

National Institute for Health and Care Excellence
IP1865 Transvenous obliteration for gastric varices

IPAC date: 10th November 2022

| Com . no. | Consultee name and organisation | Sec. no. | Comments | Response Please respond to all comments |
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| 1 | Consultee 1 British Association for the Study of the Liver | General | <p>"Description is not great-it is qualified later but varices are NOT just seen in patients with liver disease.</p> <p>I think the NICE draft recommendations are quite burdensome. Informing the trust clinical governance leads is perhaps indicated if this is a new procedure being undertaken by clinicians in the trust, but as others have commented-this is not a new procedure-its role is already well established-it is just that a lot of the data has come from the Far East in a patient population that may be slightly different to the UK.</p> <p>Fully informed consent should be a standard of care in everything we do-so specifically identifying risk of balloon rupture, or the consequences with respect to portal pressure-should and would be part of the routine consenting process.</p> <p>Audit is certainly important, and a national database would be interesting.</p> <p>Crucially, these patients should be discussed with a specialist centre that offers a broad armamentarium of techniques in the management of portal hypertension, and clearly the procedure should be performed by persons with training in the relevant IR techniques."</p> | <p>Thank you for your comments.</p> <p>The lay description has been changed to 'Varices are enlarged veins that can develop in the stomach (gastric) and can be caused by liver disease'.</p> <p>Section 1.4 of the draft guidance states that 'Patient selection should be discussed with a specialist centre that offers all of the standard treatments for portal hypertension and bleeding gastric varices, and that is experienced in managing acute and chronic liver disease.'</p> |

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