

Professional Expert Questionnaire

Technology/Procedure name & indication:

Your information

Name:	<input type="text" value="Kashif Qureshi"/>
Job title:	<input type="text" value="Consultant Ophthalmologist"/>
Organisation:	<input type="text" value="East Sussex Health NHS Trust/Centre For Sight/Kent Ophthalmology Service"/>
Email address:	<input type="text" value="REDACTED"/>
Professional organisation or society membership/affiliation:	<input type="text" value="The Royal College of Ophthalmologists"/>
Nominated/ratified by (if applicable):	<input type="text" value="Click here to enter text."/>
Registration number (e.g. GMC, NMC, HCPC)	<input type="text" value="GMC 4633989"/>

How NICE will use this information: the advice and views given in this questionnaire will form part of the information used by NICE and its advisory committees to develop guidance or a medtech innovation briefing on this procedure/technology. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and the Data Protection Act 2018, complying with data sharing guidance issued by the Information Commissioner's Office. Your advice and views represent your individual opinion and not that of your employer, professional society or a consensus view. Your name, job title, organisation and your responses, along with your declared interests will also be published online on the NICE website as part of the process of public consultation on the draft guidance, except in circumstances but not limited to, where comments are considered voluminous, or publication would be unlawful or inappropriate.

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I give my consent for the information in this questionnaire to be used and may be published on the NICE website as outlined above. If consent is NOT given, please state reasons below:

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Please answer the following questions as fully as possible to provide further information about the procedure/technology and/or your experience.

Please note that questions 10 and 11 are applicable to the Medical Technologies Evaluation Programme (MTEP). We are requesting you to complete these sections as future guidance may also be produced under their work programme.

<p>1</p> <p>Please describe your level of experience with the procedure/technology, for example:</p> <p>Are you familiar with the procedure/technology?</p> <p>Have you used it or are you currently using it?</p> <ul style="list-style-type: none"> - Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake? - Is this procedure/technology performed/used by clinicians in specialities other than your own? - If your specialty is involved in patient selection or referral to another specialty for this 	<p>I have carried out YAG laser vitreolysis since 2013. Since then I have carried out hundreds of sessions of laser treatments, in the private sector, in London and East Grinstead.</p> <p>I am currently carrying out this laser intervention once a month in East Grinstead at the Centre For Sight. I am not aware of this procedure being used in the NHS currently, and if it is being used, the number of centres offering it is very low. The procedure can be beneficial to patients who have the correct type of floaters, in treatable areas of the vitreous, to improve quality of life.</p> <p>The procedure is only performed by ophthalmologists and has no applications beyond this remit.</p> <p>No</p>
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	procedure/technology, please indicate your experience with it.	
2	- Please indicate your research experience relating to this procedure (please choose one or more if relevant):	I have had no involvement in research on this procedure.
3	<p>How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?</p> <p>Which of the following best describes the procedure (please choose one):</p>	<p>Difficult to answer this question using categories below. The procedure is not new. It is a variation of using current YAG laser technology but for a different application, but requires an alteration to existing lasers to enable accurate treatment deeper into the vitreous. It does represent a big change in current level of care, which is to tell patients there is no treatment for this condition, which is not true, in all cases.</p> <p>Established practice and no longer new.</p> <p>A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.</p> <p>Definitely novel and of uncertain safety and efficacy.</p> <p>The first in a new class of procedure.</p>
4	Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care?	In addition to existing standards of care

Current management

5	<p>Please describe the current standard of care that is used in the NHS.</p>	<p>Current standard of care in the NHS is to offer no treatment at all, and hope that patients neuroadapt to their floaters, which does happen in the majority of cases, however, there is a significant number that cannot and do not adapt, after 6-12 months and these patients suffer with their quality of life due to floaters interfering with clear vision.</p>
6	<p>Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this?</p> <p>If so, how do these differ from the procedure/technology described in the briefing?</p>	<p>Floater only vitrectomy surgery is the only other technology which can obviate symptoms for such patients but this is generally not offered within the NHS and is invasive and has far more risk than laser vitreolysis, however, is more efficacious in some patients and should be offered if there is genuinely no benefit possible from laser.</p>

