Open or Arthroscopic Surgery for the Treatment of Femoro-acetabular Impingement

NHS Devon

Commissioning policy

Open or arthroscopic surgery for the treatment of femoro-acetabular impingement will be routinely commissioned ONLY for patients who fulfil all the following criteria:

- Diagnosis of definite femoro-acetabular impingement defined by appropriate investigations, X-rays, MRI and CT scans.
- An orthopaedic surgeon who specialises in young adult hip surgery has made the diagnosis. This should include discussion of each case with a specialist musculoskeletal radiologist.
- Severe symptoms typical of FAI with duration of at least six months where diagnosis of FAI has been made as above.
- Failure to respond to all available conservative treatment options including activity modification, pharmacological intervention and specialist physiotherapy.
- Compromised function, which requires urgent treatment within a 6 – 8 month time frame, or where failure to treat early is likely to significantly compromise surgical options at a future date.
- Aged between 18 and 50 years (clinical experience has shown that these patients are likely to gain the greatest benefit).

Patients NOT INCLUDED in these criteria are:

- Patients with advanced OA change on preoperative X-ray (Tonnis grade 2 or more) or severe cartilage injury (Outerbridge grade III or IV).
- Patients with a joint space on plain radiograph of the pelvis that is less than 2mm wide anywhere along the sourcil.
- Patients who are candidates for total hip replacement.

- Patients who have hip dysplasia.
- Patients with generalised joint laxity especially in diseases connected with hypermobility of the joints, such as Marfan syndrome and Ehlers-Danlos syndrome.
- Patients with osteogenesis imperfecta.

Patients undergoing Hip Arthroscopy are subject to prospective study using validated scores. Standard data on perception of pain and interference in daily living are requested to accompany the prior notification form. A consistent reasonable data collection as decided by the clinical team is required in order to get consistency in use of outcome measures e.g. Oxford Hip Scores or Non arthritic Hip Scores

Rationale for the decision

Femoro-acetabular impingement has become a recognised concept and likely cause of hip pain, particularly in young people and is thought to be a precursor to osteoarthritis of the hip. There is paucity of literature on non-operative treatment and of outcomes of treatment beyond two years. A range of different assessment measures have been used across the studies, with a mixture of patient satisfaction scores, analogue function scores and clinical outcomes. In addition no published papers addressing cost effectiveness were found.

Literature reports an improvement in short term outcomes as a result of surgery for the bony abnormality, in terms of patient satisfaction scores, analogue function scores and clinical outcomes, with similar but not readily comparable results from open and arthroscopic procedures. The clinical significance of changes in function scores is not discussed. There is a consistent finding of the features characterising patients who have poorer outcomes from surgery, which are advanced OA change on preoperative Xray (Tonnis grade 2 or more) or intraoperative finding of severe cartilage injury (Outerbridge grade III or IV).

Because studies are recent and short term, the natural history of FAI is poorly characterised and progression to osteoarthritis is gradual, it is not possible to say whether surgical intervention affects subsequent development of OA. Only a minority of studies published radiographic follow up results, reporting progression to OA in between 0 and 33% of cases, and overall 0 to 30% of cases went on to need a total hip replacement, with no difference on visual inspection of the data between arthroscopic and non-arthroscopic studies.

Arthroscopic surgery requires much less and shorter restriction on mobility and activities, with less disruption of lifestyle, compared with open, non-arthroscopic procedures, but a similar proportion of patients, overall 0 to 31%, reported dissatisfaction with the procedure or no pain improvement (and 0 to 30% eventually required total hip replacement). Major complications, most frequently fracture, infection and non-union, were reported in 0 to 18% of procedures and very few studies reported moderate or minor complications.

The evidence to support the effectiveness of open or arthroscopic surgery for the treatment of individuals with FAI syndrome is weak and there is an absence of reliable information about quantitative health gains over the medium and long term. However, absence of this treatment will eventually lead to the patients having a total hip replacement although it is not proven whether open or arthroscopic surgical interventions are preventive in relation to total hip replacement.

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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