NHS
West Essex
Clinical Commissioning Group

Policy Statement:	Primary Total Hip Replacement Surgery
Status:	Threshold

The most common indication for elective primary total hip replacement (THR) is degenerative arthritis (osteoarthritis) of the joint; other indications include rheumatoid arthritis, injury including hip fracture, bone tumour and necrosis of the hip bone.

The aims of THR are relief of pain and improvement function. THR can be very successful for the appropriate patients. More than 90% of people who undergo these operations will never need revision surgery.

Guidance to Primary Care on the treatment of hip pain due to osteoarthritis

The Musculoskeletal Services Framework from the Department of Health (DH) from 2006 gave guidance on management for hip pain. Other important guidance references are; NICE, Osteoarthritis care and management (CG 177, Feb 2014), NICE, Clinical Knowledge Summaries, 'Osteoarthritis Management' 2018 and British Orthopaedic Association, 2017: 'Commissioning Guide: Pain arising from the Hip in Adults.'

These suggest that:

- Management of common musculo-skeletal problems, including hip pain, in primary care is ideal
- Primary Care practitioners need to have direct access to therapy, walking aids, dietetic and health promotion services
- Management within primary care should aim to maximise the benefits and minimise the complications of surgery when this becomes necessary

The initial non-surgical management of hip pain due to osteoarthitis should be provided by a package of care which may include weight reduction, adequate doses of non-steroidal anti-inflammatory drugs (NSAIDs) and analgesics, changing activity, introducing walking aids, other forms of physical therapies. Referral should be considered when other pre-existing medical conditions have been optimised.

The CCG will fund referrals where the patient meets the following criteria –

Referral criteria for **immediate or urgent** referral to orthopaedics services

- Evidence of infection in the joint **OR** symptoms that are suggestive of a rapid deterioration in the joint or persistent symptoms which are causing severe disability necessitate urgent referral to orthopaedic services.

Referral criteria for **routine** referral to orthopaedic services -

- Moderate to severe persistent pain not adequately relieved by an extended course of non-surgical management **AND** clinically significant functional limitation resulting in diminished quality of life **AND** radiographic evidence of joint damage.

Guidance for secondary care on thresholds for hip replacement surgery

Evidence suggests that the following groups of patients would benefit from hip joint replacement surgery

The CCG will fund surgery where the patient meets the following criteria -

1. When the patient complains of:

Severe joint pain **AND** has severe functional limitation irrespective of whether or not there has been a trial of conservative management **OR** minor to moderate functional limitation, despite the use of non-surgical treatments such as adequate doses of non-steroidal anti-inflammatory drug (NSAID) analgesia, weight control management and physical therapies.

2. Where the patient complains of:

Mild to moderate joint pain **AND** has severe functional limitation, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies **AND** is assessed to be at low surgical risk

Patients whom are assessed by the above criteria to be inappropriate for hip replacement surgery should not be listed for surgery.

Patients who partially fulfil the criteria for appropriate hip joint replacement surgery may benefit from the operation and a decision will need to be taken on an individual basis.

There is evidence that patients who are morbidly obese (BMI>40) have increased complications following hip surgery. If morbidly obese patients are to have their hip surgery delayed because of their weight, they should be referred into a weight loss programme that meets their specific needs. There is a community weight reduction programme available in West Essex.

For all patients who fulfil all the criteria for surgery as indicated above, or only partially fulfil the appropriate criteria for surgery, clinicians are required to document in the medical record that they have fully informed the patient of the risks and benefits of the procedure, and have offered a patient information leaflet prior to listing the patient for surgery.

Glossary

BMI – Body Mass Index provides an objective assessment of whether a person is at a healthy weight in relation to height, to enable an estimation to be made of an individual's risk of mortality or morbidity. The BMI is calculated by dividing the person's weight in kilograms by their height in metres squared.

References

1. The Musculoskeletal Services Framework – A joint responsibility: doing it differently. Department of Health, 2006

2. National Institute for Health and Care Excellence. 'Hip Fracture: Management Guideline' NICE, updated in 2017. CG124.

3. National Institute for Health and Care Excellence. 'Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip', NICE Technology Appraisal Guidance, TA304, 2014.

4. National Institute for Health and Care Excellence. 'Osteoarthritis: Care and Management.' NICE Clinical Guidance CG177, 2014.

5. British Orthopaedic Association and Royal College of Surgeons of England, 'Commissioning Guide: Pain Arising from the Hip In Adults', 2017.

6. National Institute for Health and Care Excellence, 'Osteoarthritis, Scenario Management.' NICE Clinical Knowledge Summaries, updated 2018.

Referral criteria definitions:	
Variable	**Definition**
Pain level	
Mild	▪ Pain interferes minimally on an intermittent basis with usual daily activities. ▪ Not related to rest or sleep. ▪ Pain controlled by one or more of the following: NSAIDs with nor or tolerable side effects, aspirin at regular doses, paracetamol.

Moderate	▪ Pain occurs daily with movement and interferes with usual daily activities. ▪ Vigorous activities cannot be performed. Not related to rest or sleep. ▪ Pain controlled by one or more of the following: NSAIDs with nor or tolerable side effects, aspirin at regular doses, paracetamol.
Severe	▪ Pain is constant and interferes with most activities of daily living. ▪ Pain at rest or interferes with sleep. ▪ Pain not controlled, even by narcotic analgesics
Previous non-surgical interventions	
Correctly done	▪ NSAIDs, paracetamol, aspirin or narcotics analgesics at regular doses during 6 months with no pain relief; weight control management if overweight, physical therapies done.
Incorrectly done	▪ NSAIDs, paracetamol, aspirin or narcotics analgesics at inadequate doses or less than 6 months with no pain relief; or no weight control management if overweight, or no physical therapies done.
Functional limitations	
Minor	▪ Functional capacity adequate to conduct normal activities and self-care. ▪ Walking capacity of more than an hour. No aids needed.
Moderate	▪ Functional capacity adequate to perform only a few or none of the normal activities and self-care. ▪ Walking capacity of about one half hour. Aids such as a cane are needed.
Severe	▪ Largely or wholly incapacitated. ▪ Walking capacity of less than half hour, or unable to walk or bedridden. ▪ Aids such as a cane, a walker or a wheelchair required.

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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