

Comprehensive Arthroscopic Management (CAM)

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10.1055/s-0032-1327656 year: 2012 - title: "Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis" ref_num: 15 evidence_tier: paper evidence_level: 4 doi: 10.1007/s00167-023-07377-0 year: 2023 - title: "Survivorship and Patient-Reported Outcomes After Comprehensive Arthroscopic Management of Glenohumeral Osteoarthritis: Minimum 10-Year Follow-up" ref_num: 16 evidence_tier: paper evidence_level: 4 doi: 10.1177/2325967121s00213 year: 2021 - title: "Outcomes and Survivorship After Arthroscopic Treatment of Glenohumeral Arthritis: A Systematic Review" ref_num: 17 evidence_tier: paper evidence_level: 1 doi: 10.1016/j.arthro.2020.02.036 year: 2020 - title: "Arthroscopic Debridement and Capsular release of the Shoulder as a Treatment for Osteoarthritis of the Glenohumeral Joint (SS-22)" ref_num: 18 evidence_tier: paper evidence_level: 4 doi: 10.1016/j.arthro.2010.04.032 year: 2010 - title: "Arthroscopic Debridement and Capsular Release for Glenohumeral Osteoarthritis" ref_num: 19 evidence_tier: paper evidence_level: 4 doi: 10.1016/j.arthro.2006.11.016 year: 2007 - title: "Arthroscopic debridement and biological resurfacing of the glenoid in glenohumeral arthritis" ref_num: 20 evidence_tier: paper evidence_level: 4 doi: 10.1007/s00167-010-1155-8 year: 2010 - title: "Arthroscopic Debridement, Facetectomy, and Synovectomy for Isolated Patellofemoral Osteoarthritis" ref_num: 21 evidence_tier: paper evidence_level: 4 doi: 10.1016/j.eats.2021.08.021 year: 2021 - title: "Survivorship and Patient-Reported Outcomes After Comprehensive Arthroscopic Management of Glenohumeral Osteoarthritis: Minimum 10-Year Follow-up" ref_num: 22 evidence_tier: paper evidence_level: 3 doi: 10.1177/0363546520962756 year: 2020 - title: "A single-institution analysis of factors affecting costs in the arthroscopic treatment of glenohumeral instability" ref_num: 26 evidence_tier: paper evidence_level: 4 doi: 10.1016/j.jseint.2020.01.006 year: 2020 - title: "Arthroscopic Debridement of Massive Irreparable Rotator Cuff Tears" ref_num: 27 evidence_tier: paper evidence_level: 4 doi: 10.1016/j.arthro.2008.03.007 year: 2008 - title: "Survivorship after Arthroscopic Management of Glenohumeral Osteoarthritis with a Minimum 5 year Follow-up" ref_num: 30 evidence_tier: paper evidence_level: 4 doi: 10.1177/2325967116s00104 year: 2016 synthesis_version: "v2" verifier_status: skipped

Overview

- The Comprehensive Arthroscopic Management (CAM) procedure is a systematic, inclusive approach to the array of pathologies encountered in early glenohumeral arthritis [1].
- The CAM procedure provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis by reducing pain and improving function [2].
- The CAM procedure reduced pain, improved function, and provided reasonable short-term durability for young, active patients with advanced shoulder OA, serving as a joint-preserving alternative to arthroplasty [3].
- Arthroscopic debridement improved clinical outcome in 68% of patients suffering from advanced OA of the glenohumeral joint [5].
- The CAM procedure demonstrated significant improvements in midterm clinical outcomes and high patient satisfaction after the procedure for glenohumeral osteoarthritis, with a 76.9% survivorship rate at a minimum of 5 years postoperatively [6].

- Treatment of glenohumeral arthritis with arthroscopic glenoid resurfacing provided superior results compared to previously performed arthroscopic procedures in patients with failed previous arthroscopic debridement [7].
- CAM is a reasonable option for patients with localized cartilage defects and specific radiographic findings [10].
- Hemiarthroplasty (HA) or total shoulder arthroplasty (TSA) are feasible options for patients with humeral head incongruity or large anterior osteophytes [10].
- Arthroscopic debridement is an excellent treatment for elderly patients with modest functional demands, though long-term consequences require further evaluation [11].
- Isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients with glenohumeral arthritis [12].
- Surgical arthroscopic repair was possible in all cases of acute or recurrent instability in soccer goalkeepers with well-defined exclusion criteria [14].

