

# National Institute for Health and Clinical Excellence

## 135\_2 – Placement of pectus bar for pectus excavatum (Nuss procedure)

### Consultation Comments table

IPAC date: Friday 12<sup>th</sup> June 2009

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 NHS Professional	1	I strongly disagree with recommendation No 1.2 for the following reasons: 1)None of the 5 advisers has actually come to this specific conclusion as far as I understand from the final review document. Training in cardiac or thoracic surgery was suggested instead. 2)Two of the large series reported (incl. 167 pts. and 322 pts.) quote an incidence of cardiac injury during their procedures of 0.5 % and 0.3% only. This in itself does not justify to confine the Nuss procedure to centres with Cardiac surgical backup. 3) To my knowledge the incidence of major vascular injuries during mediastinoscopies (reported as about 1%) does not require a vascular or cardiac service to be on site. MIRPE does not require cardiac surgical backup.	Please respond to all comments  Thank you for your comment. Section 1.2 of the guidance will be changed.

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2	Consultee 2 NHS Professional	1	The title page of this consultation includes only paediatric surgery as the involved speciality. This procedure is not confined to this speciality. Indeed in my view this should only be performed in cardiothoracic units by trained cardiothoracic surgeons due to the required familiarity with the thoracic contents and the history of associated complications. At the very least this document should include cardiothoracic surgery as an interested speciality. As an entirely cosmetic procedure it is hard to see how this can be justified so widely as a procedure in children.	Thank you for your comment. The list of involved specialities on our website for this procedure is not definitive and the Committee was aware that this procedure is not confined to paediatric surgery. The Society for Cardiothoracic Surgery in Great Britain and Ireland were involved in the development of this guidance.
3	Consultee 2 NHS Professional	2.1	The guidance seems to be inclined towards paediatric practice. This procedure is well suited to young adults. While true, the statement "pectus excavatum may sometimes be accompanied by impaired cardiac or respiratory function" must not be used to imply that this procedure will improve these associated conditions. Many patients present because they have read on the internet of the associated conditions and the implication that they should have something done to prevent further damage to their heart or lungs. I believe that this is highly significant in the consent process.	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
4	Consultee 1 NHS Professional	2.2	I would again strongly disagree calling it "Nuss procedure" but would rather phrase it "minimally invasive repair of pectus excavatum" (MIRPE).	Thank you for your comment. The title of the guidance will be changed to include reference to MIRPE.

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