Potential patient benefits and impact on the health system

7	What do you consider to be the potential benefits to patients from using this procedure/technology?	Improved quality of life for patients, by reducing or eliminating the appearance of floaters in the central visual field which obscure vision, can make reading/recognising faces/driving more difficult.
8	Are there any groups of patients who would particularly benefit from using this procedure/technology?	Adult patients would derive more benefit, in particular patients who have had a posterior vitreous detachment
9	Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system? Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment?	Currently patients are generally not offered treatment for this condition, so it would be a novel therapeutic approach. Reducing the appearance of floaters would improve the mental health of patients who are often extremely distressed by the appearance of objects in their line of sight. Improving the appearance of floaters may improve patients mental health by enabling them to ignore these intrusive images in their vision.
10 - MTEP	Considering the care pathway as a whole, including initial capital and possible future costs avoided, is the procedure/technology likely to cost more or less than current standard care, or about the same? (in terms of staff, equipment, care setting etc)	As this is a novel treatment, it will therefore require some capital investment above what is currently offered, however, many departments already have YAG lasers which are capable of offering this laser treatment therefore the capital expenditure may be very low.
11 - MTEP	What do you consider to be the resource impact from adopting this procedure/technology (is it likely to cost more or less than standard care, or about same-in terms of staff, equipment, and care setting)?	As a novel treatment there will be an increase in resources allocated to this treatment, however, the numbers of patients may be low and as stated above, the infrastructure required may already be available to many departments.
12	What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely?	No changes to facilities which currently offer YAG laser treatments are needed, however, an adaptation may be required to the laser to enable coaxial firing of the laser, along with some contact lenses which enable focusing into the mid vitreous.

13	Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety?	There is a learning curve in carrying out this treatment, which is technically very challenging, however, the skills to deliver the laser are quite generic to competent laser practitioners.
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Safety and efficacy of the procedure/technology

14	<p>What are the potential harms of the procedure/technology?</p> <p>Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:</p> <p>Adverse events reported in the literature (if possible, please cite literature)</p> <p>Anecdotal adverse events (known from experience)</p> <p>Theoretical adverse events</p>	<p>Failure of treatment – persistence of floaters despite treatment</p> <p>Raised intraocular pressure (IOP)</p> <p>Induced inflammation in the eye</p> <p>Retinal contusion - rare</p> <p>Lens damage – cataract development – very rare</p> <p>Retinal detachment</p>
15	Please list the key efficacy outcomes for this procedure/technology?	Qualitative improvement in patients' symptoms of floaters
16	Please list any uncertainties or concerns about the efficacy and safety of this procedure/?	The treatment is suitable only if the floaters are located in an area which is 2-3mm away from the retina/lens, preferably in the visual axis, rather than too peripheral. If there are too many floaters, or types of floaters that are not suitable for treatment, such as inflammatory cells, asteroid hyalosis or red blood cells
17	Is there controversy, or important uncertainty, about any aspect of the procedure/technology?	It is a controversial treatment as has remained very much in the private sector and not many scientific studies have been carried out on this treatment, where they have been done, they have been unselected and not carried out in a fair way.
18	If it is safe and efficacious, in your opinion, will this procedure be carried out in (please choose one):	Most or all district general hospitals.