Anatomy & Pathophysiology

- The CAM procedure is a systematic, inclusive approach to the array of pathologies encountered in early glenohumeral arthritis [1].
- Advanced glenohumeral osteoarthritis is characterized by joint space loss and abnormal posterior glenoid shape [9].
- Humeral head flattening and severe joint incongruity are identified as risk factors for failure in patients undergoing arthroscopic treatment for glenohumeral osteoarthritis [22].

Classification

- Comprehensive Arthroscopic Management (CAM) is defined as a systematic, inclusive approach to the array of pathologies encountered in early glenohumeral arthritis [1].
- CAM provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis [2].
- CAM serves as a joint-preserving alternative to arthroplasty for young, active patients with advanced shoulder osteoarthritis [3].
- Arthroscopic debridement improved clinical outcomes in 68% of patients suffering from advanced osteoarthritis of the glenohumeral joint [5].
- CAM achieves significant improvements in midterm clinical outcomes and high patient satisfaction after the procedure for glenohumeral osteoarthritis [6].
- The survivorship rate of the arthroscopic CAM procedure is 76.9% at a minimum of 5 years postoperatively [6].

- Arthroscopic glenoid resurfacing provides superior results for the treatment of glenohumeral arthritis compared to previously performed arthroscopic procedures [7].
- An arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period [8].
- The CAM procedure reliably improves pain and function in active patients with advanced glenohumeral osteoarthritis [9].
- Patients with less joint space and abnormal posterior glenoid shape are significantly more likely to progress to early failure after the CAM procedure [9].
- CAM is a reasonable option for patients with localized cartilage defects and specific radiographic findings [10].
- Hemiarthroplasty or total shoulder arthroplasty are feasible options for patients with humeral head incongruity or large anterior osteophytes [10].
- Isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients with glenohumeral arthritis [12].
- Arthroscopic debridement for glenohumeral arthritis lacks high-quality evidence to support its routine use [13].
- Surgical arthroscopic repair is possible for acute or recurrent instability with well-defined exclusion criteria [14].
- Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis [15].

Clinical Presentation

- Comprehensive Arthroscopic Management (CAM) is recommended for the array of pathologies encountered in early glenohumeral arthritis [1].
- CAM provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis [2].
- CAM serves as a joint-preserving alternative to arthroplasty for young, active patients with advanced shoulder osteoarthritis [3].
- Arthroscopic debridement improved clinical outcomes in 68% of patients suffering from advanced osteoarthritis of the glenohumeral joint [5].
- The CAM procedure demonstrates significant improvements in midterm clinical outcomes and high patient satisfaction for glenohumeral osteoarthritis [6].
- The CAM procedure has a 76.9% survivorship rate at a minimum of 5 years postoperatively [6].
- Arthroscopic glenoid resurfacing provided superior results compared to previously performed arthroscopic procedures for treating glenohumeral arthritis [7].
- An arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period [8].

- Patients with less joint space and abnormal posterior glenoid shape are significantly more likely to progress to early failure after the CAM procedure [9].
- CAM is a reasonable option for patients with localized cartilage defects and specific radiographic findings [10].
- Total shoulder arthroplasty (TSA) or hemiarthroplasty (HA) are feasible options for patients with humeral head incongruity or large anterior osteophytes [10].
- Arthroscopic debridement is an excellent treatment for elderly patients with modest functional demands [11].
- Isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients with glenohumeral arthritis [12].
- Arthroscopic debridement for glenohumeral arthritis lacks high-quality evidence to support its routine use [13].
- Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis [15].
- Arthroscopic treatment of glenohumeral osteoarthritis provides improvements in range of motion and patient-reported outcomes with minimal complications [17].
- Arthroscopic debridement with capsular release may provide a window of improved symptoms and function before joint deterioration leads to more significant operations, especially in younger patients with mild or moderate osteoarthritic changes [19].
- Arthroscopic debridement and biological resurfacing of the glenoid is a minimally invasive therapeutic option for pain relief, functional improvement, and patient satisfaction in glenohumeral osteoarthritis in the intermediate-term [20].

