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| **Arthroscopy of Knee Joint (therapeutic only)** |
| **Clinician Making Request:** | **Proposed provider:** |
| **Patient NHS No:** |
| **Patient's Initials:** | **Patient's DoB:** |
| **GP Practice Name:** | **GP Postcode:** |
| **Eligibility Criteria****Diagnostic arthroscopy of the knee:**Not commissioned or funded for the investigation of knee pain**Therapeutic arthroscopy of the knee:**Arthroscopy of the knee can be undertaken where a competent history and clinical examination has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) AND where conservative treatment has failed OR where it is clear that conservative treatment will not be effective. Occasionally MRI would be required but this would normally be requested by secondary care.Knee arthroscopy can therefore be carried out for:• Removal of loose body • Meniscal surgery (repair or resection)• Ligament reconstruction/repair (including lateral relapse) • Synovectomy• Treatment of articular defects e.g. micro-fracture• Treatment of osteoarthritis (only in line with NICE guideline (CG177) A proportion of knee arthroscopies may not lead to the anticipated therapeutic intervention, and therefore will be coded as diagnostic arthroscopies. Surgeons are asked to ensure that coding of the arthroscopy is undertaken after the procedure has taken place. |

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| **The CCG will agree to fund this intervention where the patient meets the criteria outlined in section 1 below** | **Please select** |
| **1.** Please confirm if the patient meets the criteriafor **ONE** of the following sections:**Section a**[ ]  The patient requires removal of loose body**Section b**[ ]   The patient requires meniscal surgery (repair or resection)**Section c**[ ]   The patient requires ligament reconstruction/repair (including lateral relapse)**Section d**[ ]   The patient requires synovectomy**Section e**[ ]   The patient requires treatment of articular defects (e.g. micro-fracture)**Section f**[ ]   The patient requires treatment of osteoarthritis (only in line with NICE guideline ([CG177](https://www.nice.org.uk/guidance/cg177)) | [ ] Yes [ ] No \* Required\* Consider if an IFR form is appropriate for this patient? Do not proceed with this application. |
| **2. CLINICIAN DECLARATION**I confirm that the above information is complete and accurately describes the patient's condition. Clinician GMC No.: \* Required**Note: treatment should only be undertaken in secondary care if this form is approved.** | [ ] Yes [ ] No  |