National Institute for Health and Care Excellence

IP1857 Percutaneous thoracic duct embolization for persistent chyle leak

IPAC date: 8th December 2022

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 British Society of Interventional Radiology (BSIR)	**2.3 and lay description.**	I have been performing this procedure for over 20 years. They can take some time and a long GA increases the risk. The majority of these I have performed in adults have been under LA . Some additional IV analgesia can be useful but this would not cause more than mild sedation. Anaesthetic support is ideal but not vital. Certainly the first component of US guided inguinal lymphangiography can be performed under local anaesthesia, reducing the GA time. Obviously young children require a GA.	Thank you for your comments. **IPAC amended section 2.3** as follows: *Thoracic duct embolisation is a percutaneous image-guided closure of the thoracic duct and is done under general or local anaesthesia. It is a 3-step process consisting of intranodal inguinal lymphangiography followed by percutaneous transabdominal catheterisation of the thoracic duct or cisterna chyli and then embolisation of the thoracic duct.*
2	Consultee 1 British Society of Interventional Radiology (BSIR)	**2.4 and lay description.**	Coils work in blood vessels by stimulating thrombosis (does not occur in lymph vessels). They can be effective in TD embolisation but we usually use them to restrict the glue flow rather than as the primary embolic. Glue does not expand in lymph to the same extent as it does in blood (due to polymerisation with blood)	Thank you for your comments. The text in 2.4 currently states that *The target thoracic duct and its branches are embolised proximally to the leak with a combination of micro-coils and cyanoacrylate glue.*

© NICE 2023. All rights reserved. Subject to Notice of rights.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
3	Consultee 1 British Society of Interventional Radiology (BSIR)	**2.2, 2.3**	It might be worth specifying the alternative approaches eg left subclavian transvenous catheterisation of the thoracic duct (we have only had to do this once), laparoscopic TD ligation or open TD ligation	Thank you for your comments. **IPAC amended section 2.2** as follows: Small chyle leaks are usually treated with medicines and by managing nutrition (including by modifying diet or with total parenteral nutrition) to reduce chyle secretion and relieve symptoms. Persistent high-volume leaks may need drainage or surgical repair (such as percutaneous or open thoracic duct ligation). **IPAC amended section 2.3** as follows: *Thoracic duct embolisation is a percutaneous image-guided closure of the thoracic duct and is done under general or local anaesthesia. It is a 3-step process consisting of intranodal inguinal lymphangiography followed by percutaneous transabdominal catheterisation of the thoracic duct or cisterna chyli and then embolisation of the thoracic duct.*
4	Consultee 1 British Society of Interventional Radiology (BSIR)	**3.3**	Complications include lower limb oedema and chronic diarrhoea - both around 3%. These appear to occur exclusively in successful embolisation so are presumed to be due to lymphatic obstruction.	Thank you for your comments. Section 3.3 in the draft guidance specifies the key safety outcomes. IPAC considered your comments and added ‘chronic diarrhoea’ to section 3.3.

© NICE 2023. All rights reserved. Subject to Notice of rights.

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
5	Consultee 1 British Society of Interventional Radiology (BSIR)		It should be recorded that lymphangiography with lipiodil can resolve 10-20% of TD leaks, presumed to be due to the oil based contrast sludging up micro-leaks. It may be that those who describe needle disruption of the TD as being therapeutic are just observing this phenomenon.	Thank you for your comments. IPAC considered your comments and added a committee comment to section 3.6 as follows: *The committee was informed that lymphangiography alone may resolve the leak.*

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."

© NICE 2023. All rights reserved. Subject to Notice of rights.