

National Institute for Health and Care Excellence

IP1560 Percutaneous insertion of a cystic duct stent for acute calculous cholecystitis

IPAC date: January 2022

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 The Royal College of Radiologists	1.1	<p>"The following is the submission from the Royal College of Radiologists. Our submission has come from members and Special Interest Group The British Society of Gastrointestinal and Abdominal Radiology (BSGAR).</p> <p>RCR member [REDACTED] of Leeds teaching hospitals NHS Trust: I agree that the evidence base for this procedure is very limited and would agree with the NICE guideline draft recommendation to only perform the procedure under special arrangements. I think it is potentially a very useful intervention for a group of patients who would otherwise have a poorer quality of life with a long-term external drain in-situ.</p> <p>Although this is not specifically covered in the draft recommendations I have some concern in the published case series of 5 patients and the single case reports where bare metal stents were used for cystic duct stenting in benign disease. I note that the patients in the entirety of the published literature undergoing this procedure were deemed unfit for surgery, yet several (n=3, Hersey 2015) eventually went on to have cholecystectomy. In this series, patients had a plastic, double pigtail stent inserted, which I think is a more appropriate stent choice for benign disease as it has the potential to be removed, if clinically required. For patient's with malignant disease, a bare metal stent may be an appropriate choice, though it would be difficult to make any definitive comments or recommendations based on the available literature. There is also potential risk of stent infection, and a bare metal stent would be unretrievable in such a situation. In the absence of data to suggest that plastic double pigtail stents provide inferior outcomes to bare metal stents in gallbladder obstruction from benign disease, I think the NICE guidance committee should consider inserting this additional consideration on stent choice in their guidance. This would be akin to the decision-making on stent choice in benign vs. malignant biliary obstruction.</p>	<p>Please respond to all comments</p> <p>Thank you for your comment.</p> <p>Section 3.8 has been added in response to the consultee's comment regarding stent choice in benign versus malignant biliary obstruction.</p>

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2	Consultee 1 The Royal College of Radiologists	1.1	<p>BSGAR, submitted by [REDACTED] and collected from their membership: The overall view is that this is a very niche area and a procedure that is not widely practiced. The draft recommendations have been based on two small case series and therefore it is difficult to draw any meaningful conclusions that can be widely applied across the NHS. The draft recommendations do state that any trust introducing this procedure needs to have rigorous clinical governance and audit systems in place, which is probably the single most important point to emphasise given the lack of robust evidence.</p> <p>For any further information or questions, please contact [REDACTED]"</p>	Please respond to all comments Thank you for your comment.

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