Abstracts and ongoing studies

19	<p>Please list any abstracts or conference proceedings that you are aware of that have been recently presented / published on this procedure/technology (this can include your own work).</p> <p>Please note that NICE will do a comprehensive literature search; we are only asking you for any very recent abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.</p>	None that I am aware of
20	<p>Are there any major trials or registries of this procedure/technology currently in progress? If so, please list.</p>	None that I am aware of

Other considerations

21	<p>Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an estimated number, or a proportion of the target population)?</p>	<p>Difficult to ascertain but given more than 50% of people over the age of 60 have a PVD, which can cause floaters, a significant number could be eligible if a treatment was available.</p>
22	<p>Are there any issues with the usability or practical aspects of the procedure/technology?</p>	<p>Learning curve is steep, the laser treatment is technically demanding and challenging.</p>
23	<p>Are you aware of any issues which would prevent (or have prevented) this</p>	<p>No obvious reasons</p>

	procedure/technology being adopted in your organisation or across the wider NHS?	
24	Is there any research that you feel would be needed to address uncertainties in the evidence base?	More qualitative research which subcategorises the type of floaters treated would better show the benefits of this intervention, as certain floaters respond better the to the intervention than others
25	<p>Please suggest potential audit criteria for this procedure/technology. If known, please describe:</p> <ul style="list-style-type: none"> - Beneficial outcome measures. These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured. - Adverse outcome measures. These should include early and late complications. Please state the post procedure timescales over which these should be measured: 	<p>Beneficial outcome measures:</p> <p>Improved symptoms Any persistent floaters Less floaters</p> <p>At least 6-8 weeks after treatment</p> <p>Adverse outcome measures: No difference after treatment, again 6-8 weeks after treatment</p>

Further comments

26	Please add any further comments on your particular experiences or knowledge of the procedure/technology,	This intervention does work, despite some scepticism from certain quarters, however, is beneficial to a group of patients in particular, rather than all patients with floaters and could be one of a range of interventions available to help patients with often debilitating floaters.
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Declarations of interests

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Type of interest *	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Choose an item.			
Choose an item.			
Choose an item.			

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations during the course of my work with NICE, must be notified to NICE as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then my advice may be excluded from being considered by the NICE committee.

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Print name:	<input type="text" value="Kashif Qureshi"/>
Dated:	<input type="text" value="25/2/22"/>

Professional Expert Questionnaire

Technology/Procedure name & indication:

Your information

Name:	<input type="text" value="Professor Paulo Eduardo Stanga"/>
Job title:	<input type="text" value="Director and Medical Director"/>
Organisation:	<input type="text" value="The Retina Clinic London"/>
Email address:	<input type="text" value="p.stanga@theretinacliniclondon.com"/>
Professional organisation or society membership/affiliation:	<input type="text" value="General Medical Council"/>
Nominated/ratified by (if applicable):	<input type="text" value="Click here to enter text."/>
Registration number (e.g. GMC, NMC, HCPC)	<input type="text" value="GMC 4759748"/>

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<p>1 Please describe your level of experience with the procedure/technology, for example:</p> <p>Are you familiar with the procedure/technology?</p> <p>Have you used it or are you currently using it?</p> <ul style="list-style-type: none">- Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake?- Is this procedure/technology performed/used by clinicians in specialities other than your own?- If your specialty is involved in patient selection or referral to another specialty for this	<p>I am familiar with the procedure, I have performed YAG laser vitreolysis since 2018. I have performed YAG laser capsulotomy since 1992. The technology of YAG laser has been widely used in both the NHS and private ophthalmological clinics for capsulotomy and iridotomy. YAG laser treatments are also used for hair removal by dermatologists and skin clinics.</p> <p>I am also very familiar with Pascal Laser Technology having developed its clinical applications.</p> <p>I have also acted as Laser Safety officer in the NHS and I am currently Laser Safety Officer at The Retina Clinic London</p> <p>YAG Laser Capsulotomy is widely used in the NHS.</p>
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	<p>procedure/technology, please indicate your experience with it.</p>	
<p>2</p>	<p>– Please indicate your research experience relating to this procedure (please choose one or more if relevant):</p>	<p>I have done bibliographic research on this procedure.</p> <p>I have done research on this procedure in laboratory settings (e.g. device-related research).</p> <p>I have done clinical research on this procedure involving patients or healthy volunteers.</p> <p>I have published this research.</p> <p>I have had no involvement in research on this procedure.</p> <p>Other (please comment)</p> <p>I have presented my clinical results at scientific meetings.</p>
<p>3</p>	<p>How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?</p> <p>Which of the following best describes the procedure (please choose one):</p>	<p>This research project is intended to compare the effectiveness of laser vitreolysis for symptomatic floaters with that of PPV Pars Plana Vitrectomy. Both procedures are accepted in the medical field. However, while YAG laser vitreolysis is a non-invasive procedure, the PPV is invasive and hence a much more drastic approach to treat floaters. It is important to compare both procedures with respect to the desired outcome in treating floaters.</p> <p>Established practice and no longer new.</p> <p>A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.</p> <p>Definitely novel and of uncertain safety and efficacy.</p> <p>The first in a new class of procedure.</p>

