



# Shoulder and Elbow GP BEST Event - 17<sup>th</sup> May 2023

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# About Us

- Both co-appointed and commenced post in October 2022
- Practice:
  - Elective - shoulder and elbow
  - General trauma
- Our team:
  - 12 orthopaedic consultants
  - Specialty doctors and trainees
  - Physiotherapists and occupational therapists



# Referral Process

- “Upper Limb Team”
- Historically one single specialty
- No change to referral process



# Today's plan

- Intro
- Quiz
- Breakout sessions:
  - 30 min – Cuff and Instability
  - 10 min – Break and switch rooms
  - 30 min – Stiff shoulder and elbow
- Quiz
- Final remarks, questions and close
- Feedback



QUIZ

# Breakout Sessions

Session 1 (HS) – Cuff and Instability

Session 2 (MD) – Stiff shoulder and elbow

WELCOME BACK

## Instability

Investigations:  
Not indicated

Treatment:  
Physiotherapy

Referral:  
Traumatic instability  
Recurrent symptoms  
Failed physio

## Acromioclavicular disease

Investigations:  
Xray if no improvement

Treatment:  
Analgesia,  
physio, ACJ  
injection

Referral:  
  
No improvement  
despite physio/  
injection

## Capsulitis/ frozen shoulder

Investigations:  
Xray

Treatment:  
Analgesia,  
physio,  
Glenohumeral  
injection

Referral:  
  
No improvement  
after 6 weeks

## Glenohumeral OA

Investigations:  
Xray

Treatment:  
analgesia, physio  
Glenohumeral  
injection

Referral:  
  
no improvement  
moderate/severe  
OA on xray

## Rotator cuff disease

Investigations:  
Not indicated

Treatment:  
analgesia, physio,  
consider  
Subacromial  
injection if >60y

Referral: Traumatic  
cuff tear <60y,  
failed conservative  
management  
! common in older  
patients, often not  
repairable

## Impingement

Investigations:  
Not indicated

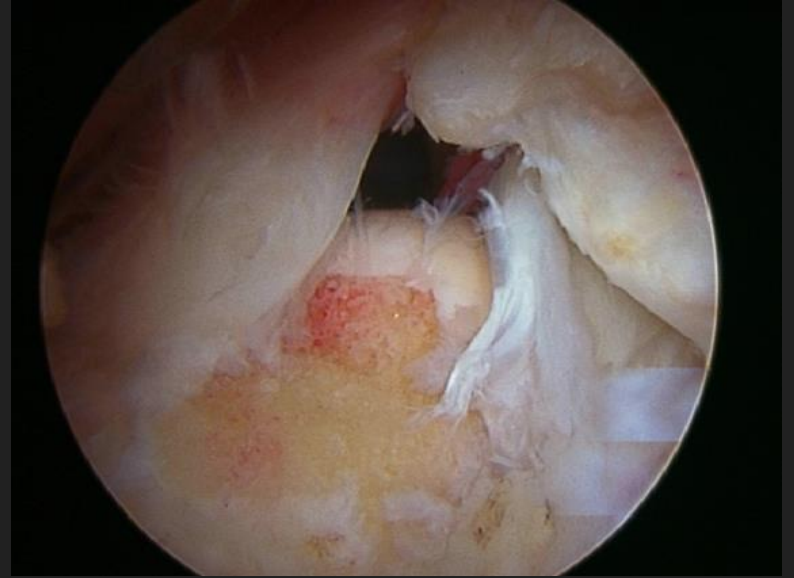
Treatment:  
analgesia, physio,  
consider  
Subacromial  
injection

Referral:  
Failed conservative  
management  
! Isolated  
subacromial  
decompression no  
longer indicated



# Cuff Tears

- Conservative treatment:
  - Physio
  - Injections
  - Self care, online resources
- Cuff repair:
  - Arthroscopic
  - Open
- Superior capsular reconstruction
- Tendon transfers



