

CLINICAL POLICY ADVISORY GROUP (CPAG)

Arthroscopic Shoulder Decompression for Subacromial Shoulder Pain Policy

Statement

Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value, has deemed arthroscopic shoulder decompression for subacromial shoulder pain to not be routinely commissioned.

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

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 treatments, such as physiotherapy and exercise programmes, are effective and safe in many cases.

1. Description of the Intervention

Recent research has indicated that in patients with pure subacromial impingement (with no other associated diagnoses such as rotator cuff tears, calcific tendinopathy and acromio-clavicular joint pain), non-operative management with a combination of exercise and physiotherapy is effective in the majority of cases.

Treating clinicians and surgeons should refer to the 2015 BESS/BOA/NICE commissioning guidelines (guideline update due in 2018/19) for details of appropriate treatment of these patients. <https://www.boa.ac.uk/resources/subacromial-shoulder-commissioning-guide.html>.

In order to facilitate non-operative treatment in primary and intermediate care, BESS and Getting It Right First Time programme have produced patient exercise rehab videos and booklets for GPs and patients to use. <http://www.bess.org.uk/index.php/public-area/shpi-videos>.

2. Summary of Intervention

Arthroscopic sub-acromial decompression is a surgical procedure that involves the decompression of the sub-acromial space by removing bone spurs and soft tissue arthroscopically.

3. 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.

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.

4. Rationale for Recommendation

Recruiting patients with pure subacromial impingement and no other associated diagnosis, a recent randomised, pragmatic, parallel group, placebo-controlled trial investigated whether subacromial decompression compared with placebo (arthroscopy only) surgery improved pain and function¹. While statistically better scores were reached by patients who had both types of surgery compared to no surgery, the differences were not clinically significant, which questions the value of this type of surgery.

On the other hand, a more recent prospective randomised trial comparing the long term outcome (10 year follow up) of surgical or non-surgical treatment of subacromial impingement showed surgery to be superior to non-surgical treatment.³

Other studies of limited quality identify certain patients with impingement syndrome that improve with surgical subacromial decompression if non-operative management fails.^{4,5} There is also some evidence to show the benefit of surgery when used selectively and applying national clinical guidelines.⁶

A review of the literature identified one further systematic review that looked at the effectiveness of surgery.² The review was limited by the quality of evidence but their findings showed no difference between patients treated with surgery and those treated with non-surgical options.

Healthcare professionals treating patients with subacromial pain should be familiar with the NICE approved commissioning and treatment guidelines for the management of subacromial pain.⁷

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.

5. References

Adopted from NHSE Evidence-Based Intervention: Guidance for CCGs cited as:

1. 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. Epub 2017 Nov 20. PubMed PMID: 29169668; PubMed Central PMCID: PMC5803129.
2. Dorrestijn O, Stevens M, Winters JC, van der Meer K, Diercks RL. Conservative or surgical treatment for subacromial impingement syndrome? A systematic review. *J Shoulder Elbow Surg* 2009; 18: 652–60.
3. Farfaras S, Sernert N, Rostgard Christensen L, Hallström EK, Kartus JT. Subacromial Decompression Yields a Better Clinical Outcome Than Therapy Alone: A Prospective Randomized Study of Patients With a Minimum 10-Year Follow-up. *Am J Sports Med*. 2018 May;46(6):1397-1407
4. Holmgren T, Björnsson Hallgren H, Öberg B, Adolfsson L, Johansson K. Effect of specific exercise strategy on need for surgery in patients with subacromial impingement syndrome: randomised controlled study. *BMJ*. 2012 Feb 20;344:e787. doi: 10.1136/bmj.e787

5. Magaji SA, Singh HP, Pandey RK. Arthroscopic subacromial decompression is effective in selected patients with shoulder impingement syndrome. J Bone Joint Surg Br. 2012 Aug;94(8):1086-9
6. Jacobsen JR, Jensen CM, Deutch SR. Acromioplasty in patients selected for operation by national guidelines. J Shoulder Elbow Surg. 2017 Oct;26(10):1854-1861.
7. <https://www.boa.ac.uk/uploads/assets/uploaded/f4bfe04a-0450-4eab-b9acad9dbb5d8c86.pdf>

6. Appendices

Appendix 1: Consultation

Consultee	Date
Update based on Evidence-Based Intervention: Guidance for CCGs	11 Jan 2019
Public Health Input – Consultant in Public Health	April 2019
Derbyshire Affiliated Commissioning Committee	April 2019
Consultant Orthopaedic Surgeon UHDB	June 2019
Shoulder and Elbow Physiotherapist CRHFT	June 2019
Clinical Polices Advisory Group	June 2019
Clinical and Lay Commissioning Committee	July 2019

Appendix 2- Document Update

Document Update	Date Updated
First produced-version 1	June 2019