

# **CLINICAL POLICY ADVISORY GROUP (CPAG)**

# Arthroscopic Knee Washout for Patients with Osteoarthritis 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 **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. <u>ESCAPE pain</u>), 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 CCG.

#### 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

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

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. <u>ESCAPE pain</u>), 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. 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/

# 5. References

- Academy of Medical Royal Colleges. Knee Arthroscopy for Patients with Osteoarthritis. <u>https://www.aomrc.org.uk/ebi/clinicians/knee-arthroscopy-for-patients-with-osteoarthritis/</u>
- NICE IPG230. Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis <u>https://www.nice.org.uk/guidance/ipg230/chapter/1-Guidance</u>
- NICE Do Not Do Recommendation. Arthroscopic lavage and debridement. <u>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</u>

- NICE Guidance CG177. Osteoarthritis: Care and Management <u>https://www.nice.org.uk/guidance/CG177</u>
- Royal College of Surgeons Commissioning Guides: Painful Osteoarthritis of the Knee July 2017 <u>https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-</u> research/commissioning/boa--painful-oa-knee-guide-final-2017.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.

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

#### 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

#### Appendix 3 - Blueteq Form

Submitting User

Prior Approval Form - Prior Approv	val Form - (PLCV) Seco Osteoarth		shout for Patients with
PATIENT CONSENT	54.000 Carlos and Carlo	630	
I confirm the patient has consented to sharing personal and clinical information contained within tria 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 confirm policy and believe the patient meets the re explained to the patient the proposed treat referrat on their behalf.	levant threshold criteria a	ind therefore you have fully	□Yes □No
Please confirm that you have given PLCV	ease confirm that you have given PLCV patient leaflet to the patient		□Yes □No
APPLICANT DETAILS		1 <u>11</u>	27. 27.
Clinician Making Request:		Trust:	2
Clinician Full Name:	a)	Telephone:	*
Contact Email (nhe.net):			
PATIENT DETAIL \$			
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			
Derby and Derbyshire CCG (DDCC method for patients with osteoarthri which case it may be considered).			
1. Please confirm if the patient has mechanical features of true locking.			□ Yes □ No * Require
ADDITIONAL INFORMATION			
Please provide any additional clinical infon	mation that may have a b	earing on the application in the	text box below.
SUBMISSION DECLARATION			999 ACT 1997 STAR
I confirm that the above information is	complete and accurat	ely describes the patient's co	ndition.

\* Date

.