

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 42

Policy Recommendation: Knee Revision surgery – Interim Statement

Date of issue: September 2018

The SHIP Clinical Commissioning Groups (CCGs) were asked to review the rise in the number of knee revision procedures undertaken and consider whether this could be covered by an interim policy in accord with the ethical framework whilst awaiting a more thorough evidence based review.

The committee reviewed the Thames Valley Statement and agreed to adopt it as a holding statement;

As per NHS England Service Specification (2013), specialised orthopaedic services should be provided by appropriately trained multi-disciplinary teams (MDTs) at a specialist centre or hub provider through networks which have a critical mass to ensure that the right clinical skills and expertise are in place to ensure excellent outcomes.

Hip and knee revision surgery can be carried out by local Specialist Orthopaedic Units, with the required expertise, with the exception of patients requiring specialist procedures for massive bone defects, pelvic fractures, infection or complex segmental femoral reconstruction. These patients should be referred to a Specialist Orthopaedic Centre.

General referral guidance for knee joint replacement revision surgery:

NHS funding for referral and assessment for revision of knee joint replacement surgery should be recommended in patients in whom the following criteria are met:

1. The patient has persistent pain which is suggestive of the presence of joint infection.
- OR
2. Where infection is not suspected the patient has:
 - a. persistent joint pain and/or significant loss of range of movement and function
AND
 - b. X-ray confirms the presence of aseptic loosening of the prosthesis
AND/OR
 - c. had the evidence for outcome from revision surgery explained to them and understands that the outcomes from revision surgery are not likely to be as good as those from primary replacement surgery.
 3. All patients should be fit for surgery at the time of referral.

Initial assessment should be based in the community with referral to a specialist orthopaedic MDT for consideration of revision surgery offered to symptomatic patients as above.