Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Shoulder Replacement Surgery
Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

Section A – Criteria to Access Treatment.

Patients must have been triaged via the community MSK Interface Service. Funding approval for surgical treatment will only be provided by the ICB for patients meeting the criteria set out below.

1. Patient has continuous or intermittent moderate to severe pain caused by osteoarthritis, inflammatory arthritis, rotator cuff arthropathy or post traumatic arthritis of the shoulder for at least 6 months duration.

   AND

2. The patient is suffering from intense or severe persistent pain with moderate or severe functional impairment when compared to the classification system in this policy.

   AND

3. The patient has exhausted all non-operative management such as physiotherapy or other formal care where applicable.

   AND

4. Radiographic evidence of moderate to severe degenerative joint disease.

   AND

5. Patient has severe limited range of motion of the glenohumeral joint on physical examination.

   OR

6. Patient is experiencing pseudo paralysis due to irreparable rotator cuff damage.

Note

Patients should be referred without delay if there is evidence of:

1. Humeral Head Avascular Necrosis (AVN).
2. Glenoid or humeral head bone stock loss/humeral head flattening

NOTE
If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Classification of Pain Level and Functional Impairment

This guide below is produced to support all clinicians and patients in classifying the pain and/or impairment suffered due to their condition in order to judge whether it is the appropriate time to refer a patient to secondary care.

Pain Levels:

Slight
- Sporadic pain.
- Pain when dressing yourself.
- Allows daily activities to be carried out (those requiring great physical activity may be limited).
- Medication, aspirin, paracetamol or NSAIDs to control pain with no/few side effects.

Moderate
- Occasional pain.
- Pain when trying to wash and dry yourself under both arms.
- Some limitation of daily activities.
- Medication, aspirin, paracetamol or NSAIDs to control with no/few side effects.

Intense
- Pain of almost continuous nature.
- Pain waking you from sleep throughout the night
- Daily activities significantly limited.
- Continuous use of NSAIDs for treatment to take effect.

Severe
- Continuous pain.
- Pain when resting.
- Daily activities significantly limited constantly.
- Continuous use of analgesics - narcotics/NSAIDs with adverse effects or no response if appropriate/tolerated for the patient.

Functional Impairment

Minor
- Functional capacity adequate to conduct normal activities and self-care.

- Some difficulty in carrying out work activities at home or work.
- No aids needed.

Moderate

- Functional capacity adequate to perform only a few or none of the normal activities and self-care
- Difficulty in carrying out work activities at home or work.
- Aids such as shoulder supports are needed.

Severe

- Largely or wholly incapacitated.
- Unable to carry out work activities at home or work.
- Unable to use the affected shoulder and or seeking assistance.

Clinician's Guide: When and Where to Refer?

Pain / Functional Impairment	Minor	Moderate	Severe
Slight	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Moderate	Manage Conservatively in Primary Care – do not refer without funding approval	Manage Conservatively in Primary Care – do not refer without funding approval	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively
Intense	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	MSK Review and where appropriate referral to Secondary Care
Severe	Consider a referral to MSK for further conservative management and advice MSK to manage conservatively	MSK Review and where appropriate referral to Secondary Care	Consider referral immediately if risk of losing mobility

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Reduce the pain in your shoulder. Aim to increase the movement in your shoulder.

Risks

Pain levels felt after surgery vary depending on the type of surgery, individual pain thresholds, the nature of the problem for which surgery was done and various other factors.

Stiffness after shoulder surgery is not uncommon and occurs as a result of pre-existing conditions, surgical scarring and prolonged post -operative protection in a sling. Shoulder movements after shoulder replacement may not completely return to normal even after a successful replacement and the expected range would be discussed with your surgeon, depending on the condition and type of replacement being performed.

Bleeding steps are taken during the surgery to reduce the amount of bleeding and blood loss. There is a low risk that you may bleed more than expected; the surgeon would manage this at the time. It is common to have some oozing from the wound after surgery. It is unlikely, but possible, that you may require a blood transfusion after shoulder replacement surgery.

