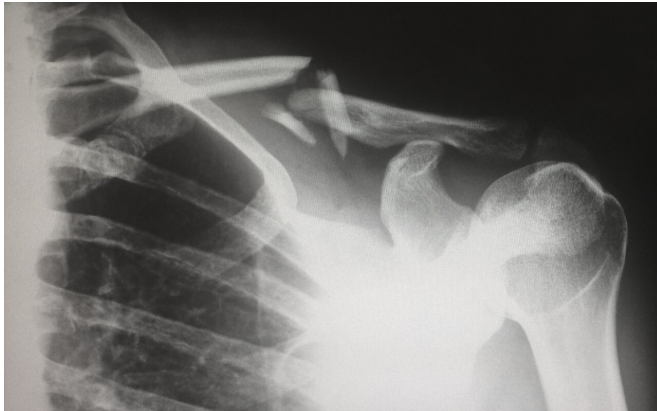


Arthroscopic rotator cuff repair with and without acromioplasty in the treatment of full-thickness rotator cuff tears

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Long-term follow-up of patients with shoulder pain who received rotator cuff repair with or without acromioplasty found little difference between the two groups of patients 11 years after surgery, according to research presented today at the American Orthopaedic Society for Sports Medicine 2022 Annual Meeting.

Acromioplasty, also known as shoulder decompression [surgery](#), is a common treatment for shoulder impingement syndrome.

Jarret Woodmass, MD, Pan Am Clinic in Winnipeg, Canada established the study as a follow-up on a previous trial of 86 patients randomized to undergo rotator cuff repair with or without acromioplasty, which found no differences in functional and quality-of-life indices at 24 months post-operative were observed. At that time point, four patients (9%) in the group without acromioplasty required reoperation due to persistent symptoms (1 with a type-II acromion and 3 with type-III acromion) while no patients that underwent acromioplasty had

follow-up surgery.

"This study aimed to re-evaluate the patients from the original trial and determine the long-term efficacy of performing a subacromial decompression in cases of full-thickness rotator cuff tears," Dr. Woodmass said.

Recruitment for the original study was conducted between June 2003 and February 2009 with a 24-month follow-up taking place between 2005 and 2011. This secondary study was conducted between April 2015 and March 2021 with all patients randomized in the main study comprising the study sample, according to Dr. Woodmass.

Patients from the original study were invited by a blinded assessor to return for a follow-up visit involving the same methodology as their previous visits. The visit included completion of a patient-reported outcome, the Western Ontario Rotator Cuff score (WORC), and clinical assessment.

Of the 86 patients in the original trial, 57 completed the long-term follow-up, 31 of 45 from the No ACR group, and 25 of 41 from the ACR group. Sixty-one percent in the No ACR group and 64% in the ACR group were male. The mean (SD) duration of follow-up was 11.2 (2.4) years for No ACR and 11.5 (2.6) years for ACR, respectively. The mean (SD) age of patients at the time of initial surgery for the No ACR group was 58.5 (8.4) and for the ACR group was 56.2 (7.8), while the mean age at the most recent follow-up was 69.0 (9.3) for No ACR and 67.7 (7.7) for ACR.

There was no significant difference in WORC between the No ACR and ACR groups at the time of long-term follow-up ($p=0.30$). WORC score maintained a significant improvement from pre-operative scores in both groups (p

In long-term follow-up, another six patients were identified that underwent additional surgery on their study shoulder since the 24-month follow-up, including three rotator cuff revisions, one total shoulder arthroplasty, and two unknown shoulder surgeries (patient-reported). Therefore, 10 (22%) of the 45 patients in the No ACR group underwent further shoulder surgery. One participant, 2% of the initial 41 patients allocated to ACR, underwent a revision [shoulder](#) surgery.

"Both groups maintained improved outcomes from their pre-operative status," said Dr. Woodmass. "However, revision rate was significantly higher in those that did not undergo acromioplasty at the time of their initial surgery."

Provided by American Orthopaedic Society for Sports Medicine

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