

## Primary hip and knee replacement and arthroscopic lavage for patients with Osteoarthritis (OA)

### CRITERIA BASED ACCESS

The majority of patients with OA of the hip or knee can initially be managed adequately in primary care by following the NICE guidance (2014) for managing osteoarthritis. This includes offering core treatments to all patients:

- access to appropriate information regarding the condition
- advice to encourage activity and exercise
- interventions to achieve weight loss if the patient is overweight.

Further advice and support as appropriate should be offered including:

- Agree individualised self-management strategies with the person with osteoarthritis.
- Advice on appropriate footwear (including shock-absorbing properties) as part of core treatments for people with lower limb osteoarthritis.
- Assistive devices (for example, walking sticks and tap turners) should be considered as adjuncts to core treatments for people with osteoarthritis who have specific problems with activities of daily living.
- Local heat and cold therapy.
- Analgesia: paracetamol, non-steroidal anti-inflammatory medication (topical or oral with proton pump inhibitor [PPI]) oral opioid.
- Intra-articular corticosteroid injections should be considered as an adjunct to core treatments for the relief of moderate to severe pain in people with osteoarthritis.
- Advise people with osteoarthritis to exercise as a core treatment, irrespective of age, comorbidity, pain severity or disability. Exercise should include local muscle strengthening and general aerobic fitness.
- Manipulation and stretching should be considered as an adjunct to core treatments, particularly for osteoarthritis of the hip.
- All patients with BMI  $\geq 25$  should be encouraged to participate in a weight loss programme.

Engage all patients in shared decision making about alternatives using **Patient Decision Aids**. <http://sdm.rightcare.nhs.uk/pda/>

**Referral for specialist assessment could be considered for patients who meet all of the following criteria 1-4:**

1. Patient has been offered at least the core (non-surgical) treatment options:
  - access to appropriate information
  - activity and exercise and
  - interventions to achieve weight loss if the person is overweight
2. Patient experience joint symptoms (pain, stiffness and reduced function) that have a substantial impact on their quality of life (interfering with their activities of daily living and their ability to sleep).
3. Joint symptoms are refractory to non-surgical treatment.
4. There is evidence of arthropathy on radiograph.  
In the presence of obvious and or worsening deformity (leg length shortening, fixed flexion, overall limb alignment) patients should be x-rayed early and the presence of bone on bone deformity should trigger referral.

Referral for joint surgery should be considered before there is prolonged and established functional limitation and severe pain.

Underlying medical conditions should have been investigated and the patient's condition optimised prior to referral.

Patients who smoke should be advised (not directed) to attempt to stop smoking at least 4 weeks before the operation<sup>1</sup> to reduce the risk of surgery and the risk of post-surgery complications.

### **Arthroscopic lavage and debridement**

Do not refer for arthroscopic lavage and debridement as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of true mechanical locking caused by meniscal lesions or loose bodies (as opposed to morning joint stiffness, 'giving way' or X-ray evidence of loose bodies) .

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Audit codes

Total Hip Replacement

#### Primary OPCS:

W37.1: Primary total prosthetic replacement of hip joint using cement  
W37.9: Unspecified total prosthetic replacement of hip joint using cement  
W38.1: Primary total prosthetic replacement of hip joint not using cement  
W38.9: Unspecified total prosthetic replacement of hip joint not using cement  
W39.1: Primary total prosthetic replacement of hip joint NEC  
W39.9: Unspecified other total prosthetic replacement of hip joint  
W93.1: Primary hybrid prosthetic replacement of hip joint using cemented acetabular component  
W93.9: Unspecified hybrid prosthetic replacement of hip joint using cemented acetabular component  
W94.1: Primary hybrid prosthetic replacement of hip joint using cemented femoral component  
W94.9: Unspecified hybrid prosthetic replacement of hip joint using cemented femoral component  
W95.1: Primary hybrid prosthetic replacement of hip joint using cement NEC  
W95.9: Unspecified hybrid prosthetic replacement of hip joint using cement

#### Secondary OPCS:

##### Bilateral:

Z94.1: Bilateral operation or  
Z94.2: Right sided operation and Z94.3: Left sided operation

##### Unilateral:

Z94.2: Right sided operation or  
Z94.3: Left sided operation or  
Z94.4: Unilateral operation

Primary ICD-10: M15: Polyarthrosis, M16: Coxarthrosis [arthrosis of hip]

#### Total Knee Replacement

##### Primary OPCS:

W40.1: Primary total prosthetic replacement of knee joint using cement  
W40.9: Unspecified total prosthetic replacement of knee joint using cement  
W41.1: Primary total prosthetic replacement of knee joint not using cement  
W41.9: Unspecified total prosthetic replacement of knee joint not using cement  
W42.1: Primary total prosthetic replacement of knee joint NEC  
W42.9: Unspecified other total prosthetic replacement of knee joint  
O18.1: Primary hybrid prosthetic replacement of knee joint using cement  
O18.9: Unspecified hybrid prosthetic replacement of knee joint using cement

Primary ICD-10: M15: Polyarthrosis, M17: Gonarthrosis [arthrosis of knee]

#### Arthroscopy

##### Primary OPCS:

W82: Therapeutic endoscopic operations on semilunar cartilage  
W83: Therapeutic endoscopic operations on other articular cartilage  
W85.3: Endoscopic autologous chondrocyte implantation of knee joint  
W89.1: Endoscopic chondroplasty NEC  
W89.2: Endoscopic harvest of autologous chondrocytes

Secondary OPCS: (may be present after Primary OPCS W83, W85.3, W89.1, W89.2)

Z84.4: Patellofemoral joint

Z84.5: Tibiofemoral joint

Z84.6: Knee joint

Primary ICD-10: (may be present in any secondary diagnosis for Primary OPCS W82), M15: Polyarthrosis

M17: Gonarthrosis [arthrosis of knee], M23.2: Derangement of meniscus due to old tear or injury, M23.3: Other meniscus derangements