4	Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care?	This procedure is intended to improve standard care, specially when a non-surgical procedure is preferred over a surgical one.

Current management

5	Please describe the current standard of care that is used in the NHS.	<p>The NHS does not routinely treat floaters unless the patient is significantly incapacitated by them.</p> <p>In this case, the NHS would perform a vitrectomy.</p>
6	<p>Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this?</p> <p>If so, how do these differ from the procedure/technology described in the briefing?</p>	<p>No. The NHS is approaching the problem of floaters rather conservatively ie is suggesting to refrain from treatment. Only in severe cases would the NHS recommend to remove the vitreous.</p>

Potential patient benefits and impact on the health system

7	<p>What do you consider to be the potential benefits to patients from using this procedure/technology?</p>	<p>YAG laser vitreolysis could offer an outpatient and non-surgical treatment alternative to vitrectomy surgery</p>
8	<p>Are there any groups of patients who would particularly benefit from using this procedure/technology?</p>	<p>Yes. With the inclining numbers of myopic and high myopic patients amongst the population in addition to the aging population reaching older ages, the incidence of floaters has drastically increased and will continue to do so. However, the occurrence of floaters has been hugely neglected by most doctors and is most commonly still being left untreated.</p> <p>Patients suffering from vitreous floaters secondary to PVD (PVD is present in approx. 70% of patients in their 70s) could also benefit from this technology.</p>
9	<p>Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system?</p> <p>Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment?</p>	<p>Yes. It is important to assess not only the objective but also the subjective effectiveness of YAG laser vitreolysis and benefit for the patient before the invasive option of PPV is considered. YAG laser vitreolysis is the much quicker and cost effective option to treat floaters carrying less risk compared to the invasive option of performing a PPV.</p>
10 - MTEP	<p>Considering the care pathway as a whole, including initial capital and possible future costs avoided, is the procedure/technology likely to cost more or less than current standard care, or about the same? (in terms of staff, equipment, care setting etc)</p>	<p>YAG laser vitreolysis is a fast and economically affordable way of attempting to treat floaters. The procedure can be repeated a few times before suggesting the more drastic approach of invasive PPV surgery. The percentage of patients in the population suffering from bothersome floaters will only increase over time. The NHS will need to be prepared to tackle this problem and to provide effective standard of care.</p>
11 - MTEP	<p>What do you consider to be the resource impact from adopting this procedure/technology (is it likely to cost more or less than standard care, or about same-in terms of staff, equipment, and care setting)?</p>	<p>The standard of care will (need to) be raised as we are dealing with an increasing problem of floaters in the population. YAG laser vitreolysis will become a much more accepted treatment option in the NHS before averting to the more expensive option of PPV.</p>

12	What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely?	No change in clinical facilities needed. The YAG laser is a mobile device covering around 1x1x1 m3. It can be installed in any examining room or in the room of the consultant. It will need to be operated by an ophthalmic consultant, not by a technician.
13	Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety?	Yes. The ophthalmic consultant will need to be familiar with the use of the device. The training will likely be provided by the manufacturing company.

