Instructional Session

NICE: Looking to the future - Quality Standards and Outcomes for Trauma and Orthopaedics

NICE and femoro-acetabular impingement

John Timperley MB ChB FRCS (Ed) D.Phil (Oxon)
Major Greenwood. Medical Statistician

“ I should like to shame surgeons out of the comic opera performances which they suppose are statistics of operations”
Review of surgical literature:
- 7% RCT
- 46% Case series
- 18% Lab/Animal experimentation

Why the pre-occupation with Case series?
- "the personal attributes that go to make a successful surgeon differ from those needed for collaborative multi-centre research"

"Does surgical research have a future? Surgeons do not see this question as a key issue in their practice"
Only 11.3% of studies published in the orthopaedic literature are considered level I.

RCTs in particular constitute approximately 3% of the orthopaedic literature.

There is an immense need for improved reporting of orthopaedic RCTs.
Problems with evaluating clinical outcomes of Orthopaedic conditions

- Seeking outcome of procedures over very long time
- Resource and Funding issues
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It has been suggested that FAI is a cause of labral and cartilage damage and this impingement is believed to be the genesis of idiopathic osteoarthritis

- “The literature outlining factors that might influence the outcome after hip arthroscopy is limited
- There are few reports on the outcome after arthroscopic treatment of FAI
- Few reports of outcome scores after hip arthroscopy for FAI
- Unclear which score has the best validity and responsiveness in this population
- Unclear how this procedure will affect the long-term outcome of the hip joint”
Arthroscopic femoro-acetabular surgery for hip impingement syndrome

- MEDLINE, PreMedline, EMBASE, Cochrane Library and other databases. Trial registries and the Internet were also searched. No language restriction was applied to the searches
  - overview is based on two case series
  - No published reviews were identified

- “Validated scores for evaluation of clinical outcomes have not yet been developed”
Guidance

Current evidence on the safety and efficacy of arthroscopic femoro–acetabular surgery for hip impingement syndrome does not appear adequate for this procedure to be used without special arrangements for consent and for audit or research.
Hip Arthroscopy Procedural Growth

2009-2014 CAGR 30.3%

Procedural data source: Solucient
Submissions to NICE report 2011: The young and active

- Femoroacetabular Impingement in Athletes, Part II: Treatment and Outcomes. W. Thomas Byrd
  *Sports Health: A Multidisciplinary Approach 2010:*
    - 172 FAI cases in athletes with 1-year follow-up. 90% success

- Femoroacetabular impingement in 45 professional athletes: associated pathologies and return to sport following arthroscopic decompression.
  Philippon M, et al.
    - follow-up of 1.6 years. 78% success.
Submissions to NICE report 2011: The young and active

- Femoroacetabular impingement in 45 professional athletes: associated pathologies and return to sport following arthroscopic decompression.

  Philippon M, Schenker M, Briggs K, Kuppersmith D. 

  - 10 month follow-up
  - 77% Satisfied or very satisfied, 27% Moderately satisfied, 12% disappointed.
  - 4% hip replacement
FAI Surgery

- Need to prove the efficacy of this type of surgery in order to get it adequately funded.
- UK in unique position to get the best data in the world
- Need for database of all procedures linked to PROMS and NJR
- Wonderful opportunity
• The BHS asked NICE to update advice about FAI surgery
• The BHS is setting up a National Register of all procedures linked to PROMS (later to NJR)
• Collaboration with NICE – they will make it clear data should be entered on the NAHSR
Non Arthroplasty Hip Surgery Register (NAHCSR)

- Not just for FAI surgery
- Collects details of all non arthroplasty hip surgery including paediatric conditions
- Future collaboration with NICE for required entry for different diagnoses
- PROMS and outcome data by e-mail and post
Surgeon can:
Display activity and outcomes
Choose scoring systems
Customise Forms

Minimum dataset entered onto NAHSR
Outcome and PROMS data collected automatically
SMITH, Gregory (Male, 40y)

Address:
49 Green Avenue
Inkberrow
Worcestershire
WR6 4HT

Email:
01 Aug 1971

Non Arthroplasty Hip Surgery

Started: 30 Jul 2011
Side: Left
Status: Active
Notes:

Outcome Data

Date Description
09 Aug 2011 Hip Assessment
31 Aug 2011 Oxford Hip Score (8)
22 Aug 2011 Oxford Hip Score (2)
07 Jun 2011 Oxford Hip Score (4)
### Clinical Registry

<table>
<thead>
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1. Clinical problem suspected/diagnosed (indicate all that apply):
   - Developmental abnormality
   - Central compartment
   - FAI type
   - Other
   - Extra-articular pathology
   - Other diagnoses
   - Acetabulum
   - Osteochondral defect/pathology
   - Cam
   - jlh
   - Ili-tibial band
   - Ankylosing spondylitis

2. Recent Investigations:
   - XR
   - MR arthrogram
   - MRI
   - CT
   - 3-D CT
   - EOS
   - Previous arthroscopy

   - No

3. Radiological assessment:
   - Severity of osteoarthritis (Tonnis)
   - Measurements

   - Grade 0
   - Femoral anteverision
# Hip Assessment

**Side**
- Left
- Right

### 1. Clinical problem suspected/diagnosed (indicate all that apply)
- **Developmental abnormality**
  - Acetabulum
  - Femur
- **Central compartment**
  - Labral pathology
  - Osteochondral defect/pathology
  - Loose body
  - Ligamentum teres
  - Other
- **FAI type**
  - Cam
  - Pincer
  - Mixed
- **Other**
  - <enter notes>
- **Extra-articular pathology**
  - Bursae
  - Iliotibial band
  - External rotators
  - Sciatic nerve
  - Other
- **Other diagnosis**
  - Ankylosing spondylitis

### 2. Recent Investigations
- **XR**
  - Yes
  - No
- **MR arthrogram**
  - Yes
  - No
- **MRI**
  - Yes
  - No
- **CT**
  - Yes
  - No
- **3-D CT**
  - Yes
  - No
- **EOS**
  - Yes
  - No
- **Previous arthroscopy**
  - Yes
  - No
Who benefits from the creation of the new Registry?

**The Patients.**

Patients will only undergo surgery if it is likely to reduce their pain, improve their function and/or prevent the progress of arthritis of the hip and ultimately a hip replacement.

Patients who will not benefit are spared the risk of surgery and the potential for the procedure to exacerbate their symptoms and accelerate the progression of arthritis.

**The Purchasers of Healthcare.**

Funding will be targeted on patients who will benefit from the procedure. Funds will not be used where the outcome clearly does not justify the resource.

**Surgeons.**

Surgeons will be able to define which patients will benefit from surgery and what details of the operative procedure will define a good result. The surgeon will have validated outcome data available.
Thank you for your attention

We need NICE to deliver!