

Chronic Hip Pain

Scope

This policy covers the management of patients with chronic hip pain. This policy does not cover indications for referral such as infection, malignancy or acute traumatic event.

Policy

Referral for treatment should be through the MSK service/pathway.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

Please refer to the Pain Management Pathway to ensure optimum conservative management: click here: [Pain Management Pathway](#)

Surgery

- For patients with indication for hip replacement, please see [Primary Hip Replacement Surgery Policy](#).
- Hip Resurfacing is a low priority treatment and will not be funded without exceptional case panel approval.
- Other arthroscopic or open hip surgery is funded where:
 1. patients have severe symptoms in terms of restricted movement and pain;
 2. they have undergone at least 3 months of conservative management including medication, avoidance of activities that aggravate their condition and physiotherapy treatment;
 3. surgery is undertaken in a specialist centre;
 4. where possible, surgery is undertaken arthroscopically, as a day case.

Injections

- Up to 3 corticosteroid injections will be funded for the treatment of hip osteoarthritis.
- Corticosteroid injections will be funded for the treatment of hip bursitis (trochanteric or other), or as an aid in joint manipulation, as required.
- Diagnostic hip injections performed to elucidate the source of symptoms will be funded (this may include corticosteroid and joint manipulation).
- Corticosteroid injections for other hip indications will not be funded without exceptional case panel approval.
- Injections of other substances into the hip will not be funded without exceptional case panel approval.

Note:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see [stop smoking policy](#).

Evidence and Rationale

For surgical treatment of hip pain, other than hip replacement for osteoarthritis, only case series studies have been published (femoro-acetabular impingement syndrome^{1, 2, 3, 4}, labral tears⁵ greater trochanteric pain syndrome^{6, 5, 7, 8}, snapping hip syndrome^{5, 9}, ligamentum teres¹⁰ and gluteal/abductor tendon tears^{11, 12}) and the effectiveness of arthroscopic or open surgery compared with conservative management in larger trials (FASHION, FAIT) is awaited. For hip osteoarthritis, there are only case series studies of surgeries other than hip replacement⁵ and there is evidence of high subsequent rates of conversion to total hip replacement¹³.

NICE does not recommend hip resurfacing unless the predicted conversion rate to hip replacement is 5% or less at 10 years¹⁴. Data from current trials indicate that conversion rates are much higher than this^{15,16}. The Birmingham hip resurfacing system has been rated A* by the National Joint Registry and has utility in large sizes in males.

Corticosteroid hip injections have been shown to relieve pain in patients with hip osteoarthritis compared with conservative management^{17, 18, 19} and to aid the resolution of hip bursitis²⁰, but no evidence of effectiveness was found for other conditions. NICE recommend that hyaluronic acid injections should not be used for the management of osteoarthritis²¹.

Numbers of People Affected

The prevalence of all cause hip disease severe enough to require surgery has been estimated at 15.2 per 1,000 people aged 35 to 85 years of age²². It has been estimated, based on radiographic evidence, that between 10% and 25% of people over the age of 55 years have osteoarthritis of the hip. Symptomatic hip osteoarthritis has been estimated to affect between 0.7% and 4.4% of adults.

References

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Glossary

Abductor tendon:	Tendons of the muscles in the buttocks.
Arthroscopy:	Type of keyhole surgery used both to diagnose and treat problems with joints
Acetabulum:	Part of the pelvis where the femur inserts.
Femoral head:	Top of the femur (leg) bone).
Femoro-acetabular impingement:	Condition where the bones of the hip are abnormally shaped causing friction when they rub against each other.
Greater trochanteric pain syndrome:	Syndrome defined by tenderness to palpation over the side of the hip.
Hip resurfacing:	Replacement of damaged surfaces in the hip joint.
Labral tears:	Tear of the ring of cartilage on the outside rim of the hip joint socket.
Ligamentum teres:	Tendon connecting the head of the leg bone with the inside of the hip joint.
Osteoarthritis:	Condition where cartilage becomes damaged over time causing joints to become painful and stiff.
Trochanteric bursitis:	Inflammation of the trochanteric bursa in the hip.

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