PROUD

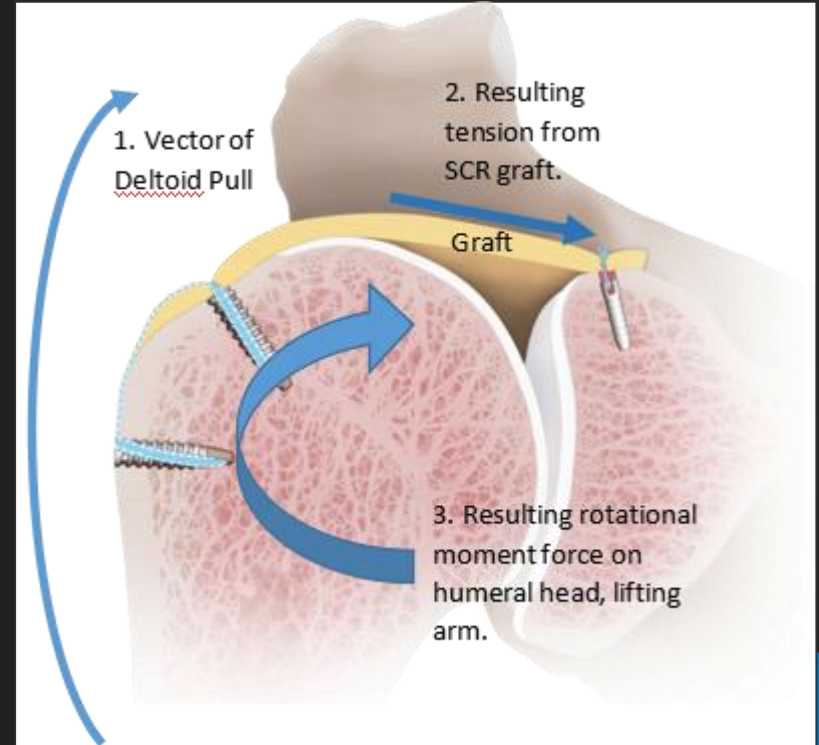
to  
care

# Cuff Tears - Superior Capsular Reconstruction



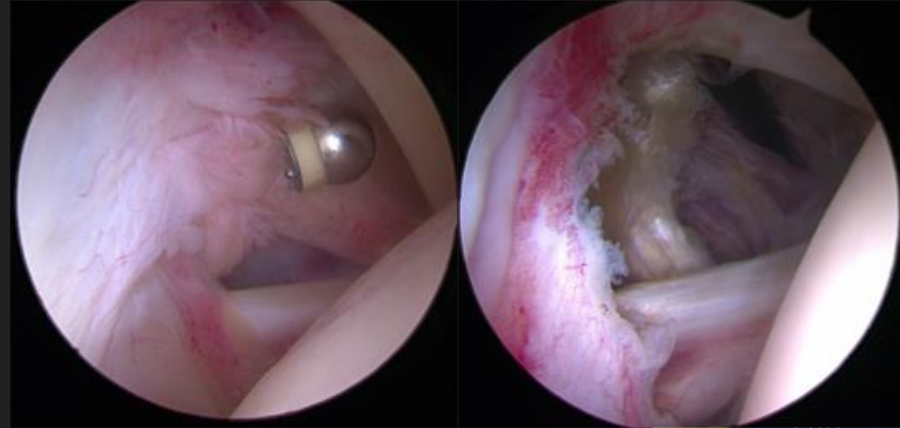
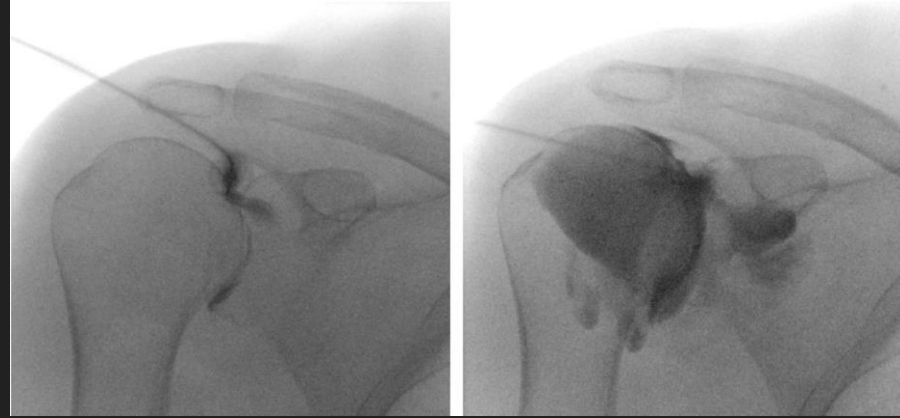
# Cuff Tears - Superior Capsular Reconstruction

