National Institute for Health and Clinical Excellence

103/2 – Percutaneous endoscopic retroperitoneal necrosectomy

Consultation Comments table

IPAC date: Thursday 13th January 2011

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	**1**	The term "Percutaneous pancreatic necrosectomy" should be changed to "minimally invasive retroperitoneal peri-pancreatic necrosectomy" which reflects accurately the procedure itself.	Thank you for your comment. The Committee changed the title of the guidance, although not to the precise suggestion of the consultee.
2	Consultee 2 NHS Professional	**1**	The priority of percutaneous pancreatic necrosectomy is microinvasive over conventional open or laparoscopic necrosectomy.	Thank you for your comment. Section 2.1.1 of the guidance will be changed.
3	Consultee 3 NHS Professional	**1.2**	1.2 is mandatory. This is not for the dabbler!	Thank you for your comment.
4	Consultee 1 NHS Professional	**2.1**	2.1.2 Primary management of pancreatic necrosis is NOT necrosectomy. Role of surgery - either open or percutaneous approach - is applicable only when there is associated peri-pancreatic infection or infected pancreatic necrosis.	Thank you for your comment. Section 2.1.2 of the guidance will be changed.
5	Consultee 2 NHS Professional	**2.1**	Endoscopic transgastric or transduodenal necrosectomy is emerging as a treatment option nowadays. Not all pancreatic necrosis need necrosectomy. Improper use of necrosectomy may result in severe consequence, for example, infection. So the indications and time of necrosectiomy should be delineated clearly.	Thank you for your comment.

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6	Consultee 3 NHS Professional	**2.1.1**	2.1.1 with or without formation of pseudocyst is irrelevant, confusing and should be omitted. 2.1.2 Current treatment options should also include percutaneous drainage (radiological) which may involve more than one drain and repositioning of drains over the course of treatment (all under local anaesthesia). Â Percutaneous necrosectomy is taking this one step further and may reduce the time taken to obtain complete drainage. Â I have not found it necessary to perform an open necrosectomy in 17 years as minimally invasive techniques under local anaesthesia using a dedicated radiologist result in low mortality and keep the majority of patients out of critical care units.	Thank you for your comment. Section 2.1.1 and 2.1.2 of the guidance will be changed.
7	Consultee 2 NHS Professional	**2.2**	Besides forceps, snare can be used. Water lavage with high pressure can also be used.	Thank you for your comment. Section 2.2.2 of the guidance will be changed.
8	Consultee 3 NHS Professional	**2.2**	Repeated procedures can be done under local anaesthesia	Thank you for your comment. The guidance will not be changed.
9	Consultee 4 NHS Professional	**2.2**	The procedure may also be performed under Xray guidance without direct visualisation of the cavities.	Thank you for your comment. The guidance will not be changed.
10	Consultee 2 NHS Professional	**2.4**	Complications should be introduced.	Thank you for your comment.
11	Consultee 1 NHS Professional	**general**	Primary management of pancreatic necrosis is NOT surgery. Role of surgery - either open or percutaneous approach - is applicable only when there is associated peri-pancreatic infection or infected pancreatic necrosis.	Thank you for your comment. Please see response to comment 4

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