

National Institute for Health and Care Excellence
IP1738 Artificial iris insertion for acquired aniridia

IPAC date: 16 January 2020

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response
1.	Consultee 1 NHS Professional	General	I have implanted over 12 of these and can comment that the surgery should ideally be performed by experienced surgeons familiar with transcleral suture techniques. Functional benefits of these implants in congenital aniridia beyond cosmesis require further ongoing data collection and research. In cases of acquired/traumatic aniridia there needs to be appropriate counselling to ensure that patients understand that these eyes are complex and co-morbid and can develop other issues such as glaucoma, haemorrhage or endophthalmitis necessitating further surgery and ongoing treatment. Surgeons who attempt to suture these prosthesis into the scleral wall should be appropriately trained with regard to anatomical landmarks for needle entry to avoid causing problems. Colour match and centration are important and require appropriate patient counselling. Patient psychology regarding their appearance, expected and achieved end result, and absence of pupil movement in the prosthesis require counselling and appropriate support. Success of surgery goes beyond simple cosmesis and requires a more holistic approach.	Please respond to all comments Thank you for your comment. A recommendation on training has been added to section 1 of the guidance.
2.	Consultee 2 NHS England Specialised Services	1.1	NHS England's Specialised Commissioning Specialised ENT & Ophthalmology Clinical Reference Group agreed and supported the conclusions in the draft consultations for Artificial iris insertion for acquired aniridia special governance arrangements for acquired aniridia	Thank you for your comment. Consultee agrees with main recommendation.

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