Setting research priorities in Surgery for Common Shoulder Problems – workshop 5 June 2015

Pre-workshop exercise

Your individual ranking of unanswered questions about Surgery for Common Shoulder Problems

Please spend some time before the workshop reviewing the 25 questions listed below. They have come from a survey of people with common shoulder problems, the people who care for them, and health professionals.

Rank them from 1 – 25, 1 being the most important in your opinion and 25 being the least important in your opinion. Make a note of any comments in the far right hand column - this will help when presenting your reasons as to why a question was ranked a particular number.

Please bring this with you to the workshop. Thank you.

Your name:

Question ID	Uncertainty/ question	Explanation of question	Your ranking 1 = most important 25 = least important	Your comments
A	In patients with acute (traumatic) grade III acromioclavicular joint (collar bone joint) dislocation, is there a better outcome from early surgical reconstruction versus no surgery/conservative (non-surgical) treatment?	This is a problem when the collarbone joint on top of the shoulder dislocates after fall or injury when patients land on top of their shoulder. Some people seem to do well without an operation but many people have an operation. Surgeons do not really know which option is best and so this questions is aimed to answer that question		
B	In patients with newly diagnosed calcific tendinitis (calcium in a shoulder tendon), is early surgical intervention more clinically effective than non-operative treatments?	Calcific tendonitis is relatively common and very painful. There are many different treatments offered, although usually initial treatment consists of injections and physiotherapy and surgery is reserved for those patients who don't get better. This question seeks to determine if operating earlier would be more effective than physio and injections.		

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C	For the main shoulder conditions of arthritis, frozen shoulder, impingement, rotator cuff tears and instability, can you predict which patients will do well with surgery to help them decide on whether to have surgery or not?	Patients suffering with Shoulder Pain and loss of movements caused by the 4 conditions highlighted by this question (shoulder arthritis, Frozen shoulder, torn tendons, impinging of catching tendons and shoulder dislocation). This question asks if any research studies could be designed to provide information to patients and surgeons and physios to help predict and decide which patients would do well with surgery and which patients would not.		
D	In patients with massive rotator cuff tendon tears of the shoulder, does a partial repair with a tendon augment/graft give better outcomes (results) than a partial repair alone?	Some patients torn tendons are so badly torn that they cannot be repaired because the tear is so big. Because this is quite common, surgeons sometimes try to partial stitch the tendon together or try and stitch some foreign material (a patch) or a tendon graft into the gap. It is not known if this makes any difference to the patients results than just having a more minor operation to shave the spur of bone from the roof of the shoulder		
E	What are the best peri-operative (during and in the first week after surgery) pain treatments for patients having different types of shoulder surgery?	Post-operative pain remains a big concern for many patients and many different pain treatments exist. This questions seeks to answer which pain treatment is the best for different types of surgery		
F	Can we improve the information given to patients pre-operatively about predicting their post-operative recovery in terms of pain, length of rehabilitation and return to work and sport?	Recovery from shoulder surgery is quite variable amongst patients and this question seeks to determine if the recovery could be more accurately predicted for individual patients		

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G	How successful from the patient's perspective are the commonly performed shoulder operations that are used to treat the main shoulder conditions (frozen shoulder, impingement, rotator cuff tears, Instability and arthritis)?	Patients suffering with Shoulder Pain and loss of movement caused by the 4 conditions highlighted by this question (shoulder arthritis, Frozen shoulder, torn tendons, impinging of catching tendons and shoulder dislocation). This question asks what are the actual success rates (as judged by patients) of the operations used to treat these conditions.		
H	Do patients with partial thickness rotator cuff tendon tears benefit more from a surgical repair compared to a decompression and debridement (cleaning up operation) alone?	Before shoulder tendons tear, it is thought that they catch a lot in the shoulder on a spur of bone and then a partial tear (or some fraying) of the tendon occurs. Some surgeons treat this by shaving the spur or bone away, others shave the spur or bone and try and repair the partial tear (bigger operation). This question asks that if a surgery is done, do you also need to try and repair a partial tear or can you just shave the bone and let the tendon repair itself?		
I	In patients who have had a subacromial decompression (keyhole shoulder operation), which post-operative rehabilitation package provides the quickest recovery?	Subacromial decompression is the commonest surgical procedure performed in the shoulder and involves shaving some bone from the roof of the passageway the tendon that lifts the arm passes under to prevent it being pinched. The post-operative rehab is important but varies and this question seeks to determine which rehab programme provides the quickest recovery		
J	For patients with a first time shoulder dislocation, is surgery more effective than structured physiotherapy rehabilitation?	After a patient has dislocated their shoulder there is a very high incidence of it happening again (60-70%). This question seeks to answer whether surgery or physiotherapy is the most effective treatment after patients have dislocated their shoulder for the first time.		

