

NHS Dorset Clinical Commissioning Group

## **Hip Arthroscopy**

# **Criteria Based Access Protocol**



**Supporting people in Dorset to lead healthier lives**

# NHS DORSET CLINICAL COMMISSIONING GROUP

## HIP ARTHROSCOPY CRITERIA BASED ACCESS PROTOCOL

### 1. INTRODUCTION AND SCOPE

- 1.1 This paper sets out the clinical criteria for hip arthroscopy in the adult population of NHS Dorset CCG. It will state; the definitions, the access criteria for surgery, the case of clinical need and where the patient meets the treatment criteria.

### 2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix A.

### 3. ACCESS CRITERIA

#### **Femoro-Acetabular Impingement (FAI)**

- 3.1 The CCG will fund open or arthroscopic hip surgery for the treatment of femoro-acetabular impingement (FAI) only when patients fulfil all of the following criteria:

- Diagnosis of definite femoro-acetabular impingement 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 six 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' timeframe, or where failure to treat early is likely to significantly compromise surgical options at a future date; and
- Treatment with more established surgical procedures is not clinically viable.

#### **Sepsis of the hip joint**

- 3.2 Hip arthroscopy is supported in the washout of an infected hip joint in patient's refractory to medical management, patients with underlying disease or patients who are immunosuppressed.

## **Loose bodies**

- 3.3 Hip arthroscopy is supported for the removal of radiologically proven loose bodies within the hip joint with an associated acute traumatic episode.

## **Excision/repair of Radiological Proven Labral Tears in the Absence of OA or Femoro-Acetabular Impingement Syndrome**

- 3.4 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.

## **4. EXCLUSIONS**

- 4.1 The CCG will not fund hip arthroscopy in patients with femoro-acetabular impingement where any of the following criteria apply:

- Patients with advanced Osteo-Arthritic 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 2mm 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.

- 4.2 Arthroscopy is not supported as a diagnostic tool where there is suspicion of loose bodies.

## **5. CASES FOR INDIVIDUAL CONSIDERATION**

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West  
Vespasian House  
Barrack Road  
Dorchester  
DT1 1TG  
Telephone no: 01305 368936  
Email: [individual.requests@dorsetccg.nhs.uk](mailto:individual.requests@dorsetccg.nhs.uk)

## **6. CONSULTATION**

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the MSK Task and Finish Group which includes commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

## **7. RECOMMENDATION AND APPROVAL PROCESS**

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCGs Governing Body.

## **8. COMMUNICATION/DISSEMINATION**

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

## **9. IMPLEMENTATION**

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

## **10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL**

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.
- 10.2 This protocol has been linked to the Dorset GP IT System and any future changes arising after review will need to be made via this system.

**GLOSSARY****Hip arthroscopy**

Hip arthroscopy is an innovative technique which allows for the inspection of the interior of the hip. The instrument used is a type of endoscope which is a tube shaped instrument inserted into a cavity in the body to investigate and treat disorders. It is flexible and equipped with lenses and a light source. It is a technically challenging procedure which should only be carried out in specialist units by teams with specific training in the techniques.

**Sepsis of the hip joint**

A septic joint required immediate action and is an orthopaedic emergency when in a native (i.e. non-replaced) joint. It can cause irreversible cartilage damage very quickly and can be fatal if pus under pressure is left in situ for any significant length of time.

The long term ramifications of a septic joint if not dealt with expeditiously are subsequent joint replacement or potentially death in the severe cases of fulminant septicaemia (normally seen in the elderly or immune-compromised).

**Loose bodies**

Loose bodies in the hip joint can present spontaneously (such as in conditions like synovial chondromatosis) or as part of traumatic insult. A significant number of dislocated hips are reduced closed but as they are relocated “drag in to the joint” a piece of fractured bone (normally the socket rim). The result is a very painful problem which causes locking, giving way, an inability to weight bear and ultimately cartilage destruction due to the attrition effect of the loose body grinding away at the joint surface.

**Excision/repair of Radiological Proven Labral Tears in the Absence of OA or Femoro-Acetabular Impingement Syndrome (FAI)**

This is effectively a cartilage tear of the hip similar to meniscal tears of the knee. Such tears of the hip can be caused by differing aetiologies.

There are a group of tears that can be caused as part of a degenerative process (arthritis). This is an area which requires further evaluation and longitudinal studies to evaluate treatment options.

Some labral tears are acute and sustained as part of a single injurious process. Patient who axially load the hip and then are subjected to a twisting movement can experience such tears. These tears are painful from the outset, do not develop insidiously and do not resolve. Patients can experience locking and giving way. The joint can lock at any time and bring the individual to ground.

If a simple labral tear is suspected, at the clinician’s discretion, an MRI hip arthrogram is recommended.

## **Hip Impingement Syndrome (Femoro-Acetabular Impingement (FAI))**

Hip Impingement (FAI) is a result of abnormality in the femoral head, acetabulum or both. Impingement may be caused by the jamming of an abnormally shaped femoral head into the acetabulum during forceful motion (especially flexion), or as a result of contact between the acetabular rim and the femoral head-neck junction. Its precise relationship with osteoarthritis of the hip is unclear but it may lead to the development of osteoarthritis.

The diagnosis of FAI is made from characteristic findings (Macfarlane, Haddad 2010) increasing duration and intensity of groin pain, initially intermittent on exercise, becoming constant and intense, with stiffness, clicking or popping sensation and reduced flexion and internal rotation.

Two mechanisms have been identified; cam impingement (most common in young athletic males) and pincer impingement (most common in middle-aged women). FAI is also associated with articular (chondral) damage, labral tearing and progressive OA of the hip.

**FREQUENTLY ASKED QUESTIONS**

**N/A**

A		DOCUMENT DETAILS
Procedural Document Number	101	
Author (Name and Job Title)	Tracy Hill, Principal Programme Lead	
Recommending group	MSK Task and Finish Group	
Date of recommendation	June 2017	
Date of approval	July 2017	
Version	3.0	
Review frequency	3 yearly	
Review date	July 2020	

B				CONSULTATION PROCESS
Version No	Review Date	Author and Job Title	Level of Consultation	
3.0	June 2017	Tracy Hill, Principal Programme Lead	MSK Task and Finish group	

C						VERSION CONTROL
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee	
June 2017	3.0	June 2020	No change at review date	TBC	CCC	

D		ASSOCIATED DOCUMENTS
		<ul style="list-style-type: none"> <li>Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group</li> <li>Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group</li> </ul>

E			SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES
Evidence	Hyperlink (if available)	Date	
The following link provides some further information on carpal tunnel which supports this CBAP.	<a href="https://www.nice.org.uk/Guidance/IPG408">https://www.nice.org.uk/Guidance/IPG408</a>	June 2017	

G				DISTRIBUTION LIST
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders	
✓	✓	✓	✓	