

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC83 **Anterior Cruciate Ligament (ACL) reconstruction**

**Recommendation made by
the Priorities Committee:** **November 2018**

Date of issue: **February 2019**

Thames Valley CCGs will fund ACL reconstruction for patients with a documented diagnosis of ACL rupture based on: clinical examination and MRI; a history of significant knee injury; symptomatic and recurrent knee instability; and who meet the following criteria:

General criteria for all patients

Secondary care treatment plans should be based on an assessment of individual patients' symptoms of knee instability and the risk of developing further chondral and meniscal damage.

- Patients must have sustained a significant knee injury with subsequent instability of the knee
- Examination findings, including MRI scan, must be consistent with ACL injury (NB MRI scan can be normal with single bundle rupture or intra-substance injury).
- Affected knee should demonstrate 90% range of movement and be pain free.
- To promote effective wound healing and avoid complications, all patients who smoke should participate in a smoking cessation programme whilst they are on the waiting list for surgery.
- Prior to surgery the patient must be counselled regarding the benefits, risks, potential complications and rehabilitation requirements associated with ACL reconstruction. Informed consent to surgery and post-surgery rehabilitation must be obtained.

Patients under the age of 25 years:

- Early ACL reconstruction may be indicated in younger patients to reduce the risk of further meniscal and chondral injuries. Therefore, ACL reconstruction may be undertaken before persistent instability develops.

Patients aged between 25-55 years:

- These patients should undergo a 3 month rehabilitation programme before consideration of surgery.
- Following a 3 month ACL rehabilitation programme, formal assessment of knee stability will be made. If the knee is functionally stable, ACL reconstruction will not be offered. If the patient continues to demonstrate functional instability that means they cannot return to desired activities and the quality of life is affected, ACL reconstruction should be offered.
- ACL reconstruction within 3 months of injury (early reconstruction) may be considered if there is a risk of developing future meniscal and chondral damage. If the patient has 2 or more of the following, then early ACL reconstruction may be recommended:
 - Presence of meniscal injury
 - Younger age (<40 years)
 - Sporting activity of >3 hours per week
- For patients enrolled in the ACL SNNAP trial, trial protocol should be followed.

Additional criteria for patients aged over 55 years of age:

Patients in this age group are generally at a lower risk of developing meniscal and chondral damage.

- A 6 month non operative rehabilitation programme should be offered.
- At 6-9 months, a formal assessment of knee stability should be made. If the knee is functionally stable, ACL reconstruction will not be offered.
- If the patient continues to demonstrate functional instability that means they cannot return to desired activities and the quality of life is affected, ACL reconstruction should be offered.
- For patients enrolled in the ACL SNNAP trial, trial protocol should be followed.

Surgery must be carried out by knee surgeons experienced in ACL reconstruction as listed on the National Ligament Registry. Information for patients undergoing ACL reconstruction should be entered onto the National Ligament Registry.

Clinical codes:

Diagnosis (ICD-10) codes that will be funded if policy criteria are met:

M2351 - Chronic instability of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

M2361 - Other spontaneous disruption of ligament(s) of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

M2381 - Other internal derangements of knee - Anterior cruciate ligament or Anterior horn of medial meniscus.

S835 - Sprain and strain involving (anterior)(posterior) cruciate ligament of knee.

Main OPCS procedure code:

W742 - Reconstruction of intra-articular ligament NEC

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>