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K	What is the best treatment for patients of differing ages with massive (greater than 5 cm detachments) rotator cuff tendon tears?	Massive rotator cuff tears are uncommon but there is no consensus on the best treatment which may vary according to age. Surgical treatments include transferring a tendon from a different part of the shoulder, patch the hole in the tendon with an artificial graft, or a reverse shoulder replacement; and non-surgical treatments might include injections and physiotherapy.		
L	Which patients with recurrent shoulder instability/dislocations will have a good outcome from surgery?	Dislocations of the shoulder joint are very common usually after an injury. Many patients have to go to hospital to have the shoulder put back in joint and the experience is painful and stressful. Some patients need surgery to stop it happening again and others seem to do okay with physiotherapy. This question asks researchers to try and do a study that helps predict which patients will do well with surgery and prevent further dislocations.		
M	Are patients (including older age groups) with rotator cuff tendon tears in their shoulder best treated with surgery or physiotherapy?	Torn shoulder tendons are a very common problem. Some patients seem to do okay without surgery but others don't. Age may have something to do with this. This question is aimed at asking future researchers to do some research that will help predict which patients in which age groups are best treated with surgery or physiotherapy		
N	In patients with rotator cuff tears, does cuff repair surgery provide a better outcome than subacromial decompression alone?	This question might seem similar to others but it is slightly different. It is asking that in patients with a torn shoulder tendon does just shaving the bone off the roof of the shoulder give a worse result compared to shaving the bone and trying to repair the tendon		

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O	Are reverse shoulder replacements (ball on shoulder socket and socket on arm bone) in patients with cuff tear arthritis more effective in the long term compared to no surgery?	A small number of patients with large rotator cuff tears will eventually develop arthritis and for a number of years many surgeons have performed a reverse shoulder replacement for these patients. However, there are concerns about the potential complications and longevity of a reverse shoulder replacement and if it fails there may be no solution available. This question seeks to determine if a reverse is better in the long term than not operating		
P	In patients with 3 and 4 part proximal humeral fractures what is the long term outcome of reverse total shoulder replacement compared to hemiarthoplasty (half shoulder replacement)?	In older patients who have a shoulder fracture that is in a number of pieces (The common types are 2, 3 and 4-part with the severity of the fracture reflected by the number of parts) it can't be fixed (put back together) but needs an artificial shoulder joint. Traditionally that has been done by just replacing the broken ball (hemiarthroplasty) but recently the reverse shoulder replacement has started to be used. This question seeks to answer whether a reverse replacement is better in the long term than a hemiarthroplasty		
Q	In patients with Frozen Shoulder, does early surgery improve outcome compared to non-surgery treatments such as injection and dilatation?	Frozen shoulder is a stiff painful problem that usually get better on its own, but it can take 1-2 years. Because of this many patients and surgeons decide on having surgery to try and speed up the recovery. This question asks does having surgery early actually make any difference than waiting for the shoulder to get better on its own or having injections		
R	Do early surgical treatments such as debridement/chondroplasty (reshaping/smoothing joint surface) in patients with early osteoarthritis of the shoulder delay progression of arthritis compared to patients with no intervention treatment?	Osteoarthritis of the shoulder is relatively common and this question seeks to determine if surgical intervention at an early stage of the arthritic process could delay the progression of the arthritis and possibly prevent the need for joint replacement which is the ultimate treatment for severe arthritis		

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S	Does arthroscopic (keyhole) subacromial decompression surgery in patients with degenerative rotator cuff tendon problems improve outcome and prevent further tendon degeneration and tears compared to patients with no surgical intervention?	Before shoulder tendons tear, it is thought that they catch a lot in the shoulder on a spur of bone. This question asks that if a keyhole operation is done to shave away the spur of bone before the tendon tears does that make the patient better and does it stop their tendons tearing in the future.		
T	In patients with rotator cuff tears when is surgery successful and when is it not?	Torn tendons are one of the most common shoulder problems that cause pain and loss of movement. Some studies suggest that while patients improve with surgery, sometimes their tendons don't heal so this question asks can we predict when someone will do well with surgery and have a good result and would it not be a good result.		
U	In patients with chronic (had for several months) Grade III AC Joint dislocation (collar bone joint dislocation), what are the success rates of the common surgical reconstruction techniques?	Dislocations of the AC Joint are common but generally don't need surgery for the patient to get better. However, about 10% of patient continue to suffer with significant symptoms for which there are many different surgical procedures but little is known comparing the success rate of these different procedures		
V	In patients with shoulder arthritis is a hemiarthroplasty (half shoulder replacement) or a total shoulder replacement or a reverse (ball on shoulder socket and socket on arm bone) replacement most effective?	In patients with established shoulder arthritis that requires a joint replacement there are 3 different types available. Replacing just the ball (hemiarthroplasty) replacing both the ball and socket (Total) or replacing both the ball and socket but swapping them over (Reverse). We currently have little evidence as to which is potentially the best.		

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W	Does early mobilisation and physiotherapy after shoulder surgery improve patient outcome compared to standard immobilisation and physiotherapy?	There are lots of different operations, some keyhole, some open but most patients are put in a sling afterwards and then depending on the operation will begin physiotherapy exercises in the weeks following surgery. This often varies throughout the UK. This question asks do patients get a better result and outcome if they get out of the sling sooner and start physio sooner		
X	How can we ensure the patients see the right doctors and clinicians promptly and correctly, and does this lead to better outcomes (results)?	Patients often find they have to see several different clinicians e.g. GP, physiotherapy, with a wait at each stage before they get to see the shoulder specialist (consultant or physio) that can correctly diagnose and treat their condition. This question seeks to address this issue and also whether improving the speed with which the patient gets to see the specialist improves the outcome		
Y	In patients with early rotator cuff tendon disease, does arthroscopic subacromial decompression (keyhole shoulder surgery) improve patient outcome compared to conservative treatment (no surgery)?	Before shoulder tendons tear, it is thought that they catch a lot in the shoulder on a spur of bone. This question asks that if a keyhole operation is done to shave away the spur of bone before the tendon tears does that make the patient better and does it stop tendons tearing compared to not having surgery.		