# 29. KNEE ARTHROSCOPY REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address buildingSender address roadSender address post town |
| Address | Patient address housePatient address roadPatient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient AgeDate of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |       |

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| --- |
| Diagnosis and relevant history:      |
| Current (incl repeats) and past relevant medication & reason for stopping:      |
| Allergies:Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered the where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils all the criteria before they are referred to secondary care. Where the patient does not fulfil the criteria the Exceptions Form will need to be completed. This can be found on the CCG’s website In order to do this the Exceptional Circumstances Submission form will need to be completed and can be found on the CCG’s website* [*http://www.valeofyorkccg.nhs.uk/rss/index.php?id=individual-funding-request-forms*](http://www.valeofyorkccg.nhs.uk/rss/index.php?id=individual-funding-request-forms)

Both diagnostic and therapeutic arthroscopy is NOT routinely commissioned:

* For diagnostic purposes for investigation of knee pain
* To provide washout treatment (lavage) or debridement as a treatment for knee pain or arthritis (in line with NICE guidance, this should not be offered as part of a treatment for osteoarthritis unless the person has a clear documented history of mechanical locking)2, 3
* For symptoms of “giving way’ or X-ray evidence of loose bodies without true locking

NB If clinical assessment suggests the patient might have a red flag condition

(e.g.trauma, infection, carcinoma, bony fracture, avascular necrosis, or constant progressive non-mechanical pain, particularly at night), refer without delay OR if there has been knee trauma causing fracture or ligament avulsion and arthroscopy is needed urgently.

The CCG will ONLY commission therapeutic knee arthroscopy in adults where:

* the patient has clear mechanical features of true locking, or symptoms that worsen with conservative treatment

AND

* conservative treatment has been tried over a 3 month period (This needs to include exercise, weight loss where appropriate, physiotherapy and maximal analgesic medication) [ ]

OR

* for patients with chronic knee pain, where up to 6 months of comprehensive conservative treatment has been tried, including
* efforts to lose weight if BMI over 25, (as outlined in NICE guidance3),
* lifestyle advice, including exercise or rest
* optimum pharmacological treatments
* self or physiotherapy guided mobilisation and strengthening exercises. [ ]

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick) [ ]

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### For Trust usage

Patient listed for surgery: Yes [ ]  No [ ]

Comments: