1. **Policy Summary**

1.1 Knee arthroscopy is considered to be a low priority treatment and will only be funded by Ipswich and East Suffolk & West Suffolk CCGs in line with the criteria below. As primary care clinicians do not normally refer specifically for knee arthroscopy, this threshold policy predominately applies to secondary care clinicians. This policy applies to patients who are aged 16 and over.

1.2 Threshold policies do not apply to care delivered in the management of non-elective/emergency conditions or for patients in whom malignancy is suspected.

2. **Eligibility Criteria**

2.1 Knee arthroscopy can be undertaken where a competent clinical examination or MRI scan has demonstrated clear evidence of internal joint derangement and where conservative treatment has failed or where it is clear that conservative treatment will not be effective. Conservative treatment is recommended before arthroscopy and may include weight loss if BMI is more than 30 kg/m², use of NSAIDS and/or physical therapy. Arthroscopy should not be considered a diagnostic tool except where there is continuing diagnostic uncertainty despite non-invasive investigations.

2.2 Ipswich and East and West Suffolk CCGs will fund knee arthroscopy for the following clinical indications:

a) **Diagnostic arthroscopy:**

   On-going diagnostic uncertainty (e.g. inflammatory arthropathy) despite competent clinical examination and non-invasive investigations (e.g. MRI)

b) **Therapeutic arthroscopy:**

   - Where clinically appropriate a trial of at least three months’ conservative treatment has failed and not addressed the symptoms.
• Removal of a loose body (including a flap that catches or partially moves - articular cartilage or meniscal or scar tissue or ligament) where there is history of knee locking.

• Demonstrated clinical evidence of the following internal joint derangement: meniscal tear, articular cartilage pathology, synovial pathology, impingement (amenable to treatment e.g. by notchplasty, removal of cyclops lesion or excision of infrapatellar fat pad) or patellofemoral maltracking.

• Evidence of knee osteoarthritis with a clear history of mechanical symptoms † and without advanced degenerative changes on a weight-bearing anteroposterior radiograph

† Mechanical symptoms are: pain of sudden onset or intermittent that is well-localised to the joint line and related to activity, catching / locking, true giving way, a persistent effusion

2.3 The following indications for arthroscopy are exempt from the policy:

a) Performed as an urgent procedure following knee trauma (e.g. intra-articular fracture, cruciate ligament avulsion)

b) Patients attending as an emergency who need treatment following meniscal or articular cartilage injury

c) Washout of suspected or proven septic arthritis of the knee joint

d) Biopsy for investigation of suspected malignancy

e) Performed in conjunction with open surgery (e.g. cartilage repair, ligament reconstruction)

f) Assessment as planning of major surgical intervention (e.g. osteotomy, arthroplasty)

g) If there are extenuating circumstances where an MRI has been impossible due to valid clinical reasons that are clearly documented within the clinicians notes.

3. References


