

## Conservative management for knee osteoarthritis

Patients with osteoarthritis of the knee often have arthroscopy of the joint, but strong evidence shows that arthroscopy is not clinically beneficial for patients over the age of 50, regardless of the presence of osteoarthritis.

Conservative management is recommended in the first instance. This includes patient education, support for weight loss, exercise advice and pharmacological management of symptoms. Conservative management mitigates the impact of inappropriate surgical interventions on patients (such as the risk associated with anaesthesia, potential post-operative complications and recovery time).

### Strategies to prevent inappropriate knee arthroscopy



#### Multidisciplinary consultation and peer review

Referrals for arthroscopy should be reviewed by a multidisciplinary team (consisting of surgical, medical, nursing, allied health representatives). This drives significant improvement in appropriateness of procedures and ultimately leads a reduction in total procedure volumes at sites over time.



#### Patient selection criteria

Clearly defined and agreed patient selection criteria for surgical procedures supports informed clinical decision-making. Information may *be* disseminated through patient information leaflets, decision aid tools, clinical pathways and local policy directives.



#### Local position statements and guidelines

Appropriate practices may be supported by locally agreed position statements and guidelines. These should be based on the Australian Commission on Safety and Quality in Healthcare clinical care standard for osteoarthritis of the knee and the Australian Orthopaedic Association position on arthroscopic surgery of the knee.



#### Education, training and mentoring

Training practices and mentoring relationships are founded on regular communication, advice and analysis of professional practices between registrars and consultant surgeons. These assist in self-regulating potentially inappropriate surgery performed in all fields of clinical practice.



#### Local data audit and review

Retrospective review of local practices, including audit of procedures undertaken in the absence of clinical indication, can provide important data. These data may inform reflection on local practices and provide a baseline from which to monitor improvement.



#### Alignment with established programs

Aligning efforts with established programs can provide additional support and cooperation. For instance, the Leading Better Value Care program is focusing on osteoarthritis chronic care. This encourages appropriate management of osteoarthritis by supporting patients to self-manage their condition, exploring alternatives to surgical intervention and encouraging a holistic approach to wellbeing.

**For more detailed information and references, please see the Agency for Clinical Innovation Surgical Services Taskforce (SST) webpage or contact Crystal Burgess, SST Manager, on [crystal.burgess@health.nsw.gov.au](mailto:crystal.burgess@health.nsw.gov.au)**