

National Institute for Health and Clinical Excellence
IP1004 Corneal inlay implantation for correction of presbyopia

Consultation Comments table

IPAC date: 14 February 2013

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Healthcare Professional both within NHS and in private sector	1	All good.	Thank you for your comment.
2	Consultee 1 Healthcare Professional both within NHS and in private sector	2.1.2	Conductive keratoplasty hardly in use as the effect regresses within a year or two.	Thank you for your comment. The Committee considered your comment and removed the word 'conductive keratoplasty' from 2.1.2.
3	Consultee 1 Healthcare Professional both within NHS and in private sector	2.2	OK.	Thank you for your comment.

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4	Consultee 1 Healthcare Professional both within NHS and in private sector	2.3	OK.	Thank you for your comment.
5	Consultee 2 Private Sector Professional	2.3	In comment 2.3.6 it states that contrast sensitivity is maintained, however, this is contradicted by the data reported in 2.4.8 - there is a mean loss of contrast sensitivity.	Thank you for your comment. In response to a resolution request, NICE agreed that that the statement above has been misquoted and it contradicts the evidence in 2.4.8. This minor factual error has been amended by deleting the words 'and contrast sensitivity' from 2.3.6. This will not have an impact on the recommendations in section 1 of the guidance.
6	Consultee 1 Healthcare Professional both within NHS and in private sector	2.4	It has all the complications of LASIK plus the introduction of a piece of foreign material in the interface. I cannot understand why this technique is being pursued.	Thank you for your comment.

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7	Consultee 2 Private Sector Professional	2.4	Another issue that might be mentioned is the risk of haze, which needs to be managed by the use of steroids for at least 1 month. For example, this is described in the following article in OSN, August 25, 2012: http://www.healio.com/ophthalmology/refractive-surgery/news/print/ocular-surgery-news/%7B74f54a76-88c7-4621-b776-d9ac1acfbada%7D/corneal-inlays-provide-safe-reversible-option-for-presbyopia-treatment	Thank you for your comment. The Committee considered your comment and section 2.4 of the guidance was amended to include reference to haze.
8	Consultee 1 Healthcare Professional both within NHS and in private sector	2.5	The results do not look so good, and perhaps we should wait for long term study results before the technique becomes available on the High Street.	Thank you for your comment. 2.5.2 states that 'the Committee recognised that presbyopia is a progressive condition and therefore long-term data on efficacy and safety are important'.

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9	Consultee 2 Private Sector Professional	2.5.4	It would be worth clarifying that the different inlays also work by different mechanisms (i.e. pinhole effect vs refractive vs small central zone curvature change)	Thank you for your comment. The Committee amended 2.5.3 to state that 'The Committee recognised that a number of inlays are available and they may differ in their efficacy and safety and the way they work'.