Investigations

- The Comprehensive Arthroscopic Management (CAM) procedure is recommended as a systematic, inclusive approach to pathologies encountered in early glenohumeral arthritis [1].
- CAM provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis by reducing pain and improving function [2].
- The CAM procedure reduces pain, improves function, and provides reasonable short-term durability for young, active patients with advanced shoulder osteoarthritis, serving as a joint-preserving alternative to arthroplasty [3].
- Arthroscopic stabilization results are variable, requiring individual analysis of each technique to determine the role of arthroscopy in glenohumeral stabilization [4].
- Arthroscopic debridement improved clinical outcomes in 68% of patients suffering from advanced osteoarthritis of the glenohumeral joint [5].
- The CAM procedure demonstrates significant improvements in midterm clinical outcomes and high patient satisfaction, with a 76.9% survivorship rate at a minimum of 5 years postoperatively [6].

- Arthroscopic glenoid resurfacing provided superior results compared to previously performed arthroscopic procedures for the treatment of glenohumeral arthritis [7].
- An arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period [8].
- Patients with less joint space and abnormal posterior glenoid shape are significantly more likely to progress to early failure after the CAM procedure [9].
- CAM is a reasonable option for patients with localized cartilage defects and specific radiographic findings, while hemiarthroplasty (HA) or total shoulder arthroplasty (TSA) are feasible options for those with humeral head incongruity or large anterior osteophytes [10].
- Arthroscopic debridement is an excellent treatment for elderly patients with massive rotator cuff tears and modest functional demands, though long-term consequences require further evaluation [11].
- Surgical arthroscopic repair is possible for acute or recurrent instability in soccer goalkeepers with well-defined exclusion criteria [14].
- Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis [15].
- Arthroscopic debridement with capsular release may provide a window of improved symptoms and function before joint deterioration leads to more significant operations, especially in younger patients with mild or moderate osteoarthritic changes [19].
- Arthroscopic debridement, facetectomy, and synovectomy aim to decrease pain originating from the patellofemoral joint by eliminating pain sources from the subchondral bone and synovium [21].
- The survivorship rate of the CAM procedure at minimum 10-year follow-up is 63.2%, with humeral head flattening and severe joint incongruity identified as risk factors for failure [22].
- Progressive radiographic osteoarthritic changes following arthroscopic debridement of massive irreparable rotator cuff tears do not negatively influence clinical results [27].

Treatment

- Comprehensive Arthroscopic Management (CAM) is recommended as a systematic, inclusive approach for the array of pathologies encountered in early glenohumeral arthritis [1].
- CAM provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis by reducing pain and improving function [2].
- CAM reduces pain, improves function, and provides reasonable short-term durability for young, active patients with advanced shoulder osteoarthritis, serving as a joint-preserving alternative to arthroplasty [3].
- Arthroscopic stabilization results are variable, and each technique must be analyzed individually to determine the role of arthroscopy in glenohumeral stabilization [4].
- Arthroscopic debridement improved clinical outcomes in 68% of patients suffering from advanced osteoarthritis of the glenohumeral joint [5].

- The arthroscopic CAM procedure for glenohumeral osteoarthritis demonstrates significant improvements in midterm clinical outcomes and high patient satisfaction, with a 76.9% survivorship rate at a minimum of 5 years postoperatively [6].
- Arthroscopic glenoid resurfacing provided superior results for the treatment of glenohumeral arthritis compared to previously performed arthroscopic procedures in patients with failed prior debridement [7].
- An arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period [8].
- The CAM procedure reliably improves pain and function in active patients with advanced glenohumeral osteoarthritis, but patients with less joint space and abnormal posterior glenoid shape are significantly more likely to progress to early failure [9].
- CAM is a reasonable option for patients with primary glenohumeral arthritis younger than 50 years old who have localized cartilage defects and specific radiographic findings [10].
- Total shoulder arthroplasty or hemiarthroplasty are feasible options for patients with primary glenohumeral arthritis younger than 50 years old who have humeral head incongruity or large anterior osteophytes [10].
- Isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients with glenohumeral arthritis [12].
- Arthroscopic debridement for glenohumeral arthritis lacks high-quality evidence to support its routine use [13].
- Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis [15].
- Arthroscopic debridement, facetectomy, and synovectomy aim to decrease pain originating from the patellofemoral joint by eliminating pain sources from the subchondral bone and synovium [21].
- Most perioperative costs associated with the arthroscopic treatment of glenohumeral instability are facility utilization and implant costs [26].

