

Policy Statement:	Knee Arthroscopy
Status:	Threshold

Knee arthroscopy **will be funded** for:

- Removal of loose body where there is a clear history of locking and other treatment has failed
- Meniscal surgery including repair or resection/repair of chondral defects
- Surgery for osteochondral lesions
- Repair of cruciate ligament reconstruction
- Patella tracking/anterior knee pain including lateral release
- Synovectomy/symptomatic plica
- Continuing diagnostic uncertainty following MRI, but only in the following circumstances:
 - When the MRI is of low quality and cannot be interpreted
 - The report shows a significant degree of movement artefact
 - Where the patient has had an Anterior Cruciate Ligament reconstruction and the metal screws are affecting the image quality
 - MRI is contraindicated due to patients specific type of implanted cardiac pacemakers and defibrillators

Knee arthroscopy **will not be funded** for:

- Diagnostic purposes only (noting the above exception)
- Investigation of knee pain (MRI is a less invasive alternative for the investigation of knee pain)
- Lavage and debridement as a treatment for osteoarthritis with no history of mechanical locking
- The use of autologous chondrocyte implantation for the treatment of cartilage defects in the knee joints – NICE TA477 (Oct 2017).
- Arthroscopic radiofrequency chondroplasty for discrete chondral defects of the knee - NICE IPG 493 (May 2014).
- Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects - NICE IPG 560 (June 2016).
- Partial replacement of the meniscus of the knee using a biodegradable scaffold - NICE IPG 430 (July 2012).
- Mosaicplasty for knee cartilage defects – NICE IPG162 (March 2006)

Rationale

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NICE has reviewed the evidence for how well knee washout works for people with osteoarthritis. Seven clinical trials and three case studies have shown that knee wash out for people with osteoarthritis did not reduce pain nor improve how well their knees worked. There was a small increased risk of bleeding inside the knee joint (haemarthrosis) (2%) or blood clot in the leg (deep vein thrombosis) (0.5%).

More effective treatment includes exercise programmes (e.g. ESCAPE pain), losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups. Where symptoms do not resolve after non-operative treatment referral for consideration of knee replacement or joint preserving surgery such as osteotomy is appropriate.

Diagnostic Arthroscopy – Studies have shown the use of MRI as a primary diagnostic tool is safer and more clinically effective than arthroscopy. Adding to this evidence are two prospective cohort studies, one of which demonstrated MRI to be sensitive and specific diagnostic tool for knee disorders and the other showed MRI to be no better at predicting the final diagnosis than a competent clinical examination. However, MRI scan of the knee is useful for situations where there is a diagnostic uncertainty.

References

1. <https://www.nice.org.uk/guidance/ipg230/evidence/overview-pdf-492463117>
2. <https://www.nice.org.uk/guidance/ipg230/chapter/1-Guidance>
3. <https://www.nice.org.uk/donotdo/referral-for-arthroscopic-lavage-and-debridement-should-not-be-offered-as-part-of-treatment-for-osteoarthritis-unless-the-person-has-knee-osteoarthritis-with-a-clear-history-of-mechanical-locking-not>
4. British Orthopaedic Association and the Royal College of Surgeons: <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-oa-knee-guide-final-2017.pdf>
5. Moseley JB, O'Malley K, Petersen NJ et al. (2002) A controlled trial of arthroscopic surgery for osteoarthritis of the knee. *The New England Journal of Medicine* 347: 81–8.
6. Hubbard MJS. (1996) Articular debridement versus washout for degeneration of the medial femoral condyle. *Journal of Bone and Joint Surgery (British)* 78-B: 217–19.
7. Kalunian KC, Moreland LW, Klashman DJ et al. (2000) Visually-guided irrigation in patients with early knee osteoarthritis: a multicenter randomized controlled trial. *Osteoarthritis and Cartilage* 8: 412–18.
8. Chang RW, Falconer J, Stulberg SD et al. (1993) A randomized, controlled trial of arthroscopic surgery versus closed-needle joint lavage for patients with osteoarthritis of the knee. *Arthritis & Rheumatism* 36: 289–96.
9. Forster MC, Straw R. (2003) A prospective randomised trial comparing intra-articular Hyalgan injection and arthroscopic washout for knee osteoarthritis. *The Knee* 10: 291–3.
10. Jackson RW, Dieterichs C. (2003) The results of arthroscopic lavage and debridement of osteoarthritic knees based on the severity of degeneration: a 4- to 6-year symptomatic follow-up. *Arthroscopy: The Journal of Arthroscopic and Related Surgery* 19: 13–20.
11. Bernard J, Lemon M, Patterson MH. (2004) Arthroscopic washout of the knee – a 5-year survival analysis. *The Knee* 11: 233–5.
12. Harwin SF. (1999) Arthroscopic debridement for osteoarthritis of the knee: predictors of patient satisfaction. *Arthroscopy: The Journal of Arthroscopic and Related Surgery* 15: 142–6.
13. <http://www.escape-pain.org/>

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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 as per the CCG policy.

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