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.

Policy

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: Click policies to access the CCG clinical policies web page: policies – select the Orthopaedic Surgery Policies drop down option and select the Shoulder Replacement Policy to access the referral proforma.

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

- Uncontrolled, intense, persistent pain resulting in substantial impact on quality of life.

And

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

Reverse shoulder replacement is low priority and clinicians need to apply to the exceptional cases panel for approval of funding - funding request form available here.

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. Case series show improved pain and function, 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. 2

There are no controlled trials of reverse shoulder arthroplasty compared with conservative management. 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. However, mean follow-up in studies was 3.5 years, in which time, reoperation and revision rates ranged from 3-14% and 4-19%. 3 Complication rates were high, with studies showing rates of scapular notching to be 19-58% and studies showing high rates of shoulder instability (10%) and infection (7%).
Numbers of People Affected

It has been estimated that 2.5% of cases of shoulder pain are due to osteoarthritis\(^7\). Rates of shoulder replacement in the UK are currently around 9 per 100,000 people/year.

References

6. Farshad M & Gerber C. Reverse total shoulder arthroplasty - from the most to the least common complication. International Orthopaedics 2010 34:1075 - 1082.

Glossary

Arthroplasty: The surgical reconstruction or replacement of a joint.
Scapular notching: Erosion of the scapular neck by the rim of the humeral cup.