Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Arthroscopic Knee Washout for Patients with Osteoarthritis Policy

Criteria:
Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that **Arthroscopic Knee Washout for Patients with Osteoarthritis** should not routinely be commissioned unless the criteria within this policy are met.

Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

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.

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.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Osteoarthritis of the knee can cause pain, stiffness, swelling and difficulty in walking. Arthroscopic washout of the knee is an operation where an arthroscope (camera) is inserted into the knee along with fluid. Occasionally loose debris drains out with the fluid, or debridement, (surgical removal of damaged cartilage) is performed, but the procedure does not improve symptoms or function of the knee joint.

2. Recommendation

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Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

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.

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.

3. Rationale for Recommendation

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%).

Arthroscopy for osteoarthritis in the knee will only benefit patients if there is a history of specific symptoms such as the knee locking.

There are several alternatives that can improve symptoms and function. These include, exercise, physiotherapy, losing weight and sometimes steroid injections. Carefully managed pain relief for relatively short periods can also be prescribed.

4. Personalised Care

Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.
Shared decision-making means people are supported to:

- *understand the care, treatment and support options available and the risks, benefits and consequences of those options*
- *decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.*

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.
Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- NHS Website: Arthroscopy. https://www.nhs.uk/conditions/arthroscopy/
- Escape Pain. Enabling Self-management and Coping with Arthritic Pain using Exercise https://escape-pain.org/
- BRAN leaflet – Shared decision making supports individuals to make the right decision for them. This easy-to-use leaflet supports this people to consider their treatment options.

6. References

- Academy of Medical Royal Colleges. Knee Arthroscopy for Patients with Osteoarthritis. https://www.aomrc.org.uk/ebi/clinicians/knee-arthroscopy-for-patients-with-osteoarthritis/
- NICE IPG230. Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis https://www.nice.org.uk/guidance/ipg230/chapter/1-Guidance
- NICE Do Not Do Recommendation. Arthroscopic lavage and debridement. https://www.nice.org.uk/donotdo/do-not-refer-for-arthroscopic-lavage-and-debridement-as-part-of-treatment-for-osteoarthritis-unless-the-person-has-knee-osteoarthritis-with-a-clear-history-of-mechanical-locking-as-opposed-to-morning
- NICE Guidance CG177. Osteoarthritis: Care and Management https://www.nice.org.uk/guidance/CG177
- Royal College of Surgeons Commissioning Guides: Painful Osteoarthritis of the Knee July 2017 https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--painful-oa-knee-guide-final-2017.pdf

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant Orthopaedic Surgeon, UHDBFT	March 2022
Consultant Orthopaedic Surgeon, CRHFT	March 2022
Clinical Policy Advisory Group (CPAG)	April 2022
Clinical and Lay Commissioning Committee (CLCC)	May 2022
Consultant Orthopaedic Surgeon, CRHFT	December 2024
Orthopaedic Clinical Director, CRHFT	December 2024
Consultant Trauma & Orthopaedic Surgeon, UHDBFT	December 2024
Clinical Policy Advisory Group (CPAG)	December 2024

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 5.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	April 2022
Version 5.1 • Reference to prior approval removed.	July 2024
Version 5.2 • In line with risk profile, CPAG agreed to extend the review date of this policy by 3 years, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team. • Addition of 'Personalised Care' section. • Reference to BRAN leaflet added to 'Useful Resources' section.	December 2024