Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Open or Arthroscopic Femoro-Acetabular Surgery for Hip Pain including Impingement

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Section A – Criteria to Access Treatment Open or Arthroscopic Femoro-Acetabular Surgery for Hip Pain including Impingement Policy

In addition to the condition specific criteria below, funding approval for surgical treatment will only be provided by the ICB for patients meeting these general criteria set:

1. The clinician has ensured that the patient understands what is involved, is aware of the serious known complications outlined in NICE patient information and agrees to the treatment knowing that there is only evidence of symptom relief in the short and medium term,

AND

2. The patient has fully engaged with conservative therapy for at least 3 months including activity modifications, restriction of exercise and avoidance of symptomatic motion (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters), has failed to improve the patient's or the symptoms of the patient

AND

3. Diagnosis has been confirmed by appropriate investigations including X-Rays, MRI and/or CT scans.

Note:
If the patient is at risk of destruction of their joint of such severity that delaying surgical correction would increase the technical difficulties of the procedure (for example: avascular necrosis or joint collapse)

Note: To comply with NICE recommendations:

- the surgeon must have completed specialist training and have experience of providing arthroscopic hip surgery and for each case should include discussion of each case with a specialist musculoskeletal radiologist; and

- the provider must seek patient consent and, where agreed, provide full data on100% patients undergoing this procedure to the British Hip Society register (British Hip Society, 2016) to support assessment of long term outcomes as well as undertake local review of cases to monitor safety and short term outcomes.

Section A – cont'd

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Condition Specific Criteria Policy

Labral Tears and/or Loose Body Treatment

The ICB will fund open or arthroscopic hip surgery ONLY when patients fulfil **all** of the criteria numbered 1 to 3 above and the following criterion:

4. The patient is experiencing moderate-to-severe hip pain that is worsening by flexion activities (e.g., squatting or prolonged sitting or climbing stairs)

Condition Specific Criteria Policy

Femoro-acetabular or Hip Impingement

The ICB will fund open or arthroscopic hip surgery for the treatment of femoro-acetabular impingement (FAI) ONLY when patients fulfil **all** of the criteria numbered 1 to 4 above and the following criterion:

5. Patients should be skeletally mature (i.e. they should be 19 and have completed puberty).

AND

6. Have severe symptoms typical of FAI with:
   - 6.1. The symptoms lasting for a period of least six months (clearly detailed throughout the patient's primary care record or via Musculoskeletal Services' letters or other clinic letters).

OR

   - 6.2. Compromised function, which requires urgent treatment within a 6-8 months time frame,

OR

   - 6.3. Where failure to treat early is likely to significantly compromise surgical options at a future date.

Exclusions

The ICB will not routinely 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 or severe cartilage injury.
- 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 osteogenesis imperfecta.

Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

Pain Levels:

Slight

- Sporadic pain.
- Pain when climbing/descending stairs.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on level surfaces (half an hour, or standing).
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense

- Pain of almost continuous nature.
- Pain when walking short distances on level surfaces or standing for less than half an hour.
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.

- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

Functional Impairment

Minor

- Functional capacity adequate to conduct normal activities and self-care
- Walking capacity of more than one 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 between thirty minutes to an 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 are required

Clinician's Guide: When and Where to Refer?

Pain / Functional Impairment	Minor	Moderate	Severe
Slight	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Moderate	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Intense	Consider a referral to MSK for further	MSK Review and where appropriate	MSK Review and where appropriate

	conservative management and advice MSK to manage conservatively	referral to Secondary Care	referral to Secondary Care
Severe	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	Consider referral immediately if risk of losing mobility

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Reduce the pain in your hip. Aim to increase the movement in your hip.

Risks

All surgery does carry some risks. It's normal to experience short-lived problems such as swelling, bruising, stiffness and discomfort after surgery. These will usually improve during the days or weeks following the procedure.

