

Arthroscopy of Knee Joint

VERSION CONTROL

Version:	5.0
Ratified by:	Governing Body
Date ratified:	20 March 2019
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group/NHS England
Name of responsible committees:	Clinical Quality and Governance Committee
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VERSION HISTORY

Date	Version	Comment / Update
April 2009	1.0	Previous Primary Care Trust Policy
June 2013	2.0	Version to Governing Body – approved on 12 June 2013
September 2016	3.0	Ratified at Governing Body on 1 September 2016
September 2017	4.0	Ratified at Governing Body on 14 September 2017
March 2019	5.0	Ratified at Governing Body meetings in common.

Commissioning policy: Warwickshire North CCG (WNCCG)

Evidence-Based Intervention Commissioning policy:

Arthroscopy of knee joint

Treatment	Arthroscopy of knee joint (diagnostic/therapeutic)
Indication	Internal joint derangement
Treatment:	<p>Diagnostic arthroscopy of the knee: Not commissioned or funded for the investigation of knee pain</p> <p>Therapeutic arthroscopy of the knee: Arthroscopy of the knee can be undertaken where a competent history and clinical examination has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective. Occasionally MRI would be required but this would normally be requested by secondary care</p> <p>Knee arthroscopy can therefore be carried out for:</p> <ul style="list-style-type: none">• Removal of loose body• Meniscal surgery (repair or resection)• Ligament reconstruction/repair (including lateral relapse)• Synovectomy• Treatment of articular defects e.g. micro-fracture• Treatment of osteoarthritis (only in line with NICE guideline (CG177)¹) <p>A proportion of knee arthroscopies may not lead to the anticipated therapeutic intervention, and therefore will be coded as diagnostic arthroscopies. Surgeons are asked to ensure that coding of the arthroscopy is undertaken after the procedure has taken place.</p> <p>Knee Arthroscopy for Osteoarthritis</p> <p>Arthroscopic knee washout (lavage and debridement) should NOT be used as a treatment for osteoarthritis because it is clinically ineffective.</p> <p>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.</p> <p>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.</p> <p><u>Ref:</u> ¹ National Institute for Health and Clinical Excellence (NICE) (2014) Osteoarthritis: National clinical guideline for care and management in adults. [Available online from: https://www.nice.org.uk/guidance/cg177]</p>

Diagnostic and Procedure Codes	W871, W878, W879, EBI: W821, W822, W823, W828, W829, W851, W852, W853, W858, W859, W861, W831, W832, W833, W834, W835, W836, W837, W838, W839, W841, W842, W843, W844
Equality Impact	See NHS England Equality and Health Inequalities – Full Analysis Form