

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 003: The Use of Partial Knee Arthroplasty in Patients with Osteoarthritis of the Knee
Policy position	For Information Only
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

In knee osteoarthritis (OA) the cartilage protecting the bones of the knee softens and slowly wears away. This can occur throughout the knee joint or just in a single area of the knee. The bones then rub against one another, causing knee pain and stiffness. This can result in considerable loss of function, independence and quality of life.

During knee replacement surgery, bone and cartilage damaged by OA are resurfaced with metal and plastic components. In partial knee arthroplasty (PKA) only a portion of the knee is resurfaced. PKA is a less invasive procedure with potentially fewer surgical complications, but it leaves behind the remaining joint which may go on to develop symptomatic arthritis in the future with the potential need for further surgery.

PKA (also known as unicompartmental knee replacement) is a safe and effective alternative to total knee replacement in people who have osteoarthritis (OA) which is confined to the medial compartment only.

In line with NICE Guidance^{1,2} and Getting it Right First Time (GIRFT)³:

- Refer patients for consideration of knee surgery (joint replacement or joint preserving surgery) with moderate or severe symptoms that are refractory to at least 3 months of non-surgical treatment which includes core treatment, pharmacological management, physiotherapy and/or aids/devices. Core treatment includes providing verbal and written information to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated; activity and exercise; and interventions to achieve weight loss if the person is overweight or obese.

and

- A choice of partial or total knee replacement should be offered to people with isolated medial compartmental OA. Medial OA should be confirmed by a standing knee X-ray. The potential benefits and risks of each option should be discussed with the person.

and

- PKA should only be performed by an orthopaedic surgeon usually doing a minimum volume of 10 PKAs per year.

References

1. NICE (2014) Osteoarthritis: care and management, Clinical guideline [CG177]; <https://www.nice.org.uk/guidance/cg177>
2. NICE (2020) Joint replacement (primary): hip, knee and shoulder, NICE guideline [NG157]; <https://www.nice.org.uk/guidance/ng157>
3. Getting it Right First Time (GIRFT) (Review date: 31 October 2021) Orthopaedics: Uni knee replacement; <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2020/11/Ortho6.pdf>

Coding

OPCS Codes

Total Knee Replacement

- W40.1: Primary total prosthetic replacement of knee joint using cement
- W40.9: Unspecified total prosthetic replacement of knee joint using cement
- W41.1: Primary total prosthetic replacement of knee joint not using cement
- W41.9: Unspecified total prosthetic replacement of knee joint not using cement
- W42.1: Primary total prosthetic replacement of knee joint NEC
- W42.9: Unspecified other total prosthetic replacement of knee joint
- O18.1: Primary hybrid prosthetic replacement of knee joint using cement
- O18.9: Unspecified hybrid prosthetic replacement of knee joint using cement

Unicompartmental Knee Replacement

- W58.1: Primary resurfacing arthroplasty of joint

AND

Z84.4 Patellofemoral joint

Z84.5 Tibiofemoral joint

Z84.6 Knee joint

Version	Date	Reason for change
Version 1	April 2015	
Version 2	Agreed May 2022 (Ratified by the Board – January 2023)	Policy review as part of the three yearly update programme. Update and rewording the policy in line with national guidance; NICE and GIRFT.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.