Degenerative Arthritis

Is Arthroscopy Worthwhile?

Richard Villar

London & Cambridge, United Kingdom
“Sometimes”
FAI
NICE
“NICE has recently been notified about this procedure and will consider it as part of the Institute’s work programme. NICE is currently in the process of preparing an Overview on this procedure. This is based on a rapid review of the medical literature and specialist opinion. Once this process has been completed a description of the indication and procedure will appear on the website.

The Interventional Procedures Advisory Committee (IPAC) will then consider this procedure and NICE will issue an Interventional Procedures Consultation Document about its safety and efficacy for 4 weeks’ public consultation. IPAC then reviews the consultation document in the light of comments received during the consultation process, and produces a final document containing recommendations for the procedure. NICE then issues guidance to the NHS in England, Wales and Scotland and Northern Ireland.”
“NICE has recently been notified about this procedure and will consider it as part of the Institute’s work programme. NICE is currently in the process of preparing an Overview on this procedure. This is based on a rapid review of the medical literature and specialist opinion. Once this process has been completed a description of the indication and procedure will appear on the website. The Interventional Procedures Advisory Committee (IPAC) will then consider this procedure and NICE will issue an Interventional Procedures Consultation Document about its safety and efficacy for 4 weeks’ public consultation. IPAC then reviews the consultation document in the light of comments received during the consultation process, and produces a final document containing recommendations for the procedure. NICE then issues guidance to the NHS in England, Wales and Scotland and Northern Ireland.”
“NICE has recently been notified about this procedure and will consider it as part of the Institute’s work programme. NICE is currently in the process of preparing an Overview on this procedure. This is based on a rapid review of the medical literature and specialist opinion. Once this process has been completed a description of the indication and procedure will appear on the website. The Interventional Procedures Advisory Committee (IPAC) will then consider this procedure and NICE will issue an Interventional Procedures Consultation Document about its safety and efficacy for 4 weeks’ public consultation. IPAC then reviews the consultation document in the light of comments received during the consultation process, and produces a final document containing recommendations for the procedure. NICE then issues guidance to the NHS in England, Wales and Scotland and Northern Ireland.”
“Chondral degeneration and therapeutic hip arthroscopy”

Walton NP Jahromi I, Lewis PL

*Int Orthop* 2004 Dec;28(6):354-6
Therapeutic hip arthroscopy for the treatment of chondral degeneration remains controversial. A retrospective cohort study examined 70 patients of mean age 47 (range 22-87) years who had undergone hip arthroscopy and assessed them for evidence of chondral degeneration using radiological and arthroscopic means. ... Thirty-nine patients had evidence of chondral degeneration on arthroscopy with or without radiological diagnosis, and 31 had alternative pathology. If patients were found to have chondral degeneration at arthroscopy, they were significantly more likely to have a poor clinical result than if an alternative diagnosis such as a loose body or labral tear was made (p<0.0001). Patients with evidence of degenerative changes on plain hip radiographs were significantly more likely to have a poor clinical result following hip arthroscopy than patients with unremarkable hip radiographs (p<0.0001). Therapeutic hip arthroscopy for osteoarthritis should be used with caution, as a poor clinical result is significantly more likely compared to other pathologies such as a labral tear or loose body.
Therapeutic hip arthroscopy for the treatment of chondral degeneration remains controversial. A retrospective cohort study examined 70 patients of mean age 47 (range 22-87) years who had undergone hip arthroscopy and assessed them for evidence of chondral degeneration using radiological and arthroscopic means. Thirty-nine patients had evidence of chondral degeneration on arthroscopy with or without radiological diagnosis, and 31 had alternative pathology. If patients were found to have chondral degeneration at arthroscopy, they were significantly more likely to have a poor clinical result than if an alternative diagnosis such as a loose body or labral tear was made (p<0.0001). Patients with evidence of degenerative changes on plain hip radiographs were significantly more likely to have a poor clinical result following hip arthroscopy than patients with unremarkable hip radiographs (p<0.0001). Therapeutic hip arthroscopy for osteoarthritis should be used with caution, as a poor clinical result is significantly more likely compared to other pathologies such as a labral tear or loose body.
Therapeutic hip arthroscopy for the treatment of chondral degeneration remains controversial. A retrospective cohort study examined 70 patients of mean age 47 (range 22-87) years who had undergone hip arthroscopy and assessed them for evidence of chondral degeneration using radiological and arthroscopic means. Thirty-nine patients had evidence of chondral degeneration on arthroscopy with or without radiological diagnosis, and 31 had alternative pathology. If patients were found to have chondral degeneration at arthroscopy, they were significantly more likely to have a poor clinical result than if an alternative diagnosis such as a loose body or labral tear was made (p<0.0001). Patients with evidence of degenerative changes on plain hip radiographs were significantly more likely to have a poor clinical result following hip arthroscopy than patients with unremarkable hip radiographs (p<0.0001). Therapeutic hip arthroscopy for osteoarthritis should be used with caution, as a poor clinical result is significantly more likely compared to other pathologies such as a labral tear or loose body.
Therapeutic hip arthroscopy for the treatment of chondral degeneration remains controversial. A retrospective cohort study examined 70 patients of mean age 47 (range 22-87) years who had undergone hip arthroscopy and assessed them for evidence of chondral degeneration using radiological and arthroscopic means. Thirty-nine patients had evidence of chondral degeneration on arthroscopy with or without radiological diagnosis, and 31 had alternative pathology. If patients were found to have chondral degeneration at arthroscopy, they were significantly more likely to have a poor clinical result than if an alternative diagnosis such as a loose body or labral tear was made (p<0.0001). Patients with evidence of degenerative changes on plain hip radiographs were significantly more likely to have a poor clinical result following hip arthroscopy than patients with unremarkable hip radiographs (p<0.0001). Therapeutic hip arthroscopy for osteoarthritis should be used with caution, as a poor clinical result is significantly more likely compared to other pathologies such as a labral tear or loose body.
Therapeutic hip arthroscopy for the treatment of chondral degeneration remains controversial. A retrospective cohort study examined 70 patients of mean age 47 (range 22-87) years who had undergone hip arthroscopy and assessed them for evidence of chondral degeneration using radiological and arthroscopic means. Thirty-nine patients had evidence of chondral degeneration on arthroscopy with or without radiological diagnosis, and 31 had alternative pathology. If patients were found to have chondral degeneration at arthroscopy, they were significantly more likely to have a poor clinical result than if an alternative diagnosis such as a loose body or labral tear was made (p<0.0001). Patients with evidence of degenerative changes on plain hip radiographs were significantly more likely to have a poor clinical result following hip arthroscopy than patients with unremarkable hip radiographs (p<0.0001). Therapeutic hip arthroscopy for osteoarthritis should be used with caution, as a poor clinical result is significantly more likely compared to other pathologies such as a labral tear or loose body.
“Hip arthroscopy in osteoarthritis. A review of 68 patients”


