

KNEE ARTHROSCOPY POLICY

CRITERIA BASED ACCESS

If clinical assessment suggests the patient may have a “Red flag” condition and therefore arthroscopy is needed urgently, refer for treatment without delay and without further reference to the criteria within this policy.

Red flag conditions include:

- Septic Arthritis/infection,
- Carcinoma,
- Bony fracture,
- Avascular necrosis.

Efficacy of Knee Arthroscopy

Arthroscopic partial meniscectomy is one of the most common orthopaedic procedures, yet rigorous evidence of its efficacy is lacking. In a recent trial involving patients without knee osteoarthritis but with symptoms of a degenerative medial meniscus tear, the outcomes after arthroscopic partial meniscectomy were no better than those after a sham surgical procedure.

Non-degenerative meniscal tears

The CCG will fund knee arthroscopy in patients only where:

- Clinical examination (or MRI scan) has demonstrated clear evidence of a new episode* of internal joint derangement (i.e. ligament rupture or loose body within the knee)

Degenerative meniscal tears

The CCG will also fund knee arthroscopy in patients only where:

- The patient is suffering with regular clinically significant mechanical symptoms such as true knee locking or the knee is unstable i.e. giving way.

OR

- The patient is suffering from a confirmed Meniscal Tear with regular clinically significant mechanical symptoms i.e. catching, locking, instability or giving way.

AND

- Conservative management over a period of at least 6 months has been fully explored, and complied with, but treatment has failed. Conservative management can include advice, physio and support from the musculoskeletal services and pain management with non-steroidal anti-inflammatory drug (NSAID) painkillers. A trial of conservative management should be the first-line treatment for all patients with degenerative meniscal tears. (Khan M, 2014)

Note: Evidence of symptoms and compliance with conservative management must be documented in the patient’s clinical records and demonstrated in any referral to secondary care.

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***New Episode:** A new episode is defined as a new event/tear or loose body which is independent to the previous event/ injury which resulted in the need for the original Knee Arthroscopy. Patients must meet all required criteria for each new event.

Exclusions:

Knee arthroscopy is not routinely commissioned for the following indications and funding approval with supporting clinical evidence will need to be sought via the IFR route where there are exceptional circumstances present:

- Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

OR

- The patient has previously had an arthroscopy to treat the affected knee resulting in the resolution of the tear which has now re-occurred.

OR

- Intractable knee pain even if considered likely the patient has the potential to benefit from arthroscopic treatment according to assessment by a Consultant Knee Surgeon.

OR

- For diagnostic purposes only.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the CCG's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

***Surgery Failure:**

Where approval has been given under this policy and there is a proven failure of treatment outcome noted at the subsequent follow up appointment, then responsibility lies with the Surgical Provider to readdress the ongoing issue under the original funding approval.

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