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Letter to the Editor / *Editöre Mektup*

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Letter to the Editor

Editöre Mektup

Scapular manipulation for reduction of anterior shoulder dislocation; with or without analgesia: comment

Analjezik ile veya olmaksızın ön omuz çıkığı redüksiyonu için skapula manipülasyonu: Yorum

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We read with great interest the report by Sahin et al.[1] in the previous issue of Eklem Hastalik Cerrahisi in 2011. We believe that some important points seem necessary to be mentioned through the clinical view on what they have described. They compared the scapular manipulation technique and the Kocher's method in terms of efficacy, safety, and the intensity of pain felt by the patient in the reduction of acute anterior shoulder dislocation, and concluded that both scapular manipulation and Kocher's techniques are successful and reliable methods when procedural sedation/analgesia is used routinely. Scapular manipulation seemed to be a less painful technique for reduction of an anterior shoulder dislocation compared to Kocher's technique.

In the mentioned article, authors have noted they think that "pain control must be achieved during all reduction maneuvers" due to ethical consideration. It is obvious that unreasonable failure to treat pain is an unethical breach of human rights,[2] but this fact is true when there is a pain. In a recent study by Pishin et al. on 111 patients (112 dislocations) with anterior shoulder dislocation, 81.1% of the patients reported no pain or mild pain immediately after reduction attempt and they achieved a success rate of 87.5% without medication at the first attempt and 97.3% overall.[3] However they used the Adjective Rating Scale for pain assessment that is not as precise as the VAS.[4] They estimated that they saved $10,900 annually for unnecessary medication and hospitalization. Even in a report by McNamara RM, patients without premedication reported pain ratings similar to those of the premedicated groups (62% versus 56%).[5]

Moreover, by unnecessary premedication patients imposed to various side effects of used drugs. Besides this, there are some cases of anterior shoulder dislocation that premedication is contraindicated such as head injury, alcohol and drug intoxication, hypotension/shock and gravidity which implies the necessity of alternative techniques which do not require analgesic/sedative drugs. Scapular manipulation assumed to be a safe, rapid and relatively painless technique in reduction of anterior shoulder dislocation which might reduce medical resource utilization and can be cost-effective.[3] Targeted programs should be designed to encourage and train the general practitioners to use scapular manipulation technique in the first step, and thus avoid unnecessary direct (Analgesic/ sedative drugs, hospitalization) or indirect (patients` transfer) costs.

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Author's Response

Dear Editor,

We thank Doctors Kord Valeshabad and Habibi for their comments regarding our manuscript, A comparison of scapular manipulation and Kocher's technique for acute anterior dislocation of the shoulder.[1] In respect of cost-effectiveness and the use of fewer medical resources, the authors encourage

the use of scapular manipulation for acute anterior shoulder dislocation as a technique which can be applied without analgesia or sedation.

Various studies have reported scapular manipulation to be a technique which is effective, reliable, easy to apply and rendering little pain in cases of acute anterior shoulder dislocation reduction.[1-3] However, it is also one of the least known and applied techniques.[4] The most commonly applied methods nowadays are still the Kocher and Hippocratic methods, which are painful and as several complications have been reported, they are now being questioned more.[5]

The extent of analgesia and sedation to be applied before reduction is a controversial topic.[4] In a prospective study where patients measured the pain felt during the reduction using an Adjective Rating Scale, Pimpalnerkar et al.[6] reported 9% of patients with no pain, 72.1% with mild pain, 15.3% with moderate pain and 3.6% with severe pain.

Although the pain felt during scapular manipulation is lower and the proportion of patients who feel severe pain is even lower, we still believe that it is necessary to take the concept of pain into consideration. When patients present late, when it is the first dislocation and when there are concomitant fractures, greater pain may be felt. From an ethical aspect, we believe that it is more appropriate to take decisions regarding analgesia and anesthesia prior to reduction, together with the patient in the concept of 'shared decision-making'.

Again we thank Doctors Kord Valeshabad and Habibi for their insightful comments.

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