

Primary Hip Replacement Surgery Surgical Threshold Policy

This policy covers

Referrals for primary total hip replacement (THR) or hip resurfacing. Total hip replacement (THR) generally involves removal of the head of the femur (thigh bone) and its replacement with a metal or ceramic prosthesis that fits into the remaining bone. The ball end of the artificial femur then fits into a cup-like socket (acetabular cup) that is installed in the patient's pelvis.

The Policy does not apply in the circumstances below:

- Hip replacement for acute trauma, sepsis, malignancy or avascular necrosis.
- Revision hip replacement and all complex procedures are funded by NHS England and not the CCG: <https://www.england.nhs.uk/wp-content/uploads/2013/06/d10-spec-orthopaedics.pdf>

Referring and treating clinicians should ensure compliance with this policy.

Referral proforma MUST be attached to the patient notes as evidence of compliance.

If criteria not met, use the exceptional funding section of the [referral proforma](#) to apply for funding.

CCG funding criteria for referral for referral through the MSK service pathway for Total Hip Replacement

Uncontrolled, intense, persistent pain resulting in substantial impact on quality of life and moderate functional limitations as defined in Table 1 over page.

AND

Symptoms refractory to at least 6 months conservative management which must include **all** below:

Physiotherapy

NICE "core" treatments of either guided exercise and muscle strengthening programmes or supervised physical therapy. (**Note:** With radiographic evidence of bone on bone osteoarthritis, physiotherapy / exercises are not required for a surgical referral).

Patient Education and Orthosis

Advice on elimination of damaging influence on hips (by reducing weight loading), activity modification (avoid impact and excessive exercise) and lifestyle adjustment.
Advice on and/or assessed for clinically appropriate walking aids and home adaptations.

Weight Management

Advice on reducing BMI to less than 35 kg/m² to help reduce complications and improve outcomes.

Smoking

Advise people who smoke to attempt to stop smoking and refer to stop-smoking services – [see stop smoking policy](#).

Expectations of surgery

Patients' (and carers' as appropriate) expectations of surgery, and the likely degree of additional benefit of surgery compared with continuing conservative management, must be discussed in primary/intermediate care.

Table 1: Classification of surgical criteria

Level of pain	Definition
Slight	<ul style="list-style-type: none"> ▪ Sporadic Pain. ▪ Pain when climbing and descending stairs. ▪ Allows daily activities to be carried out (those requiring great physical ability may be limited). ▪ Medication: Aspirin, Paracetamol or NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) to control pain with no/few side effects.
Moderate	<ul style="list-style-type: none"> ▪ Occasional pain. ▪ Pain when walking on level surfaces (half an hour or standing). ▪ Some limitation of daily activities. ▪ Medication: Aspirin, Paracetamol or NSAIDs to control pain with no/few side effects.
Intense	<ul style="list-style-type: none"> ▪ Pain of almost continuous nature. ▪ Pain when walking short distances on level surfaces or standing less than half an hour. ▪ Activities of daily living (ADL)* significantly limited. ▪ Continuous use of NSAID for treatment to take effect. ▪ Requires the sporadic use of support systems (walking stick, crutches).
Severe	<ul style="list-style-type: none"> ▪ Continuous pain. ▪ Pain when resting. ▪ Activities of daily living* significantly limited constantly. ▪ Continuous use of analgesics-narcotics/NSAIDs with adverse effects or no response. ▪ Requires more constant use of support systems (walking stick, crutches).
Functional limitations	Definition
Minor	<ul style="list-style-type: none"> ▪ Functional capacity adequate to conduct normal activities and self-care. ▪ Walking capacity of about one hour. ▪ No aids needed.
Moderate	<ul style="list-style-type: none"> ▪ Functional capacity adequate to perform only a few or none of the normal activities and self-care. ▪ Walking capacity of about half an hour. ▪ Aids such as a cane/walking stick are needed.
Severe	<ul style="list-style-type: none"> ▪ Largely or wholly incapacitated. ▪ Walking capacity of less than half an hour or unable to walk or bedridden. ▪ Aids such as a cane, a walker or wheelchair are required.

*ADL includes activities such as meal preparation, laundry, housekeeping, shopping, using the phone, driving or using public transport.

Glossary

Arthritis:	an inflammation of one or more joints in the body, though the term is used to describe almost all problems associated with the joints.
Avascularnecrosis:	death of bone tissue due to a lack of blood supply.
Osteoarthritis:	of the hip and knee is the result of progressive degeneration of the cartilage of the joint surface.
Prosthesis:	an artificial device used to replace a part of the body that is damaged, painful or not working properly.

Evidence and references to support this policy are available in [Part 2](#) of this policy.

Policy effective from:	Reviewed policy ratified by CCG Governing Body 3 November 2020 Reviewed policy approved by IPAC 27 October 2020 Reviewed policy approved by CPF 8 September 2020 Policy adopted by CCG 1 April 2013 November 2020
Policy to be reviewed:	November 2022
Reference:	onedrive\CPF Pols & Working Area\Surgical Threshold Pols\CCG Policies\Primary Hip Replacement\Agreed\HIP REPLACEMENT NOV 2020 V8 – CRITERIA PART 1