Infection can occur deep in the joint or in the wound. The risk of infection is low, however early diagnosis of post-operative infection has a significantly better outcome compared to delayed diagnosis. After your operation, you should ring the ward and your GP immediately if you get a temperature, become unwell, notice pus in your wound, or if your wound becomes red, sore, or painful. An infection usually settles with antibiotics, but very occasionally the wound may need to be drained or you may need another operation.

Unsightly scarring most surgical scars have disappeared to a thin pale line by one year after surgery. If you are concerned about your scar, you must discuss it with your surgeon or therapist, as there are many treatments to improve scar healing.

Nerve injury is rare with most shoulder operations but some larger operations have a higher risk, such as repeat (revision) shoulder replacements, and complex fracture surgery. The risk of nerve injury is low.

Vascular injury the risk of vascular injury is very low. Certain shoulder fractures, previous vascular surgery to the same arm, and revision surgery have a higher risk of vascular injury.

Anaesthetic related complications such as sickness and nausea are relatively common. The risk of more serious anaesthetic complications (such as heart, lung or neurological problems) is very low.

Almost all joint replacements have a limited lifespan. Even though most patients who undergo shoulder replacement do not need a revision operation, it is worth considering loosening and wearing out of the implants, although this is not normally the case for several years after the surgery.

The chances of needing to have the shoulder replacement revised and the lifespan of the implant is lower in patients where there is already bone loss prior to replacement and in younger patients. The lifespan of the implant is also lower in revision surgery.

The outcomes and results following revision surgery are generally less favourable compared to initial surgery. Similarly, complication rates and risks are usually higher in revision surgery.

Dislocation of a shoulder replacement is very uncommon but may need further surgery. Fractures of the bones during or after a shoulder replacement are also very rare but may need further surgical treatment.

Alternatives

The decision to proceed with an operation is an individual choice between every patient and their surgeon. You will only be offered an operation if your surgeon believes that this will help improve your symptoms. Very few operations are essential, and all have a degree of risk. Some patients can learn to manage their symptoms with painkillers and improve function with muscle strengthening and physiotherapy.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

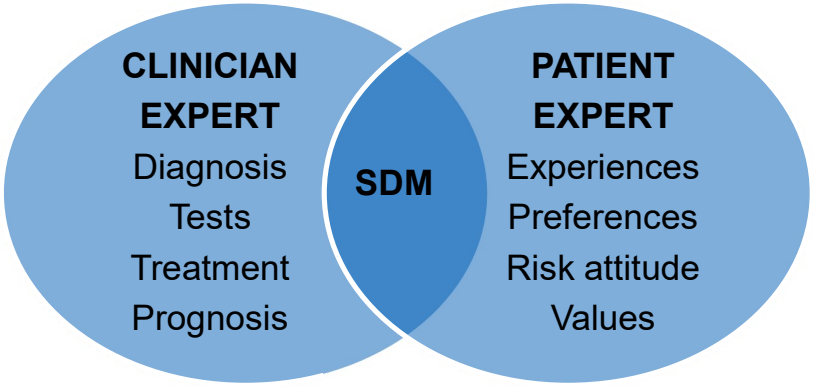
Shoulder Replacement Surgery – Plain Language Summary

The operation replaces the damaged surfaces of the shoulder joint with a replacement joint (prosthesis). The main reason for performing the operation is to reduce the pain in your shoulder. Hopefully, you may also have more movement in your shoulder. This will depend on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and unable to work normally. There are different types of shoulder replacement, your options will be discussed at clinic with your Orthopaedic team and are dependent on the condition of your shoulder.

Shared Decision Making

If a person fulfils the criteria for shoulder replacement surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2023) Health A to Z: shoulder pain [online] www.nhs.uk/conditions
2. NICE (2020) Joint replacement (primary): hip, knee and shoulder (NG157) www.nice.org.uk
3. Royal College of Surgeons (2022) Medical complications following shoulder arthroplasty: a review of the evidence (Volume 104, Number 7) www.publishing.rcseng.ac.uk/

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB's are responsible, including policy development and review.

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
W961, W962, W963, W964, W965, W966, W969, W971, W972, W973, W974, W975, W976, W978, W979, W981, W982, W983, W984, W985, W986, W987, O061, O062, O063, O071, O072, O073, O081, O084, O089

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.