Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

# SHOULDER REPLACEMENT FOR CHRONIC SHOULDER PAIN

## Scope

This policy covers shoulder replacement as a surgical intervention for chronic shoulder pain. It does not apply to the management of patients with acute shoulder injury, septic arthritis or suspected malignancy.

**Note: Revision shoulder replacement and all complex procedures are funded by NHS England and not the CCG:** https://www.england.nhs.uk/wp-content/uploads/2013/06/d10-spec-orthopaedics.pdf

## Policy

**Referral for treatment should be through the MSK service/pathway.**

**It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma.**

**For patients with arthritis**, shoulder replacement will be funded in cases where there is:

- Uncontrolled, intense, persistent pain resulting in substantial impact on quality of life as defined in Table 1 over the page.

**And**

- Symptoms are refractory to at least 9 months of conservative management, including medication and physiotherapy (as per the Shoulder Pain Policy).

**Note:**
Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking policy.

## Rationale and Evidence

There are currently no controlled trials of total shoulder arthroplasty compared with conservative management in patients with osteoarthritis[1, 2]. Case series show improved pain and function[2], high rates of satisfaction and a reasonably low rates of revision (8%)[1], but studies have a mean follow-up of only 3-4 years and high rates of postoperative superior cuff tears have been observed[3].

There are no controlled trials of reverse shoulder arthroplasty compared with conservative management[4]. Case series have shown improved function and pain scores in patients with rotator cuff tear disease, failed cuff repair, rheumatoid arthritis, fracture sequelae and prosthesis revision[4]. However, mean follow-up in studies was 3.5 years, in which time, reoperation and revision rates ranged from 3-14% and 4-19%[5]. Complications were mainly of scapular notching 19-58% and some studies showed of shoulder instability rates of 10% and infection of 7%[5, 6].

Reverse shoulder arthroplasty may be used in patients with arthritis due to rotator cuff tears[7,8].

Data from the 2017 National Joint Registry suggests that conventional and reverse shoulder replacement have similar complication rates, need for revision, patient-reported outcomes, and range of motion at 2 and 4 year of follow-up[9].

## Table 1: Classification of Pain

| Level of pain | Definition |
|---|---|
| **Slight** | ▪ Sporadic Pain.<br>▪ Allows daily activities to be carried out (those requiring great physical ability may be limited).<br>▪ Medication: Aspirin, Paracetamol or NSAIDs (Non Steroidal Anti-Inflammatory Drugs) to control pain with no/few side effects. |
| **Moderate** | ▪ Occasional pain.<br>▪ Some limitation of daily activities.<br>▪ Medication: Aspirin, Paracetamol or NSAIDs to control pain with no/few side effects. |
| **Intense** | ▪ Pain of almost continuous nature.<br>▪ Activities of daily living (ADL)* significantly limited.<br>▪ Continuous use of NSAID for treatment to take effect.<br>▪ Requires the sporadic use of support systems. |
| **Severe** | ▪ Continuous pain.<br>▪ Pain when resting.<br>▪ Activities of daily living* significantly limited constantly.<br>▪ Continuous use of analgesics-narcotics/NSAIDs with adverse effects or no response.<br>▪ Requires more constant use of support systems. |

*__ADL__ includes activities such as meal preparation, laundry, housekeeping, shopping, using the phones, driving or using public transport.

## Numbers of People Affected

It has been estimated that 2-5% of cases of shoulder pain are due to osteoarthritis[10].

## References


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6. Farshad M & Gerber C. Reverse total shoulder arthroplasty - from the most to the least common complication. International Orthopaedics 2010 34:1075 - 1082.
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9. National Joint Registry 14th Annual report 2017.
10. Meislin R J, Sperling J W, Stitik T P. Persistent shoulder pain: epidemiology, pathophysiology, and diagnosis. American journal of orthopedics 2005; 34(12 Suppl(5-9), 1078-4519.


## Glossary

**Arthroplasty:** The surgical reconstruction or replacement of a joint.

**Scapular notching:** Erosion of the scapular neck by the rim of the humeral cup.

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| **Policy effective from** | Policy review ratified by CCG GB 4 September 2018<br>Policy review approved by Clinical Executive Committee (CEC) on 28 August 2018<br>Policy approved by CPF on 12 July 2018<br>September 2018 |
| **Policy to be reviewed:** | September 2020 |
| **Reference:** | onedrive\CPF pols & working area\surg threshold pols - draft and agreed\ccg policies\shoulder replacement\agreed\ SHOULDER REPLACEMENT SEPT 2018 V2 |