

Controversies & Trends in Shoulder & Elbow Surgery

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Excellence through knowledge

building
a caring
future
HOSPITAL | COMMUNITY | HOME

Disclaimer

- Simple soul
- Practice based on:
 - Evidence as I see it
 - Expert opinion
 - Experience
 - THE PATIENT
 - COMMON SENSE

Thoughts

- Not didactic
- Few absolutes
 - Pinch of salt
- Evidence lacking
 - And misinterpreted
 - AND misrepresented
 - RCTs...
- We like to do operations
- We like to sound clever

Exam...

- What do I REALLY need to know??
- JCIE Marking descriptors
 - “Competent Management of Common Problems”
- Evidence if you really want to...

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NHS England to stop 'ineffective' treatments

30 June 2018

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Tonsils removal, breast reductions and snoring treatments to be stopped for fewer patients from next year, under plans

THE LANCET

ARTICLES | [VOLUME 391, ISSUE 10118, P329-338, JANUARY 27, 2018](#)

Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial

Prof David J Beard, DPhil [✉](#) • Prof Jonathan L Rees, FRCS • Jonathan A Cook, PhD • Ines Rombach, MSc • Cushla Cooper, MSc • Naomi Merritt, BSc • et al. [Show all authors](#) • [Show footnotes](#)

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Shoulders

- Red flag
- Assessment
- Controversies & trends
 - Trauma
 - Rotator cuff
 - Frozen shoulder
 - Arthroplasty

Red flag - Traumatic cuff tears

- Significant injuries or dislocations in 'older' patients
 - Urgent referral
- (Role for non-op management...?)

Assessment

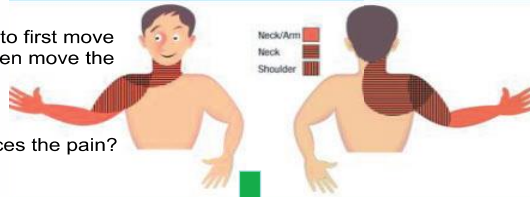
- Red flags
- History
 - TRAUMA
 - Level of symptoms v. problems with surgery
- Examination
 - Tenderness – ACJ
 - ER Stiff = frozen (<60 yo) or arthritis (>70)
 - Painful arc - cuff
 - The rest....

Diagnosis of Shoulder problems in Primary Care:

Guidelines on treatment and referral

Is it Neck or Shoulder ?

- Ask the patient to first move the neck and then move the shoulder.



- Which reproduces the pain?

Red Flags = Urgent Referral

1. Trauma, pain and weakness - ? Acute cuff tear
2. Any mass or swelling - ? Tumour
3. Red skin, fever or systemically unwell - ? Infection
4. Trauma / epileptic fit / electric shock leading to loss of rotation and abnormal shape - ? Unreduced dislocation

Neck

- Follow local spinal service guidelines

Shoulder

History of Instability?

- Does the shoulder ever partly or completely come out of joint?
- Is your patient worried that their shoulder may dislocate during sport or on certain activities?

Yes

Primary Care

Instability

Common age 10 - 35 yrs

- Physio if Atraumatic

Refer

Refer to Shoulder Clinic

Instability

- Traumatic dislocation
- Ongoing symptoms
- Atraumatic with failed physio

No

- Is the pain localised to the AC joint and associated with tenderness?
- Is there high arc pain.
- Is there a positive cross arm test.



Yes

Acromioclavicular Joint Disease

Common age >30 yrs

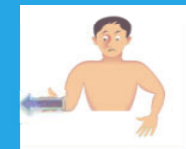
- Rest/NSAIDS/analgesics
- Steroid injection
- Physio
- X-ray if no improvement

Refer

Acromioclavicular Joint Disease

- Refer if transient or no response to injection and physio.

No



- Is there reduced passive external rotation?

