

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy Recommendation 006: Arthroscopic Femoro-acetabular Surgery for Hip Impingement

Date of issue: November 2015

The Priorities Committee recommends that Arthroscopic Femoro-acetabular Surgery for Hip Impingement should be considered as a second line treatment option for patients who are symptomatic, have significant impaired activities of daily living and have undergone activity modification as part of conservative treatment.

Patients with evidence of osteoarthritis in the hip joint are not suitable for arthroscopic hip impingement surgery.

All arthroscopic surgery for hip impingement procedure data must be submitted to the registry set up by the British Hip Society Registry (in line with NICE guidance).

Supporting information:

- Hip or femoro–acetabular impingement (FAI) results from abnormalities of the femoral head or the acetabulum. There are two main types depending on whether the anatomical abnormality lies in the femur (cam impingement) or the acetabulum (pincer impingement). The presence of both types is referred to as mixed impingement.
- Management of hip impingement usually includes a trial of conservative measures, including activity modification to reduce excessive motion and loading on the hip. In patients who are refractory to conservative treatment, arthroscopic surgery to reshape the femoro–acetabular joint may be considered.
- The aim of femoro-acetabular surgery is to improve function and reduce pain. With the patient under general anaesthesia, an arthroscope is inserted into the hip joint through a small incision. Using instruments inserted through one or two additional incisions, the surgeon removes some of the cartilage or bone, with the aim of reshaping the joint surface. Unlike open surgery, in arthroscopic surgery the hip joint does not need to be dislocated.

Clinical and cost effectiveness

- Evidence from two systematic reviews suggests that arthroscopy for FAI has clinical outcomes equal to or better than the other surgical methods. They also report that arthroscopy was associated with a lower rate of reoperations and complications although one suggests that this may be related to the experience of the surgeon.
- However most studies included in the reviews were uncontrolled case series with substantial potential for bias. The differences in participants, interventions and outcomes all make it difficult to interpret the clinical relevance and reliability of the results.
- One cost analysis suggests that hip arthroscopy for FAI is cost-effective. These results should be interpreted with caution because the analysis was based on a non-comparative study which had a number of other limitations.

Potential cost and volume implications

2013/14 – 2014/15, 198 admissions across the SHIP8 costing £1.2m at an average of £6k each with an increasing monthly trend. Half of these for West Hants and NEH&F patients with Frimley Park, Royal Berks and UHS carrying out the highest number.

Notes:

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE.