

**Important Communication from The Executive Council of the Society of British Neurological Surgeons (SBNS) to Unit Clinical Leads and Chief Executives**

**Creutzfeldt - Jakob Disease (CJD) Updated Interventional Procedures Guidance – January 2020**

**IPG 666 = Reducing the risk of transmission of Creutzfeldt-Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues.**

The interventional procedures guidance published by NICE in 2006 (IPG 196) was updated with the publication of IPG 666 published on the NICE website on 22<sup>nd</sup> January 2020 ([www.nice.org.uk/guidance/ipg666](http://www.nice.org.uk/guidance/ipg666)).

The updated CJD guidance was developed by the CJD advisory subcommittee that included 5 Neurosurgeons (Mr Tom Cadoux-Hudson, Mr Nicholas Haden, Mr Alistair Jenkins, Mr John Thorne and Mr Barrie White).

The guidance is for interventional procedures on tissues considered as high-risk of transmitting CJD. These procedures are intradural surgery on the brain (including the pituitary gland), the spinal cord, neuroendoscopy and surgery on the retina or optic nerve (complete list on NICE website – Appendix D of the guidance).

Extradural surgery even in the presence of a cerebrospinal fluid leak is not high-risk and this guidance does not apply.

The abbreviation CJD is used for both sporadic and variant CJD as well as surgically transmitted CJD (stCJD).

The main recommendations of the updated guidance are as follows:-

**Decontamination**

1.1 All surgical instruments that come into contact with high-risk tissues during an interventional procedure must be kept moist and separated from other instruments until they are cleaned, and then disinfected and sterilised (decontaminated). This improves the efficacy of the decontamination process and is highly cost effective.

**Set Integrity and Tracking**

1.2 Surgical instruments that come into contact with high-risk tissues must not be moved from one set to another and must remain within their individual sets. Maintaining set integrity reduces the risks associated with instrument migration (including infection) and makes it easier to trace instruments back to the patients they were used on.

## **Supplementary Instruments**

1.3 Supplementary instruments that come into contact with high-risk tissues must remain within the individual set to which they have been introduced. Supplementary instruments are those that are not part of a specific instrument set. If supplementary instruments are used with different sets, this would compromise set traceability and increases the risks associated with instrument migration.

## **Neuroendoscopy**

1.4 Rigid neuroendoscopes (rather than flexible neuroendoscopes) should be used if possible. They should be of a type that can be steam sterilised and must be thoroughly cleaned and steam sterilised after each use.

## **Single Use Instruments**

1.5 The evidence on cost effectiveness does not support using sets of single-use instruments to reduce the risk of Creutzfeldt-Jakob Disease (CJD) transmission.

## **Systems specifically for people born after 1996**

1.6 The evidence on cost effectiveness does not support introducing systems to maintain separate sets of neuroendoscopes and reusable surgical instruments for use on high-risk tissues for people born after 1996.

1.7 Removing the requirement to use different instruments on high-risk tissues for people born after 1996 would not markedly increase the risk of surgical transmission of CJD.

## **Other relevant guidance**

1.8 This guidance should be used with:

- For any procedures done on patients already known to have or thought to be at increased risk of CJD as previously defined by the CJD advisory committee and for patients in whom the risk of CJD cannot be ascertained by questioning them or when a diagnosis of CJD cannot be excluded, the guidance on Transmissible Spongiform Encephalopathy Agents: safe working and the prevention of infection must be followed. (<https://www.gov.uk/government/publications/guidance-from-the-acdp-tse-risk-management-subgroup-formerly-tse-working-group>)
- The Department of Health and Social Care's Health Technical Memorandum 01-01: decontamination of surgical instruments (2016). (<https://www.gov.uk/government/publications/management-and-decontamination-of-surgical-instruments-used-in-acute-care>)

The CJD advisory committee:

- Emphasised the importance of continued surveillance for all forms of CJD to identify trends in incident rates.
- Noted that the economic modelling suggests that keeping surgical instruments moist is the most cost-effective strategy.
- Additional strategies aimed at reducing the future risk of surgically transmitted CJD (st CJD) do not appear to be cost effective.
- Encouraged further research into the development of cost effective decontamination methods that remove or destroy prions from instruments.
- The committee noted that single-use instruments are the only way of completely avoiding the potential for the transmission of CJD infection by surgical instruments.

The guidance represents the view of NICE arrived at after careful consideration of the evidence available. When exercising their judgement, health care professionals are expected to take this guidance fully into account. However, the guidance does not override the individual responsibility of health care professionals to make decisions appropriate to the circumstances of the individual patient and/or guardian or carer.

**The Executive Council of the SBNS decided to inform all Neurosurgical Units in the UK via the Clinical Leads of each unit and also the Chief Executive of individual Trusts regarding the new updated guidance. This interventional procedures guidance is endorsed by Healthcare Improvement Scotland as required by the Health and Social Care Act (2012).**

**It is important to emphasise that the new guidance is based on the concept of cost-effectiveness in the light of the rarity of the occurrence of st CJD in the UK.**

**The SBNS Council recommends that individual units and Trusts should put in place systems to ensure compliance with the guidance. It is also recommended that compliance of the guidance is incorporated into the local audit programmes.**



**Paul Grundy**  
Honorary Secretary, SBNS



**Nihal Gurusinghe**  
SBNS NICE Representative

**Date: 2<sup>nd</sup> April 2020**