Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy title	**Shoulder arthroscopy** **v1.1**
Policy position	**Criteria Based Access**
Date of Forum recommendation	**2017**

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

For subacromial decompression please see policy 'Shoulder pain: subacromial decompression'.

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.

Conservative Management

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

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

Criteria for referral for specialist assessment

Shoulder arthroscopy and treatment is supported if clinically indicated, when the patient meets 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.

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

Arthroscopy for frozen shoulders or adhesive capsulitis following a fracture is supported as undertaking manipulation under anaesthetic increases the risk of a re-fracture.

Shoulder arthroscopy for diagnostic purposes is **not normally funded**.

Rationale
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 a magnetic resonance imaging (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 infection, 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.

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

References:

1. Coghlan JA, Buchbinder R, Green S, Johnston RV, Bell SN, Surgery for rotator cuff disease, Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD005619. DOI: 10.1002/14651858.CD005619.pub2
2. NICE CKS revised April 2015
3. Woo Hyung Lee et al, Clinical Outcomes of Conservative Treatment and Arthroscopic Repair of Rotator Cuff Tears: A Retrospective Observational Study, Ann Rehabil Med 2016;40(2):252-262 pISSN: 2234-0645 eISSN: 2234-0653
4. Baums et. al. Functional outcome and general health status in patients after arthroscopic release in adhesive capsulitis. Knee Surg Sports Traumatol Arthrosc. 2007 May; 15(5):638-44.
5. Snow M, Boutros I, Funk L. Posterior arthroscopic capsular release in frozen shoulder. Arthroscopy. 2009 Jan; 25(1):19-23.
6. Fernandes MR. Arthroscopic treatment of adhesive capsulitis of the shoulder with minimum follow up of six years. Acta Ortop Bras. 2015 Mar-Apr; 23(2): 85–89. doi: 10.1590/1413-78522015230200613 PMCID: PMC4813413
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
8. Bhatnagar A1, Bhonsle S2, Mehta S1. Correlation between MRI and Arthroscopy in Diagnosis of Shoulder Pathology. J Clin Diagn Res. 2016 Feb; 10(2):RC18-21
9. Frozen Shoulder - Amar Rangan, Lorna Goodchild, Jo Gibson, Peter Brownson, Michael Thomas, Jonathan Rees, and Ro Kulkarni

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

Procedure codes:
Z81.4 Shoulder joint
Y76.7 Arthroscopic approach to joint
W78.4 Limited release of contracture of capsule of joint
W78.1 Release of contracture of shoulder joint
W919 Unspecified other manipulation of join
T79.1 Plastic repair of rotator cuff of shoulder NEC
W88.- Diagnostic endoscopic examination of other joint plus Z81.4 Shoulder Joint

Key words: shoulder arthroscopy, labral tears, rotator cuff repair, adhesive capsulitis, joint instability