

General Commissioning Policy

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| Treatment | Femoro-acetabular arthroscopic surgery (hip arthroscopy) |
| For the treatment of | Symptomatic hip impingement syndrome in adults |
| Background | This policy is needed in order to clarify the patient criteria which must be fulfilled in order for this procedure to be commissioned. |
| Commissioning position | <p>NHS Hull CCG routinely commissions hip arthroscopy (from surgeons with specialist expertise in this type of surgery) in line with the requirements stipulated by NICE IPG 408 and only for patients who fulfil ALL of the following criteria:</p> <ul style="list-style-type: none"> • A definite diagnosis of hip impingement syndrome / femoro-acetabular impingement (FAI) has been made by appropriate investigations, X-rays, MRI and CT scans • An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis in collaboration with a specialist musculoskeletal radiologist • The patient has had severe FAI symptoms (restriction of movement, pain and 'clicking') or significantly compromised functioning for at least 6 months • The symptoms have not responded to all available conservative treatment options including activity modification, drug therapy (NSAIDs) and specialist physiotherapy <p>If the patient does not meet all the criteria described above but the clinician still recommends this treatment, an Exceptional Treatment Request should be submitted for consideration. NHS Hull CCG will NOT routinely commission this treatment in patients where any of the following apply:</p> <ul style="list-style-type: none"> • Advanced osteoarthritis or severe cartilage injury • A hip joint space on plain radiograph that is less than 2mm wide anywhere • Candidates for total hip replacement • Hip dysplasia • Generalised joint laxity especially in diseases connected with hypermobility of the joints • Osteogenesis imperfecta (brittle bone disease) |
| Effective from | January 2015 |
| Summary of | Hip impingement syndrome is caused by abnormal contact |

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.

2. General Commissioning Policy Statements are agreed by the Hull Clinical Commissioning Group on behalf of NHS Hull.

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| <p>evidence / rationale</p> | <p>between the top of the thigh bone and the hip socket. This results in ‘clicking’ of the hip, limited movement and pain, which can be made worse when the hip is bent or after sitting for a long time. The condition may be caused by an unusually shaped thigh bone or hip socket and usually affects young, often active people. Hip impingement syndrome is usually managed by changes to lifestyle and drug treatment.</p> <p>Treatment via hip arthroscopy has evolved greatly in the last decade with improvements in the available technology, and in Sept 2011 NICE issued IPG 408 on arthroscopic femoro-acetabular surgery for hip impingement syndrome. The aim of the procedure is to reduce pain and improve the hip-joint range of movement. With the patient under general anaesthetic, a thin telescope (arthroscope) is inserted into the hip joint through a small cut in the skin. The surgeon then makes further cuts and uses instruments to remove some of the cartilage and/or bone in order to reshape the joint surfaces.</p> <p>The guidance states that that current evidence on the efficacy of this treatment is adequate in terms of symptom relief in the short and medium term and may possibly delay progression to osteoarthritis. In terms of safety it states that complications (which occur in up to 5% of cases) are ‘well recognised’, usually adverse events relating to the significant traction required during the technically demanding procedure.</p> <p>The guidance stipulates that details of all patients undergoing this procedure should be entered into a register established by the British Hip Society.</p> <p>NICE concludes that despite some methodological drawbacks in the studies, no RCT evidence, and the paucity of evidence on treatment outcomes beyond two years, the available efficacy evidence appears adequate, key outcomes for this procedure include improved function and quality of life, pain relief and delayed progression to osteoarthritis in some patients.</p> |
| <p>Date</p> | <p>June 2017</p> |
| <p>Policy to be reviewed by</p> | <p>June 2018</p> |
| <p>Contact for this policy</p> | <p>Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net</p> |

References:

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658928/pdf/64.pdf>
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