Yes

Glenohumeral Joint

Frozen shoulder
Common age 35-65 years
Arthritis

- Common age >60 years
- X-ray – to differentiate.
- Rest
- NSAIDS/analgesics.
- Patient information
- Cortisone injection

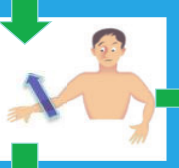
Refer

Glenohumeral Joint

- If frozen shoulder with normal x-ray – refer if atypical and/or severe functional limitation.
- Refer if arthritis on x-ray and poor response to analgesics and injection.

No

- Is there a painful arc of abduction?
- Is there pain on abduction with the thumb down, worse against resistance?



Yes

Rotator Cuff Tendinopathy

Common age 35-75 years

- Rest / NSAIDS / analgesics
- Subacromial injection
- Physiotherapy

Refer

Rotator Cuff Tendinopathy

- Transient or no response to injection and physiotherapy

N.B. A history of trauma with loss of abduction in a younger patient = **Red Flag 1**

No

Other cause of Neck or Arm pain

Proximal humeral fractures

- ProfHER - NEJM
 - Multicentre RCT
 - Randomised if unsure
 - No difference op/non-op to 5 years
 - “Narrowing the grey zone”
 - Individual management??
- ProfHER 2
 - Hemi v. rTSR v. conservative in over 75s

Nail/plate?

- Little evidence
- High complication rates with plates
- Nail
 - Supposed good purchase with nail through subchondral bone of head
 - For varus fractures?



Clavicle fractures

- RCTs suggest indications for ORIF
 - Risk of non union
 - Function – 2cm????
- BUT
 - Non union risk overall 20% - with a good solution
 - Shortening *may* be an issue in high demand patients but not others
- MAY return to work sooner

ACJ injury

- “It’ll be fine...”
- “Good operation if it isn’t”
- Trend towards earlier surgery – “Grade 3+”
- No evidence, of course

The rotator cuff

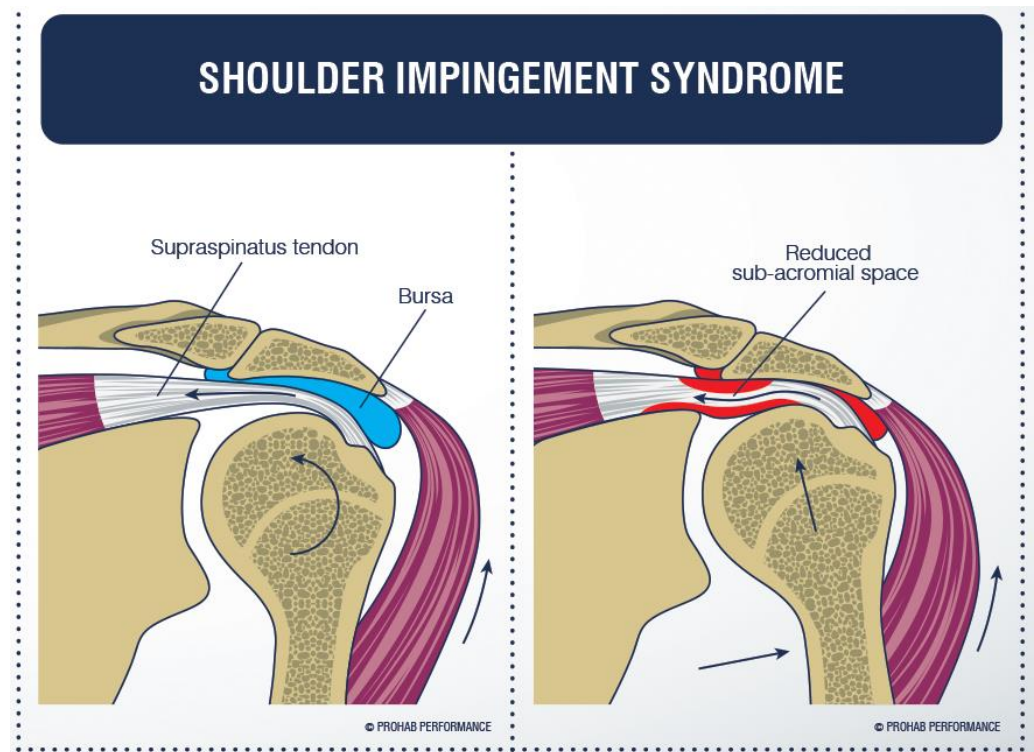


Enigma

- “Tendon rubs of bit of bone and wears a hole”
- “You’ve ripped your tendons and it’ll need an operation”
- “Please see this 80 year old whose USS shows problems with rotator cuff” ...

