

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Diagnostic Knee Arthroscopy Policy

#### Statement

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

The majority of patients who present to primary care with knee pain will not require any further investigation (such as MRI or Arthroscopy).

Diagnostic Knee Arthroscopy will only be funded in patients:

- With clear history of mechanical symptoms e.g. locking that have not responded to at least 3 months of non-surgical treatment
- AND**
- Where a detailed understanding of the degree of compartment damage within the knee is required, above that demonstrated by imaging, when considering patients for certain surgical interventions (e.g. high tibial osteotomy)

A Diagnostic Knee Arthroscopy should not be undertaken on patients who then require a Total Knee Replacement within one year.

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

#### 1. Background

A Diagnostic Knee Arthroscopy is a surgical procedure that allows for the inspection of the knee joint without making a large incision through the skin and soft tissues. It is used to diagnose problems in the knee joint. It has been used extensively in the past to diagnose knee problems, but this is no longer appropriate due to the invasive nature of the procedure and the increasing access to less invasive diagnostic methods such as MRI.

An arthroscopy is generally considered to be a safe procedure, but like all types of surgery there's a risk of complications. It's normal to have short-lived problems such as swelling, bruising, stiffness and discomfort after an arthroscopy. These usually improve in the days and weeks after the procedure.

This policy should be read in conjunction with other DDCCG Orthopaedic Policies:

- [Arthroscopic Knee Washout for Patients with Osteoarthritis](#)
- [Arthroscopic Surgery for Degenerate Meniscal Tears](#)

## 2. Recommendation

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**AND**

- Where a detailed understanding of the degree of compartment damage within the knee is required, above that demonstrated by imaging, when considering patients for certain surgical interventions (e.g. high tibial osteotomy)

A Diagnostic Knee Arthroscopy should not be undertaken on patients who then require a Total Knee Replacement within one year.

## 3. Rationale for Recommendation

The majority of patients who present to primary care with knee pain will not require any further investigation (such as MRI or Arthroscopy).

NICE recommends that osteoarthritis can be clinically diagnosed without investigations if a person:

- is 45 or over and
- has activity-related joint pain and
- has either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes.

The BASK-BOA-RC Commissioning Guide advises that:

- Knee arthroscopy should only be considered in patients:
  - With clear history of mechanical symptoms e.g., locking that have not responded to at least 3 months of non-surgical treatment **AND**
  - Where a detailed understanding of the degree of compartment damage within the knee is required, above that demonstrated by imaging, when considering patients for certain surgical interventions (e.g., high tibial osteotomy)

GIRFT Orthopaedics Report 2015 concluded that:

- Knee arthroscopy was not a clinically effective intervention for many patients with knee osteoarthritis
- It is not good practice, nor cost effective if a high number of arthroscopies are being undertaken on patients who then require a TKR within one year

## 4. Useful Resources

- NHS Website: Arthroscopy. <https://www.nhs.uk/conditions/arthroscopy/>

## 5. References

- 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>
- Getting It Right First Time (GIRFT). A national review of adult elective orthopaedic services in England. March 2015. <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2017/06/GIRFT-National-Report-Mar15-Web.pdf>
- Getting it Right First Time (GIRFT). February 2020. Getting It Right in Orthopaedics. A follow up. <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2020/02/GIRFT-orthopaedics-follow-up-report-February-2020.pdf>

## 6. 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.

<b>Consultee</b>	<b>Date</b>
Consultant Orthopaedic Surgeon, UHDBFT	March 2022
Clinical Policy Advisory Group (CPAG)	April 2022
Clinical and Lay Commissioning Committee (CLCC)	May 2022

### Appendix 2 - Document Update

<b>Document Update</b>	<b>Date Updated</b>
Version 1.0	April 2022