

Treating hip impingement syndrome with arthroscopic surgery

NICE 'HealthTech guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how arthroscopic surgery (using a thin telescope) can be used in the NHS to treat people with hip impingement syndrome. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This HealthTech guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. 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.

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 page 6.

What has NICE said?

This procedure can be offered as a treatment option for people with hip impingement syndrome provided that doctors are sure that:

- the patient understands what is involved, is aware of the serious known complications, and agrees to the treatment knowing that there is only evidence of symptom relief in the short and medium term, and
- the results of the procedure are monitored.

This procedure should only be performed by surgeons with specialist expertise in arthroscopic hip surgery.

NICE has encouraged more research and information to be collected on this procedure for the treatment of hip impingement syndrome. Research studies should focus on deciding which patients should have this procedure and on long-term outcomes.

Other comments from NICE

Although the evidence on this procedure is adequate, further research comparing it with other procedures would be useful.

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.

Arthroscopic surgery for hip impingement syndrome

The medical name for this procedure is 'arthroscopic femoro–acetabular surgery for hip impingement syndrome'.

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

Hip impingement syndrome is caused by unwanted contact between the top of the thigh bone and the hip socket. This results in 'clicking' of the

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hip, limited movement and pain, which can be made worse when the hip is bent or after sitting for a long time. The condition may be caused by an unusually shaped head or neck of the thigh bone or hip socket. Hip impingement syndrome is usually managed by changes to lifestyle and treatment with medicines. Patients who have developed arthritis of the hip may be offered hip replacement surgery.

The aim of arthroscopic hip-joint surgery is to reduce pain and improve the hip-joint range of movement.

With the patient under general anaesthetic, a thin telescope (arthroscope) is inserted into the hip joint through a small cut in the skin. The surgeon then makes further cuts and uses instruments to remove some of the cartilage and/or bone in order to reshape the joint surfaces.

What does this mean for me?

NICE has said that this procedure works well enough for use in the NHS, but there are serious known risks. If your doctor thinks arthroscopic hip-joint surgery for hip impingement syndrome is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

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?

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

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 9 studies on this procedure.

How well does the procedure work?

A study looked at 75 hips in patients that had the procedure, 36 in whom the labrum (a ring of cartilage around the cup of the hip joint) was repaired, and 39 in whom the damaged part of the labrum was removed. Patients' symptoms improved in both groups, but the group that had the repair had better hip scores after 1 year.

A study of 200 patients reported an average improvement in hip score of 20 points (on a scale from 0 to 100) after an average of 16 months. One patient needed a hip replacement after 8 months because of persistent pain.

A study of 112 patients reported an improvement in daily living score and sport activity score 2.3 years after the procedure.

In another study, 85 out of 110 patients were satisfied or very satisfied with their treatment 10 months after the procedure. Clinically there was a significant improvement in femoral head–neck offset (angle).

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that key success factors were pain relief and delayed progression to osteoarthritis.

Risks and possible problems

A total of 3 patients out of 283 (2 studies) had a fracture. There were no cases of hip damage due to dislocation after the procedure in a study of 97 patients. However, there was a case report on another patient who needed further major treatment.

From a total of 310 patients, 2 had neurapraxia (temporary weakness caused by nerve injury) that resolved on its own within a few months.

In the study of 75 hips, 19 months after the procedure none of the patients who had their labrum repaired had abnormal bone formation in the muscles around the joint (known as heterotopic ossification), compared with 3 patients who had the damaged part of their labrum removed. One case of heterotopic ossification was reported in the study of 200 patients.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that problems include injury to the genital area, nerve damage, infection, hip dislocation, bleeding and the instruments breaking during the procedure. In theory, damage to the cartilage could occur.

More information about hip impingement syndrome

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on hip impingement syndrome, visit our website at www.nice.org.uk

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. HealthTech guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. 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 is about 'arthroscopic femoro–acetabular surgery for hip impingement syndrome'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/HTG273

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2605). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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