

Arthroscopic Rotator Cuff Repair



Seung-Ho Kim, MD
 Associate Professor of Orthopaedic Surgery
 Sungkyunkwan University
 Chief, Division of Shoulder & Sports Medicine
 Samsung Medical Center
 Seoul, Korea

Aim of This Presentation

- To understand various type of rotator cuff tears
- To present arthroscopic management of rotator cuff disorders

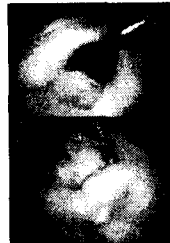
Rotator Cuff Disorder

- Tendinosis
- Partial-thickness tear
 - Articular surface
 - Bursal Surface
 - Intratendinous
- Full-thickness tear
 - Anterosuperior
 - Posterosuperior



PTRCT

- < 50%: Arthroscopic debridement
- > 50%: Repair



SMC Results Arthroscopic Conversion to Full-thickness Tear & Repair

- 109 ASPTRCT (1995 – 2000)
 - 54 low-grade: debridement ± acromioplasty
 - 55 high-grade: AS conversion & suture anchor repair
- Prospective F/U for 49 months (24 – 129 months)
- Group 1: 49 throwing athletes (Age: 27 years)
- Group 2: 32 non-throwing sports (Age: 31 years)
- Group 3: 28 no sports patients (Age: 56 years)



ASES Scores

- Group 1 throwing athletes


	Satisfactory	Unsatisfactory	
Grade 1 (12)	10 (83%)	2 (17%)	
Grade 2 (19)	8 (42%)	11 (58%)	10 reop. (repair) → 7 satisfactory
Grade 3 (18)	16 (89%)	2 (11%)	
Overall (49)	34 (69%)	15 (31%)	36 (73%) return >90% level

Articular Surface PTRCT
PASTA: Partial Articular Surface Tendon Avulsion


- Mini-open
- Arthroscopic
 - Conversion to full-thickness tear & repair
 - Arthroscopic trans-tendon repair

PASTA: Trans-Tendon Repair




Subscapularis PASTA
Subacromial Approach




Subscapularis PASTA

- All intra-articular repair
- 2 anterior portals
- No interval release
- Release MGHL

2005 AAOS




PASTA Lesion of Subscapularis



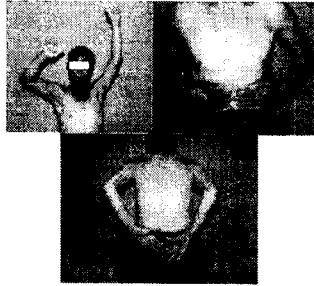
Full-thickness RCT

- Small <1cm
- Medium 1-3cm
- Large 3-5cm
- Massive >5cm



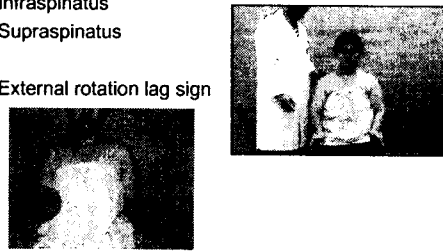
Anterosuperior RCT

- Supraspinatus
- Subscapularis
- Belly-press sign (Napoleon sign)
- Lift-off test



Posterosuperior RCT

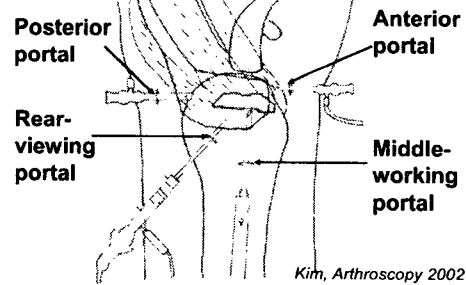
- Infraspinatus
- Supraspinatus
- External rotation lag sign



Success of Arthroscopic Repair

- Complete visualization
- Easy access to anterior and posterior margins of tear

Differential Portal Placement



Advantage Differential Portal Placement

Rear-Viewing Portal

Better en-face view to anteriorly located tear

Middle-Working Portal

Better angulations for both margins of tear




Kim, Arthroscopy 2002

Arthroscopic Repair Step

- Acromioplasty
- Bursectomy
- Tear pattern evaluation
- Mobilization, if needed
- Margin convergence, prn
- End-to-tuberosity repair


Mobilization

- CH ligament release
- Superior capsule release
- Interval slide



Rotator Cuff Repair


Margin Convergence
Convert large U tear to small or medium C tear



End-to-Tuberosity Repair

Most difficult procedure

- Passing suture through cuff tissue
- Knot tying



Decide

Arthroscopic or Mini-open Salvage

If End-to-tuberosity Repair is

Any difficulties ↓ <u>Mini-open Salvage Repair</u>	Easy ↓ <u>All-Arthroscopic</u>
--	--------------------------------------

Arthroscopic Versus Mini-Open Salvage Repair

Medium and large tears

Surgical outcomes depended on the size of the tear, rather than the method of repair

Kim, Arthroscopy 2003

Arthroscopic Repair Technique

