

Evidence Discussion (CMM-312)

Knee Surgery-Arthroscopic and Open Procedures: Synovectomy

Risks of knee arthroscopy for synovectomy include but are not limited to failure to improve, iatrogenic articular cartilage damage, neurovascular injury, infection, ecchymosis, hemarthrosis, arthrofibrosis, deep venous thrombosis, pulmonary embolism, and death, as well as complications related to risks of general and local anesthesia. [1]

Given the potential possibility for significant complications, proper patient selection is crucial to minimize the risk-benefit ratio.

Symptoms may include function-limiting pain, effusion, as well as mechanical symptoms such as blocked range of motion, weakness/giving way or buckling of the knee, or painful locking/clicking/catching/popping during weight-bearing activities. [7, 8, 10] Supportive exam findings include joint effusion, joint line tenderness, and painful/limited range of motion. [2, 9, 10, 11]

Imaging should confirm MRI /CT arthrogram findings demonstrating synovitis/plica that correspond to the patient's symptoms and physical examination along with the absence of Kellgren-Lawrence Grade IV findings on plain radiographs. [5, 6]

Many patients may improve within weeks to months with a course of conservative care and this may very well obviate the need for surgical treatment. [3, 5, 7] However, for properly selected patients who do not respond to conservative care after several months, surgical treatment would be indicated. [4, 5, 7]

As risk for major complications exists, symptoms, physical exam findings and imaging findings should support surgical intervention. Although the use of any coverage criteria includes the possible risk of delayed care, EviCore firmly believes the benefits of our evidence-based criteria best ensure patient safety and highly outweigh any clinical harms.

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