More serious problems are much less common, occurring in less than 1 in 100 cases. They can include:

- infection inside the joint/septic arthritis can cause a high temperature (fever), pain and swelling in the joint
- bleeding inside the joint which often causes severe pain and swelling
- accidental damage to the nerves that are near the joint – this can lead to numbness and some loss of sensation, which may be temporary or permanent

Alternatives

Physiotherapy.
Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen.
Local anaesthetic into the hip.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Open or Arthroscopic Surgery- Plain Language Summary

Hip Arthroscopy Surgery

Hip arthroscopy may relieve painful symptoms of many problems that damage the labrum, articular cartilage, or other soft tissues surrounding the joint. Although this damage can result from an injury, other orthopaedic conditions can lead to these problems, such as:

- **Femoroacetabular or HIP impingement (FAI)** is a disorder where abnormal bony shape or spur around the socket or the femoral head causes damage.
- **Torn Labrum** – The labrum of the acetabulum is the cartilage rim of the joint that makes it a bit deeper and helps provide a suction seal for the fluid in the joint. Sometimes this can get torn and lead to episodes of acute pain in the hip with sometimes a feeling of giving way.
- **Loose bodies** – Loose pieces of cartilage or bone can sometimes form in the joint for a variety of reasons and these can get caught between the bone surfaces leading to pain.

Femoroacetabular or Hip Impingement Surgery

Hip impingement syndrome is caused by unwanted contact between abnormally shaped parts of the head of the thigh bone and the hip socket. This results in limited hip movement and pain.

Femoroacetabular impingement is characterized by abnormal contact between the femoral head/neck and acetabulum (ball & socket). There are two described types:

- “Cam” impingement is defined as an abnormality of the anterolateral femoral head/neck junction
- “Pincer” impingement is described as over coverage of the acetabulum over the femoral
- head causing abnormal compressive forces between the rim of the acetabulum and the femoral head/neck during hip movement.

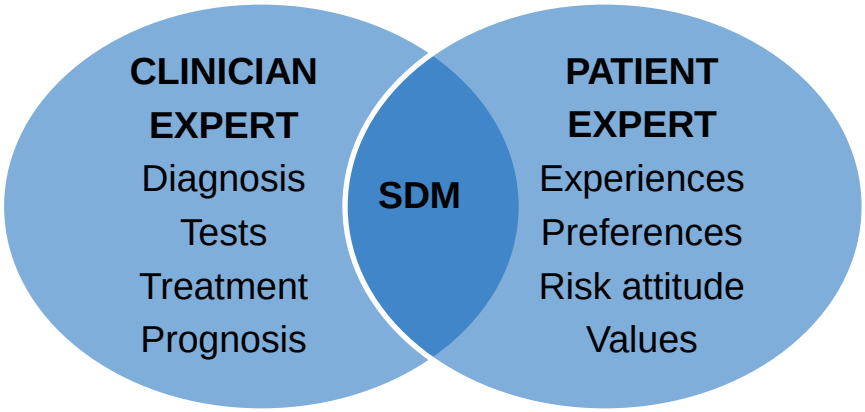
In the majority of cases (86%), cam and pincer forms exist together i.e. “mixed impingement”. The aim of femoro-acetabular surgery is to reduce pain and improve range of movement . It is believed that it may also help prevent hip arthritis in later life, although longer term studies are needed to prove this.

Open Surgery
With the patient under general anaesthesia, the joint is opened and dislocated so that the surgeon can see both of the bones in the hip joint. The surgeon removes some of the cartilage or bone, with the aim of reshaping the joint surface.

Shared Decision Making

If a person fulfils the criteria for open or arthroscopic femoro-acetabular surgery for hip pain including impingement, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. 1 Guidance | Open femoro–acetabular surgery for hip impingement syndrome | Guidance | NICE
2. National Health Service (2019) Health A to Z :Hip Pain *Health A to Z - NHS*

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net.**

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board