- Keeps humeral head depressed
- Allows normal mechanics of remaining cuff
- *Has prerequisites*
  - No OA
  - *Functioning anteroposterior cuff*
  - *Balanced cuff (no migration of head)*
  - *Motivated patient*
  - *Age?*



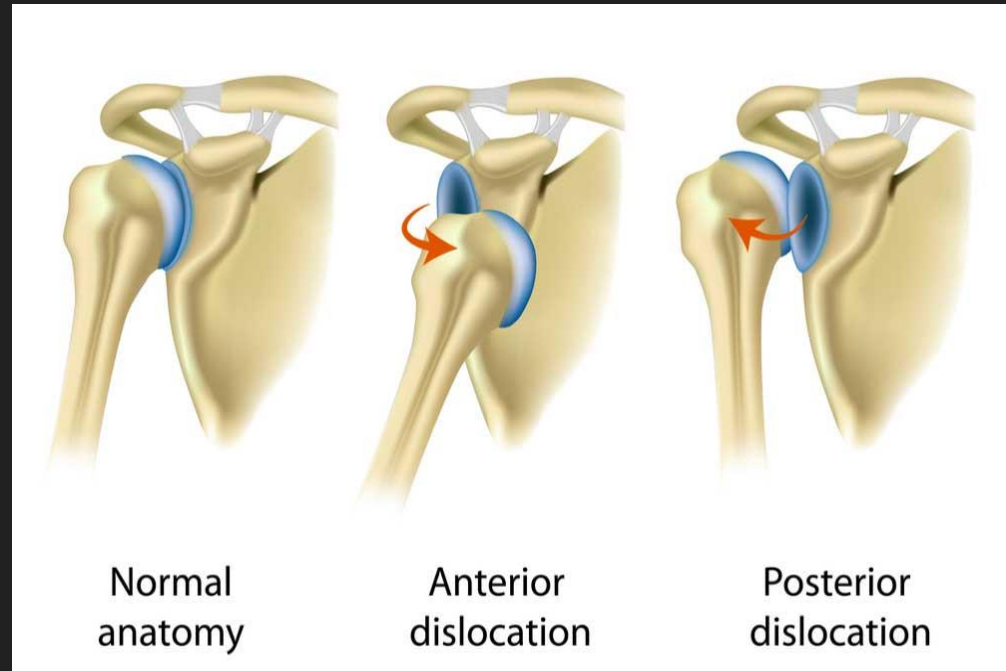
# Adhesive Capsulitis

- Loss of ER
- All need XR
- Treatment:
  - GHJ Injection (very early, limited role)
  - **Hydrodistension**
  - Capsular release
  - Physiotherapy

