

# Policy for Elective Endoscopic Procedures on the Knee Joint Cavity

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Author (inc Job Title):	
Ratified by: (Name of responsible Committee)	ICB Board (adopted 1 July 2022)
Cross reference to other Policies/Guidance	This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
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<b>Document control:</b>		
<b>Date:</b>	<b>Version Number:</b>	<b>Section and Description of Change</b>
November 2017	1	Pan-Lancashire and South Cumbria ratified policy
December 2017	1.1	OPCS and ICD codes added to appendices
April 2021	1.2	Brought into line with national Evidence-Based Intervention policy “Arthroscopic surgery for meniscal tears”. 3 criteria amended in Section 8, one reference updated and one replaced. Codes will be checked once amendments agreed.
April 2021	1.3	Added “there is evidence of” before haemarthrosis
January 2022	1.4	Based on clinical engagement feedback: Removed: Endoscopic procedures for the management of patellofemoral pain syndrome where there is lateral facet overload, when an x-ray/MRI is carried out prior to consideration of arthroscopy. Ratified by the Strategic Commissioning
July 2022	1.5	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

## 1. Policy

1.1 The commissioning organisation commissions endoscopic procedures on the knee joint cavity in the following circumstances:

1.1.1 Where the patient has had an acute injury and an MRI scan reveals a potentially repairable meniscal tear

**OR**

1.1.2 There is evidence of mechanical damage to the ligaments which need repair/reconstruction.

**OR**

1.1.3 Where the patient has a locked knee (mechanical block to extension) if a bucket handle tear of the meniscus is present

**OR**

1.1.4 There is a palpable loose body, or a loose body seen on x-ray which is considered to be causing symptoms of pain and disability.

**OR**

1.1.5 There is evidence of haemarthrosis or osteochondral injury on x-ray.

**OR**

1.1.6 Where the MRI scan is inconclusive or contraindicated, it will be for the specialist to make a clinical judgement on whether an arthroscopy is required, based on the patient's history and findings.

**AND**

1.1.7 The documented specialist clinical opinion is that the benefit of the procedure outweighs the risk of harm. This includes those patients for whom an MRI scan is contraindicated

1.2 The commissioning organisation does not commission endoscopic procedures on the knee joint cavity in the following circumstances:

1.2.1 Where the procedure is to undertake a washout or debridement of an osteoarthritic knee in the absence of mechanical locking

1.2.2 Where the procedure is undertaken to treat chondral defects by re-establishing the articular surface of the knee joint e.g. autologous cartilage implantation, marrow stimulation techniques including abrasion arthroplasty, drilling and micro fracture and mosaicplasty/osteochondral transplantation

- 1.2.3 Endoscopic plica resection for the second line treatment of patients with plica syndrome in whom conservative management has failed.
- 1.2.4 To determine the diagnosis of knee symptoms in the absence of a prior MRI scan, except where an MRI scan is contraindicated.

## **2. Scope and definitions**

- 2.1 Knee Arthroscopy is a surgical technique whereby a small telescope is inserted into a joint to inspect, diagnose and treat intra-articular problems. Knee irrigation or washout involves flushing the joint with fluid, which is introduced through small incisions in the knee.
- 2.2 The scope of this policy includes requests for an endoscopic procedure on the knee joint cavity for patients 16 and over. Procedures include:
- Removal/repair of torn meniscus
  - Lateral release
  - Arthroscopic washout
  - Diagnostic arthroscopy
  - Plica reconstruction
  - Autologous chondrocyte implantation
  - Micro fracture
- 2.3 Endoscopic procedures on the knee joint cavity have the intended outcome of diagnosing or treating conditions affecting the knee joint. These conditions include:
- Damaged ligaments or cartilage
  - Loose bodies within the knee joint
  - Patellofemoral syndrome
  - Plica syndrome
- 2.4 The ICB recognises that a patient may:
- Suffer from one of the conditions listed in 2.3
  - Wish to have a service provided for their condition
  - Be advised that they are clinically suitable for an endoscopic procedure on the knee joint cavity, and
  - Be distressed by their condition and by the fact that that they may not meet the criteria specified in this commissioning policy.
- Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

## **3. Appropriate Healthcare**

- 3.1 The Commissioning Organisation considers that the purpose of these procedures is to improve the health of patients by reducing pain, discomfort and disability and, therefore, accords with the Principle of Appropriateness in the Statement of Principles.

## **4. Effective Healthcare**

4.1 The Commissioning Organisation recognises that endoscopic procedures on the knee joint cavity are effective in the following circumstances:

- Arthroscopic repair of mechanical damage to the cartilage and ligaments of the knee joint cavity for patients who have MRI confirmation of injury and where the specialist opinion that the benefits of the procedure outweigh the risk of harm.

4.2 The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity are not effective in the following circumstances:

- Arthroscopic washout or debridement of an osteoarthritic knee in the absence of mechanical locking
- To determine the diagnosis of knee symptoms in the absence of a prior MRI scan, except where an MRI scan is contraindicated.
- Endoscopic plica resection for the second line treatment of patients with plica syndrome in whom conservative management has failed.
- Autologous chondrocyte implantation for the treatment of knee problems caused by damaged articular cartilage except in the context of ongoing or new clinical studies that are designed to generate robust and relevant outcome data, including the measurement of health-related quality of life and long-term follow-up.
- Micro fracture for the management of articular cartilage lesions.

## **5. Cost Effectiveness**

5.1 The Commissioning Organisation considers that endoscopic procedures on the knee joint cavity are cost effective in 4.1 above.

5.2 The commissioning organisation considers that endoscopic procedures on the knee joint cavity are not cost effective in 4.2 above

5.3 Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

## **6. Ethics**

6.1 The Commissioning Organisation recognises that endoscopic procedures on the knee joint cavity satisfy the criteria within the 'Ethical' component of the Statement of Principles.

## **7. Affordability**

7.1 The Commissioning Organisation recognises that this policy satisfies the criteria within the 'Affordability' component of the Statement of Principles.

## 8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

## 9. Force

9.1 This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

## 10. References

NICE CG177 Osteoarthritis: care and management (2014). Last updated 11 December 2020, section 1.4.10

NICE IPG 230 Arthroscopic knee washout, with or without debridement (2007)

Evidence-Based Interventions. List 2 Guidance. Academy of Royal Colleges. November 2020.

Commissioning Guide: Painful osteoarthritis of the Knee. British Association of Knee Surgery (BASK) and British Orthopaedic Association (BOA). (2013)

## 11. Clinical Codes

OPCS codes	ICD codes
W821, W822, W823, W828, W829, W831, W848, W851, W858, W859, W861, W868, W869, W843, W852, W853, W879	M222, M234, M236, M239, M250, M939, M2351, M2352-M2354, M2357, M2359-M2364, M2367, M2369, M2381-M2384, M2387, M2389, M2391-M2394, M2397, M2399, S834, Q778-779, Q788-789,