

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC32	Ultrasound guided injections for hip pain (trochanteric bursitis and osteoarthritis of the hip)
Recommendation made by the Priorities Committee:	November 2015; reviewed July 2018¹; reviewed July 2021²
Date of issue:	September 2021

In addition to the Thames Valley Policy requirements set out below, all Berkshire West patients with a knee/hip related condition must be seen by Berkshire West's MSK Community Specialist Service (MSKCSS) prior to referral to secondary care and therefore any referrals received directly from GPs (for Berkshire West patients) should be rejected by secondary care **before an appointment with a Consultant is offered/given.**

The following documentation must be received from the MSKCSS **before an appointment with a Consultant is offered/given:**

1. A referring clinical letter from MSKCSS, confirming criteria has been met.
2. An MSK Proforma - shared decision making, lifestyle discussions and conservative management options will be a fundamental requirement of physiotherapy and the MSKCSS service.
3. For more complex cases where a patient is referred '**for Consultant opinion**', MSKCSS will provide an MSK Proforma and a letter detailing they have discussed and agreed this in MDT.

All providers are to ensure the referring clinical letter & MSK Proforma are recorded within the Ortho notes and accessible for audit.

¹ No changes have been made to this policy.

² Following review of this policy, no changes have been made.

Trochanteric bursitis/ greater trochanteric pain syndrome (GTPS)

Most cases of trochanteric bursitis/ greater trochanteric pain syndrome are self-limiting and can be treated at home. Due to limited evidence of effectiveness, corticosteroid injections are only funded for patients who have tried and failed conservative methods of treatment including:

- resting the affected area
- use of ice packs
- anti-inflammatory medication
- weight loss as appropriate

Ultrasound (US) guidance is **not normally funded** to guide injections for GTPS. US guided injection can only be considered in refractory cases where diagnosis is uncertain and 2-3 landmark guided injections have failed to relieve symptoms.

Osteoarthritis of the hip

Consider intra-articular steroid injection as an adjunct to core treatments (patient information, exercise and manual therapy and weight loss as appropriate) for the short-term pain relief of moderate to severe pain in people with hip osteoarthritis. Offer image guidance as clinically appropriate with the most cost-effective imaging option.

This policy is in alignment with the Clinical Knowledge Summary for GTPS³ and NICE Clinical Guideline 177 Osteoarthritis: care and management (2014)⁴.

ICD10 Diagnosis Codes

M70.6 Trochanteric bursitis (GTPS)

M16.- Coxarthrosis – osteoarthritis of hip

OPCS Procedure Codes

W90.3 Injection of therapeutic substance into joint

with

Y53.2 Approach to organ under ultrasonic control

and

Z84.3 Hip Joint

OR

W90.4 Injection into joint NEC

with

Y53.2 Approach to organ under ultrasonic control

and

Z84.3 Hip Joint

³ <http://cks.nice.org.uk/greater-trochanteric-pain-syndrome-trochanteric-bursitis#!management>

⁴ <http://www.nice.org.uk/guidance/cg177>

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/>