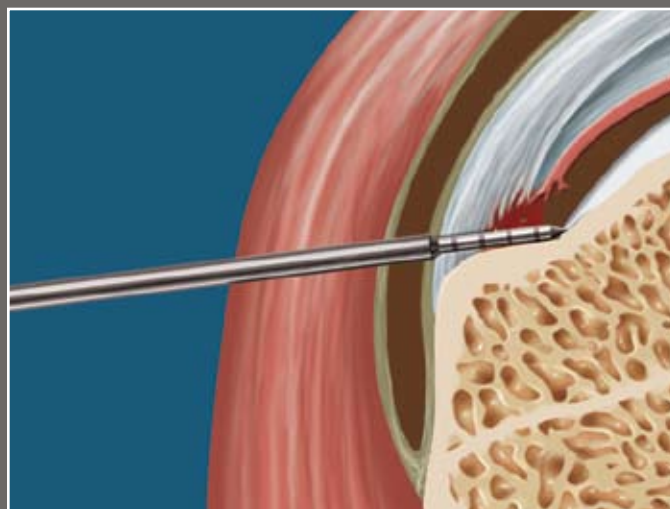




Arthroscopic diagnosis and repair of Partial-Thickness
Rotator Cuff Tears using the PASTA Depth Guide

Surgical Technique



Partial-Thickness Rotator Cuff Repair

Introduction

The PASTA Depth Guide was developed by Ian K.Y. Lo, M.D., in an effort to provide a surgical tool to directly quantify and classify partial thickness rotator cuff tears arthroscopically.

The simplistic view of repairing a partial articular surface tendon avulsion (PASTA) lesion with greater than 50% involvement of the tendon versus debriding those with less than 50% involvement is appealing but is sometimes difficult to determine at the time of diagnostic shoulder arthroscopy. Using the footprint as a marker to determine whether or not a tear involves greater or less than 50% of the tendon has been proposed.¹

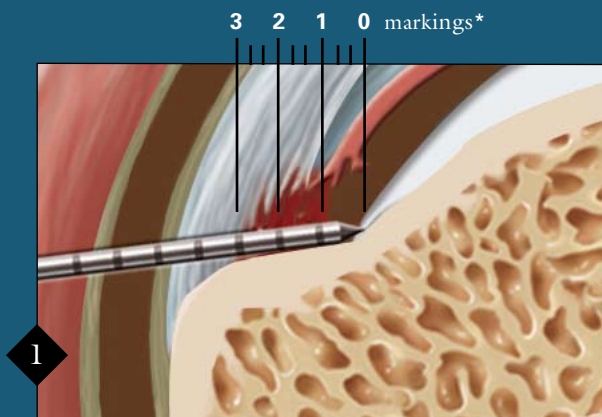
The PASTA Depth Guide estimates the size of the tear and the overall depth of the footprint, determining the percentage of tendon torn. Utilizing this percentage within a classification system, surgeons can reliably determine the appropriate treatment decision for partial thickness rotator cuff tears.

Reference:

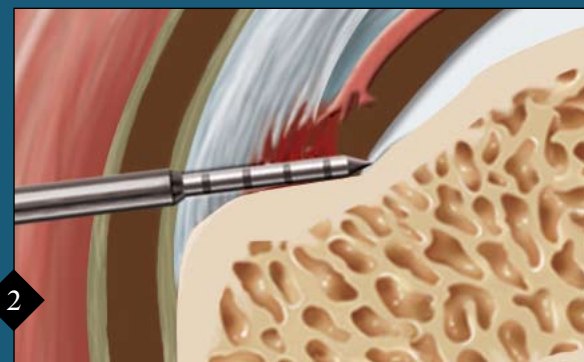
¹ Stetson W, Ryu R, Bittar E. "Arthroscopic Treatment of Partial Rotator Cuff Tears." Oper. Tech. Sports Med. 12 (2004): 135-148.

Instrument Technique

Determining Percentage of Tear



1 Penetrate the rotator cuff tendon tear through a stab incision and position the guide tangential to the footprint. While viewing intraarticularly, place the tip of the inner rod at the articular margin. Confirm the size of the exposed footprint by counting the 3 mm incremental markings*.