Safety and efficacy of the procedure/technology

14	<p>What are the potential harms of the procedure/technology?</p> <p>Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:</p> <p>Adverse events reported in the literature (if possible, please cite literature)</p> <p>Anecdotal adverse events (known from experience)</p> <p>Theoretical adverse events</p>	<p>As this device is a laser, it can potentially harm the surrounding tissue of the targeted area if not properly used like all other types of laser in current use.</p> <p>YAG lasers are effective in lysing collagen strands ie floaters in the vitreous. They only have a photo-disruptor effect creating smaller opacities from the larger one they are dispersing. Care has to be given to avoid treating opacities too close to the fundus to avoid collateral damage to the retina (Singh 2018). In cases of Posterior Vitreous Detachment (PVD), the Weiss Ring may be situated close to the fundus making the use of the YAG laser somewhat challenging for the treating doctor.</p> <p>Reported side effects and complications associated with vitreolysis are rare. Complications may include the development of cataract, retinal damage, intraocular pressure (IOP) spike and potential loss of vision (less than 1%) (C. Shah and J. Heier, 2020, Ophthalmic Surg Lasers Imaging Retina; C. Souza, 2020, Int J Ret Vitr).</p> <p>Adverse events in my own practice were not observed in the past four years.</p>
15	Please list the key efficacy outcomes for this procedure/technology?	The key efficacy of YAG laser vitreolysis is to decrease the size of bothersome floaters in the patient's visual field and thus to improve the patient's quality of live and decrease depression.
16	Please list any uncertainties or concerns about the efficacy and safety of this procedure/?	The laser should only be operated by qualified personnel. Understanding the physics of the laser and thus comprehending its potential of causing harm will help to operate the device safely. Knowledge of the anatomy and physiology of the eye will be essential to safely perform treatment sessions.

17	Is there controversy, or important uncertainty, about any aspect of the procedure/technology?	No. The YAG laser has been widely used in the past both in ophthalmology and other medical fields.
18	If it is safe and efficacious, in your opinion, will this procedure be carried out in (please choose one):	<p>Most or all district general hospitals.</p> <p>A minority of hospitals, but at least 10 in the UK.</p> <p>Fewer than 10 specialist centres in the UK.</p> <p>Cannot predict at present.</p>

Abstracts and ongoing studies

19	<p>Please list any abstracts or conference proceedings that you are aware of that have been recently presented / published on this procedure/technology (this can include your own work).</p> <p>Please note that NICE will do a comprehensive literature search; we are only asking you for any very recent abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.</p>	<p>Long-Term Follow-Up of Efficacy and Safety of YAG Vitreolysis for Symptomatic Weiss Ring Floaters, by C Shah and J Heier: https://pubmed.ncbi.nlm.nih.gov/32084280/</p> <p>YAG Laser Vitreolysis vs Sham YAG Vitreolysis for Symptomatic Vitreous Floaters: A Randomized Clinical Trial, by C Shah and J Heier, https://pubmed.ncbi.nlm.nih.gov/28727887/</p> <p>Daring to treat Floaters, Review of Ophthalmology, 9 April 2020: https://www.reviewofophthalmology.com/article/daring-to-treat-floaters</p>
20	Are there any major trials or registries of this procedure/technology currently in progress? If so, please list.	None that I am aware of.

