## From the Deputy Chief Medical Officer **Dr Paddy Woods**

### Circular HSC (SQSD) (NICE IPG621) 20/18



**Subject: NICE Interventional Procedures Guideline** - IPG621 - Low-intensity pulsed ultrasound to promote healing of fresh fractures at low risk of non-healing (updates & replaces IPG374)

Circular Reference: HSC (SQSD) (NICE IPG621) 20/18

For action by:

Chief Executive of HSC Board - for distribution to:

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Improvement

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Chief Executive/Postgraduate Dean, NIMDTA

Clinical Education Centre, BSO

NI NICE Implementation Facilitator

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#### **Summary of Contents:**

This guidance provides evidence-based recommendations on lowintensity pulsed ultrasound to promote healing of fresh fractures at low risk of non-healing in adults. This involves using an ultrasound probe on the skin at the site of the fracture.

**Enquiries:** 

Any enquiries about the content of this Circular should be addressed

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Related documents:

Date of Issue: 01 August 2018

HSC (SQSD) 4/14

Superseded documents

None

Status of Contents:

For action

Implementation:

**Immediate** 

Additional copies:

Available to download from

https://www.health-ni.gov.uk/topics/safety-and-qualitystandards/national-institute-health-and-care-excellence-nice



# **Dear Colleague**

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE): INTERVENTIONAL PROCEDURES GUIDELINE – IPG621 - LOW-INTENSITY PULSED ULTRASOUND TO PROMOTE HEALING OF FRESH FRACTURES AT LOW RISK OF NON-HEALING (UPDATES & REPLACES IPG374)

The National Institute for Health and Care Excellence (NICE) produces guidance as part of the Interventional Procedure Programme. Clinicians who have developed new procedures send these to NICE to evaluate their effectiveness. Cost is not considered as part of this evaluation. Solely for this programme, NICE communicates directly with the HSC in Northern Ireland and consequently Departmental bi-monthly circulars are normally only required. An exception has been made for this as current evidence does not show efficacy.

# The advice in the NICE guideline states:

The evidence for low-intensity pulsed ultrasound to promote healing of fresh fractures at low risk of non-healing raises no major safety concerns. However, current evidence does not show efficacy. Therefore, this procedure should not be used for this indication.

The HSC sector also should note that the Department expects the HSC sector to comply with this guidance in their delivery of services to patients with fresh fractures at low risk of non-healing.

#### Indications and current treatments

Fractures are a common result of trauma, and are usually described as either closed (skin over the fracture site is intact) or open (involves an open wound). They may vary in complexity from a single break (transverse or oblique) to comminuted, in which the bone has broken into several pieces.

Fractures usually heal within a few weeks after treatment by closed or open reduction, and immobilisation using a cast or internal fixation. Sometimes, healing may be delayed or not happen at all (non-union). There is no agreed precise definition of a fracture non-union but, typically, it is considered to be when bony union has failed 6 to 9 months after the fracture. Risk factors for non-union of fractures include: systemic medical conditions (for example, diabetes, malnutrition, osteoporosis); smoking; use of non-steroidal anti-inflammatory drugs; local factors such as infection; vascular problems; magnitude of injury (for example, fracture location and gap, traumatic fractures); advanced age; and other iatrogenic factors. Treatment of non-union may need complex and prolonged management with implications for the patient's quality of life and functional capacity.

### Outline of the procedure

The aim of low-intensity pulsed ultrasound is to reduce fracture healing time and avoid non-union by delivering micro-mechanical stress to the bone to stimulate bone healing.

An ultrasound probe is positioned on the skin over the fracture and patients self-administer low-intensity pulsed ultrasound daily, usually for 20 minutes. If a patient's limb is immobilised in a cast, a hole is cut into the cast for the ultrasound probe. The probe delivers acoustic radiation and coupling gel is used on the skin to aid conduction of the ultrasound signal. An operating frequency of 1.5 MHz, pulse width of 200 microseconds, repetition rate of 1 kHz,

and a temporal average power of 30 milliwatts/cm<sup>2</sup> is typically used. The exact treatment protocol and duration of treatment may vary.

Progress towards fracture healing is usually assessed radiographically. Treatment duration ranges from a few weeks to several months.

The full NICE intervention procedure guideline is available for download at:

https://www.nice.org.uk/guidance/ipg621

**DR PADDY WOODS**