

National Institute for Health and Care Excellence

1015 – Arthroscopic radiofrequency chondroplasty for discrete chondral defects of the knee

Consultation Comments table for 2nd consultation (24 January 2014 to 21 February 2014)

IPAC date: Thursday 13 March 2014

Com . no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 Private Sector Professional	1	Fine	Thank you for your comment.
2	Consultee 1 Private Sector Professional	2	This is shocking! Å ---Injection of steroid or HA into a joint in a young person with a discrete patch of articular cartilage damage is NEGLIGENT!! --- as it simply masks the symptoms without actually curing or addressing the actual damage --- thereby encouraging the patient to do more on their knee ... so that once the effect of the steroid has worn off, the patient is then likely to feel worse as the damage is likely to have by then progressed --- making it then even harder to treat effectively!	Thank you for your comment. Hyaluronic acid and corticosteroid injections were removed from the indications and current treatment section.
3	Consultee 1 Private Sector Professional	3	Yes	Thank you for your comment.
4	Consultee 1 Private Sector Professional	4	Agreed	Thank you for your comment.
5	Consultee 1 Private Sector Professional	5	Any tool can be dangerous if you put it into the hands of an idiot!!	Thank you for your comment.

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6	Consultee 1 Private Sector Professional	6	Correct --- the Committee has taken an extremely blinkered look at this technology, and has chosen to evaluate just one aspect of its use when there are actually many others!	Please respond to all comments Thank you for your comment. IP guidance considers one intervention for treating a specific indication; it does not review technologies for a diversity of indications.

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7	Consultee 1 Private Sector Professional	NOTE	<p>Dear Panel, I use a radiofrequency probe in almost every knee arthroscopy that I do, and I consider them to be an ESSENTIAL tool for knee surgery. I use RF probes for - - coagulation of bleeding blood vessels, - trimming and smoothing off torn meniscal tissue, - removing torn ACL stumps, - removing articular cartilage edges as part of performing a notchplasty, - stabilising cracked or flaking areas of articular cartilage, - smoothing off the edges of a full-thickness cartilage defect prior to then proceeding with either microfracture or articular cartilage grafting... .. and I'm sure there are probably other uses too! So - these tools are NOT just purely for the treatment of discrete chondral defects on the knee, like the title of your investigation suggests. Some people (who quite simply just don't understand the science behind RF probes and who haven't read the literature properly), quite wrongly seem to be under the impression that RF to articular cartilage 'burns the cartilage away and kills the cells, causing damage' The reality is that like any tool - if it's put into the hands of a ham-fisted idiot then they can indeed be dangerous with it! However, when used properly and when using the correct specific kit, it is ideal for smoothing off and stabilising damaged articular cartilage surfaces. There is clear evidence to show that the depth of cell damage/necrosis from careful coblation chondroplasty is about HALF of the depth of cell death caused by using an arthroscopic shaver. Also, the actual type of RF probe used is critical ---</p>	<p>Thank you for your comment.</p> <p>This guidance is specific to the use of radiofrequency probes for the treatment of discrete chondral defects of the knee and does not consider the use of radiofrequency energy for treating other indications.</p> <p>The committee considers all adverse events reported in the literature and highlighted by specialist advisers, regardless of whether the adverse events were due to improper use of equipment or not.</p>

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8	Consultee 1 Private Sector Professional	NOTE	and I only ever use the RF probes from [REDACTED] which, importantly, are temperature controlled low temperature probes, that do NOT burn or cook adjacent tissue and which, when used properly and carefully, work fantastically. The panel really really does need to see some actual video footage of how RF probes can be used in a knee and what can be done when they are used properly --- and I can provide the panel with as many videos as they like (I have hundreds) and also patient case reports by the dozen, if needed. Critically --- please be aware of the enormous variation that exists between different orthopaedic surgeons' knowledge, understanding, judgement and practical abilities --- and please don't assume that any orthopaedic surgeons that you might have on your panel are actually what I personally would call a 'proper expert' in this area --- let alone a proper actual knee specialist! If you truly want to have a full, balanced and honest evaluation of this intervention, then you'll ask me to come along to present to the panel so that you can actually hear my full side of the story but I doubt that you'll actually bother doing that, will you?! Mr [REDACTED] Â MB BS, MS, FRCS(Orth), FFESM(UK) Consultant Orthopaedic Surgeon, [REDACTED]	Please respond to all comments Thank you for your comment. NICE obtains specialist advice from specialists who have been nominated or ratified by relevant professional bodies. In this instance, Specialist Advisers were identified by contacting the British Association for Surgery of the Knee and the British Orthopaedic Association. Advice was obtained from 2 specialists who have carried out the procedure and 2 specialists who have not, in order to facilitate informed decisions. Please refer to the IP process guide for more details: http://www.nice.org.uk/media/1E0/17/IPProgrammeProcessGuideJan09.pdf

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."