

Understanding NICE guidance

Information for people who use NHS services

Treating greater trochanteric pain syndrome using shockwave therapy

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

This leaflet is about when and how shockwave therapy can be used in the NHS to treat people with greater trochanteric pain syndrome (one of the causes of hip pain). It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures 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.

NICE has produced this guidance because 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 greater trochanteric pain 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.

What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. If a doctor wants to use shockwave therapy for greater trochanteric pain syndrome, they should make sure that extra steps are taken to explain the uncertainty about how well it works, as well as the uncertainty surrounding potential risks of the procedure. In particular, patients should be told about the possibility of pain during and after treatment, and the risk that symptoms may get worse. 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 to the patient after the procedure.

This procedure should only be done by clinicians with specific training in using shockwave therapy for refractory greater trochanteric pain syndrome and in accordance with manufacturer's instructions.

NICE has encouraged further research into the procedure.

Other comments from NICE

NICE received 30 completed questionnaires from patients treated by the procedure. Nine patients said they wouldn't have the procedure again; 3 said that the procedure had made their condition worse with increased pain and decreased mobility. The remaining 21 would recommend this procedure to others.

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

Treating greater trochanteric pain syndrome using shockwave therapy

The medical name for this procedure is 'Extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome'.

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

The greater trochanter is the medical term for the bony bump on the outer side of the hip. This area may become painful due to inflammation of the fluid-filled sac (the bursa) which allows smooth movement between the bone and the tendons/muscles that pass over it. The inflammation (called bursitis) is often caused by direct injury, damage to the tendon, infection, differences in leg length or as a result of hip-replacement surgery.

Treatments include rest, physiotherapy, anti-inflammatory drugs and corticosteroid injections. If none of these options work, surgery may be needed.

Shockwave therapy is non-invasive. In this procedure shockwaves are passed through the skin to the affected area using a special device, and ultrasound guidance may be used. Shockwave therapy can be given in one or more sessions. It may be carried out under local anaesthesia if high-energy shock waves are used because it can be painful.

The way this therapy might have an effect on greater trochanteric pain syndrome is unknown.

What does this mean for me?

If your doctor has offered you shockwave therapy for greater trochanteric pain 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.

NICE has also decided that more information is needed about this procedure. Your doctor may ask you if details of your procedure can be used to help collect more information about this procedure. Your doctor will give you more information about this.

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 procedure?
- 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 2 studies on this procedure.

How well does the procedure work?

In a study of 229 patients, more patients who had a corticosteroid injection either recovered or had improved symptoms (56 out of 75 patients) and had a lower pain score compared with those who were treated with shockwave therapy (10 out of 78) or home training (a home exercise programme) (5 out of 76), 1 month after the procedure. However, at 15 months, the reverse was true: 36 out of 75 patients in the corticosteroid group had either recovered or had improved symptoms, compared with 58 out of 78 patients for shockwave therapy and 61 out of 76 patients for home training. The average pain scores were lower in the shockwave therapy and home-training groups than for patients who had the corticosteroid injection, at 15 months.

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

The same study reported that 37 out of 75 patients in the injection group, 50 out of 78 patients in the shockwave therapy group and 26 out of 76 patients in the home-training group had returned to previous sporting or recreational activity after 4 months.

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 success factors are recovery, severity of pain and improved function.

Risks and possible problems

The study of 229 patients reported that the number of patients who had increased pain for more than 1 day was 18 for injection, 2 for shockwave therapy and 15 for home training. Two patients who had injection and 26 patients who had shockwave therapy had skin irritation in the first month.

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 in theory problems could include pain, tendon rupture, severe bruising, and nerve damage.

More information about hip pain

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 pain, 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. Interventional procedures 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 'extracorporeal shockwave therapy for refractory greater trochanteric pain syndrome'. This leaflet and the full guidance aimed at healthcare professionals are available at

www.nice.org.uk/guidance/IPG376

*You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2414). 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.