What cuff disease ISN'T

- A “Tear” (usually)
- Attrition
- Work related
- Always needing surgery



What IS it??

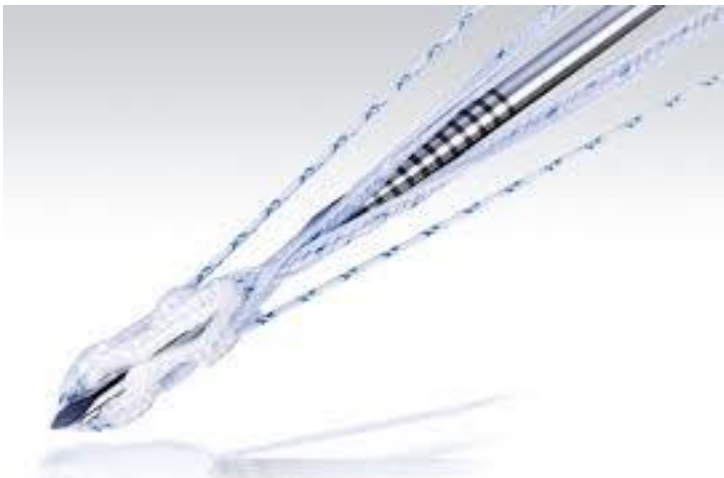
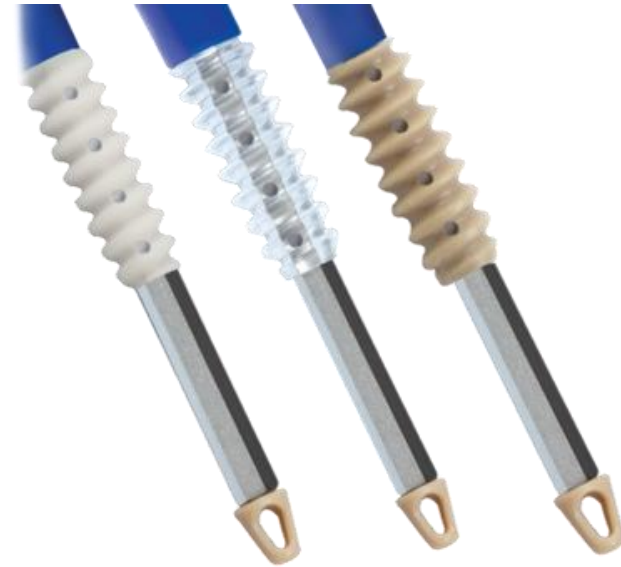
- Probably genetic
- Responsive to rehab and injections
 - SELF-DIRECTED CORRECT exercises
- Often self limiting
- Often asymptomatic
- Spectrum
 - Pain - Arthritis

Surgery

- CSAW
 - “Sham” ASD – diagnostic scope
 - No difference ASD and diagnostic scope
 - BUT
 - 3 months symptoms
 - High crossover
- Cuff repair
 - In true TRAUMATIC tears – ASAP
 - (Probably)
 - Not always needed in others
 - Not a guarantee
 - Not a quick fix
 - (Open/arthroscopic - UKCuff)

