

Evidence Discussion: CMM 314 Hip Synovectomy

Indications for synovectomy of the hip can be confirmed by history, symptoms, physical examination, diagnostic studies and imaging[1,2]. Risks are increased by the fact that the procedure is more complicated by the anatomy of the hip as compared to that of other commonly operated joints [1].

Surgical infection, bleeding, Joint surface damage, joint stiffness, and damage to neurovascular structures are not uncommon. Besides the usual complications of surgery and anesthesia, extravasation of fluid, extrusion of intra-articular bodies, damage to the blood supply of the femoral head, and capsular instability can occur [2,3]. Given the potential possibility for significant complications, proper patient selection per EviCore's evidence based guidelines is crucial to minimize the risk benefit ratio and to best ensure patient safety. Although the use of any coverage criteria includes the possible risk of delayed care, EviCore firmly believes the benefits of our evidence based criteria highly outweigh any clinical harms [4].

1 – Ross, JR, et al. Indications for Hip Arthroscopy. Sports Health. 2017; 9(5): 402-413.

2 – Tian Knag, et al. Arthroscopic Synovectomy of the Hip Joint: The Regional Surgical Technique. Arthroscopy Techniques. July 2022; 11 (7); P1181-1187.

3 – Weber, A, et al. Complications of Hip Arthroscopy: A Systemic Review and Strategies for Prevention. Sports Medicine and Arthroscopy Review. 23 (4); p187-193.

4 –Krebs, V. The Role of Hip Arthroscopy in the Treatment of Synovial Disorders and Loose Bodies. CORR. Jan 2003; 406 (1):p48-59.