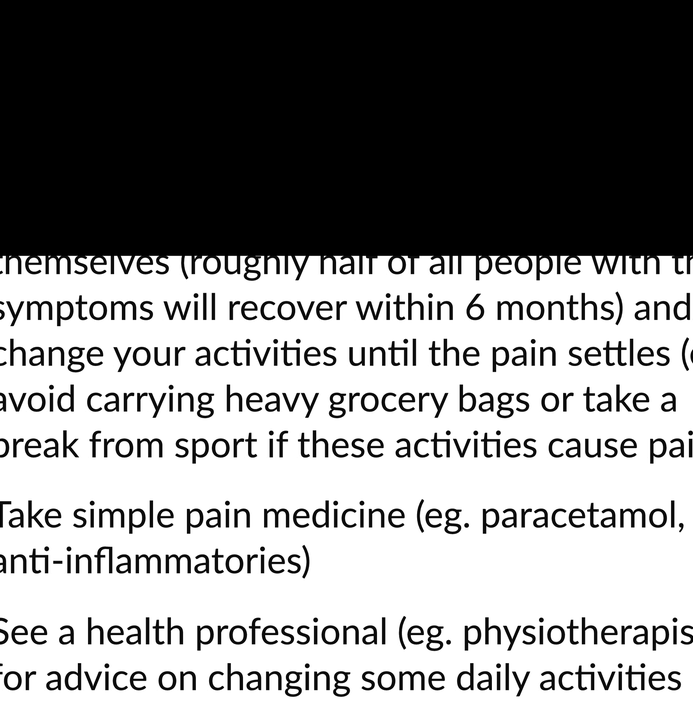
themselves (roughly half of all people with these symptoms will recover within 6 months) and/or change your activities until the pain settles (eg. avoid carrying heavy grocery bags or take a break from sport if these activities cause pain)

- Take simple pain medicine (eg. paracetamol, anti-inflammatories)
- See a health professional (eg. physiotherapist) for advice on changing some daily activities and/or some muscle strength and endurance exercises
- See a health professional (eg. doctor) for a corticosteroid injection



symptoms for at least 3-6 months.

Surgery requires staying in hospital, having an anaesthetic and small skin cuts in your shoulder so the surgeon can perform one or both of the following:

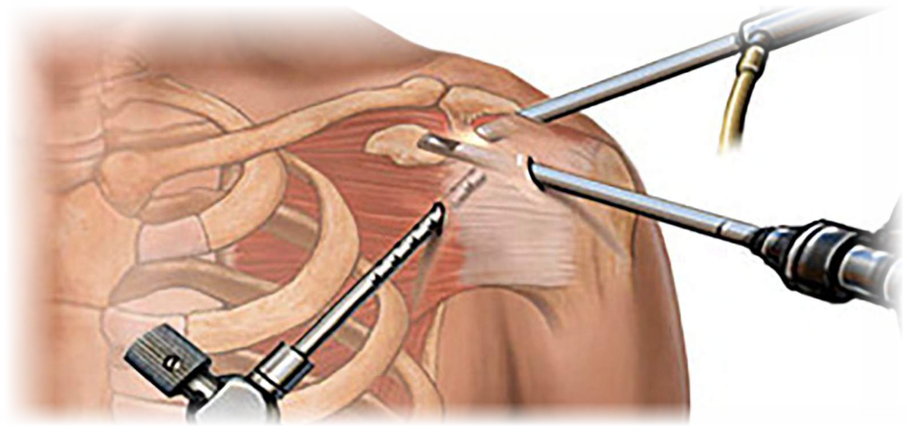
**Subacromial decompression surgery**

Increase the space under the acromion by either shaving back some bone, trimming some ligament and/or removing a bursa

**Rotator cuff repair surgery**

Reconnecting torn rotator cuff tendons

You will need to have rehabilitation involving exercises for at least 3 months following surgery. Much of this rehabilitation can be done at home.



## + What are the likely benefits of surgery compared to non-surgical options?

The figures on this page are based on the most up-to-date medical research as of 2020 (see references at the bottom of this page)

### KEY MESSAGE

On average, patients report that surgery **improves pain and function by less than 10%** (ie. an improvement in pain or function of less than a 1 point on a 0-10 pain scale) compared to non-surgical options in the short term (6 months after) and longer term (1-2 years after) [C]. Because most patients do not notice these improvements, research concludes:

- Subacromial decompression surgery is not better than placebo or non-surgical options (ie. injections, exercise, medication or no treatment) for people with shoulder pain and no full-thickness rotator cuff tears [A]
- Rotator cuff repair surgery is little-to-no better than than non-surgical options for people with full-thickness rotator cuff tears [B]

These results are averages. Surgery improves pain and function by more than 10% for some patients. But other patients have either **no improvements or worse** pain and function after surgery.

