

Arthroscopic Shoulder Decompression for Subacromial Pain Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
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Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
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Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Treatment	Arthroscopic Shoulder Decompression for Subacromial Pain
Background	<p>Recent research has indicated that in patients with pure subacromial impingement (with no other associated diagnoses such as rotator cuff tears, calcific tendinopathy and acromio-clavicular joint pain), non-operative management with a combination of exercise and physiotherapy is effective in the majority of cases.</p> <p>Patients suffering with persistent symptoms, despite appropriate non-operative management, should be given the option to choose decompression surgery.</p> <p>Treating clinicians and surgeons should refer to the 2015 BESS/BOA/NICE commissioning guidelines (guideline update due in 2018/19) for details of appropriate treatment of these patients :https://www.boa.ac.uk/.</p> <p>In order to facilitate non-operative treatment in primary and intermediate care, BESS and Getting It Right First Time programme have produced patient exercise rehab videos and booklets for GPs and patients to use. Subacromial Shoulder Pain – British Elbow & Shoulder Society (bess.ac.uk)</p>
Treatment	<p>Arthroscopic sub-acromial decompression is a surgical procedure that involves decompressing the sub-acromial space by removing bone spurs and soft tissue arthroscopically.</p> <p>Arthroscopic subacromial decompression for pure subacromial shoulder impingement should ONLY be offered in appropriate cases.</p> <p>To be clear, ‘pure subacromial shoulder impingement’ means subacromial pain NOT caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy. Non-operative treatment such as physiotherapy and exercise programmes are effective and safe in many cases.</p> <p>For patients who have persistent or progressive symptoms, in spite of adequate non-operative treatment, surgery will be funded.</p> <p>The latest evidence for the potential benefits and risks of subacromial shoulder decompression surgery should be discussed with the patient and a shared decision reached between surgeon and patient as to whether to proceed with surgical intervention.</p>
Diagnostic and Procedure Codes	W844, O291
Equality Impact Assessment	https://www.england.nhs.uk/evidence-based-interventions/