

<b>Policy statement:</b>	<b>Arthroscopy Hip including Femoro-Acetabular Impingement (FAI)</b>
<b>Status:</b>	<b>Group Prior Approval/Individual Prior Approval</b>

M&SECCGs commission hip arthroscopy on a restricted basis.

Patients will be funded if they meet the criteria as listed for the following conditions.

### Group Prior Approval

Arthroscopy of the hip can be carried out for the following:

- **Sepsis of the Hip Joint (Septic arthritis /Infectious arthritis)** – Hip arthroscopy is supported in the washout of an infected hip joint in patients refractory to medical management; patients with underlying disease or patients who are immunosuppressed
- **Loose Bodies** – Hip arthroscopy is supported for the removal of radiologically proven loose bodies within the hip joint **with an associated acute traumatic episode**. Arthroscopy is not supported as a diagnostic tool where there is suspicion of loose bodies.
- **Excision/repair of Radiological Proven Labral Tears in the Absence of Osteoarthritis or Femoro-Acetabular Impingement Syndrome (FAI)** – Hip arthroscopy is supported for the excision of radiological proven labral tears **associated with an acute traumatic episode** in the absence of osteoarthritis or FAI syndrome.

### Individual Prior Approval

#### Femoro-Acetabular Impingement (FAI)

M&SECCGs will fund open or arthroscopic hip surgery for the treatment of femoro-acetabular impingement (FAI) **ONLY** when patients fulfil **ALL** of the following criteria:

- Diagnosis of definite femoro-acetabular impingement defined by appropriate investigations, X-rays, MRI and CT scans.
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist.
- Severe symptoms typical of FAI with duration of at least six months where diagnosis of FAI has been made as above.
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy.
- Compromised function, which requires urgent treatment within a 6-8 months' time frame, or where failure to treat early is likely to significantly compromise surgical options at a future date.
- Treatment with more established surgical procedures is not clinically viable.

## Exclusions for FAI

M&SECCGs will not fund hip arthroscopy in patients with femoro-acetabular impingement (FAI) where any of the following criteria apply:

- Patients with advanced osteo-arthritic change on preoperative X-ray (Tonnis grade 2 or more) or severe cartilage injury (Outerbridge grade III or IV).
- 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 generalised joint laxity especially in diseases connected with hypermobility of the joints, such as Marfan syndrome and Ehlers-Danlos syndrome.
- Patients with osteogenesis imperfecta.

Treatment of FAI should be restricted to centres experienced in treating this condition and staffed by surgeons adequately trained in techniques addressing FAI and all governance and audit undertaken in accordance with NICE IPG 403 and 408.

Funding for hip arthroscopy for all other circumstances will only be made available for clinically exceptional cases.

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances**.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below.

### Value Based Commissioning Policies

Ref: NICE interventional procedure guidance 408 and 403

<https://www.nice.org.uk/guidance/ipg403>

<https://www.nice.org.uk/guidance/ipg408>