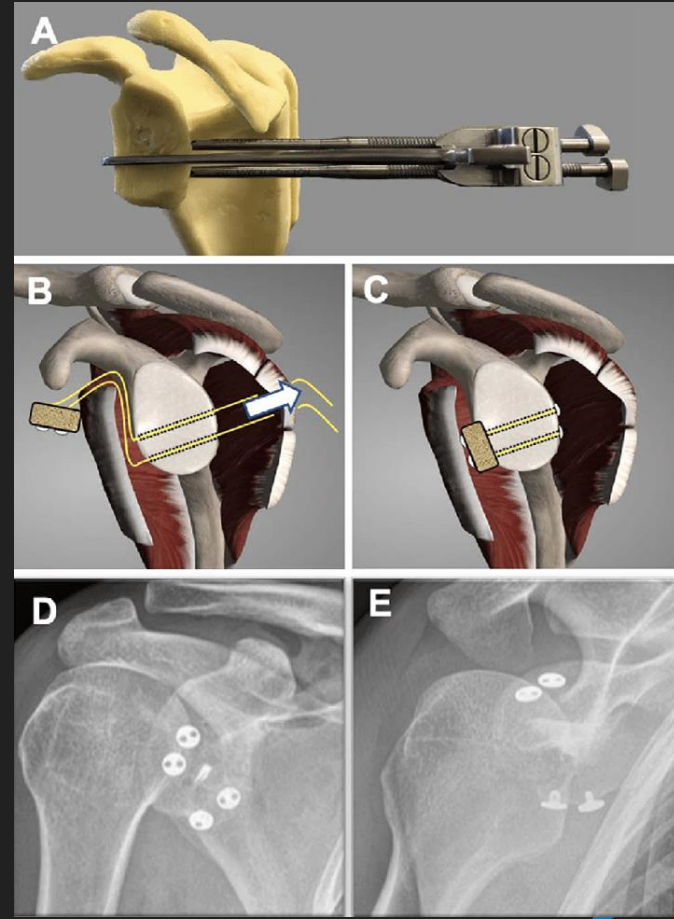
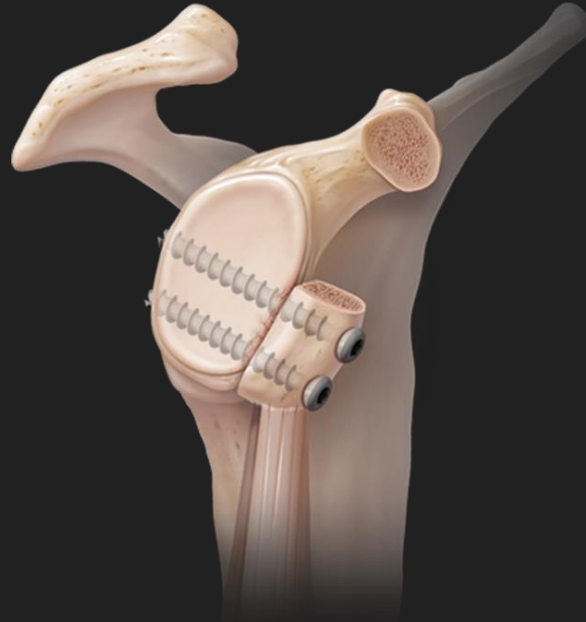
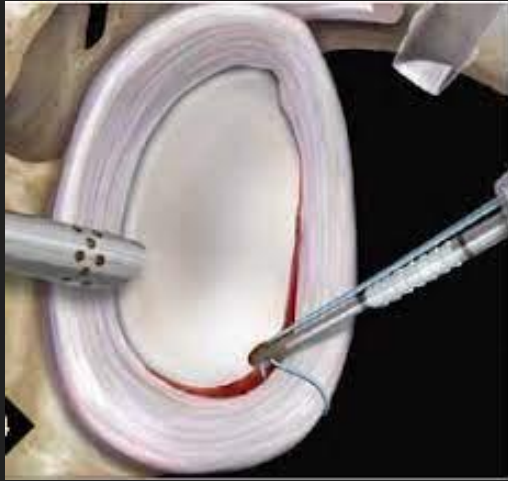


# Shoulder Instability

- First episode:
  - Assess NV status/cuff
  - Physiotherapy
- Recurrent:
  - Same as above
  - Assess re-dislocation risk
  - Uni vs multidirectional
  - Type of instability
  - Offer surgery if non operative failed



