

Understanding NICE guidance

Information for people who use NHS services

Treating hip impingement syndrome with open femoro–acetubular surgery

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how open femoro–acetubular surgery can be used to treat people with hip impingement syndrome in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe hip impingement syndrome or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.



What has NICE said?

There are still uncertainties over the safety of this procedure and how well it works. If a doctor wants to use open femoro–acetubular surgery for hip impingement syndrome, he or she should make sure that extra steps are taken to explain the uncertainty and the likely benefits and potential risks of the procedure. This should happen before the patient agrees (or doesn't agree) to the procedure. The patient should be given this leaflet and other written information as part of the discussion. There should also be special arrangements for monitoring what happens after the procedure.

Further information on the safety of open femoro–acetubular surgery and how well it works will be helpful. NICE has encouraged doctors to consider asking patients to take part in a research study (called a clinical trial) looking at open femoro–acetubular surgery for hip impingement syndrome. NICE may look at this procedure again if more information becomes available.

This procedure may not be the only possible treatment for hip impingement syndrome. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Open femoro–acetubular surgery

The procedure is not described in detail here – please talk to your surgeon for a full description.

Hip impingement syndrome is caused by unwanted contact between the head of the thigh bone and the hip socket, resulting in 'clicking' of the hip joint and limited movement. It may be caused by an unusual shape of the hip socket or of the head of the thigh bone.

The aim of femoro–acetubular surgery is to improve range of movement and to reduce any unwanted contact in the hip joint.

Under a local or general anaesthetic, the hip is dislocated so that the surgeon can see both of the bones in the hip joint. The surgeon removes some of the cartilage or bone, with the aim of reshaping the hip joint. The dislocated joint is then put back into place.

What does this mean for me?

If your doctor has offered you open femoro–acetubular surgery for hip impingement syndrome, he or she should tell you that NICE has decided that the benefits and risks are uncertain. This does not mean that the procedure should not be done, but that your doctor should fully explain what is involved in having the procedure and discuss the possible benefits and risks with you. You should only be asked if you want to agree to this procedure after this discussion has taken place. You should be given written information, including this leaflet, and have the opportunity to discuss it with your doctor before making your decision.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

NICE has also decided that more information is needed about this procedure. So it has recommended that some details should be collected about every patient who has this procedure in England and Wales. These details will be held confidentially in an electronic database, and will not include patients' names. If you do not agree to your details being entered into the database, you can still have the procedure.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at four studies on this procedure.

How well does the procedure work?

In a study of 213 hip operations, most patients had an improved range of movement and less pain 2 or more years after the operation. In a second study, the operation gave a 'good or excellent' result in 26 out of 29 hips. A third study showed that after 5 years, 15 out of 23 patients had working hips and had not needed another operation.

A separate study that asked 52 patients who had open femoro–acetabular surgery how they felt up to 2 years later reported that patients who had some of their hip socket trimmed during the operation had seen the most improvement.

The expert advisers stated that while this procedure does seem to help reduce pain in the short term, its long-term benefits are unclear.

Risks and possible problems

At the moment, not much is known about the possible risks of the procedure. There have been no reports of infection or bone collapse caused by a lack of blood supply to the bone. In the largest study looked at by NICE, 79 out of 213 patients had bony deposits within the joint when they were followed up 1 year after the operation.

The expert advisers drew attention to some other possible side effects reported by doctors. These include temporary paralysis, fracture and collapse of the head of the thigh bone. In theory, blood clots and blockage of the arteries are possible. There may also be a risk of deep infection within the hip joint.

More information about hip impingement syndrome

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG203

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1190).