

Hip Arthroscopy

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| Commissioning decision | The ICB will provide funding for hip arthroscopy for patients who meet the criteria defined within this policy. |
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Policy Statement:

The ICB will only provide funding for hip arthroscopy for patients meeting these general criteria:

- The patient's symptoms persist despite the patient having fully engaged with conservative measures as defined by NICE Quality Standard QS87 ([Quality Standard 7: Core treatments before referral for consideration of joint surgery](#)) for a period of 3 months.

AND

- Diagnosis has been confirmed by appropriate investigations including X-Rays, MRI and/or CT scans.

AND

- The patient's significant functional impairment is likely to be corrected or significantly improved by surgery.

AND

- The patient is experiencing moderate-to-severe hip pain that is worsened by flexion activities (e.g., squatting or prolonged sitting or climbing stairs)

OR

- Patients should be skeletally mature (i.e. they should be 19 and have completed puberty).

AND

- Have severe symptoms typical of Femoro-acetabular Impingement (FAI) with:
 - The symptoms lasting for a period of least six months (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters).

OR

- Compromised function, which requires urgent treatment within a 6-8 month time frame,

OR

- Where failure to treat early is likely to significantly compromise surgical options at a future date.

Exclusions

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

- Patients with advanced osteoarthritic change on preoperative X-ray or severe cartilage injury.
- 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 osteogenesis imperfecta.

Policy Category:**CBA****Who usually applies for funding?****N/A****Rationale:**

Current evidence on the efficacy of arthroscopic femoro–acetabular surgery for hip impingement syndrome is adequate in terms of symptom relief in the short and medium term. With regard to safety, there are well recognised complications. This policy outlines when this procedure is likely to be most beneficial. (NICE guidance IPG408 2011 and IPG408 2011)

Plain English Summary:

Hip arthroscopy is a surgical procedure that enables doctors to look inside the hip joint. A small camera is used, along with some very small surgical instruments which enable the diagnosis and treat of some problems identified within the hip, such as the removal of small pieces of cartilage or bone. It does not require a large cut through the skin and other soft tissues which means the recovery time for the patient is shorter than a full operation. This procedure may be used in situations outlined in this policy, when it is considered that symptoms have not responded to conservative treatment for symptom management and a major surgery is not required.

Evidence base:

NICE IPG 403 Open femoro–acetabular surgery for hip impingement syndrome July 2011

NICE IPG 408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome Sept 2011

For further information please contact GLICB.IFR@nhs.net

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Policy sign off:

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| Reviewing Body | Date of review |
| Effective Clinical Commissioning Policy Group | 30 November 2017 |
| Integrated Governance and Quality Committee | 7 December 2017 |

Version Control

| Version No | Type of Change | Date | Description of Change |
|------------|-------------------------|------------|--|
| 1 | | 08.12.2017 | |
| 2 | Minor wording amendment | 17.05.2021 | First bullet point amended to standardise with terms of the definition of conservative management. Plain English Summary, Rationale & Evidence Base updated. (review date to be agreed at 3 years) |