NHS North Yorkshire Clinical Commissioning Group

Arthroscopic Sub acromial Decompression surgery

Treatment	**Arthroscopic Sub acromial Decompression of Shoulder**
OPCS Codes	029.1 Sub acromial decompression W84.4 Endoscopic decompression of joint + Shoulder W88.9 Unspecified diagnostic endoscopic examination of other Joint + shoulder
For the treatment of	Sub acromial shoulder pain
Background	Evidence published suggests that arthroscopic sub acromial decompression for sub acromial shoulder pain offers little benefit over a non-operative approach. **This statement does not apply to those with any of the following:** • Acute rotator cuff tears • Sub acromial impingement pain for whom a combined rotator cuff repair and sub acromial decompression may be appropriate • Calcific tendonitis • Large Sub acromial spur • Post fracture complications • Post traumatic sub acromial bursitis **OR** • Those with any clinical suspicion of infection, malignancy, unreduced dislocation or inflammatory arthritis, for whom appropriate local urgent pathways should be followed North Yorkshire CCGs commissioning statement is a modified version of the national Evidence Based Commissioning (EBI) policy thresholds
Commissioning position	NHS North Yorkshire CCG **DO NOT** routinely commission arthroscopic sub acromial decompression shoulder surgery for the treatment of sub acromial impingement pain. Patients should be managed conservatively as outlined in the MSK pathway for conservative management: • Rest/activity modification • Appropriate oral analgesia including NSAIDs • Lifestyle factors considered, such as BMI/smoking/exercise status, and discussed as risk factors for MSK ill health/tendon pain • At least six months active physiotherapy including, rotator cuff and scapular muscle strengthening, manual therapy and motor control retraining including class based

	exercise. If appropriate, six month programme can include patient self-directed continuation of exercises. • No more than two sub acromial steroid injections, if appropriate and only considered in conjunction with physiotherapy as high recurrence rates in cases managed with injection alone **Treatment is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request panel**
Summary of evidence / rationale	The benefits of surgery are unclear, however, with some conflicting evidence. A recent randomised, placebo-controlled study compared outcomes following sub acromial decompression surgery, arthroscopy only, and no treatment for patients with sub acromial shoulder pain[2]. It concluded that "surgical groups had better outcomes for shoulder pain and function compared with no treatment, but this difference was not clinically important and decompression appeared to offer no advantage over arthroscopy only… The findings question the value of this operation for these indications." In response to these results, the British Elbow and Shoulder Society (BESS) and the British Orthopaedic Association (BOA) have issued a position statement announcing that they will be recruiting a multidisciplinary group to update the 2014 BOA commissioning guidelines for sub acromial pain [3]. Wider questions have since also been raised about distinguishing between the effects of elective surgery and those of time, rest, graduated rehabilitation and the placebo effect – "the reported outcomes of many elective orthopaedic surgical procedures may be attributed to these responses"[4]. The condition is a long-term one and fluctuations in symptoms are to be expected. Further studies are being carried out. This statement has a review date and future publications will be taken into account upon review.
Date effective from	1 July 2021
Review date	July 2023
Author	Dr Alison Forrester (Public Health England Advisor), Annette Wardman (Commissioning & Transformation manager), Vale of York CCG. Adopted by North Yorkshire CCG: Suzanne Savage
Approved by	Executive Committee and Quality and Clinical Governance Committee
Responsible officer	Dr Christopher Ives (GP Lead for Acute Commissioning)

References:

1. Beard et al Lancet 391: 329-338 January 2018 Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multi-centre, pragmatic parallel group, placebo-controlled, three-group, randomised surgical trial CSAW Trial

2. Statement in response to recent studies regarding subacromial decompression BESS (2017) Bess/boa statement

3. Lewis J Journal of Orthopaedic and sports physical therapy 48:127-129 March 2018 The end of an era?

Version	Created /actioned by	Nature of Amendment	Approved by	Date
0.1	Lead Clinician and Service Improvement Manager	Draft of aligned policy and circulation to internal GP Leads	QCGC – NY CCG	5.11.20