

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy title Number/version 2.0	SHIP Policy 55 Arthroscopic surgery for meniscal tears (2021) <i>Updates SHIP Policy 55 Arthroscopic surgery for meniscal tears (2019)*</i>
Policy position	Criteria Based Access
Update	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

The menisci are two crescent shaped discs of fibrocartilage which transfer load across the knee, absorb shock, lubricate, and stabilise the joint. Meniscal tears are categorised based on the principal cause: trauma or degeneration. Degenerative meniscal lesions are frequent in the general population and are often incidental findings on MRI. Traumatic tears can occur as a result of an acute injury often due to twisting or pivoting. If the torn part of meniscus is large, a locked knee may occur caused by a large fragment (a 'bucket handle' tear) becoming caught in the hinge mechanism of the knee and preventing full extension.

Treatment of meniscal tears in line with the British Association for Surgery of the Knee¹ and the NHS Evidence Based Interventions Programme² is supported.

- Patients who initially present in primary care with knee symptoms, no red flags and no history of acute knee injury or a locked knee do not need an MRI investigation and can be treated with non-operative supportive measures initially.
- Arthroscopic surgery for patients with a degenerative meniscal tear with no history of a locked knee is an intervention **NOT NORMALLY FUNDED**.
- Arthroscopic surgery for patients who have a **locked knee** (sudden onset, complete mechanical block to flexion or extension of the knee) will be funded and should be performed on an urgent basis. Prior approval is not required for these patients.
- Patients with a clear history of a significant **acute knee injury** and mechanical symptoms may have a repairable meniscal tear and should be referred to intermediate or secondary care and have MRI investigation. Arthroscopic meniscal repair is supported for patients with treatable (as per BASK guidance)¹ lesions who are suitable candidates.

- Patients with **persistent mechanical knee symptoms** should be referred to secondary care and should have an MRI scan of the knee to investigate for a meniscal tear and/or other pathology:
 - Arthroscopic surgery for patients with lesions classified as treatable, with corresponding symptoms and signs (as per BASK guidance¹) is supported after 3 months of unresolved symptoms. Conservative treatments may include non-steroidal anti-inflammatory drugs, physiotherapy and exercise.
 - Patients with lesions classified as indeterminate with corresponding symptoms and signs (as per BASK guidance¹) should be treated with conservative measures and then reassessed.

References:

1. British Association for Surgery of the Knee; Treatment Guidance: Arthroscopic Meniscal Surgery (2018)
2. NHS England Evidence Based Interventions Programme (2020)

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

Clinical Coding

ICD10 Diagnosis Codes:

M23.2 Derangement of meniscus due to old tear or injury

M23.3 Other meniscus derangements including degenerate, detached and retained meniscus

S83.2 Tear of meniscus

OPCS4 Procedure Codes:

W82.1 Endoscopic total excision of semilunar cartilage

W82.2 Endoscopic resection of semilunar cartilage NEC

W82.3 Endoscopic repair of semilunar cartilage

W82.8 Other specified therapeutic endoscopic operations on semilunar cartilage

W82.9 Unspecified therapeutic endoscopic operations on semilunar cartilage

With

Y76.7 Arthroscopic approach to joint

W85.1 Endoscopic removal of loose body from knee joint

W85.2 Endoscopic irrigation of knee joint (including lavage and washout)

W85.8 Other specified therapeutic endoscopic operations on cavity of knee joint

With

Y76.7 Arthroscopic approach to joint

W80.1 Open debridement and irrigation of joint or

W80.2 Open debridement of joint NEC or

W80.3 Open irrigation of joint NEC or

W80.8 Other specified debridement and irrigation of joint or

W80.9 Unspecified debridement and irrigation of joint

With

Y76.7 Arthroscopic approach to joint

And

Z84.6 Knee joint

W70.1 Open total excision of semilunar cartilage or

W70.2 Open excision of semilunar cartilage NEC (includes open excision of lesion of semilunar cartilage) or

W70.3 Open repair of semilunar cartilage or

W70.8 Other specified open operations on semilunar cartilage or

W70.9 Unspecified open operations on semilunar cartilage

With

Y76.7 Arthroscopic approach to joint