Complications

- Arthroscopic debridement for glenohumeral arthritis lacks high-quality evidence to support its routine use [13].
- Arthroscopic treatment of glenohumeral osteoarthritis provides improvements in ROM and patient-reported outcomes with minimal complications [17].
- The majority of patients demonstrated sustained improvement in patient-reported outcomes and satisfaction without conversion to total shoulder arthroplasty at long-term follow-up, although some patients progressed to arthroplasty [16].
- After the CAM procedure, 76.9% survivorship was observed at a minimum of 5 years postoperatively [6].
- After the CAM procedure, 84% survivorship was found at 3 years and 72% survivorship at 5 years [30].

Recovery

- The CAM procedure provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis by reducing pain and improving function [2].
- The CAM procedure reduced pain, improved function, and provided reasonable short-term durability for young, active patients with advanced shoulder OA [3].
- The CAM procedure serves as a joint-preserving alternative to arthroplasty for young, active patients with advanced shoulder OA [3].
- The CAM procedure reliably improves pain and function in active patients with advanced glenohumeral osteoarthritis (GHOA) [9].
- Patients with less joint space are significantly more likely to progress to early failure after the CAM procedure [9].
- Patients with abnormal posterior glenoid shape are significantly more likely to progress to early failure after the CAM procedure [9].
- The CAM procedure demonstrates significant improvements in midterm clinical outcomes and high patient satisfaction for GHOA [6].
- The CAM procedure has a 76.9% survivorship rate at a minimum of 5 years postoperatively [6].
- The majority of patients demonstrated sustained improvement in patient-reported outcomes and satisfaction without conversion to total shoulder arthroplasty at long-term follow-up after the CAM procedure [16].
- Some patients progressed to arthroplasty after the CAM procedure at long-term follow-up [16].
- Arthroscopic debridement improved clinical outcome in 68% of patients suffering from advanced OA of the glenohumeral joint [5].
- An arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period [8].
- Arthroscopic debridement is an excellent treatment for elderly patients with modest functional demands [11].
- Isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients with glenohumeral arthritis [12].
- Arthroscopic debridement of the shoulder improves regaining external rotation in patients with osteoarthritis of the glenohumeral joint [18].
- Arthroscopic debridement of the shoulder decreases pain in patients with osteoarthritis of the glenohumeral joint [18].
- Arthroscopic debridement of the shoulder improves the ability to perform activities of daily living (ADLs) in patients with osteoarthritis of the glenohumeral joint [18].
- Arthroscopic debridement and biological resurfacing of the glenoid provides pain relief, functional improvement, and patient satisfaction in glenohumeral osteoarthritis in the intermediate-term [20].

Key Evidence

- [L4] The authors recommend a systematic, inclusive approach to the array of pathologies encountered in the setting of early glenohumeral arthritis: the Comprehensive Arthroscopic Management (CAM) procedure. ([10.1016/j.arthro.2022.01.033](#))
- [Paper] The comprehensive arthroscopic management procedure provides a predictable short-term joint-preserving option for younger, high-demand patients with advanced glenohumeral osteoarthritis by reducing pain and improving function. ([10.1016/j.eats.2015.04.003](#))
- [L4] The CAM procedure reduced pain, improved function, and provided reasonable short-term durability for young, active patients with advanced shoulder OA, serving as a joint-preserving alternative to arthroplasty. ([10.1016/j.arthro.2012.10.028](#))
- [L4] The results of arthroscopic stabilization reported in the literature are variable and each technique must be analyzed individually to properly determine the role of arthroscopy in glenohumeral stabilization. ([10.1177/03635465000280042801](#))
- [L3] Arthroscopic debridement improved clinical outcome in 68% of patients suffering from advanced OA of glenohumeral joint. ([10.1186/s12891-015-0741-9](#))
- [L4] This study demonstrates significant improvements in midterm clinical outcomes and high patient satisfaction after the arthroscopic CAM procedure for GHOA, with a 76.9% survivorship rate at a minimum of 5 years postoperatively. ([10.1177/0363546516656372](#))
- [L4] Treatment of glenohumeral arthritis with arthroscopic glenoid resurfacing provided superior results in this series to their previously performed arthroscopic procedure. ([10.1016/j.arthro.2009.04.015](#))
- [L5] Clinical studies report that an arthroscopic approach to glenohumeral arthritis using various joint-preserving procedures reduces pain, improves function, and improves clinical outcome scores in the short- to mid-term follow-up period. ([10.5435/jaaos-d-17-00214](#))
- [L3] The CAM procedure reliably improves pain and function in active patients with advanced GHOA, but patients with less joint space and abnormal posterior glenoid shape are significantly more likely to progress to early failure. ([10.1177/0363546516668823](#))
- [L4] CAM is a reasonable option for patients with localized cartilage defects and specific radiographic findings, while HA or TSA are feasible options for those with humeral head incongruity or large anterior osteophytes. ([10.1530/eor-2023-0156](#))
- [L3] Arthroscopic debridement is an excellent treatment for elderly patients with modest functional demands, though long-term consequences require further evaluation. ([10.1007/s00402-004-0738-6](#))
- [L4] Although there are limited nonarthroplasty surgical options available for glenohumeral arthritis, isolated arthroscopic debridement and capsular release may not provide substantial benefit to justify its use in most patients. ([10.1016/j.arthro.2014.08.025](#))
- [L1] This systematic review shows that arthroscopic debridement for glenohumeral arthritis lacks high-quality evidence to support its routine use. ([10.1016/j.arthro.2013.02.022](#))
- [L4] Surgical arthroscopic repair was possible in all cases of acute or recurrent instability with well-defined exclusion criteria. ([10.1055/s-0032-1327656](#))

