

CLINICAL POLICY ADVISORY GROUP (CPAG)

Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain should not routinely be commissioned.

To clarify, 'pure subacromial shoulder impingement' means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Arthroscopic subacromial decompression is a surgical procedure that involves the decompression of the sub-acromial space in the shoulder by removing bone spurs and soft tissue arthroscopically. Subacromial decompression is an operation usually by keyhole surgery (arthroscopy) on your shoulder to treat a condition called shoulder impingement, which causes pain when you lift your arm. To clarify, 'pure subacromial shoulder impingement' means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy.

2. Recommendation

Research has indicated in patients with pure subacromial impingement that non-operative management with a combination of exercise and physiotherapy is effective in the majority of cases.

In order to facilitate non-operative treatment in primary and intermediate care, BESS and Getting It Right First Time (GIRFT) programme have produced patient exercise rehabilitation videos and booklets for GPs and patients to use. <https://bess.ac.uk/subacromial-pain/> For patients who have persistent or progressive symptoms, in spite of adequate non-operative treatment, surgery should be considered. The latest evidence for the potential benefits and risks of subacromial shoulder decompression surgery should be discussed with the patient and a shared decision reached between surgeon and patient as to whether to proceed with surgical intervention.

Treating clinicians and surgeons should refer to the 2014 BESS/BOA/NICE commissioning guidelines for details of appropriate treatment for these patients. <https://www.boa.ac.uk/resources/subacromial-shoulder-commissioning-guide.html>

3. Rationale for Recommendation

Arthroscopic subacromial decompression for pure subacromial shoulder impingement should only be offered in appropriate cases. To clarify, 'pure subacromial shoulder impingement' means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy. Non-operative treatment, such as physiotherapy and exercise programmes, are effective and safe in many cases.

A BMJ Rapid Recommendation (2019) concluded strongly that surgery did not provide important improvements in pain, function, or quality of life compared with placebo surgery or other options. Frozen shoulder may be more common with surgery.

Previous reviews have been limited by the quality of evidence but their findings showed no difference between patients treated with surgery and those treated with non-surgical options.

Risks associated with arthroscopic sub-acromial decompression are low but include infection, frozen shoulder, ongoing pain, potential damage to blood vessels or nerves and those associated with having a general anaesthetic.

4. Useful Resources

- NHS. Shoulder Impingement. <https://www.nhs.uk/conditions/shoulder-impingement-syndrome/>

- British Elbow & Shoulder Society (BESS). Subacromial Shoulder Pain. <https://bess.ac.uk/subacromial-pain/>

5. References

- British Medical Journal Subacromial decompression surgery for adults with shoulder pain: a clinical practice guideline BMJ 2019;364:l294 <https://doi.org/10.1136/bmj.l294> (Accessed Nov 2021).
- Karjalainen, T. V., Jain, N. B., Page, C. M., Lähdeoja, T. A., Johnston, R. V., Salamh, P., Kavaja, L., Ardern, C. L., Agarwal, A., Vandvik, P. O., & Buchbinder, R. (2019). Subacromial decompression surgery for rotator cuff disease. *The Cochrane database of systematic reviews*, 1(1), CD005619. <https://doi.org/10.1002/14651858.CD005619.pub3>
- Beard DJ, Rees JL, Cook JA, Rombach I, Cooper C, Merritt N, Shirkey BA, Donovan JL, Gwilym S, Savulescu J, Moser J, Gray A, Jepson M, Tracey I, Judge A, Wartolowska K, Carr AJ; CSAW Study Group. Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial. *Lancet*. 2018 Jan 27;391(10118):329-338. doi: 10.1016/S0140-6736(17)32457-1.
- British Elbow & Shoulder Society (BESS), British Orthopaedic Association (BOA), Royal College of Surgeons for England (RCSEng) Commissioning Guide: Subacromial Shoulder Pain. <https://www.boa.ac.uk/resources/subacromial-shoulder-commissioning-guide.html>
- BESS BOA statement responding to CSAW study <https://bess.ac.uk/download/1452/bess-position-statements/6263/bess-boa-statement-responding-to-csaw-study.pdf>
- Evidence Based Interventions <https://www.england.nhs.uk/evidence-based-interventions/> NICE CKS. Shoulder Pain. <https://cks.nice.org.uk/topics/shoulder-pain/>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant T&O Surgeon (UHDBFT)	October 2021
Clinical Policy Advisory Group (CPAG)	December 2021
Clinical and Lay Commissioning Committee (CLCC)	January 2022
Consultant Upper Limb and Hand Surgeon (UHDBFT)	July 2024
Consultant T&O Surgeon (UHDBFT)	July 2024
Operations Lead (DCHSFT)	July 2024
Clinical Lead MSK (DCHSFT)	July 2024
Advanced Physiotherapy Practitioner (DCHSFT)	July 2024
Clinical Policy Advisory Group (CPAG)	August 2024

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 2.0</u> Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	December 2021
<u>Version 2.1</u> CPAG agreed to extend the review date of this policy by 12 months, in agreement with clinical stakeholders, due to reduced capacity within the Clinical Policies team.	August 2024