

Management of Degenerative Meniscal Lesions

Funding will be considered where the patient meets the following criteria.

Clinicians need to ensure that the patients fulfil all criteria before they are referred to secondary care. These criteria will be vigorously observed unless a patient can demonstrate genuine exceptionality, in which case an individual funding request must be followed.

<https://www.greaterhuddersfieldccg.nhs.uk/key-publications/individual-funding-requests-ifr/>

<https://www.calderdaleccg.nhs.uk/key-documents/>

This threshold does not cover arthroscopy recommended by an orthopaedic specialist in those under 18 years of age or in adults following acute injury with suspected internal joint derangement, septic arthritis or suspected malignancy.

Degenerate meniscus

Knee arthroscopy will not be funded for patients with degenerative meniscus or osteoarthritis unless they have locking which has not responded to 3 months of conservative treatment.

Conservative treatment constitutes an individually tailored programme of appropriate muscle strengthening exercises for quads, glutes and core stability, a falls assessment and encouragement to general exercise.

NICE IPG 230: Referral for arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way' or X-ray evidence of loose bodies).

Imaging (ESSKA 2016):

What is the role of knee radiographs in the assessment of middle-aged or older patients with a painful knee?

Knee radiographs should be used as a first line imaging tool to support a diagnosis of osteoarthritis or to detect certain more rare pathologies of the knee. Therefore, at least anteroposterior weight-bearing semi- flexed knee radiographs including a lateral view should be included in the work up of the middle-aged or older patient with knee pain

What is the role of knee MRI in the assessment of a middle-aged or older patient with a painful knee?

Knee MRI is typically **not** indicated in the first line work up of middle-aged or older patients with knee joint symptoms. However, knee MRI may be

indicated in selected patients with refractory symptoms or in the presence of 'warning flags' or localized symptoms indicating more rare disease

When should Arthroscopic Partial Meniscectomy (APM) be proposed?

Surgery should **not** be proposed as a first line of treatment of degenerative meniscus lesions.

- After three months with persistent pain / mechanical symptoms: for a degenerative meniscus with **normal** X-rays/ abnormal MRI (grade III meniscus lesion), APM may be proposed.
- Surgery can be proposed earlier for patients presenting considerable mechanical symptoms (locking).
- No arthroscopic surgery should be proposed for a degenerative meniscus lesion with advanced osteoarthritis on weight bearing radiographs.

References (accessed July 2017)

Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis: Interventional procedures guidance [IPG230] Published date: August 2007. <https://www.nice.org.uk/guidance/ipg230/chapter/4-Further-NICE-recommendations-on-the-treatment-of-osteoarthritis>

ESSKA Meniscus Consensus Project: Degenerative meniscus lesions
https://docs.wixstatic.com/ugd/1a48d5_746ee02e1e82420ca718592ac27e51e6.pdf

Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline. *BMJ* 2017; 357 doi:
<https://doi.org/10.1136/bmj.j1982> (Published 10 May 2017)

NICE: Clinical Knowledge summaries: Scenario: Knee pain - history of trauma (Last revised in March 2011)
<https://cks.nice.org.uk/knee-pain-assessment#!scenario:1>