NICE Update Bulletin December 2013 for guidance issued Wednesday 18th December 2013

Hyperlinks to the relevant NICE web page are included, to activate link left click on your mouse. Details are also available from the NICE website (**http://www.nice.org.uk**)

Type	Guidance title and reference number
Technology Appraisals (TAs)	**None published so far this month**
Clinical Guidelines (CGs)	**Intravenous fluid therapy in adults in hospital CG174** This guideline contains recommendations about general principles for managing intravenous (IV) fluids, and applies to a range of conditions and different settings. It does not include recommendations relating to specific conditions. **Background information** Many adult hospital inpatients need intravenous (IV) fluid therapy to prevent or correct problems with their fluid and/or electrolyte status. Deciding on the optimal amount and composition of IV fluids to be administered and the best rate at which to give them can be a difficult and complex task. Decisions must be based on careful assessment of the patient's individual needs. Errors in prescribing IV fluids and electrolytes are particularly likely in emergency departments, acute admission units, and general medical and surgical wards rather than in operating theatres and critical care units. Surveys have shown that many staff who prescribe IV fluids know neither the likely fluid and electrolyte needs of individual patients, nor the specific composition of the many choices of IV fluids available to them. **The key priorities for implementation cover** • Principles and protocols for intravenous fluid therapy • Assessment and monitoring • Resuscitation • Routine maintenance • Training and education
Public Health Guidance	**None published so far this month**
Medical Technologies Guidance	**The E-vita open plus for treating complex aneurysms and dissections of the thoracic aorta MTG16** **Recommendations** 1.1 The case for adopting the E-vita open plus for treating complex aneurysms and dissections of the thoracic aorta, in a carefully selected group of people, is supported by the evidence. 1.2 Using the E-vita open plus could remove the need for a second procedure and the associated risk of serious complications, and it should therefore be considered for people: • who would otherwise need a 2-stage repair procedure because their aortic disease extends into or beyond the distal part of their aortic arch (into the

	proximal descending aorta), **but** • who would not need additional intervention (such as stent grafting) in the descending aorta. 1.3 The E-vita open plus is estimated to generate cost savings compared with current 2-stage repair from about 2 years after the procedure. The estimated cost saving per patient at 5 years after the procedure is around £13,800 when compared with 2-stage repair involving open insertion of a vascular graft, £9,850 when compared with 2-stage repair involving endovascular stent grafting and £12,000 when compared with open surgical debranching followed by endoluminal stent grafting. At 10 years after the procedure, the estimated cost savings range from around £21,850 to £28,160 across the 3 comparators. **Description of the technology** The E-vita open plus (JOTEC GmbH) is an endoluminal stent graft system designed for treating aneurysms and dissections of the thoracic aorta. The device is a 1-piece polyester fabric tube which combines a conventional vascular graft attached to an endovascular stent graft that allows treatment of the ascending aorta at the same time as the arch and descending aorta. The E-vita open plus supersedes its immediate predecessor device, the E-vita open. The 2 devices are similar in design and function but the E-vita open plus is impermeable to blood, and fibrin glue is not needed to seal the stent graft
NICE Quality Standards	**Mental wellbeing of older people in care homes QS50** This quality standard covers the mental wellbeing of older people (65 years and over) receiving care in all care home settings, including residential and nursing accommodation, day care and respite care. This quality standard uses a broad definition of mental wellbeing, and includes elements that are key to optimum functioning and independence, such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.
Interventional Procedures Guidance (IPGs)	**Percutaneous closure of patent foramen ovale to prevent recurrent cerebral embolic events IPG472** **Recommendations** 1.1 Evidence on the safety of percutaneous closure of patent foramen ovale to prevent recurrent cerebral embolic events shows serious but infrequent complications. Evidence on its efficacy is adequate. Therefore this procedure may be used with normal arrangements for clinical governance, consent and audit. 1.2 The procedure should only be performed in units with appropriate arrangements for urgent cardiac surgical support in the event of complications. 1.3 Clinicians should enter details about all patients undergoing percutaneous closure of patent foramen ovale to prevent recurrent cerebral embolic events onto the UK Central Cardiac Audit Database. **The procedure** Percutaneous closure is performed using local anaesthesia and intravenous sedation, or with the patient under general anaesthesia. A closure device is introduced using a guide wire and delivery sheath through a small incision in the groin into the femoral vein. It is then passed into the heart and across the patent foramen ovale. The closure device is released to close the defect using image guidance such as echocardiography. Devices of differing design and mechanism are available. **Uterine Artery Embolisation for treating adenomyosis IPG473** **Recommendations** 1.1 Current evidence on uterine artery embolisation for treating adenomyosis (a benign condition characterised by the presence of ectopic endometrial glands and stroma within the myometrium) shows that the procedure is efficacious for symptom relief in the short and medium term for a substantial proportion of patients. There are no major safety concerns. Therefore this procedure may be used provided that normal arrangements are

	in place for clinical governance, consent and audit. 1.2 During the consent process patients should be informed, in particular, that symptoms may not be relieved, that symptoms may return and that further procedures may be needed. Patients contemplating pregnancy should be informed that the effects of the procedure on fertility are uncertain. 1.3 Patient selection should be carried out by a multidisciplinary team, including a gynaecologist and an interventional radiologist. 1.4 NICE encourages further research into the effects of uterine artery embolisation compared with other procedures to treat adenomyosis, particularly for patients wishing to maintain or improve their fertility. **The procedure** With the patient under sedation and local anaesthesia, a catheter is inserted into the femoral artery (bilateral catheters are sometimes used). Fluoroscopic guidance is used to manipulate the catheter into the uterine artery. Small embolisation particles are injected through the catheter into both uterine arteries.
NICE Pathways	These pathways are not guidance in themselves but a way of displaying online the various guidance that exists around a subject.
Commissioning Guides	**None published so far this month**
Diagnostics Guidance	**None published so far this month**
Public health briefings for local government	**None published so far this month**

Current NICE consultations with links and start and finish dates for stakeholders to make contribution

Title / link	Start date of consultation	Finish date of consultation
Extracorporeal membrane oxygenation (ECMO) for acute heart failure in adults: interventional procedures consultation	21/11/2013	19/12/2013
Arthroscopic radiofrequency chondroplasty for discrete chondral defects of the knee: interventional procedures consultation	21/11/2013	19/12/2013
Insertion of a magnetic-bead band for faecal incontinence: interventional procedures consultation	21/11/2013	19/12/2013
Transoral carbon dioxide laser surgery for primary treatment of oropharyngeal malignancy: interventional procedures consultation	21/11/2013	19/12/2013
NICE future public health quality standards and guidance - proposed topic list	27/09/2013	20/12/2013
Induction of labour: quality standard consultation	28/11/2013	02/01/2014
Pressure Ulcers: guideline consultation	18/11/2013	06/01/2014
Multiple sclerosis (relapsing-remitting) - alemtuzumab: appraisal consultation	05/12/2013	09/01/2014
Constipation in children and young people: quality standard consultation	10/12/2013	14/01/2014
Myeloma: scope consultation	10/12/2013	21/01/2014

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