



Intervention	030. Arthroscopic hip surgery
For the treatment of	Labral tear or Femoro-Acetabular Impingement (FAI) Sepsis of the hip joint Loose body
Commissioning Position	<p><u>Labral tear or Femoro-Acetabular Impingement (FAI)</u></p> <p>Arthroscopic hip surgery is commissioned if ALL the following criteria are met:</p> <ul style="list-style-type: none"> • there is a diagnosis of definite labral tear and/or Femoro-Acetabular Impingement Syndrome (FAI) through clinical and radiological investigation (e.g. X-rays, MRI, CT scans) AND • an Orthopaedic Surgeon who specialises in young adult hip surgery has made the diagnosis, which should include discussion with a specialist Musculo-skeletal radiologist AND • there are severe symptoms and compromised function measured by objective scoring tools and with a duration of at least six months when a diagnosis of FAI has been made AND • symptoms have failed to respond to conservative treatment including activity modification, specialist physiotherapy and maximal pharmacological interventions for at least 6 months AND • treatment with hip replacement, resurfacing or other more established procedure is not clinically viable AND • the patient is aged between 18 and 50 years <p><u>Sepsis of the hip joint</u></p> <p>Arthroscopic hip surgery is commissioned as part of the management of an infected native hip joint.</p> <p><u>Loose body</u></p> <p>Arthroscopic hip surgery is commissioned for removal of radiologically proven loose bodies within the hip joint causing persistent pain and/or compromising function when symptom onset followed acute trauma to the same hip.</p> <p>Arthroscopy is not commissioned for diagnostic examination when a loose body is suspected or for indications other than stated above.</p>
Summary of Rationale	<p><u>Labral tear and FAI</u></p> <p>The aim of arthroscopic femoro–acetabular surgery for hip impingement syndrome is to reduce pain and improve the joint range of movement. Current evidence on the efficacy of arthroscopic femoro–acetabular surgery for hip impingement syndrome is adequate in terms of symptom relief in the short and medium term. Adults aged <50 years are the most likely to gain the greatest benefit. With regard to safety, there are well recognised complications.</p> <p>Arthroscopic femoro–acetabular surgery for hip impingement syndrome should only be carried out by surgeons with specialist expertise in</p>



	<p>arthroscopic hip surgery. The British Hip Society maintains a non-arthroplasty hip surgery register and surgeons should submit details of all patients undergoing this procedure to the register.</p> <p><u>Sepsis</u> Arthroscopic lavage (with synovectomy, depending on the clinical stage) is recommended, particularly in larger joints. Patients with underlying disease, such as rheumatoid arthritis and diabetes, or the immunosuppressed, benefit from earlier surgical intervention.</p> <p><u>Loose bodies</u> Acute trauma frequently causes a fragment of bone or articular cartilage to become loose in the hip joint. Sometimes this will cause persistent pain and/or compromised function. Open surgery to remove a loose body carries a higher risk of complications than arthroscopic removal.</p>
References	<p>IPG408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome Guidance NICE Pain Arising from the Hip In Adults (boa.ac.uk) Non-Arthroplasty Hip Registry – British Hip Society Guideline for management of septic arthritis in native joints (SANJO) - PMC (nih.gov) Hip arthroscopy to remove loose bodies after traumatic dislocation. Journal of Orthopaedic Trauma (lww.com)</p>
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