



Title	Knee Arthroscopy, Development of Criteria for Appropriateness
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Aim

To develop standards on the appropriateness of knee arthroscopy in patients with acute, chronic problems, joint-related diseases, or in the core of knee systemic diseases.

Conclusions and results

The following objectives were pursued in developing the appropriateness standards:

- To assess the efficacy of knee arthroscopy in patients with acute, chronic problems, joint-related diseases, or in the core of knee systemic diseases.
- To select relevant clinical variables when indicating and performing knee arthroscopy.
- To extract clinical conditions that had been excluded from the clinical trials and have appropriateness agreement in the experts' panel.

The first round of voting, following the scoring definitions proposed by RAND, resulted in: 229 indications (29.8%) were considered appropriate, 387 (50.4%) uncertain, and 152 (19.8%) inappropriate. The observed disagreement score was moderate: 122 (15.9%) indications were scored as disagreement, 174 (22.7%) as agreement, and 472 (61.4%) as indeterminate.

In the second round of voting: 393 (51.2%) indications were considered appropriate, 196 (25.5%) uncertain, and 179 (23.3%) inappropriate. The disagreement score was visibly lower than in the first round: 0 (0%) indications were scored as disagreement, 348 (45.3%) as indeterminate, and 420 (54.7%) as agreement.

Standards on the appropriateness of knee arthroscopy, which may be applied to patients with different knee pathologies, were realized. The standards can be used to form clinical practice guidelines (CPG) to improve appropriate use, decrease variability, and improve healthcare quality. They can be used retrospectively (by matching the standards with clinical records) to determine the percent of procedures performed for appropriate reasons, or not. This can help avoid procedures

for inappropriate indications and promote those for appropriate reasons. Also, the appropriateness standards can help in decision-making and considering patients' preferences.

Methods

The RAND/UCLA method, which combines scientific evidence with the best opinions of experts, was followed. For each clinical indication, the expert gives his/her opinion on the appropriateness of a procedure in a quantitative way. An indication is considered to be appropriate when the benefits to patients sufficiently outweigh the possible risks or negative consequences. An indication is classified as inappropriate when the risks outweigh the benefits.

A bibliographic review was conducted, and a checklist of 768 indications was composed. A panel (11 orthopedic and traumatology surgeons with different specialization in arthroscopic surgery) scored the appropriateness grade for every indication from 1 (very inappropriate) to 9 (very appropriate). The indications were scored twice: anonymously in the round one, and during a meeting in round two. Based on the median of the panels' scores and their agreement score, each indication was classified as appropriate, uncertain, or inappropriate for knee arthroscopy.