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PARTIALLY EXCLUDED POLICY – PE117
SPINAL SURGERY
(Previously PE05)

Policy author:	Ipswich & East Suffolk and West Suffolk Clinical Commissioning Groups (CCGs) supported by Public Health Suffolk, Suffolk County Council
Policy start date:	December 2006
Subsequent review dates:	March 2011 May 2014 April 2017
Next review date:	April 2020

1. Policy Summary

1.1 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica, endoscopic laser foraminoplasty, percutaneous endoscopic laser thoracic discectomy, percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica and therapeutic endoscopic division of epidural adhesion will not be routinely funded. Funding requests are considered by the NHS Suffolk Individual Funding Request (IFR) Panel if there are exceptional circumstances. This partial exclusion policy offers some guidance to the referring clinician and the IFR Panel when considering such requests.

2. Rationale Behind Policy Decision

2.1 NICE states that current evidence on the safety and efficacy of the above procedures does not appear adequate for them to be used without special arrangements for consent and for audit or research purposes. These procedures will not therefore be routinely funded. Further research will generate a more sufficient evidence base for the procedure.

3. Policy Procedure Guidance to CCG

3.1 The indications for referral to the IFR Panel for this type of spinal surgery are those stated in NICE guidance (IPG570, IPG31, IPG61, IPG544 and IPG333)[1-5] and are summarised below.

3.2 In all cases NICE states that current evidence on the safety and efficacy of these procedures does not appear adequate for them to be used without special arrangements for consent and for the purpose of audit or research. Clinicians wishing to undertake such procedures should:

a) Inform the clinical governance leads in their Trusts.

b) Ensure that patients understand the uncertainty about the procedure's safety and efficacy and provide them with clear written information. Use of the Institute's *Information for the Public* is recommended.

c) Ensure that appropriate arrangements are in place for audit or research.

3.3 IPG570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica[1] (replacing IPG300 Laser lumbar discectomy):

a) Background: Epiduroscopic lumbar discectomy through the sacral hiatus is a procedure used for adults with sciatica and involves removing the part of the spinal disc pressing against the spinal nerve, to relieve pain.

b) Recommendation: Current evidence on the safety and efficacy of epiduroscopic lumbar discectomy through the sacral hiatus for sciatica is limited in quantity and quality. Therefore, this procedure should only be used in the context of research. This procedure should only be done by surgeons with expertise in endoscopic spinal surgery and specific training in epiduroscopy through the sacral hiatus. NICE encourages further research into epiduroscopic lumbar discectomy through the sacral hiatus for sciatica and may update the guidance on publication of further evidence.

3.4 IPG31 Endoscopic laser foraminoplasty[2]:

a) Background: Endoscopic laser foraminoplasty is used mainly to treat back pain caused by a prolapsed vertebral disc. Approximately 2-5% of people suffer acute back pain per annum, while 0.5% of these have pain and neurologic conditions requiring surgery. This endoscope-assisted laser technique is used to widen the lumbar exit route foramina in the spine. A laser is inserted to ablate portions of the intervertebral disc which have protruded.

b) Recommendation: Current evidence of the safety and efficacy of endoscopic laser foraminoplasty does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. NICE is not undertaking further investigation at present.

3.5 IPG061 Percutaneous endoscopic laser thoracic discectomy[3]:

a) Background: This procedure is used to treat symptomatic thoracic disc herniation. Symptomatic thoracic disc herniation is rare (0.25-0.57% of all disc herniations reported in the literature) although asymptomatic disc herniation has a prevalence of 7-15%. A number of endoscopic techniques have been described but all use multiple portal incisions and are performed under general anaesthetic. By contrast percutaneous endoscopic laser thoracic discectomy aims to decompress the disc using a percutaneous needle and laser ablation. As a consequence, it is only indicated where the disc herniation is contained inside the nucleus pulposus and is contraindicated where free disc fragmentation is evident. The full guidance contains further specific details on eligibility for this procedure.

b) Recommendation: Current evidence on the safety and efficacy of percutaneous endoscopic laser thoracic discectomy does not appear adequate for this procedure to be used without special arrangements for consent and for audit or research. Further research will be useful in reducing the current uncertainty.

3.6 IPG544 Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica[4] (replacing IPG319 Percutaneous intradiscal electrothermal therapy for lower back pain):

a) Background: Conservative treatments for low back pain include analgesics, non-steroidal anti-inflammatory drugs and physical therapy. Surgery (including discectomy, fusion or disc replacement) may be considered for people with neurological complications or persistent symptoms that are unresponsive to conservative treatment. Percutaneous electrothermal treatment is an option for patients with discogenic lower back pain who have not responded to conservative treatment and who have opted not to have surgery. The procedure aims to relieve back pain and sciatica by applying thermal energy to the annulus of a damaged intervertebral disc in order to stiffen the annulus and disrupt nerve endings within it. Thermal treatment of the annulus can be performed using a variety of techniques which use radiofrequency energy. These include Intradiscal Electrothermal Therapy (IDET), biacuplasty, and Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT). PIRFT can be used to treat the intervertebral disc annulus and/or the disc nucleus. This guidance considers only thermal treatment of the annulus.

b) Recommendation: Current evidence on the safety and efficacy of percutaneous intradiscal electrothermal therapy for low back pain is inconsistent. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research. NICE encourages further research into percutaneous electrothermal treatment of the intervertebral disc annulus.

3.7 IPG333 Therapeutic endoscopic division of epidural adhesions:

a) Background: Endoscopic epidural procedures are used to treat lower back pain, particularly when radiculopathy is present. The epidural space is examined with an endoscope and further interventions may then be performed, such as mobilising spinal adhesions or administering drugs to inflamed tissue.

b) Recommendation: Current evidence on therapeutic endoscopic division of epidural adhesions is limited to some evidence of short-term efficacy, and there are significant safety concerns. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research.

4. References

1. National Institute for Clinical Excellence. IPG570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: guidance. December 2016. Available from URL: https://www.nice.org.uk/guidance/ipg570 [accessed December 2016]
2. National Institute for Clinical Excellence. IPG31 Endoscopic laser foraminoplasty: guidance. December 2003. Available from URL: https://www.nice.org.uk/guidance/ipg31 [accessed December 2016]
3. National Institute for Clinical Excellence. IPG061 Percutaneous endoscopic laser thoracic discectomy: guidance. May 2004. Available from URL: https://www.nice.org.uk/guidance/ipg61 [accessed December 2016]
4. National Institute for Clinical Excellence. IPG544 Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica: guidance. January 2016. Available from URL: https://www.nice.org.uk/guidance/ipg544 [accessed December 2016]
5. National Institute for Clinical Excellence. IPG333 Therapeutic endoscopic division of epidural adhesions: guidance. February 2010. Available from URL: https://www.nice.org.uk/guidance/ipg333 [accessed December 2016]