is a waste of NICEs finite time and resources.	Thank you for your comment. NICE is charged with investigating all notifications of interventional procedures, and assesses those that fit the remit of the Interventional Procedures Programme.
3	Consultee 2 NHS Professional	**2.1**	The procedure in this guidance is absolutely NOT suitable for monocular double vision.	Thank you for your comment. Section 2.1.1 has been changed.

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4	Consultee 1 NHS Professional Chair of scientific committee, Royal College of Ophthalmologists	**2.3**	Efficacy: It is reported (UK) that the diplopia is not totally eliminated in as many as 33% of patients. The intervention should only be seen as safe and appropriate in exceptional circumstances. The efficacy of the procedure and limitations need to be discussed with the patient and a written consent obtained. Audit and review of clinical outcomes data is desirable and recommended.	Thank you for your comment. The efficacy figures in the guidance reflect those in the published lliterature.
5	Consultee 1 NHS Professional Chair of scientific committee, Royal College of Ophthalmologists	**2.4**	Contraindications include the presence of diseases of the posterior segment that may require monitoring eg diabetic retinopathy, tumors.It should also be avoided in patients with increased risk of retinal detachments. As the fundus view is occluded, the presence of an ultrasound is necessary to mointor the fundus for tumours and retinal detachment. Publication of long term safety and outcome data will be useful.	Thank you for your comment. Section 1.1 and 1.3 specify that this procedure is only indicated in highly selected patients and should only be used when all other treatment options have failed. The guidance will not be changed.
6	Consultee 2 NHS Professional	**2.4.3**	Both types of IOL could be removed and vision restored if required. In both cases it is likely that a transparent IOL would be used.	Thank you for your comment. Section 1.2 of the guidance will be changed. Section 2.4.3 relates to a comment from a Specialist Adviser, and will not be changed.

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7	Consultee 1 NHS Professional Chair of scientific committee, Royal College of Ophthalmologists	**General**	Efficacy: It is reported (UK) that the diplopia is not totally eliminated in as many as 33% of patients. The intervention should only be seen as safe and appropriate in exceptional circumstances. Contraindications include the presence of diseases of the posterior segment that may require monitoring eg diabetic retinopathy, tumors.It should also be avoided in patients with increased risk of retinal detachments. As the fundus view is occluded, the presence of an ultrasound is necessary to mointor the fundus for tumours and retinal detachment. The efficacy of the procedure and limitations need to be discussed with the patient and a written consent obtained. Audit and review of clinical outcomes data is desirable and recommended. Publication of long term outcome data will be useful.	Thank you for your comment. Please see responses to comments 4 and 5.