NHS
Cambridgeshire & Peterborough

Surgical Threshold Policy

Primary Hip Replacement

Scope

This policy covers referrals for primary total hip replacement (THR) due to osteoarthritis. 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. This policy does not cover hip replacement for acute trauma, sepsis, malignancy or avascularnecrosis.

Note: Revision hip replacement and all complex procedures are funded by NHS England and not the ICB: https://www.england.nhs.uk/wp-content/uploads/2013/06/d10-spec-orthopaedics.pdf

Note: Hip Resurfacing is a low priority treatment and will not be funded without exceptional case panel approval.

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**.

NHS C&P (ICB) will **ONLY** fund referral for consideration of THR in patients meeting the following criteria. All referrals should meet these criteria prior to referral unless exceptional, in which case the exceptional funding section of the proforma should document explicitly the reason for exceptional circumstances.

1 Intense to severe pain and/or stiffness resulting in substantial impact on quality of life and moderate functional limitations as defined in Table 1 over the page. **And**

2. Symptoms ***refractory*** to ***at least 6 months*** maximal conservative/non-surgical management (therapeutic exercise/physiotherapy, weight loss if appropriate and analgesia).

PRIOR CONSERVATIVE/NON-SURGICAL MANAGEMENT MUST INCLUDE ALL OF THE FOLLOWING:

Therapeutic exercise/physiotherapy

- NICE 'core' treatments of tailored therapeutic exercise/physiotherapy (eg general aerobic fitness or muscle strengthening programmes or joint site specific exercises).
  Note: With radiographic evidence of bone on bone osteoarthritis, physiotherapy / exercises are not required for a surgical referral.

  And

Patient Education and Support

- Advice on where to source information regarding osteoarthritis, specific types of exercise, management of pain, benefits of treatment and where to find additional information and support, eg **Osteoarthritis - Symptoms - NHS (www.nhs.uk)** and **Hip pain | Causes, exercises, treatments | Versus Arthritis**
- Patients to have been advised about, and/or assessed for, clinically appropriate walking aids.

And

Lifestyle improvement

- All patients should be advised to have a healthy weight. Risks of surgical complications increase in those with higher BMIs. It is strongly advised that, as a minimum, discussion and support is offered to patients with a BMI > 30kg/m^2 and patients with a BMI > 35kg/m^2 should be offered referral to a weight management service, eg **Healthy You** - **Healthy You - improving health across Cambridgeshire and Peterborough**
- Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services if wanted see **stop smoking policy.**

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

Table 1: Classification of surgical criteria[I]

Level of pain	**Definition**
Slight	▪ Sporadic Pain. ▪ Pain when climbing and descending stairs. ▪ Allows daily activities to be carried out (those requiring great physical ability may be limited).
Moderate	▪ Occasional pain. ▪ Pain when walking on level surfaces (half an hour or standing). ▪ Some limitation of daily activities.
Intense	▪ 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. ▪ Requires the sporadic use of support systems (walking stick, crutches).
Severe	▪ Continuous pain. ▪ Pain when resting. ▪ Activities of daily living* significantly limited constantly. ▪ Requires more constant use of support systems (walking stick, crutches).
Functional limitations	**Definition**
Minor	▪ Functional capacity adequate to conduct normal activities and self-care. ▪ Walking capacity of about 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/walking stick are needed.
Severe	▪ 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 phones, driving or using public transport.

[I] Table adapted from Quintana J M, Arostegui I, Azkarate J, Goenaga I, Elexpe X, Letona J and Arcelay A. Evaluation of explicit criteria for total hip replacement. Journal of Clinical Epidemiology, 2000; 53: 1200-1208

Rationale and Evidence

NICE TA304 (see reference 1) states that "Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years". For hip resurfacing, data from research studies (see reference 2 & 3) and the National Joint Registry (see reference 4) indicate that 10-year revision rates are currently much higher than this (~10%). Morbidly obese patients have been shown to have a 65.5% increase in revision rates for THR compared with patients with normal BMI (18.5–25 – see reference 5) and weight loss should be encouraged to improve outcome. A recent evidence review by NICE found that paracetamol had no additional benefit in reducing osteoarthritis pain and improving quality of life and physical function compared with placebo (see reference 5). Therefore, it is no longer recommended to be routinely offered by NICE. The committee reviewing the literature also decided to recommend against the strong use of opioids based on MHRA advice, previous NICE guidelines on medicines associated with dependence or withdrawal symptoms and the potential harms associated with their use (see reference 5).

Estimated Number of People Affected

Rates of primary hip replacement have increased worldwide; between 2007 and 2017 hip replacement rates increased by 30% in OECD countries (see reference 6). In 2021 in the UK 84, 998 primary hip replacement procedures were undertaken with the median age for men at 67.2 and 69.6 for women (see reference 7).

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.

References

1. National Institute for Health and Care Excellence Technology appraisal guidance 304. Total hip replacement and resurfacing arthroplasty for end stage arthritis of the hip (review of technology appraisal guidance 2 and 44).
2. Marshall D A, et al. Hip Resurfacing versus Total Hip Arthroplasty: A Systematic Review Comparing Standardized Outcomes. Clin. Orthop. Relat. Res. 472, 2217–2230 (2014).
3. Pailhé R, et al. Hip resurfacing: a systematic review of literature. Int. Orthop. 36, 2399–2410 (2012).
4. National Joint Registry for England, Wales and Northern Ireland.19th Annual report 2022. [2022, Accessed Sep 2022]. Available from NJR 19th Annual Report 2022.pdf (njrcentre.org.uk)
5. National Institute for Health and Care Excellence clinical guideline 177. Osteoarthritis: assessment and management.
6. OECDiLibrary. Health at a Glance 2019 : OECD Indicators Hip and Knee Replacement. [2019, Accessed Sep 2022]. Available from https://www.oecd-ilibrary.org/sites/2fc83b9a-en/index.html?itemId=/content/component/2fc83b9a-en
7. National Joint Registry for England, Wales and Northern Ireland. Summary of key facts about joint replacement during the 2021 calendar year. [2021, Accessed Sep 2022]. Available from: https://reports.njrcentre.org.uk/Portals/0/PDFdownloads/NJR%2019th%20AR%20Summary%20key%20facts%202021.pdf

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