

National Institute for Health and Care Excellence

IP1773 Free-functioning gracilis transfer to restore upper limb function in brachial plexus injury

IPAC date: 10/11/2020

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 NHS Professional	1.2	Section 1.2 to add in the end and specialised physiotherapists.	Thank you for your comment. The wording “ <i>specialised physiotherapists</i> ” has been added to section 1.2.
2	Consultee 1 NHS Professional	2.3	Section 2.3 to be added. It can be carried out as a part of primary treatment of total brachial plexus paralysis and at the moment it is the only way which can reproducibly reconstruct prehension function of the hand. Alternatively it can be done as a salvage operation where previous attempt to reinnervate native muscles in the upper extremity has failed.	Thank you for your comment. The committee has made a new comment – section 3.9.
3	Consultee 1 NHS Professional	2.4	Section 2.4 The transfer is usually to reconstruct a single function, such as elbow flexion of finger flexion.	Thank you for your comment. The following wording has been added to section 2.4. “ <i>The aim is usually to reconstruct a single function, such as elbow flexion.</i> ”
4	Consultee 1 NHS Professional	2.5	Section 2.5	Thank you for your comment.

		<p>The surgery is followed by an intense rehabilitation programme, which requires input from specialist physiotherapists. The physiotherapy is the key to the success of the procedure and consists of the following steps over the course of 2 years postoperatively:</p> <ol style="list-style-type: none"> 1) Passive range of motion exercises to shoulder, elbow and fingers combined with splinting to prevent development of joint contractures 2) EMG biofeedback from the first EMG evidence of reinnervation (about 3-4 months after surgery) until visible twitch of the muscle is felt and seen by the patient 3) Specialist exercises to develop new cortical representation for the transferred muscle in the brain motor cortex 4) Progressive active movement of the transferred muscle to progressively achieve movement through gravity-eliminated exercises to exercises against gravity 5) Strengthening of the muscle to work against resistance and provide useful functional movement 	<p>The following wording has been removed from section 3.6. <i>"The exact type of physiotherapy has not been determined."</i></p>
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