Other considerations

21	Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an estimated number, or a proportion of the target population)?	In my own clinic, around 30% of patients are suffering from floaters of which around 20% are suffering from bothersome floaters. As both the occurrence of myopia as well as age in the population will increase, the incidence of floaters in the eye will increase. In my opinion, 10-20% of the population might benefit from YAG laser vitreolysis at some point in their lives.
22	Are there any issues with the usability or practical aspects of the procedure/technology?	No. It should be easy to acquire the device and have it installed in either a hospital setting or in smaller NHS ophthalmological clinics or private clinics.
23	Are you aware of any issues which would prevent (or have prevented) this procedure/technology being adopted in your organisation or across the wider NHS?	While the use of YAG laser has been widely accepted in the ophthalmologic community to perform a capsulotomy or iridotomy, it has only recently come to use to treat floaters. The NHS would greatly benefit from accepting this procedure to improve quality of life for patients suffering from bothersome floaters.
24	Is there any research that you feel would be needed to address uncertainties in the evidence base?	To date, there are no other options available to treat floaters once they have occurred. Studies into the reduced or delayed occurrence of floaters by means of better life style or diet or diet supplements might be an approach to prevent floater development.
25	<p>Please suggest potential audit criteria for this procedure/technology. If known, please describe:</p> <ul style="list-style-type: none"> - Beneficial outcome measures. These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured. - Adverse outcome measures. These should include early and late complications. Please state the post procedure timescales over which these should be measured: 	<p>Beneficial outcome measures:</p> <p>Patients will present to their ophthalmologist once they notice symptoms of floaters in their eyes. This will either be from the age of around 40 or 45 onwards, or earlier if the patient is presenting with high myopia. It will be important to assess why these floaters developed. Often peripheral retinal pathologies are noticed in these patients' eyes possibly requiring treatment. A simple fundus image and OCT scan of the eye will give a good indication if retinal treatment or floater treatment will be necessary. Such scan devices should be made available to optometrists. For treatment, the patients can be referred to the ophthalmologist in due course. Ophthalmologists need to be made aware of the necessity to address floaters adequately as a problem for the patient, rather than dismissing such occurrence as minor nuisance and suggesting for the patient to live with it.</p> <p>Adverse outcome measures:</p> <p>After YAG vitreolysis, patients should be presenting for follow-up consultations one month after the procedure to report on efficacy. This could possibly be also done by means of a questionnaire to be returned by mail or filled in online. The YAG laser vitreolysis can be repeated if needed, or if patient satisfaction was not reached, PPV can be suggested.</p>

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Further comments

26	Please add any further comments on your particular experiences or knowledge of the procedure/technology,	To date I have achieved excellent to life changing results with both the YAG laser vitreolysis and with PPV. It will be essential to improve patient quality of life with this increasing occurrence of floaters in the population.
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Declarations of interests

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Type of interest *	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Choose an item.	I have received equipment and funding support from the manufacturer	2018	
Choose an item.			
Choose an item.			

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Print name:	Prof. Paulo Eduardo Stanga
Dated:	30-03-2022

Professional Expert Questionnaire

Technology/Procedure name & indication:

Your information

Name:	<input type="text" value="Vaughan Tanner"/>
Job title:	<input type="text" value="Consultant Ophthalmic Surgeon"/>
Organisation:	<input type="text" value="Royal Berkshire Hospital, Reading and in Private Practice"/>
Email address:	<input type="text" value="REDACTED"/>
Professional organisation or society membership/affiliation:	<input type="text" value="Royal College of Ophthalmologists, British and Eire Association of Vitreo-Retinal Surgeons"/>
Nominated/ratified by (if applicable):	<input type="text" value="Click here to enter text."/>
Registration number (e.g. GMC, NMC, HCPC)	<input type="text" value="GNC 3455225"/>

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Please answer the following questions as fully as possible to provide further information about the procedure/technology and/or your experience.

Please note that questions 10 and 11 are applicable to the Medical Technologies Evaluation Programme (MTEP). We are requesting you to complete these sections as future guidance may also be produced under their work programme.

