

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 44

Policy Recommendation: Revision of Knee Replacement

Date of issue: 22/11/2018

The priorities committee reviewed the provisional statement (Knee revision surgery – interim statement 42). It received input from a number of clinicians as well as a full evidence review from the Thames Valley Clinical Effectiveness Team. This was considered as NHS Specialised Commissioning only accept responsibility for third and subsequent revisions of knee replacements. The activity in the SHIP region on these is increasing due to a variety of factors including the increasing age of cohort, their relative increase in BMI and a greatly increased rate of primary prosthesis.

As per NHS England Service Specification (2013), specialised orthopaedic services should be provided by appropriately trained multi-disciplinary teams (MDTs) at a specialist centre or hub provider through networks which have a critical mass to ensure that the right clinical skills and expertise are in place to ensure excellent outcomes.

Hip and knee revision surgery can be carried out by local Specialist Orthopaedic Units, with the required expertise, with the exception of patients requiring specialist procedures for massive bone defects, pelvic fractures, infection or complex segmental femoral reconstruction. These patients should be referred to a National Specialist Orthopaedic Centre.

The Committee felt that they were unable to make any recommendations as to the type of prosthesis which remained best judged by the responsible team. The committee heard that weight was a major aetiological factor with obesity increasing prevalence nine-fold. It also heard how many cases of pain were associated with malalignment or malrotation.

Knee revision surgery can be considered where;

The patient has persistent pain which is suggestive of the presence of joint infection

OR

Where infection is not suspected but the patient has all of the following;

- Persistent joint pain with or without significant loss of range of movement and function
- X-ray confirms the presence of aseptic loosening and wear of the prosthesis **OR** has had significant malalignment or malrotation diagnosed by a multi-disciplinary team that is likely to be improved
- Has had the evidence for outcome from revision surgery explained to them and understands that the outcomes from revision surgery are not likely to be as good as those from primary replacement surgery.
- Has a BMI below 35
- Is fit for surgery at the time of referral

Review date Dec 2023

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment