NHS
West Essex
Clinical Commissioning Group

Policy Statement:	Shoulder Arthroscopy
Status:	Threshold

Policy Summary

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

Please refer to "Arthroscopic shoulder decompression for subacromial shoulder pain policy.
https://westessexccg.nhs.uk/news-and-publications/publications/service-restriction-policies-3/service-restriction-policies-4/2981-arthroscoptic-shoulder-decompression/file

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:

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

The CCG **does not fund** the use of shoulder arthroscopy for diagnostic purposes; radiological investigations should be used for this.

Threshold 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

- 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

Conservative Management

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

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

*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

Rationale for shoulder arthroscopy includes adhesive capsulitis, rotator cuff damage 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.

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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9. Frozen Shoulder - Amar Rangan, Lorna Goodchild, Jo Gibson, Peter Brownson, Michael Thomas, Jonathan Rees, and Ro Kulkarni https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4935124/10.http://www.isrctn.com/ISRCTN48804508

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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. Individual cases will be reviewed as per the CCG policy.

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