1	<p>Please describe your level of experience with the procedure/technology, for example:</p> <p>Are you familiar with the procedure/technology?</p> <p>Have you used it or are you currently using it?</p> <ul style="list-style-type: none"> - Do you know how widely this procedure/technology is used in the NHS or what is the likely speed of uptake? - Is this procedure/technology performed/used by clinicians in specialities other than your own? - If your specialty is involved in patient selection or referral to another specialty for this procedure/technology, please indicate your experience with it. 	<p>Yes, I have offered as a treatment option to suitable patients for last 3 years</p> <p>Not commonly offered in NHS</p> <p>Should only be offered by Ophthalmologists, ideally those with a sub-specialist interest in Retina</p>
2	<ul style="list-style-type: none"> - Please indicate your research experience relating to this procedure 	<p>I have done bibliographic research on this procedure. Only for personal professional information</p> <p>I have done research on this procedure in laboratory settings (e.g. device-related research). No</p>

	(please choose one or more if relevant):	<p>I have done clinical research on this procedure involving patients or healthy volunteers. No</p> <p>I have published this research. No</p> <p>I have had no involvement in research on this procedure. Correct</p> <p>Other (please comment)</p>
3	<p>How innovative is this procedure/technology, compared to the current standard of care? Is it a minor variation or a novel approach/concept/design?</p> <p>Which of the following best describes the procedure (please choose one):</p>	<p>Established practice and no longer new. The technique has been described for many years. Recent improvement in laser design and additional publications has generated renewed interest</p> <p>A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.</p> <p>Definitely novel and of uncertain safety and efficacy. Only a few trials published, more safety and efficacy data would be welcome</p> <p>The first in a new class of procedure.</p>
4	<p>Does this procedure/technology have the potential to replace current standard care or would it be used as an addition to existing standard care?</p>	<p>Potential to spare some patients having vitrectomy surgery</p>

Current management

5	Please describe the current standard of care that is used in the NHS.	Not widely offered
6	Are you aware of any other competing or alternative procedure/technology available to the NHS which have a similar function/mode of action to this? If so, how do these differ from the procedure/technology described in the briefing?	Vitreotomy surgery is only other option for treating symptomatic floaters

Potential patient benefits and impact on the health system

7	What do you consider to be the potential benefits to patients from using this procedure/technology?	Significantly safer, quicker, cheaper outpatient procedure than alternative of vitrectomy surgery in suitable patients.
8	Are there any groups of patients who would particularly benefit from using this procedure/technology?	<p>Those with localised, small vitreous opacities situated in the mid vitreous cavity who are sufficiently troubled by symptoms to request treatment.</p> <p>Clear view with no significant cataract or corneal opacity</p> <p>Large, dilated pupil needed</p> <p>I only offer to patients who have had symptoms for at least 6 months</p> <p>I do not offer to those with extensive, multiple floaters or more diffuse, cloud/veil like symptoms</p>
9	<p>Does this procedure/technology have the potential to change the current pathway or clinical outcomes to benefit the healthcare system?</p> <p>Could it lead, for example, to improved outcomes, fewer hospital visits or less invasive treatment?</p>	<p>Could reduce the number of patients proceeding to vitrectomy surgery.</p> <p>However, widespread adoption of the technique could increase the number of patients presenting for laser treatment.</p>
10 - MTEP	Considering the care pathway as a whole, including initial capital and possible future costs avoided, is the procedure/technology likely to cost more or less than current standard care, or about the same? (in terms of staff, equipment, care setting etc)	Per case treated, considerably cheaper than vitrectomy surgery
11 - MTEP	What do you consider to be the resource impact from adopting this procedure/technology (is it likely to cost more or less than standard care, or about same-in terms of staff, equipment, and care setting)?	Purchase laser equipment, training, out patient follow up

12	What clinical facilities (or changes to existing facilities) are needed to do this procedure/technology safely?	
13	Is any specific training needed in order to use the procedure/technology with respect to efficacy or safety?	Most retinal surgeons should be able to perform procedure with minimal additional training

