



Appraisal

Appraisal of Clinical Practice Guideline: Subacromial decompression surgery for adults with shoulder pain: a clinical practice guideline

Date of latest update: February 2019. **Patient group:** Adults with shoulder pain for > 3 months and diagnosed with subacromial pain syndrome. **Intended audience:** Patients with subacromial pain syndrome and clinicians involved in the management of these patients. **Additional versions:** In addition to this rapid recommendation published in the *BMJ*, there is a more detailed version available from the MAGIC group (<https://app.magicapp.org>). **Expert working group:** The panel included patients with lived experience of shoulder pain and surgery, orthopaedic surgeons, physiotherapists, a rheumatologist, general internists, a general practitioner, epidemiologists, and methodologists. **Funded by:** The Dutch Orthopaedic Society provided the MAGIC Foundation with funding to support development of this rapid recommendation. The society had no role in the guideline development process for this *BMJ* rapid recommendation. **Consultation with:** No mention of consultation beyond the working group. **Location:** The guideline is available at: <https://www.bmj.com/content/364/bmj.i294>. **Description and key recommendations:** This clinical practice guideline is presented as a *BMJ* rapid recommendation. The recommendations are based on two systematic reviews: one investigating the benefits and harms of subacromial decompression and the other investigating minimum important differences for patient-reported outcome measures. The summary guideline in the *BMJ* uses infographics to simplify the key findings and recommen-

dations for both clinicians and patients. The main objective of the guideline is to answer the clinical question: do adults with atraumatic shoulder pain of > 3 months, which has been diagnosed as subacromial pain syndrome, benefit from subacromial decompression surgery? The guideline makes a strong recommendation against subacromial decompression surgery for this population. The GRADE approach is used to rate the quality of evidence and is rated as high for the outcomes of pain, function and quality of life, moderate for global perceived effect, and low for return to work. A planned evaluation of surgery compared to exercise therapy is of particular interest to physiotherapists. The guideline concludes that compared to exercise, there is no important benefit of decompression surgery for the outcomes of pain, function, quality of life, global perceived effect, and return to work. Harms associated with subacromial decompression surgery are also investigated. Based on the limited available evidence, the rate of serious harms such as major bleeding, deep infections, serious anaesthetic complications, venous thromboembolism, and peripheral nerve injury was six per 1000 surgeries.

Provenance: Invited. Not peer reviewed.

Mark J Hancock
Macquarie University, Australia