National Institute for Health and Clinical Excellence

825/1 – Insertion of metal rib reinforcements to stabilise a flail chest wall

Consultation Comments table

IPAC date: Thursday 15th July 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Specialist Adviser Consultant Thoracic Surgeon	**2.1**	Although the remit of this document is "flail chest", the line between that and "multiple displaced rib fractures" is very fine when it comes to management, complications and outcome. I believe that comment should be made that it may well be that this guidance applies to those with "multiple displaced rib fractures" as well. Â Surgical stabilisation of painful non-united rib fractures, with the same "hardware", is also an extremely rewarding procedure for the patient. The earliest reference I can find regarding surgery for stabilisation of fractured ribs was for chronic painful non-united rib fractures (J Bone Joint Surg Am. 194224:932-936). Given the technique and some of the indications are the same, I believe a comment should be made regarding limited support of this too. I am happy to discuss that further.	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
2	Consultee 1 Specialist Adviser Consultant Thoracic Surgeon	**2.2**	2.2.1 Add "to improve the long term functional result". The evidence of improving chronic pain is less clear, but I am happy to keep this in. 2.2.2 An incision is made "over the rib fractures to be treated". It can be anterloateral, lateral, posterolateral, posterior or, rarely, a combination. Delete the sentance "intercostal muscles are dissected..." this is not the case. I take whatever steps that I can to PRESERVE the intercostal muscles - and thus postoperative respiratory function. Their mobilisation is only required for clips which are placed AROUND the ribs. My favoured technique - a typical orthopaedic trauma "small fragement" set with titanium reconstruction ribbon and screws - does not require intercostal muscle mobilisation. A single level thoracotomy - cut between the ribs to gain access to the chest - is usually required but only to inspect the intrathoracic organs, ensure the lung is collapsed and re-inflates, and to place a chest drain	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
3	Consultee 1 Specialist Adviser Consultant Thoracic Surgeon	**2.3**	The "other" randomised trial of Granetzny, Int CardioVasc Thorac SurgÂ 20054(6): 583 - 587, whilst examining the use of K wires, is worthy of note and was not included in the overview document but I did submit this to the IPAC meeting on 15/4/10. Although the technique has been superceded by "even better" technology, the beneficial outcomes of EARLY stabilisation with K wires were the same and provide further support of the efficacy of surgical intervention. The benefits in this RCT were reduction in chest infection, deformity, scoliosis, time ventiliated, time in ICU, time in hsopital and improved lung function at 2 months. Given that this was EARLY intervention - at 24 hours rather than 5 dyas with the Tanaka study - full reference to it should be included in the "efficacy" section.	Thank you for your comment. The RCT described was not included in the overview because only K-wire was used. The scope of the guidance is stabilisation using metal plates and the procedure description has been clarified to cover this.
4	Consultee 1 Specialist Adviser Consultant Thoracic Surgeon	**2.4.3**	2.4.3 " and considered the risk of theoretical adverse events to be low!"	Thank you for your comment. This section of the guidance contains a summary of the Specialist Advisers' comments on adverse events associated with the procedure, and cannot therefore be changed.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."