A few studies have investigated therapeutic effect of hip arthroscopy in osteoarthritis, and therefore the use of hip arthroscopy in osteoarthritis has remained controversial. The aim of this study was to evaluate diagnostic and therapeutic aspects of hip arthroscopy in primary osteoarthritis. During a time period from 1995 to 1999, a total of 68 patients had an arthroscopic evaluation of primary hip osteoarthritis …. The mean (range) follow-up was 1.3 (0.3 to 4) years…Three months after the arthroscopy, 49 (72%) patients reported that their hip pain had decreased. One year after the arthroscopy, 18 (26%) patients stated that their hip pain was less pronounced than before the arthroscopy. The severity of hip osteoarthritis in preoperative x-rays correlated significantly ($p = 0.035$) with the subjective result: the milder the osteoarthritis, the more often patients reported that their hip pain had decreased after arthroscopy… Hip arthroscopy with or without debridement of loose cartilage may, at least temporarily, reduce the pain of mild or moderate osteoarthritis of the hip. Still, repeated arthroscopies had no therapeutic effect.
A few studies have investigated therapeutic effect of hip arthroscopy in osteoarthritis, and therefore the use of hip arthroscopy in osteoarthritis has remained controversial. The aim of this study was to evaluate diagnostic and therapeutic aspects of hip arthroscopy in primary osteoarthritis. During a time period from 1995 to 1999, a total of 68 patients had an arthroscopic evaluation of primary hip osteoarthritis …. The mean (range) follow-up was 1.3 (0.3 to 4) years… Three months after the arthroscopy, 49 (72%) patients reported that their hip pain had decreased. One year after the arthroscopy, 18 (26%) patients stated that their hip pain was less pronounced than before the arthroscopy. The severity of hip osteoarthritis in preoperative x-rays correlated significantly (p = 0.035) with the subjective result: the milder the osteoarthritis, the more often patients reported that their hip pain had decreased after arthroscopy… Hip arthroscopy with or without debridement of loose cartilage may, at least temporarily, reduce the pain of mild or moderate osteoarthritis of the hip. Still, repeated arthroscopies had no therapeutic effect.
A few studies have investigated therapeutic effect of hip arthroscopy in osteoarthritis, and therefore the use of hip arthroscopy in osteoarthritis has remained controversial. The aim of this study was to evaluate diagnostic and therapeutic aspects of hip arthroscopy in primary osteoarthritis. During a time period from 1995 to 1999, a total of 68 patients had an arthroscopic evaluation of primary hip osteoarthritis. The mean (range) follow-up was 1.3 (0.3 to 4) years. Three months after the arthroscopy, 49 (72%) patients reported that their hip pain had decreased. One year after the arthroscopy, 18 (26%) patients stated that their hip pain was less pronounced than before the arthroscopy. The severity of hip osteoarthritis in preoperative x-rays correlated significantly ($p = 0.035$) with the subjective result: the milder the osteoarthritis, the more often patients reported that their hip pain had decreased after arthroscopy. Hip arthroscopy with or without debridement of loose cartilage may, at least temporarily, reduce the pain of mild or moderate osteoarthritis of the hip. Still, repeated arthroscopies had no therapeutic effect.
A few studies have investigated therapeutic effect of hip arthroscopy in osteoarthritis, and therefore the use of hip arthroscopy in osteoarthritis has remained controversial. The aim of this study was to evaluate diagnostic and therapeutic aspects of hip arthroscopy in primary osteoarthritis. During a time period from 1995 to 1999, a total of 68 patients had an arthroscopic evaluation of primary hip osteoarthritis.... The mean (range) follow-up was 1.3 (0.3 to 4) years... Three months after the arthroscopy, 49 (72%) patients reported that their hip pain had decreased. One year after the arthroscopy, 18 (26%) patients stated that their hip pain was less pronounced than before the arthroscopy. The severity of hip osteoarthritis in preoperative x-rays correlated significantly (p = 0.035) with the subjective result: the milder the osteoarthritis, the more often patients reported that their hip pain had decreased after arthroscopy... Hip arthroscopy with or without debridement of loose cartilage may, at least temporarily, reduce the pain of mild or moderate osteoarthritis of the hip. Still, repeated arthroscopies had no therapeutic effect.
A few studies have investigated therapeutic effect of hip arthroscopy in osteoarthritis, and therefore the use of hip arthroscopy in osteoarthritis has remained controversial. The aim of this study was to evaluate diagnostic and therapeutic aspects of hip arthroscopy in primary osteoarthritis. During a time period from 1995 to 1999, a total of 68 patients had an arthroscopic evaluation of primary hip osteoarthritis…. The mean (range) follow-up was 1.3 (0.3 to 4) years…Three months after the arthroscopy, 49 (72%) patients reported that their hip pain had decreased. One year after the arthroscopy, 18 (26%) patients stated that their hip pain was less pronounced than before the arthroscopy. The severity of hip osteoarthritis in preoperative x-rays correlated significantly \( (p = 0.035) \) with the subjective result: the milder the osteoarthritis, the more often patients reported that their hip pain had decreased after arthroscopy… Hip arthroscopy with or without debridement of loose cartilage may, at least temporarily, reduce the pain of mild or moderate osteoarthritis of the hip. Still, repeated arthroscopies had no therapeutic effect.
“The efficacy of arthroscopy in the treatment of hip osteoarthritis”