- [L4] Comprehensive arthroscopic management without axillary nerve release or subacromial decompression achieves satisfactory and durable results in young patients with glenohumeral osteoarthritis. ([10.1007/s00167-023-07377-0](https://doi.org/10.1007/s00167-023-07377-0))
- [L4] The majority of patients demonstrated sustained improvement in patient-reported outcomes and satisfaction without conversion to total shoulder arthroplasty at long-term follow-up, although some patients progressed to arthroplasty. ([10.1177/2325967121s00213](https://doi.org/10.1177/2325967121s00213))
- [L1] Arthroscopic treatment of glenohumeral osteoarthritis provides improvements in ROM and patient-reported outcomes with minimal complications. ([10.1016/j.arthro.2020.02.036](https://doi.org/10.1016/j.arthro.2020.02.036))
- [L4] Arthroscopic debridement of the shoulder has a role to play in the management of osteoarthritis of the glenohumeral joint, with the most improvement in regaining external rotation, decreasing pain, and improvement in the ability to perform ADLs. ([10.1016/j.arthro.2010.04.032](https://doi.org/10.1016/j.arthro.2010.04.032))
- [L4] Arthroscopic debridement with capsular release may provide a window of improved symptoms and function before deterioration of the joint leads to a more significant operation, especially in younger patients with mild or moderate osteoarthritic changes. ([10.1016/j.arthro.2006.11.016](https://doi.org/10.1016/j.arthro.2006.11.016))
- [L4] Arthroscopic debridement and biological resurfacing of the glenoid is a minimally invasive therapeutic option for pain relief, functional improvement and patient satisfaction, in glenohumeral osteoarthritis, in the intermediate-term. ([10.1007/s00167-010-1155-8](https://doi.org/10.1007/s00167-010-1155-8))
- [L4] The technique aims to decrease pain originating from the patellofemoral joint and related structures by eliminating pain sources from the subchondral bone and synovium. ([10.1016/j.eats.2021.08.021](https://doi.org/10.1016/j.eats.2021.08.021))
- [L3] The survivorship rate at minimum 10-year follow-up was 63.2%, with humeral head flattening and severe joint incongruity identified as risk factors for failure. ([10.1177/0363546520962756](https://doi.org/10.1177/0363546520962756))
- [L4] Most perioperative costs associated with the arthroscopic treatment of glenohumeral instability are facility utilization and implant costs. ([10.1016/j.jseint.2020.01.006](https://doi.org/10.1016/j.jseint.2020.01.006))
- [L4] Although progressive radiographic osteoarthritic changes occur, they do not negatively influence clinical results. ([10.1016/j.arthro.2008.03.007](https://doi.org/10.1016/j.arthro.2008.03.007))
- [L4] After the CAM procedure we found an 84% survivorship at 3 years and 72% survivorship at 5 years. ([10.1177/2325967116s00104](https://doi.org/10.1177/2325967116s00104))

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