Safety and efficacy of the procedure/technology

14	<p>What are the potential harms of the procedure/technology?</p> <p>Please list any adverse events and potential risks (even if uncommon) and, if possible, estimate their incidence:</p> <p>Adverse events reported in the literature (if possible, please cite literature)</p> <p>Anecdotal adverse events (known from experience)</p> <p>Theoretical adverse events</p>	<p>Potential for misplaced laser shots to damage retina or lens</p> <p>Dependent operator skill and experience</p> <p>See relevant publications</p>
15	Please list the key efficacy outcomes for this procedure/technology?	Increase in quality of vision
16	Please list any uncertainties or concerns about the efficacy and safety of this procedure/?	As above
17	Is there controversy, or important uncertainty, about any aspect of the procedure/technology?	Some ophthalmologists feel that floaters in vision do not merit treatment and patients encouraged to live with symptoms. For most patients this is reasonable advice but for there are a significant number of patients who are greatly troubled by their floaters and desperate for treatment. Most of these patients would much prefer a less invasive, safer option than the alternative of vitrectomy surgery

18	If it is safe and efficacious, in your opinion, will this procedure be carried out in (please choose one):	<p>Most or all district general hospitals. All those with a retinal specialist could offer</p> <p>A minority of hospitals, but at least 10 in the UK.</p> <p>Fewer than 10 specialist centres in the UK.</p> <p>Cannot predict at present.</p>
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Abstracts and ongoing studies

19	<p>Please list any abstracts or conference proceedings that you are aware of that have been recently presented / published on this procedure/technology (this can include your own work).</p> <p>Please note that NICE will do a comprehensive literature search; we are only asking you for any very recent abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.</p>	
20	<p>Are there any major trials or registries of this procedure/technology currently in progress? If so, please list.</p>	

Other considerations

21	<p>Approximately how many people each year would be eligible for an intervention with this procedure/technology, (give either as an</p>	<p>Very difficult to estimate</p>
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	estimated number, or a proportion of the target population)?	
22	Are there any issues with the usability or practical aspects of the procedure/technology?	
23	Are you aware of any issues which would prevent (or have prevented) this procedure/technology being adopted in your organisation or across the wider NHS?	Availability of specialist medical and nursing staff to take on an additional out patient procedure
24	Is there any research that you feel would be needed to address uncertainties in the evidence base?	
25	<p>Please suggest potential audit criteria for this procedure/technology. If known, please describe:</p> <ul style="list-style-type: none"> - Beneficial outcome measures. These should include short- and long-term clinical outcomes, quality-of-life measures and patient-related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured. - Adverse outcome measures. These should include early and late complications. Please state the post procedure timescales over which these should be measured: 	<p>Beneficial outcome measures:</p> <p>Patient questionnaire study demonstrating impact of symptoms on life style, activities pre and post treatment</p> <p>Adverse outcome measures:</p> <p>Lens burn and whether this resulted in cataract</p> <p>Retinal burn and whether this had any effect on vision</p> <p>Post operative retinal tears, detachment, intraocular pressure spike</p>

Further comments

26	Please add any further comments on your particular experiences or knowledge of the procedure/technology,	
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Declarations of interests

Please state any potential conflicts of interest relevant to the procedure/technology (or competitor technologies) on which you are providing advice, or any involvements in disputes or complaints, in the previous **12 months** or likely to exist in the future. Please use the [NICE policy on declaring and managing interests](#) as a guide when declaring any interests. Further advice can be obtained from the NICE team.

Type of interest *	Description of interest	Relevant dates	
		Interest arose	Interest ceased
<i>Direct - financial</i>	If NICE approved then I may benefit from treatment being more widely recognised	Current and ongoing	
Choose an item.			
Choose an item.			

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations during the course of my work with NICE, must be notified to NICE as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then my advice may be excluded from being considered by the NICE committee.

Please note, all declarations of interest will be made publicly available on the NICE website.

Print name:	<input type="text" value="Vaughan TANNER"/>
Dated:	<input type="text" value="20/2/2022"/>