

CLINICAL POLICY ADVISORY GROUP (CPAG)

Hip and Knee Revision Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria:

■ **Black** – criteria required to be met prior to referral

■ **Blue** – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed that **Hip and Knee Revision** should only be commissioned if the criteria within this policy are met.

Refer to MSK-CATS (Musculoskeletal Clinical Assessment and Triage Service) in the first instance

These criteria apply to both Primary and Secondary Care:

The CCG will only fund hip and knee revision which is a repeat hip or knee replacement when a patient has one of the following conditions:

- Joint has multiple dislocations
- Becomes loose or fails
- Infected
- Worn out

Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.

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

1. Background

Hip and knee revisions are subsequent operations on a joint that has already had a primary arthroplasty (joint reconstruction) operation.

A hip replacement is a common type of surgery where a damaged hip joint is replaced with an artificial one (known as an implant). Similarly knee replacement surgery involves replacing a damaged, worn or diseased knee with an artificial joint.

Over time, however, a hip replacement can fail for a variety of reasons. When this occurs, your doctor may recommend that you have a second operation to remove some or all of the parts of the original prosthesis and replace them with new ones. If your knee replacement fails, your doctor may recommend that you have a second surgery.

2. Recommendation

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[Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end stage arthritis of the hip only if the prostheses have rates \(or projected rates\) of revision of 5% or less at 10 years.](#)

3. Rationale for Recommendation

Adverse events associated with hip replacement surgery may occur due to complications at the time of surgery or may occur years afterwards. Complications that may lead to hip replacement revision surgery include prosthesis instability, dislocation, aseptic loosening, osteolysis (bone reabsorption), infection and prosthesis failure (NICE TA304). NICE (TA304) recommends that hip prostheses should have a revision rate (or projected rate) of 5% or less at 10 years.

For similar reasons revision knee surgery may be required, for most people, a replacement knee lasts over 20 years, especially if the new knee is cared for properly and not put under too much strain.

4. Useful Resources

- NHS Website: Hip Replacement. <https://www.nhs.uk/conditions/hip-replacement/>
- NHS Website: Knee Replacement. <https://www.nhs.uk/conditions/knee-replacement/>
- National Joint Registry [Patient Decision Support Tool \(njrcentre.org.uk\)](https://www.njrcentre.org.uk)

5. References

- NICE Guidance CG157 Joint Replacement (Primary): Hip, Knee and Shoulder. <https://www.nice.org.uk/guidance/ng157>
- NICE Technology Appraisal Guidance 304 (Total Hip Replacement and Resurfacing Arthroplasty for End Stage Arthritis of the Hip) Feb 2014. <https://www.nice.org.uk/guidance/ta304>
- NICE Guidance CG177 Osteoarthritis: Care and Management Feb 2014. Updated Dec 2020. <https://www.nice.org.uk/guidance/cg177>
- GIRFT Elective Hip or Knee Replacement Pathway <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2020/08/GIRFT-Hip-and-Knee-replacement-pathway-May-2020-003.pdf>
- Royal College of Surgeons Commissioning Guides: Pain Arising from the Hip Guide July 2017 <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/boa--pain-arising-from-the-hip-guide-2017.pdf>
- 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>
- British Orthopaedic Association - Revision Total Knee Replacement Surgical Practice Guidelines <https://www.boa.ac.uk/resources/revision-total-knee-replacement-surgical-practice-guidelines.html>

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.

Consultee	Date
Consultant Orthopaedic Surgeon, CRHFT	December 2021
Consultant Orthopaedic Surgeon, UHDBFT	December 2021
Acting General Manager, Outpatient Physiotherapy, Occupational Therapy and MSK Services, DCHSFT	December 2021
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 4.0</u> <ul style="list-style-type: none">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.	February 2022

Appendix 3 - Hip and Knee Revision Blueteq Form

[Click here to access the guidelines/NICE algorithm](#)

[Click to view NHS Derby and Derbyshire CCG Policies](#)

Prior Approval Form - Prior Approval Form (PLCV) Secondary - Hip and Knee Revision			
PATIENT CONSENT			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.		Yes	No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.		Yes	No
Please confirm that you have given PLCV patient leaflet to the patient		Yes	No
APPLICANT DETAILS			
Clinician Making Request:		Trust:	
Clinician Full Name:	*	Telephone:	*
Contact Email (nhs.net):	*		
PATIENT DETAILS			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a smoker:	Yes No
Primary Care Prior Approval Number:			
PROCEDURE CRITERIA			
Refer to MSK-CATS (Musculoskeletal Clinical Assessment and Triage Service) in the first instance			
1. The patient requires hip and knee revision and meets one of the following criteria			
<ul style="list-style-type: none"> - Joint has multiple dislocations - Prostheses becomes loose or fails - Joint is infected - Prostheses is worn out 		Yes No * Required	
ADDITIONAL INFORMATION			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
SUBMISSION DECLARATION			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User	*	Date	*