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LOW PRIORITY PROCEDURE: Policy T49
Shoulder Arthroscopy
Policy Author: Ipswich and East & West Suffolk CCG
Policy start date: September 2016
First Revision date: n/a

Review date: September 2019

Policy Summary

This new 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.

OPCS4 Codes

ICD 10 Codes for the specified clinical criteria are: M75.0 (adhesive capsulitis), M75.1 (Rotator cuff tear or rupture, not specified as traumatic), M75.4 (Impingement syndrome of the shoulder)

Eligibility Criteria

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

Eligibility 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 secondary care physicians as appropriate. Clinical symptoms are to be evaluated by both primary and secondary care physicians.

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

Conservative Management

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

- Activity modification
- Physiotherapy
- Oral analgesics, including NSAIDs if appropriate
- Steroid injections to the affected part of the joint where clinically appropriate

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

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

References

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