Knee Replacement

Policy

Funding for total or partial knee replacement surgery is available if the following criteria are met

1. Patients with BMI <40

AND

2. Patient complains of moderate joint pain AND moderate to severe functional limitations that has a substantial impact on quality of life, despite the use of non-surgical treatments such as adequate doses of NSAID analgesia, weight control treatments and physical therapies.

AND

3a. Has radiological features of severe disease;

OR

3b. Has radiological features of moderate disease with limited mobility or instability of the knee joint

Patients not meeting the above criteria can be referred via the IFR route where there are exceptional circumstances present.

These polices have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Background

Total knee replacement can be performed for a number of conditions, but it is most often for osteoarthritis of the knee. Osteoarthritis of the knee presents with joint pain, deformity, stiffness, a reduced range of movement and sometimes giving way.

Complications for knee replacement can be severe for a small number so it should only be considered when other treatments have failed. Non-surgical management includes medications for pain and inflammation, weight reduction in patients who are obese with patient-specific exercise programmes, walking aids, cushion-soled footwear. Corticosteroids may also be injected into the knee joint to relieve inflammation. If these therapies are insufficient, a partial or total knee replacement may be necessary.[1,2,3,4]

The usual indications for a knee replacement are pain and disability with accompanying radiological changes. Occasionally knee replacements are done to manage a progressive deformity/instability. Any comorbidities, including obesity should be managed to their optimum level prior to referral.[5] All treatment options with risks and benefits should be offered to the patient. Patients who meet the criteria below before having knee replacement surgery are thought to have greater quality of life improvements.[6]

Definitions of pain and functional limitation levels:

Pain level

Mild	Pain interferes minimally on an intermittent basis with usual daily activities Not related to rest or sleep Pain controlled by one or more of the following; NSAIDs with no or tolerable side effects, aspirin at regular doses, paracetamol
Moderate	Pain occurs daily with movement and interferes with usual daily activities. Vigorous activities cannot be performed Not related to rest or sleep Pain controlled by one or more of the following; NSAIDs with no or tolerable side effects, aspirin at regular doses, paracetamol
Severe	Pain is constant and interferes with most activities of daily living Pain at rest or interferes with sleep Pain not controlled, even by narcotic analgesics

Functional limitations

Minor	Functional capacity adequate to conduct normal activities and self care Walking capacity of more than one hour No aids needed
Moderate	Functional capacity adequate to perform only a few or none of the normal activities and self care Walking capacity of about one half hour Aids such as a cane are needed
Severe	Largely or wholly incapacitated Walking capacity of less than half hour or unable to walk or bedridden Aids such as a cane, a walker or a wheelchair are required

Variable	Definition
Mobility and Stability	
Preserved mobility and stable joint	Preserved mobility is equivalent to minimum range of movement from 0 to 90 . Stable or not lax is equivalent to an absence of slackness of more than 5mm in the extended joint.
Limited mobility and /or stable joint	Limited mobility is equivalent to a range of movement less than 0 to 90 . Unstable or lax is equivalent to the presence of slackness of more than 5mm in the extended joint.
Radiology	
Slight	Ahlback grade 1.
Moderate	Ahlback grade II and III.
Severe	Ahlback grade IV and V.

References

Patient information:

http://www.nhs.uk/Conditions/Knee replacement/Pages/Kneereplacementexplained.aspx

References:

1. NICE Referral Advice. A guide to appropriate referral from general to specialist services. 2001
2. The National Collaborating Centre for Chronic Conditions. Royal College of Physicians of London 2008. Osteoarthritis, National clinical guideline for care and management in adults.
3. NICE, CG 177, Osteoarthritis: Care and management in adults, 2014 http://www.nice.org.uk/guidance/cg177
4. NICE Mini-incision surgery for total knee replacement. May 2010
5. British Orthopaedic Association Total Knee Replacement; A Guide to Best Practice. 1999
6. Quintana JM, Escobar A, Arostegui I, Bilbao A, Azkarate J, Goenaga I and Arenaza J. Health related quality of life and appropriateness of knee or hip joint replacement
7. Escobar A, Quintana JM, Arostehui I, Azkarate J, Güenaga, Arenaza JC, Garai I.Development of explicit criteria for total knee replacement. International Journal of Technology Assessment in Healthcare, 2003; 19: 57-70.