Margheritini F, Villar R

Chir Organi Mov 1999; LXXXIV: 257-261
133 consecutive patients with OA hip
Age
Sex
Severity of OA
Mean age: 42.2 yrs (SD 11.8)
Follow-up: 18 months (SD 5.4)
Men: 46
Women: 87
Modified Harris Hip Score

Pain (44 points)
Function (47 points)
Excellent: more than 80
Good: 71-80
Fair: 61-70
Poor: less than 61
OA alone

OA with associated pathology
## Mean scores

<table>
<thead>
<tr>
<th></th>
<th>Pre-operative</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47.8</td>
<td>60.7</td>
<td>59.9</td>
<td>58.7</td>
</tr>
</tbody>
</table>
One year post-op

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Worse</td>
<td>15%</td>
</tr>
<tr>
<td>Same</td>
<td>45%</td>
</tr>
<tr>
<td>Better</td>
<td>40%</td>
</tr>
</tbody>
</table>
Conversion to arthroplasty

16% at a mean of 6.8 months
Age

Sex

Severity of OA
Age

The older you are the worse you do
Sex

No difference between men and women
OA alone

OA with associated pathology
OA alone

OA with associated pathology
OA alone

OA with associated pathology
What do you tell the patient?
One year post-op

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Worse</td>
<td>15%</td>
</tr>
<tr>
<td>Same</td>
<td>45%</td>
</tr>
<tr>
<td>Better</td>
<td>40%</td>
</tr>
</tbody>
</table>
The End