

# OHTAC Recommendation

## **Arthroscopic Lavage and Debridement for Osteoarthritis of the Knee**

**June 17, 2005**

**OHTAC** Ontario  
Health Technology  
Advisory Committee



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The Ontario Health Technology Advisory Committee (OHTAC) met on September 29, 2005 and reviewed the evidence on the effectiveness of arthroscopic debridement, which includes meniscectomy among other surgical procedures, for osteoarthritis (OA) of the knee. This is an extension of a review on arthroscopic lavage and debridement presented to OHTAC on June 17, 2005, and is focused on debridement procedures not included in this previous report.

Debridement of the knee is a visually-guided procedure in which the arthroscope is inserted into the joint, and 1 to 3 litres of saline (salt solution) is introduced for flushing of the joint and the facilitation of the debridement procedure. Debridement can be categorized into two main groups: the less invasive and the more invasive procedures. The less invasive procedures includes the removal of debris and smoothing of cartilage surfaces, whereas the more invasive debridement procedures may include abrasion, and additional surgical interventions such as meniscectomy, osteotomy, and synovectomy. The focus of this extension was on the more invasive forms of debridement.

Debridement is a surgical procedure presently offered to patients with knee joint pain (with or without mechanical symptoms) that are no longer adequately controlled with standard medical care; standard medical care includes non-pharmacologic and pharmacologic therapy. The MAS review included an evaluation of the evidence for the debridement (which includes meniscectomy, or partial removal of the meniscus). A summary of the findings is as follows:

- Level 4 evidence that arthroscopic debridement with meniscectomy, as appropriate, may be effective in earlier stages, unicompartmental disease, shorter symptom duration, sudden onset of mechanical symptoms, and pre-operative full range of motion. However, as these findings are derived from very poor quality evidence, the identification of subsets of patients that may benefit from this procedure requires further testing.

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- In patients with pain due to a meniscal tear, of the medial compartment in particular, repair of the meniscus results in better pain control at 2 years following surgery than if the pain is attributable to other causes. There is insufficient evidence to comment on the effectiveness of lateral meniscus repair on pain control.

Based on this information, OHTAC concluded that there was a lack of good quality evidence on which to base any further recommendations, and agreed to not modify the recommendations of June 17, 2005. These were as follows:

- Arthroscopic debridement of the knee has thus far only been found to be effective for medial compartmental osteoarthritis. All other indications should be reviewed with a view to reducing arthroscopic debridement as an effective therapy.
- Arthroscopic lavage of the knee alone (without debridement) is not recommended for any stage of OA.

However, OHTAC agreed that all recommendations be reviewed upon presentation of the report of its expert panel on osteoarthritis.