Procedure that requires Prior Approval

Bedfordshire, Hertfordshire, West Essex, Luton and Milton Keynes Priorities Forum statement - adapted for Bedfordshire CCG

Number: 78
Subject: Shoulder Arthroscopy
Date: June 2017
Date review due: June 2020

Policy Summary

This policy covers the use of shoulder arthroscopy to investigate and treat a number of different conditions. These include sub-acromial decompression, impingement, labral tears, rotator cuff repair, adhesive capsulitis and non-traumatic joint instability.

This policy is based on the evidence brief that took into account a review of the available literature and concurrent policies from other CCGs.

Definition

An arthroscopy is a form of keyhole surgery that is used to look inside a joint and repair any damage that has occurred.

An arthroscopy has two main uses:

- Diagnosis – an arthroscopy can help diagnose problems with the joint, such as joint pain, stiffness, or limited range of joint movement, and
- Treatment – an arthroscopy can be used to repair damage to the joint.

Eligibility Criteria

The patient will qualify for shoulder arthroscopy and treatment if clinically indicated, when they meet one of the following criteria:

- Full thickness rotator cuff tear as demonstrated by clinical symptoms and radiological imaging

OR

- Significant superior labrum anterior posterior (SLAP) tear as demonstrated by clinical symptoms and radiological imaging

OR

- Partial thickness rotator cuff tear as demonstrated by clinical symptoms and radiological imaging which has not responded to 3 months of conservative management

OR

- Minor (type I*) SLAP tear as demonstrated by clinical symptoms **AND**

- radiological imaging which has not responded to 3 months of conservative management

OR

- *Adhesive capsulitis demonstrated by clinical symptoms which has not responded to 6 months of conservative management

OR

- *Adhesive capsulitis demonstrated by clinical symptoms and in the view of the treating consultant is having an extraordinarily severe impact on quality of life, and which has not responded to conservative management including corticosteroid injection where clinically appropriate.

OR

- Impingement syndrome demonstrated by clinical symptoms which has not responded to 6 months of conservative management

OR

- Non-traumatic shoulder joint instability that has not responded to 6 months of conservative management

OR

- Traumatic shoulder joint instability alongside relevant conservative management as clinically appropriate

In the above criteria radiological imaging mentioned is to be organised by the MSK intermediate service as appropriate. Clinical symptoms are to be evaluated by primary, intermediary and secondary care physicians.

The CCG **will not fund** the use of shoulder arthroscopy for diagnostic purposes.

<u>Conservative Management</u>

The conservative management to be attempted prior to referral includes the following:

- Activity modification
- Physiotherapy and exercise programme
- Oral analgesics, including NSAIDs (unless contraindicated)
- Steroid injections to the affected part of the joint where clinically appropriate

*Sydner classification (Synder SJ, Karzel RP, Del Pizzo W, et al. SLAP lesions of the shoulder. Arthroscopy 1990; 6; 274-279)

Frozen shoulders or adhesive capsulitis following a fracture will be funded as undertaking manipulation under anaesthetic increases the risk of a re-fracture.

Rationale for the policy

Rationale for shoulder arthroscopy includes adhesive capsulitis, rotator cuff damage, impingement syndrome and recurrent instability. In these cases the evidence supports the use of shoulder arthroscopy for treatment purposes. However, the use of arthroscopy for diagnostic purposes is not supported and radiological investigations should be used for this.

In the majority of circumstances a clinical examination (history and examination) by a competent clinician will give a diagnosis and demonstrate if internal joint derangement is present. If there is diagnostic uncertainty despite competent examination or if there are “red flag” symptoms/signs/conditions then an MRI scan might be indicated.

Red flag symptoms or signs include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systematically unwell, recent unexplained weight loss, persistent severe restriction of joint movement, widespread neurological changes, and structural deformity. Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture and avascular necrosis.

In all cases a number of conservative management options should be attempted first as the evidence shows that theses often work and can significantly reduce pain and increase motion in the shoulder.

***Note: Adhesive capsulitis -** at present NIHR have funded randomised multicentre study is underway (UKFROST) to determine if one option is better than the other and local hospitals are part of this. The trial end date is 30.06.19 and publication date will be 01.01.2020.

References

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7. Wei Dong et. al. Treatments for Shoulder Impingement Syndrome. A PRISMA Systematic Review and Network Meta-Analysis, Medicine, Volume 94, Number 10, March 2015

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Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.