NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Hip arthroscopy** **v1.1**
Policy position	**Criteria Based Access**
Date of Forum recommendation	**August 2015**

BLMK ICB will fund hip arthroscopy for patients who meet the following criteria:

Femoro-Acetabular Impingement (FAI):

The ICB will fund open or arthroscopic hip surgery for the treatment of FAI ONLY when patients fulfil **all** of the following criteria:

- Diagnosis of definite FAI defined by appropriate investigations, X-rays, MRI and CT scans.
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist.
- Severe symptoms typical of FAI with duration of at least 6 months where diagnosis of FAI has been made as above.
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy.
- Compromised function, which requires urgent treatment within a 6-8 months' time frame, to where failure to treat early is likely to significantly compromise surgical options at a future date.
- Treatment with more established surgical procedures is not clinically viable.

Sepsis of the hip joint:

Hip arthroscopy is supported in the washout of an infected hip joint in patients refractory to medical management, patients with underling disease or patients who are immunosuppressed.

Loose bodies:

Hip arthroscopy is supported for the removal of radiologically proven loose bodies within the hip joint with an associate acute traumatic episode. Arthroscopy is not supported as a diagnostic tool where there is suspicion of loose bodies.

Excision/repair of Radiological Proven Labral Tears in the Absence of an osteoarthritis (OA) or FAI syndrome:

Hip arthroscopy is supported for the excision of radiological proven labral tears associated with an acute traumatic episode in the absence of OA or FAI syndrome.

Exclusions:

- Hip arthroscopy is **not normally funded** for any other indications or pathologies other than those outlined above.

In addition, the ICB does **not normally fund** hip arthroscopy in patients with FAI where any of the following criteria apply:

- Patients with advanced OA change on preoperative X-ray (Tonnis grade 2 or more) or severe cartilage injury (Outerbridge grade III or IV).
- Patients with a joint space on plain radiograph of the pelvis that is less than 2 mm wide anywhere along the sourcil.
- Patients who are a candidate for hip replacement.
- Any patient with severe hip dysplasia or with a Crowe grading classification of 4.
- Patients with generalised joint laxity especially in diseases connected with hypermobility of the joints, such as Marfan syndrome and Ehlers-Danlos syndrome.
- Patients with osteogenesis imperfecta.

NICE Guidance

In considering the use of this procedure in 2007, NICE reported the following concerns:

- Efficacy outcomes have been poorly reported and assessment assessments are mostly qualitative.
- Specialist scores have not been developed to objectively measure outcome. There are a limited number of studies but demonstrating differences in surgical techniques.
- Data on patient selection is unclear (degree of impingement and arthritic degeneration of hips of patients included in the studies were not well defined).
- There was a lack of evidence to show whether the procedure successfully slows progression to OA.

In the updated NICE guidance IPG 203,213, 408, it is stated that the treatment should be restricted to centres experienced in treating this condition and staffed by surgeons adequately trained in techniques to address FAI. All governance and audit should be undertaken in accordance with these guidelines.

Governance

Clinicians wishing to undertake hip arthroscopy must ensure they meet 5.2 above and provide a regular audit and review of activity, submitting details of all patients undergoing this procedure to the British Hip Society to enable long-term outcomes to be evaluated.

Cases for Individual Consideration

Should a patient not meet the protocol criteria, the requesting clinician must provide further information to support the case for being considered as an exception to policy.

Audit

Audit should be conducted on an annual basis collecting:

- 6 week post-operative follow up identifying complication rates and increased symptoms;
- Pre and post-operative information at 1 year (not necessarily undertaken face to face but by email or postal) using the dataset defined within the report format collected by the British Hip Society.
    - MAHORN (Multicentre Arthroscopy of the Hip Outcomes Research Network) Hip Outcome Tool (MHOT14).
    - EQ 5-D (generic instrument for assessing health-related quality of life
    - Modified Harris Hip Score.
    - UCLA (University of California, Los Angeles) Activity Score
    - Non arthritic Hip Score.
    - HOOS score (Hip Disability and Osteoarthritis Outcomes Score).
- Proportion registered with the British Hip Society – standard set at 100% compliance.

This guidance is based on Dorset CCG policy.

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

This procedure cannot be expressed in the OPCS-4 classification by a single code. Procedures could vary for each patient depending on the nature of the condition, and these would be coded on a case by case basis based on the specific procedures carried out.

Key words: Arthroscopy, Femoro-Acetabular Impingement (FAI), sepsis, labral tears, loose bodies