



Evidence Based Intervention

Knee arthroscopy for patients with

osteoarthritis

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Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see <u>https://ebi.aomrc.org.uk/</u>

Arthroscopic washout of the knee is an operation where an arthroscope (camera) is inserted into the knee along with fluid. Occasionally loose debris drains out with the fluid, or debridement, (surgical removal of damaged cartilage) is performed, but the procedure does not improve symptoms or function of the knee joint.

Recommendation

Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

Referral for arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking.

More effective treatment includes exercise programmes (e.g. ESCAPE pain), losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups. Where symptoms do not resolve after non- operative treatment, referral for consideration of knee replacement, or joint preserving surgery such as osteotomy is appropriate.

For further information, please see:

- NICE Interventional procedure overview of arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis [IP366]
- NICE Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis [IPG230]
- NICE Do not do recommendations
- Escape Pain

Rationale for Recommendation

NICE has reviewed the evidence for how well knee washout works for people with osteoarthritis. Seven clinical trials and three case studies have shown that knee wash out for people with osteoarthritis did not reduce pain nor improve how well their knees worked. There was a small increased risk of bleeding inside the knee joint (haemarthrosis) (2%) or blood clot in the leg (deep vein thrombosis) (0.5%).

Patient Information

Information for Patients

Surgery to washout and remove debris to relieve knee pain (a knee arthroscopy) is a procedure that should only be carried out when specific criteria are met. This is because the medical evidence tells us that the intervention can sometimes do more harm than good and there are alternative

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treatments which are usually far more effective. However, a knee arthroscopy can considered if you have arthritis in your knee, or other specific symptoms such as locking of the knee. It can also be carried out if doctors need to assess your suitability for other procedures.

About the condition

Osteoarthritis is a common condition affecting nearly 9 million people in the UK. It initially affects the smooth cartilage lining of the joint and makes movement more difficult, leading to pain and stiffness. Once the cartilage lining starts to roughen and thin out, the tendons and ligaments have to work harder. This can cause swelling and the formation of bony spurs, called osteophytes. Severe loss of cartilage can lead to bone rubbing on bone, altering the shape of the joint and forcing the bones out of their normal position.

It's important you and the doctor or the specialist clinician treating you make a shared decision about what's best for you if your knee pain is becoming a problem. When deciding what's best you should both consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?

Arthroscopy for osteoarthritis in the knee will only benefit you if there is a history of specific symptoms such as the knee locking.

What are the **RISKS**?

The risks of arthroscopy include infection, bleeding and pain as well the risks of the anaesthetic for the procedure. There is also an increased risk of blood clots in the leg following the procedure.

What are the ALTERNATIVES?

There are a number of alternatives that can improve symptoms and function. These include, exercise, physiotherapy, losing weight and sometimes steroid injections. Carefully managed pain relief for relatively short periods can also be prescribed.

What if you do NOTHING?

Doing nothing is not likely to be harmful. Arthritis can be painful and affect your mobility. The less invasive options should always be considered first with knee replacement surgery only being considered as a last resort when other treatment options have been shown not to work.

Further information can be found at <u>https://ebi.aomrc.org.uk/interventions/knee-arthroscopy-for-patients-with-osteoarthritis/</u>. This weblink was correct as of 06/01/2025.

Coding

WHEN (Primary_Spell_Procedure IN ('W851','W852') OR (Primary_Spell_Procedure = 'W802' AND (Any_Spell_Procedure like '%Y767%' AND Any_Spell_Procedure like '%Z846%'))) AND (Primary_Spell_Diagnosis like 'M17[0123459]%' OR Primary_Spell_Diagnosis like 'M15[0123489]%') AND Any_Spell_Procedure not like '%M238%' -- Age Between 19 and 120

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AND ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120 -- Only Elective Activity AND APCS.Admission_Method not like ('2%') THEN 'C_knee_arth'

Exclusions

WHERE 1=1 -- Cancer Diagnosis Exclusion AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%' AND Any_Spell_Diagnosis not like '%D0%' AND Any_Spell_Diagnosis not like '%D3[789]%' AND Any_Spell_Diagnosis not like '%D4[012345678]%' OR Any_Spell_Diagnosis IS NULL)

-- Private Appointment Exclusion AND apcs.Administrative_Category<>'02'

References

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- **13.** Harwin (1999) Arthroscopic debridement for osteoarthritis of the knee: predictors of patient satisfaction. Arthroscopy: The Journal of Arthroscopic and Related Surgery 15: 142–6.

Change History:

Version	Date	Reviewer(s)	Revision Description

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