Arthroscopic surgery for meniscal tears

NHS Devon

Commissioning policy

Arthroscopic surgery for meniscal tears is commissioned in Devon when:

1. Patients present with a locked knee

OR

2. Patients have an acute meniscal injury determined via an MRI which is deemed suitable for surgical repair

OR

3. Patients have a meniscal target determined via an MRI who have had signs and symptoms present for more than 3 months despite non-surgical treatment

Non-surgical treatment options, including physiotherapy, exercise, analgesia, steroid injections, are recommended when the patients MRI suggests a possible meniscal target and they have corresponding signs and symptoms

Arthroscopic surgery for meniscal tears is not routinely commissioned when a patient has advanced structural osteoarthritis.

Rationale for the decision

The Academy of Medical Royal Colleges Evidence Based Interventions guidance notes that meniscal tears in the knee are a common finding and in many cases are not related to any significant symptoms. They are often associated with degenerative articular cartilage change and osteoarthritis within the knee. A significant number of patients who present with persistent and often mechanical symptoms within the knee have a meniscal tear, which may be noted with an MRI scan.

The vast majority of patients with a meniscal tear should be initially treated non-operatively and should not have arthroscopic meniscectomy as a first line treatment.

Non-operative treatment is highly effective with patient education using verbal and written materials, physiotherapy and weight loss interventions.

However, the guidance also notes that there are a number of occasions when arthroscopic meniscal surgery can be considered as a first-line treatment. Firstly, patients who have a locked knee need urgent assessment and if a bucket handle tear of the meniscus is present, in most cases an arthroscopic repair or resection of the meniscus is needed.

Secondly, where the patient has had an acute injury and an MRI scan reveals a potentially repairable meniscus tear, an arthroscopic meniscal repair should be considered. Where symptoms have not settled after three months of non-operative treatment an MRI scan should be considered. In these cases, with an unstable meniscal tear on MRI, arthroscopic meniscal surgery may be indicated.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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