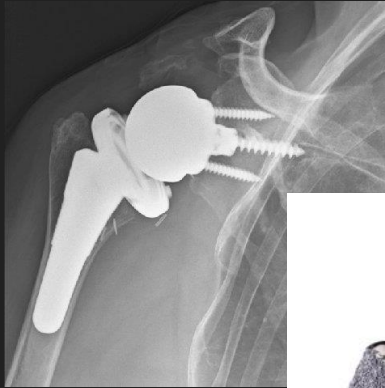
# Shoulder Instability





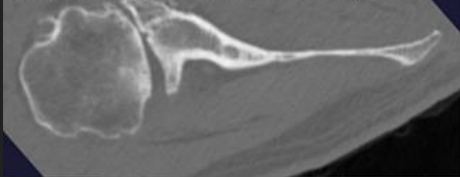
# Degenerate Shoulder

- Concept of “MOT arthroscopy”
- Increasing indications for reverse total shoulder arthroplasty
- Increasing use of anatomic total shoulder arthroplasty

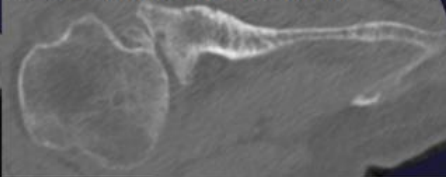


# Complex Arthroplasty - Glenoid Bone Loss

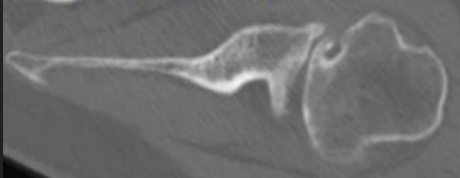
C2 glenoid  
(B2 in original classification)



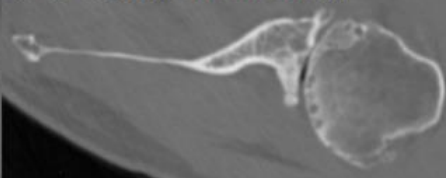
C2 glenoid  
(C in original classification)



C2 glenoid  
(B2 in original classification)



C2 glenoid  
(C in original classification)





# Complex Arthroplasty - Glenoid Bone Loss

**Preview Anatomy** | Comprehensive Total Functionality | Comprehensive Reverse Functionality | TMR+ Functionality | Alliance Glenoid Functionality | Final Review and Approval

PREVIEW | SCAPULA | APPROVAL

Case ID: FMAR59R84JS18UO  
Surgeon: Dr. John Smith

Laterality: RIGHT  
Procedure: RSA

ABOUT | QUIT

1. Preview, Scapula (Planning), and Approval tabs  
2. Case specific information  
3. Panel to view software information or quit  
4. Native Version and Native Inclination  
5. Movable 3D Reconstruction  
6. Default Neutral Axis (Friedmann line)  
7. Quick anatomical snap-views and zooming

Native Glenoid Retroversion  
**-19.5°**

Native Glenoid Inferior Inclination  
**-3.5°**

VIEW  
LAT | MED | POST | ANT | INF | SUP



# Future Directions



# Developments at Barnsley Hospital

# Barnsley Hospital

- New children's ED completed
- ED majors refurbished
- £7.3 million new ICU unit under development
- Trauma theatre refurbished
- New direction from Board of Directors, Joint CEO with Rotherham



PROUD

to  
care

# Orthopaedics At Barnsley

- Upper limb unit now has 4 surgeons (previously 2)
  - New appointments as opposed to succession - affects our waiting lists positively
- Offer entire gamut of shoulder and elbow surgery in Barnsley
- Increasing day surgery capacity - new laminar flow theatre
- Bid for elective operating capacity at Mexborough Montagu Hospital
- Upper limb services to expand:
  - Specialist physiotherapist
  - Timely injections (USS guided) in clinic
  - Wider links to regional/national upper limb units
- Hand surgery services continue as before
- Research portfolios: CRAFFT, SCIENCE, PETS trial, HASTE



# FEEDBACK



Thank you!

Questions...?