

Therapeutic arthroscopic hip procedures – for hip impingement syndrome, labral tear and other hip pathologies

The Commissioner **DOES NOT SUPPORT** the funding of this intervention. Requests on an exception basis should be made by the treating clinician through the Individual Funding Request route.

Rationale: This decision was made based on a full evidence review, updated in January 2019; this included a review of the current NICE Interventional Procedure Guidance relating to this procedure in hip impingement syndrome IPG 408, a Cochrane review published in 2014, a review undertaken by Solutions for Public Health October 2017 and a further review of evidence to December 2018.

- NICE IPG 408 concluded that current evidence on the efficacy of arthroscopic femoro–acetabular surgery for hip impingement syndrome is adequate in terms of symptom relief only in the short to medium term. Therefore this procedure should only be used where arrangements are in place for clinical governance, consent and proper audit with local review of outcomes. IPG 408 does not specifically endorse hip arthroscopy on the grounds of cost-effectiveness.
- A Cochrane review of evidence in 2014 on the efficacy of arthroscopy for FAI identified similar issues to those in NICE IPG 408, especially with regards to the poor of quality evidence.
- Evidence to date only provides short term outcomes from the intervention and the evidence for longevity of the procedure is therefore limited.
- Four RCTs (Randomised Control Trials) were in progress when the Worcestershire evidence review was undertaken in 2015. Since then 2 RCTs have been published with conflicting outcomes; both trials compared arthroscopic intervention with conservative management. The trial involving 80 patients did not demonstrate any significant difference in outcomes at any time over a 2 year period. The other trial demonstrated improved outcomes for arthroscopic intervention at 12 months but not at 6 months; the relevance of clinical improvement is unclear and it was determined that conservative management is more cost-effective. A third UK RCT is “in publication” but the outcomes are unknown. 2 further RCTs remain in progress.
- The RCT evidence compares the arthroscopic procedure to conservative management, but there are no published RCTs comparing the arthroscopic intervention with open surgery.

Although there is accumulating evidence for the use of hip arthroscopy for femoro-acetabular impingement and for labral pathology, this has not been considered by NICE and is insufficient to make an informed recommendation. IPG 408 suggests arthroscopy may delay the progression to osteoarthritis however there is only limited epidemiological evidence for this association, and there is no direct evidence suggesting arthroscopy prevents future hip replacements. This association may only be determined through further long term trials and regular evidence reviews.