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AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

## **Statement from the Shoulder and Elbow Society of Australia (an AOA subspecialty society) to the *Medical Observer***

Recent media articles have referred to the *Lancet* publication (Beard et al “Arthroscopic Subacromial Decompression for Subacromial Shoulder Pain”) and draw attention to current treatment options for subacromial impingement syndrome.

This important *Lancet* publication highlights the value of multi-disciplinary assessment and management of subacromial shoulder pain. Most patients will improve with non-operative care, including physiotherapy, as confirmed by the improvement over a 12-month period in the ‘no treatment’ group of the *Lancet* study.

It is likely, however, that some patients currently undergoing shoulder arthroscopy are having surgery unnecessarily. In the *Lancet* publication, 23 per cent of patients randomly allocated to the decompression surgery cohort did not proceed with surgery, presumably because their symptoms eventually resolved.

AOA believes that arthroscopic subacromial decompression should only be performed for symptoms that are significant and persistent and that have not responded to non-operative care, including injections and physiotherapy.

The *Lancet* publication suggests that arthroscopic surgery for subacromial impingement syndrome may be a placebo, and have limited value. The authors are highly regarded and they should be congratulated for completing a large multicentre randomised controlled surgical trial.

However, no study is flawless.

For example, the *Lancet* study reports that 42 per cent of patients in the sham arthroscopy group and 23 per cent of surgical arthroscopy patients were non-compliant with their treatment allocation. It is of concern that if 23 per cent of patients in the surgical group did not proceed with surgery, this would have increased the average symptom severity of patients remaining in the group.

Furthermore, 12 per cent of the ‘no treatment’ group did not continue in their study allocation – some patients chose to undergo surgical decompression, and presumably this would have decreased the average symptom severity of patients remaining in the group. It is not



clear how well matched the groups were at six-months follow up compared to the time of initial randomisation.

The recent *Lancet* publication and media articles raise important issues regarding current treatment for shoulder pain, which may be too focused on arthroscopic surgery. As orthopaedic surgeons, AOA members strive to look for the best evidence to guide the care of our patients. We look forward to future studies, particularly in the Australian Healthcare environment, to assist in treating our patients, especially those who have failed to respond to a rigorous non-operative treatment program.

All papers such as the recent *Lancet* article answer questions posed by orthopaedic surgeons and researched by orthopaedic surgeons. AOA welcomes the knowledge transfer and translation of research into clinical practice that benefit our patients.

Lawrence Malisano  
**President**

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