



Hertfordshire and
West Essex Integrated
Care System



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Integrated Care Board

Evidence Based Intervention

Hip Arthroscopy

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Policy: Hip Arthroscopy

Hip arthroscopy will be commissioned only for the following indications. Hip arthroscopy is not routinely commissioned for any other indications or pathologies other than those outlined below.

Femoro-Acetabular Impingement (FAI):

The ICB will fund open or arthroscopic hip surgery for the treatment of femoroacetabular impingement (FAI) ONLY when patients fulfil all 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' time frame, or 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.

The ICB 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.

Sepsis of the hip joint:

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:

Hip arthroscopy is supported for the removal of radiologically proven loose bodies within the hip joint with an associated 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 osteoarthritis or Femoro-Acetabular Impingement Syndrome (FAI):

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



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 osteoarthritis.

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 addressing FAI. All governance and audit should be undertaken in accordance with these guidelines.

References

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2. Griffin DR, Dickenson EJ, Wall PDH et al (2018) Hip arthroscopy versus best conservative care for the treatment of femoroacetabular impingement syndrome (UK FASHIoN): a multicentre randomised controlled trial. The Lancet 391(10136):2225-2235. Available online: [Hip arthroscopy versus best conservative care for the treatment of femoroacetabular impingement syndrome \(UK FASHIoN\): a multicentre randomised controlled trial - The Lancet](#)
3. East of Midlands Specialised Commissioning Group, Policy: Arthroscopy of the Hip, 2012 <http://www.emsg.nhs.uk/Library/EMSCGP047V1HipArthroscopyallpathologiesFINALAug2012.pdf>
4. Draper P. Septic Arthritis. Patient UK, 2011. www.patient.co.uk/doctor/speticarthritis.htm
5. Schmeri M, Pollard H, Hoskins W. Labral injuries of the Hip: A Review of Diagnosis and Management. Journal of Manipulative and Physiological Therapeutics, 2005p632
6. NICE (2011) IPG408: Arthroscopic femoro-acetabular surgery for hip impingement syndrome. Available online at: <https://www.nice.org.uk/guidance/ipg408>




Change History:

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