

National Institute for Health and Clinical Excellence

860 – Trabeculotomy ab interno for open-angle glaucoma

Consultation Comments table

IPAC date: Thursday 10 March 2011

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 NHS Professional	1.2	1.2 Aside from expertise capital costs and patient numbers would economically restrict its adoption to specialist units only.	Please respond to all comments Thank you for your comment.
2	Consultee 1 NHS Professional	2.2.2	2.2.2 The technique requires both eye movement by the patient and, for clear visualisation, no disruption to the surface of the eye. This restricts the local anaesthetic technique to intracameral in all cases.	Thank you for your comment. Section 2.2.2 of the guidance will be changed.

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3	Consultee 1 NHS Professional	2.3	<p>Additional references</p> <p>Vold SD. Impact of preoperative intraocular pressure on Trabectome outcomes: A prospective, non-randomized, observational, comparative cohort outcome study. <i>Clinical & Surgical Ophthalmology</i> 2010 28 (11): 1-7.</p> <p>Francis BA. Trabectome combined with phacoemulsification versus phacoemulsification alone: A prospective, non-randomized, controlled surgical trial. <i>Clinical & Surgical Ophthalmology</i> 2010 28(10): 1-7.</p> <p>Mosaed S, Rhee DJ, Filippopoulos T, Tseng H, Deokule S, Weinreb RN. Trabectome® outcomes in adult open angle glaucoma patients – one year followup. <i>Clinical & Surgical Ophthalmology</i> 2010 28 (8):5-9. PEE04 Vold SD, Dustin L, and the Trabectome Study Group. Impact</p>	Thank you for your comment. The Francis 2010 and Mosaed 2010 papers have been added to Table 2 of the overview. The Vold 2010 paper has been included in Appendix A of the overview as it is thought to overlap with studies already reported in Table 2.
4	Consultee 1 NHS Professional	2.4	The specialist advisers may wish to comment on the comparative safety profile, both short and long term, between this technique and trabeculectomy. The specialist advisers theoretical adverse event of meshwork scarring may be pessimistic. Histopath studies (Francis BA Ab interno trabeculectomy: development of a novel device (trabectome) and surgery for open angle glaucoma <i>J glaucoma</i> vol 15 Feb 2006, 68-73) demonstrate removal of a strip of meshwork, cf. goniotomy, and no thermal damage to the outer wall of schlemms canal. Both these factors lessen risk of scarring.	Thank you for your comment. The evidence presented in the overview at the point of consultation did not compare this procedure with trabeculectomy. Francis 2006 is a cadaver study and does not include relevant clinical outcomes. Section 2.4.6 is the opinion of the Specialist Advisers and will not be changed.
5	Consultee 1 NHS Professional	General	I am a user of the technology under consultation	Thank you for your comment.

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6	Consultee 2 Royal College of Ophthalmologist's	General	The NICE report on trabeculotomy ab interno for OAP is well balanced, with a review the literature (noted absence of comparative studies and RCT). I agree with the issues raised by the experts.	Thank you for your comment.
7	Consultee 2 Royal College of Ophthalmologist's	General	Perhaps the only comments I would add are i) the high cost of the equipment that is very specific for this procedure ii) there needs to be ongoing audit as it is a relatively new procedure that is not widely offered at the present.	Thank you for your comment. Cost effectiveness is not within the remit of the IP Programme. Section 1.1 of the guidance recommends “normal” arrangements for audit, which would involve clinicians keeping and reviewing their own audit results locally..

"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."