Referral of Adults with Osteoarthritis for a Knee Surgeon Opinion

CRITERIA BASED ACCESS

Policy
Referral for a surgical opinion for knee osteoarthritis will be funded in patients for whom conservative measures have failed and the following criteria have been met. In all cases, check that the patient wishes to consider options that may include surgery before referring.

- Patient Decision aid is available at: http://sdm.rightcare.nhs.uk/pda/osteoarthritis-of-the-knee/my-decision/

Exceptions include:
- Severe deformity and structural derangement on X-Ray
- Severe incapacitating pain threatening independence or ability to work

Criteria:
- The patient has intense to severe persistent pain which leads to clinically significant functional limitations resulting in a diminished quality of life.

OR
- The patient has significant progressive deformity or stiffness indicating that destruction of their joint is of such severity that delaying surgical correction would increase the technical difficulties of the procedure.

AND
- A minimum of 6 months of conservative measures.

Please provide details of the following within the referral:

- Confirmation that the patient would be willing to progress to surgery if deemed appropriate
- Details of non-operative management to date
- Referral to physiotherapy for knee strengthening exercises where appropriate
- Injections of the knee (in primary care) where appropriate
- Functional limitation
- Oxford knee score to be generally < 24
- X-Ray changes reported as showing moderate to severe degenerative changes in at least one compartment
- Demonstration of the patient's commitment to self-management to improve their symptoms to include:
  i. All patients who smoke should be referred to appropriate smoking cessation services.
  ii. Weight management interventions over a 6 month period with documented evidence of weight loss with dates and intervention types.

All patients should be advised that changing lifestyle can help stop osteoarthritis getting worse. Regular exercise, protecting the knee from further injury and keeping to a healthy weight will all help. (see http://www.arthritisresearchuk.org for further patient advice and leaflets).

Definitions and classification of symptoms

PAIN

Slight

- Sporadic pain.
- Pain when climbing/descending stairs.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate

- Occasional pain.
- Pain when walking on level surfaces (half an hour, or standing).

Intense

- Pain of almost continuous nature.
- Pain when walking short distances on level surfaces or standing for less than half an hour.
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.
- Requires the sporadic use of support systems walking stick, crutches).

Severe

- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response.
- Requires more constant use of support systems (walking stick, crutches).

FUNCTIONAL LIMITATION

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 conduct normal activities and self-care
- Walking capacity adequate to perform only a few or none of the normal activities and self-care

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

Policy Statement

Knee osteoarthritis is very variable in its outcome. Improvement in the structure of the joint shown in radiographs is rare once osteoarthritis is established, but improvement in pain and disability over time is common. Little is known about the risk factors for progression, but obesity probably makes an important contribution. Operations such as joint replacement are used when pain or disability cannot be otherwise controlled. (NICE).

Conservative measures in the management of osteoarthritis.

This is the recommendation of interventions for osteoarthritis from the NICE 2014 Clinical Guideline 177 on Osteoarthritis.

Holistic approach to osteoarthritis assessment and management

Offer advice on the following core treatments to all people with clinical osteoarthritis.

- Access to appropriate information.
- Activity and exercise.
- Interventions to achieve weight loss if the person is overweight or obese.

Education and self-management

- Offer accurate verbal and written information to all people with osteoarthritis to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated. Ensure that information sharing is an ongoing, integral part of the management plan rather than a single event at time of presentation.
- Agree individualised self-management strategies with the person with osteoarthritis. Ensure that positive behavioural changes, such as exercise, weight loss, use of suitable footwear and pacing, are appropriately targeted.

Non-pharmacological management

Advise people with osteoarthritis to exercise as a core treatment, irrespective of age, comorbidity, pain severity or disability. Exercise should include:

- Local muscle strengthening and
- General aerobic fitness.

NICE 2014. The Care and Management of Osteoarthritis in Adults. CG 177. http://guidance.nice.org.uk/CG177

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Samson AJ et al Total knee replacement in the morbidly obese: a literature review. ANZ Journal of Surgery, 2010; 80(9): 595–599.

Santaguida PL et al. Patient characteristics affecting the prognosis of total hip and knee joint arthroplasty: a systematic review. Can J Surg. 2008 Dec;51(6):428-36.

Dawson J et al. Questionnaire on the perceptions of patients about total knee replacement. J Bone Joint Surg Br. 1998 Jan;80(1):63-9. (reference for Oxford Knee Score. On-line questionnaire at http://www.orthopaedicscore.com/scorepages/oxford_knee_score.html) NICE 2011 Venous thromboembolism – reducing the risk.

http://www.nice.org.uk/nicemedia/live/12695/47920/47920.pdf (see section 5 for information on obesity and risk of VTE)