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Our Ref: MDP/kp/Longson

12th January 2006

Dear Dr Longson,

Re: Comments – Laparoscopic Surgery for the Treatment of Colorectal Cancer Assessment Report

Thank you for the opportunity to comment. Please consider the following points:

1. It is our understanding that there are significantly better adoption rates for Laparoscopic Colorectal surgery elsewhere in Europe due to patient led demand. It is not unreasonable to expect similar demand in the UK in the future.
2. During the Laparoscopic learning curve it is inevitable that converting from Laparoscopic to Open surgery increases the associated costs of the procedure.
3. As Surgeons become more experienced the:
 - Operating time decreases
 - Conversion rate from Laparoscopic to Open decreases
4. Cost of equipment – the report refers to the use predominantly of disposable Laparoscopic instruments. Whereas some of the more specialist Laparoscopic instruments are by necessity only available as single-use devices, many of the mainline Laparoscopic tools are available in reusable format.


With high quality reusable equipment the costs can be significantly reduced without compromising patient safety (i.e. secondary ports, grasping forceps, scissors etc).

Equally the capital cost of endoscopic camera systems should not be considered in isolation to Laparoscopic Colorectal surgery. All acute operating theatres already have access to Laparoscopic camera systems (used in Laparoscopic Cholecystectomy). The purchase is therefore often non-essential unless existing equipment is of insufficient quality.

We suggest the cost of camera equipment is therefore not relevant to the study and should be excluded or at least apportioned with any other existing Laparoscopic uses.

I hope that these points will be given all due consideration since they have a very significant impact on the overall cost effectiveness of the procedure.

Yours sincerely,


KARL STORZ ENDOSCOPY (UK) LTD
Mike Perks
Managing Director