**Further information:**

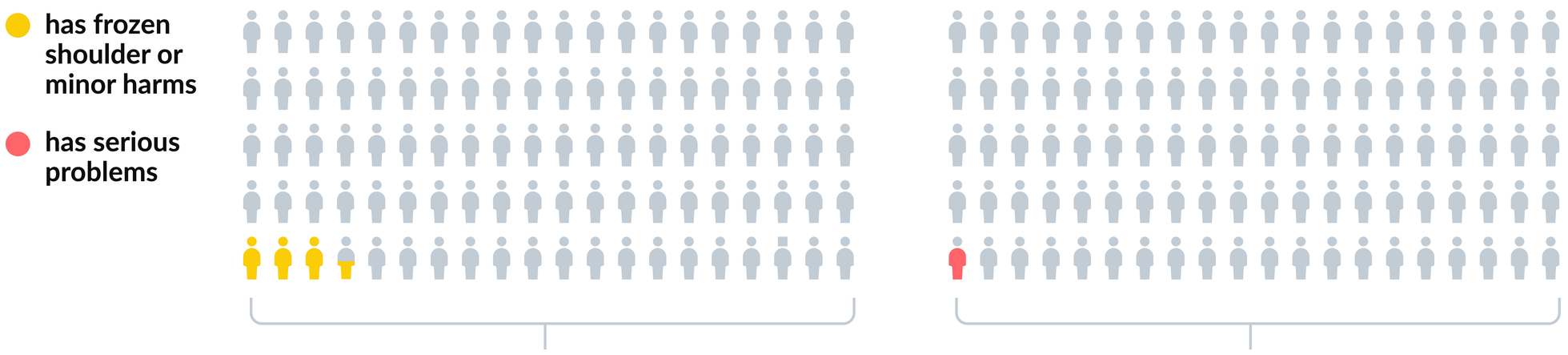
[A] For subacromial decompression surgery, we are very confident about this key message because research on this surgery is high-quality. This research was mostly conducted on people aged in their 40s, 50s and 60s, but is the best evidence we have for all ages.

[B] For rotator cuff repair surgery, we are somewhat confident about this message because there is lack of high-quality research on this surgery. This research was mostly conducted on people aged in their 50s and 60s but is the best evidence we have for all ages. Research on rotator cuff repair surgery does not apply to people who tear a tendon following trauma, or people with a full-thickness tear of the subscapularis tendon.

[C] Research suggests exercise or activities that you can do yourself at home may be just as helpful as a supervised exercise program.

## − What are the likely harms of surgery?

**Think of each figure as 1 person.** We can't predict if you will be one of the people who is harmed. Harms are more common among people with other health conditions (e.g. diabetes, heart disease).




**About 3 people per 100**

that have surgery will develop frozen shoulder (which may cause shoulder pain and stiffness for up to 2 years) or minor harms with surgery.

**About 1 person per 100**

that has surgery will have serious (and potentially life-threatening) problems like infection, nerve injury, heartattack, stroke and pneumonia.

**Important information:** The information in this decision aid is not intended as medical advice and should not be used as a substitute to seeing a qualified health professional who can determine your medical needs.

**References:** **1)** Karjalainen TV, et al. Cochrane Database Syst Rev. 2019, Issue 1. Art. No.: CD005619;
**2)** Karjalainen TV, et al. Cochrane Database Syst Rev. 2019, Issue 12. Art. No.: CD013502;
**3)** Page MJ, et al. Cochrane Database Syst Rev. 2016, Issue 6. Art. No.: CD012224.

after surgery and due to **time needed off work**

## + Questions to consider when talking with a health professional...

- Do I need surgery? What happens if I don't have surgery? What happens if I do nothing?
- Is surgery suitable for me? Which surgery is suitable for my diagnosis?
- Can I have surgery later? If so, how long should I wait before considering surgery?
- Have I considered my situation before making any decisions (eg. age, pain severity, activity levels, job demands, insurance coverage, caring responsibilities, involvement in sport, etc)?
- Do I understand enough about my condition and the benefits and harms of having surgery and not having surgery?

**Discloser:** Arthritis Australia provided funding to develop this tool but had no involvement in the development process. The developers of this decision aid include orthopaedic surgeons, rheumatologists, physiotherapists, psychologists and occupational therapists, who have a range of views on the information in this decision aid. 8/11 developers have a PhD. None of the developers will gain or lose anything based on the choices that people make. Feedback from people with shoulder pain and health professionals practicing in various countries was used to refine the information presented in this decision aid.

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**Lead developer:** Dr Joshua Zadro, Institute for Musculoskeletal Health, University of Sydney, Australia.