

ROTATOR CUFF REPAIR: Tips and Tricks

Giuseppe Sforza, MD

Reading Shoulder Unit, UK
Wellington Hospital, London
Highgate Hospital, London



General consideration

- Primum non nocere
- Remember..... What you can do and what can be done.... Are not always the same
- Use your immagination
- Stay calm!
- Don't cut corners!



General consideration

- Try to know always 2 ways to do the same thing
- Set enough time and not more than 1 case per session if you are beginning arthroscopic rotator cuff repair
- Don't give up!



How to set your learning curve

- Courses
- Cadaver Lab/Models, Slippery way
- Practice and learn knots (1 sliding and 1 fix)
- ADL (tie knots)
- Standardize the steps, don't get messy!
- Set a time limit
- Consent the patient always for miniopen techniques
- Have a way out!

How to achive the best enviroment before surgery Instruments:

• Full choice:

Biting instruments

(Posterior View, Lateral Working Portal)

Penetrating instruments

(Lateral View, Ant/Post Working portals)

Get used to them!

Clear cannula, not smooth



How to achive the best environment before surgery Instruments:

- Pump with lavage system for bleeding control
- Helicut blade
- VAPR







How to achive the best environment before surgery

Anesthetist and theatre staff:

- Bleeding control (80-110 MmHg)
- Interscalene block less strain on repair when the patient wakes up
- Experienced scrub nurse



Surgery and Surgeon

Surgeon:

Know risks

Know patient anatomy

- Finish the operation: get in, get it done, get out
- Invite a friend (if you need assistence for complex cases)

Surgery and Surgeon

Surgery:

- Use as many portals as you need
- Fluid management:
 - Lower pump pressure
 - "Milk" the shoulder if swallen
 - Let fluid fall on the floor
 - Use retractors not pressure to work in tight areas
- See the tip of the shaver
- Eat your way when you are not able to enter the subacromial bursa
- Detach suction tubing from shaver near nerves

Surgery and Surgeon

Surgery:

Build your expertize:

Tear pattern recognition
Mobilise cuff
Medial convergence
Utilize the best portals:
 to pass suture
 to tie knots
Anchor Placement:
Single row first
Double row later



Remember is a team work!



Postoperative period

- Nappy for postop bleeding
- Pain control (subjective score often related to it!)
- In doubt of tension on suture: use abduction brace
- Protect your repair, do not overload it.
- Don't miss your target: functioning repair



