Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Chronic Hip Pain

Scope

This policy covers the management of patients with chronic hip pain. This policy does not cover indications for referral such as infection, malignancy or acute traumatic event.

Policy

Referral for treatment should be through the MSK service/pathway.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma.

Surgery

- For patients with indication for hip replacement, please see **Primary Hip Replacement Surgery Policy.**
- Hip Resurfacing is a low priority treatment and will not be funded without exceptional case panel approval.
- Other arthroscopic or open hip surgery is funded where:
  1. patients have severe symptoms in terms of restricted movement and pain;
  2. they have undergone at least 6 months of conservative management including medication, avoidance of activities that aggravate their condition and physiotherapy treatment;
  3. surgery is undertaken in a specialist centre;
  4. where possible, surgery is undertaken arthroscopically, as a day case.

Injections

- Up to 3 corticosteroid injections will be funded for the treatment of hip osteoarthritis.
- Corticosteroid injections will be funded for the treatment of hip bursitis (trochanteric or other), or as an aid in joint manipulation, as required.
- Corticosteroid injections for other hip indications will not be funded without exceptional case panel approval.
- Injections of other substances into the hip will not be funded without exceptional case panel approval.
- Diagnostic hip injections performed to elucidate the source of symptoms will be funded (this may include corticosteroid and joint manipulation).

Note: Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see **stop smoking policy**.

Patients with a BMI over 30 kg/m^2 should be offered weight loss advice and referral to a weight management service.

Evidence and Rationale

For the surgical treatment of hip pain, other than hip replacement for osteoarthritis, trial evidence is limited to two RCTs[1, 2] in patients with femoroacetabular impingement (FAI). The FAIT and FASHIoN trials are two multi-centre RCTs performed in the UK which have shown a benefit with hip arthroscopy compared to non-operative management with physiotherapy for patients with FAI in the short term. The results from both the trials favoured arthroscopic surgery over physiotherapy with a significant improvement in the clinical scores which was statistically significant. However, the size of effect was of marginal clinical significance and non-operative management, including physiotherapy, did show some benefit. Patients should, therefore, undergo at least 6 months of conservative management before this type of surgery is considered.

NICE does not recommend hip resurfacing unless the predicted revision rate is 5% or less at 10 years.[3] Data from the National Joint Registry (2019)[4] show that current rates of revision for hip resurfacing procedures is much higher than this and hip resurfacing is therefore not currently funded.

Corticosteroid hip injections have been shown to relieve pain in patients with hip osteoarthritis compared with conservative management[5-7] and to aid the resolution of hip bursitis[8], but no evidence of effectiveness was found for other conditions. NICE recommend that hyaluronic acid injections should not be used for the management of osteoarthritis.[9]

Numbers of People Affected

The incidence of groin pain suggestive of FAI has been estimated to be 0.44%[10] although only 17% of these people had radiological confirmation of FAI (giving radiologically diagnosed FAI of 0.075%). In asymptomatic volunteers, the prevalence of positive radiological findings has been estimated to be high[11] (37% people had cam deformity, 67% had pincer deformity and 68% labral injury). However, despite some uncertainty around diagnosis, if the prevalence is estimated to be 0.075%, 675 patients in Cambridgeshire and Peterborough may be diagnosed with FAI.

References

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Glossary

Abductor tendon:	Tendons of the muscles in the buttocks.
Acetabulum:	Part of the pelvis where the femur inserts.
Arthroscopy:	Type of keyhole surgery used both to diagnose and treat problems with joints
Cam deformity:	A deformity of the ball at the top of the femur.
Femoral head:	Top of the femur (leg) bone).
Femoroacetabular impingement:	Condition where the bones of the hip are abnormally shaped causing friction when they rub against each other.
Greater trochanteric pain syndrome:	Syndrome defined by tenderness to palpation over the side of the hip.

Hip resurfacing:	Replacement of damaged surfaces in the hip joint.
Labral tears:	Tear of the ring of cartilage on the outside rim of the hip joint socket.
Ligamentum teres:	Tendon connecting the head of the leg bone with the inside of the hip joint.
Osteoarthritis:	Condition where cartilage becomes damaged over time causing joints to become painful and stiff.
Pincer deformity:	A deformity of the hip socket.
Trochanteric bursitis:	Inflammation of the trochanteric bursa in the hip.

Policy effective from/ developed:	In line with IPAC terms of reference GB to acknowledge 3 March 2020 Reviewed policy approved by IPAC 28 January 2020 Reviewed policy approved by CPF 14 January 2020 February 2020
Policy to be reviewed:	February 2022
Reference:	*onedrive\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Hip Pain\Agreed\ CHRONIC HIP PAIN FEB 2020 V4*