Berkshire West Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

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

Recommendation made by the Priorities Committee: **November 2018; updated September 2021**[1]

Date of issue: **October 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.

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

[1] Review by TVPC with local clinicians. Policy updated to amend age thresholds and to ensure assessment for suitability for surgery is based on clinical and patients' individual levels of function.

Thames Valley CCGs will fund ACL reconstruction for patients with a documented diagnosis of ACL rupture for patients 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 over the age of 18 years:

- 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 any of the following, then early ACL reconstruction may be recommended:

- Instability
- Presence of meniscal injury
- Sporting activity of >3 hours per week that includes jumping, pivoting, landing activities.

OR

- Has multi-ligament and meniscal injury

Patients aged over 18 years (who do not meet the above criteria) must meet the following criteria:

- These patients should undergo a 3-6 month rehabilitation programme as determined by shared decision making between patient and treating clinician before consideration of surgery.
- Following a 3-6 month ACL rehabilitation programme, formal assessment of knee stability will be made. If the knee is functionally stable, ACL reconstruction may 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.
- If aged over 40 – presence of moderate to severe OA should be excluded as primary factor.

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.
https://www.uknlr.co.uk/acl-surgeons-page-nlr.php

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

and

Z84.6 Knee Joint

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.cscsu.nhs.uk/