

Understanding NICE guidance

Information for people who use NHS services

Treating hip impingement syndrome with arthroscopic femoro–acetabular 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 arthroscopic femoro–acetabular 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 arthroscopic femoro–acetabular 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.

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

Further information about hip impingement syndrome and which patients it is most appropriate for will be helpful. 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.

Arthroscopic femoro–acetabular surgery

The procedure is not described in detail here – please talk 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–acetabular surgery is to improve range of movement and to reduce any unwanted contact in the hip joint.

Under general anaesthesia, a special camera (called an arthroscope) is inserted into the hip joint through a small incision. Using instruments inserted through one or two additional incisions, the surgeon removes some of the cartilage or bone, with the aim of reshaping the hip joint. Unlike open surgery, in arthroscopic surgery the hip joint does not need to be dislocated so recovery time is quicker.

What does this mean for me?

If your doctor has offered you arthroscopic femoro–acetabular 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 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 two studies on this procedure.

How well does the procedure work?

In one study of 158 patients, symptoms disappeared in nearly all the patients. Most patients reported a 50% reduction in pain 3 months after the procedure which further improved to a 95% reduction in pain after 1 year. Three patients required a total hip replacement after an average of 22 months. In a second study, a scale was used to evaluate 10 patients. On the scale, the average score improved from 75 points to 95 points after 14 months.

The expert advisers pointed out that a reliable method of deciding how well this procedure works has not yet been developed.

Risks and possible problems

In the study of 158 patients, one developed a fracture that needed a further procedure to repair.

The expert advisers consider the main risks of this procedure to be similar to those of any arthroscopic hip procedure. These include infection, blood clots, hip fracture and collapse of the head of the thigh bone.

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/IIPG213

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1223).