Hampshire, Southampton & Isle of Wight Clinical Commissioning Group, Portsmouth Clinical Commissioning Group and Frimley (NEH&F) Clinical Commissioning Group
Priorities Committee

Policy title Number/version	Policy 50 Primary joint replacement for hip and knee osteoarthritis for patients with a body mass index of 35 and above (Version 2)
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)

Imaging
The Committee supports the Evidence Based Interventions Programme List 2[1] guidance in relation to imaging for the diagnosis of hip and knee osteoarthritis.

Primary hip or knee joint replacement

Obesity
Obesity is an important factor in the aetiology of joint disease as well as being detrimental to outcomes.
The Committee recommends:

- Weight management has an important role throughout the patient's life and should be reflected in prevention strategies.
- There is evidence that there are poorer outcomes for patients with increased body mass index (BMI). The committee recommends that primary replacement should be reserved for patients with a BMI below 35. Prior approval for referral for specialist surgical assessment may be granted for patients with a BMI of 35 and above in the following circumstances:
  - For patients whose pain is so severe and/or mobility compromised that they are at risk of losing their independence and that joint replacement would relieve this risk OR
  - In patients whose destruction of the joint is of a severity that delaying surgery would increase the technical difficulty of the procedure AND
  - Referral has been made to a commissioned tier 2 or tier 3 obesity management programme prior to offering surgery.

Smoking
Smoking is the most important factor for the development of postoperative cardio-pulmonary and wound-related complications in elective surgery and the most important risk factor for the development of serious post-operative complications in patients undergoing elective hip and knee replacement.
The Committee recommends:

- Stopping smoking should be encouraged for at least 8 weeks prior to operation and patients should be referred to a structured smoking cessation programme prior to or at time of referral for surgical assessment or there should be documented informed dissent.

- Prescribing smoking cessation medication outside of supported programmes is low priority.
- All clinicians have a responsibility to undertake patient education and offer brief intervention with every contact.
- Use of e-cigarettes is less harmful and is preferable to cigarette smoking.

Shared decision making

- Shared decision making is seen as helpful and effective at improving outcomes and should be started in Primary Care or in the Community based MSK service. The Committee supports the approach to shared decision making outlined by NICE[2]
- There should be a period of 3 months for patients to consider the risk and benefits to them of knee replacement surgery and to address issues such as weight loss or smoking cessation if required.

References:

[1]NHS England Evidence Based Interventions Programme (Policies 2T and 2X)
[2] NICE Guideline 157 (2020) Joint replacement (primary): hip, knee and shoulder

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

Version	Date	Reason for change
Version 1	2019	N/A
Version 2	2021	To include Evidence Based Interventions List 2 Guidance (2020) for imaging, and shared decision aid information from NICE Guideline 157 (2020)