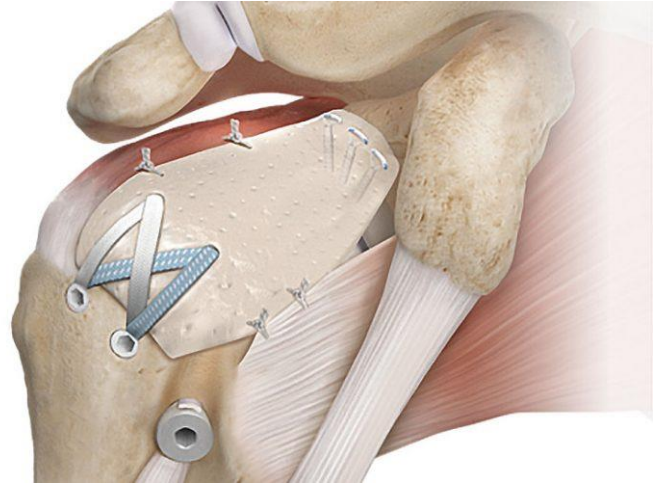
What ISN'T (as) important

- Anchors
- Sutures
- Constructs



Options if not repairable or fail

- Replacement
 - Reverse
- Grafts
- Transfers



- SCR
- Balloons
 - NICE



Frozen shoulder

- 40-60
- Minor trauma
- Stiff ER, normal XR
- Get better – eventually (?)
- Hydrodilatation
- MUA v. Release
 - UKFROST

Arthritis

- Shoulder arthroplasty a reliable option for arthritis
 - OA (anatomical)
 - Cuff arthropathy (reverse)
- Joint registry data
 - Trends rTSR
 - Away from resurfacing/hemi
- ODEP



Elbow

- Red flags
- Controversies & trends
 - Arthroplasty
 - Trauma

Red flag - Instability

- Acute
 - When should I operate?
 - 30 degrees
 - PMRI
 - How stable does it need to be?
- Chronic – instability subtle and difficult to diagnose
 - History
 - EUA

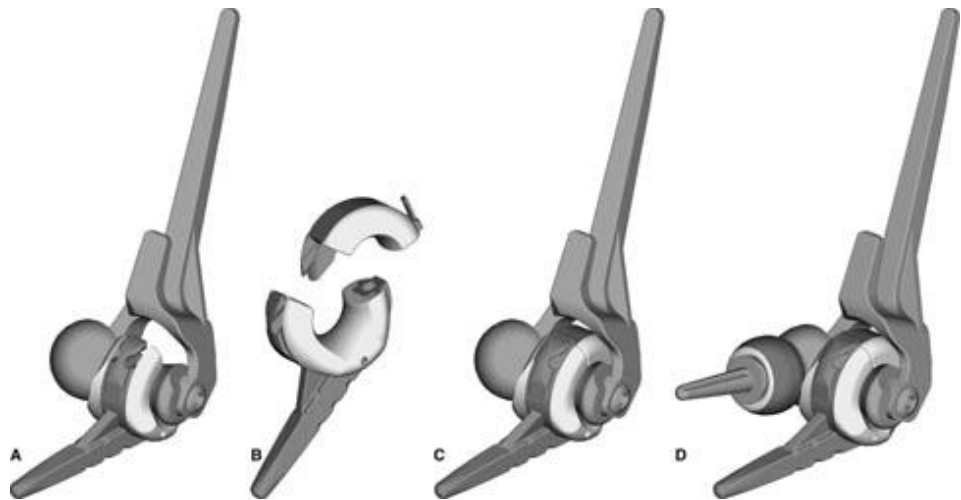
Elbow arthritis

- Historically inflammatory
 - Instability - linked best
- More OA/trauma
 - Linked ok in older low demand patients
 - NOT in younger, male trauma or OA
 - Unlinked MAY be better if stable



Trends in arthroplasty

- Platform systems
 - Linked/unlinked/hemi
- Hemiarthroplasty in younger OA patients
- Resurgence of unlinked
- GIRFT/BESS
 - Hub and spoke



Distal humerus

- Recent trend towards arthroplasty
 - Elderly low demand, esp females
- But pendulum swinging away from linked TER
 - More fixable with better implants
 - Emergence of hemiarthroplasty
 - Avoids linkage
 - Little evidence



Summary

- Shoulder trauma
 - PHFs
 - When to operate?
 - How??
 - Clavicle & ACJ
- Cuff disease
- Elbow
 - Arthroplasty in OA and trauma

Thank you



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