2 Change to a subacromial viewing position and slide the outer sleeve to the bursal side of the rotator cuff tissue.

Exposed Footprint

3 mm x 3 markings = 9 mm



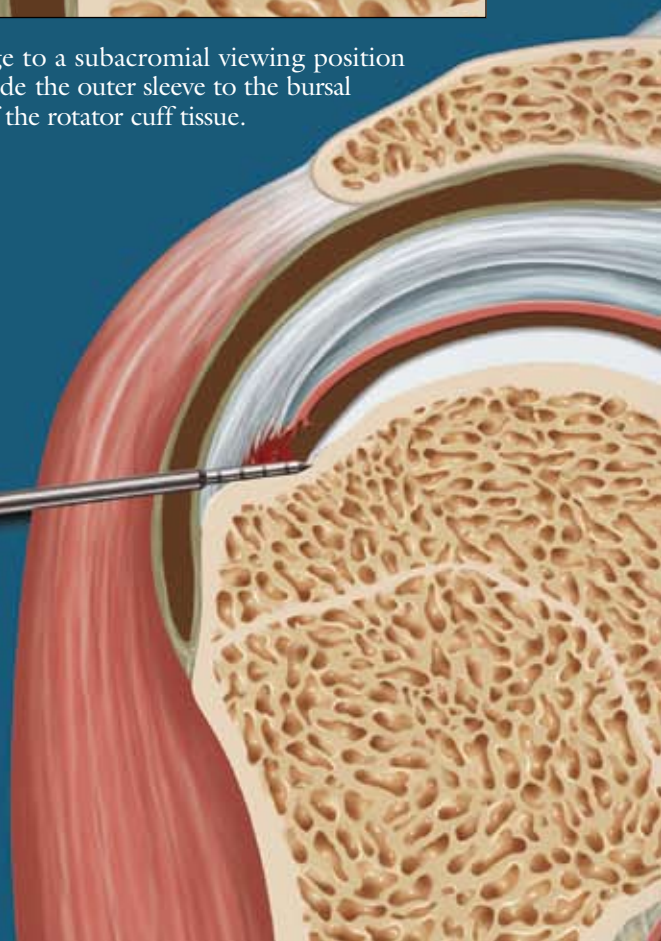
3

Measure the *Total Tendon Thickness* by reading the markings on the back of the guide.

Calculate the Percentage of Tear:

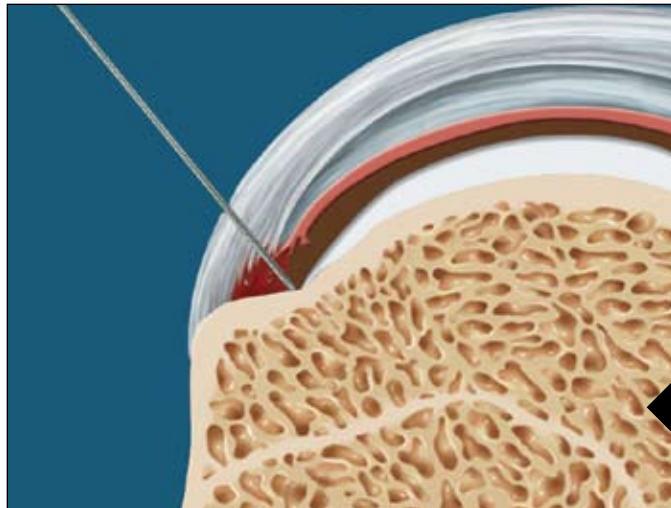
$$\frac{\text{Exposed Footprint}}{\text{Total Tendon Thickness}} \times 100$$

$$\frac{9 \text{ mm}}{14 \text{ mm}} \times 100 = 64\% \text{ of torn tendon}$$



Repair Techniques*

Anchor Insertion Technique



The subacromial bursa must be thoroughly excised to easily locate the passed sutures in the subacromial space once the anchors have been inserted.

While viewing intraarticularly, use a spinal needle to determine the optimal position and angle of approach for transtendon suture anchor placement.



Prepare a bone socket for a suture anchor with a transtendon Bio-Corkscrew FT Punch.

(This step can be bypassed if using a titanium Corkscrew® FT II Suture Anchor.)

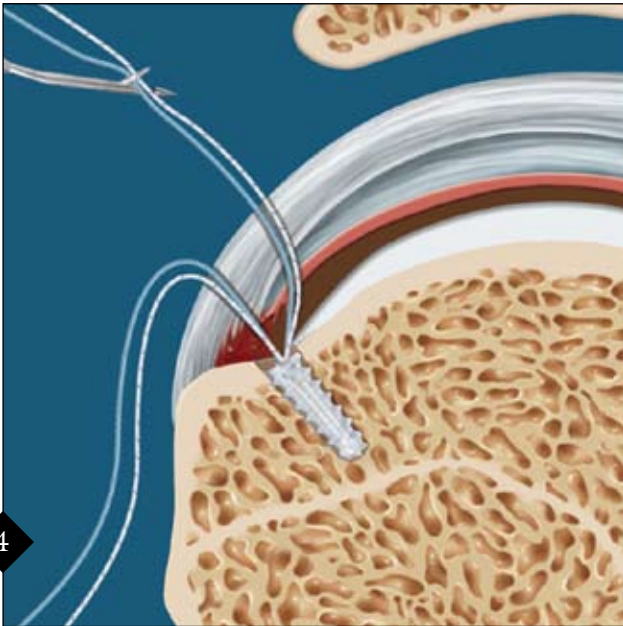


Place the Bio-Corkscrew® FT or the Corkscrew FT II Suture Anchor through the skin puncture, through the rotator cuff tendon, and into the bone socket.

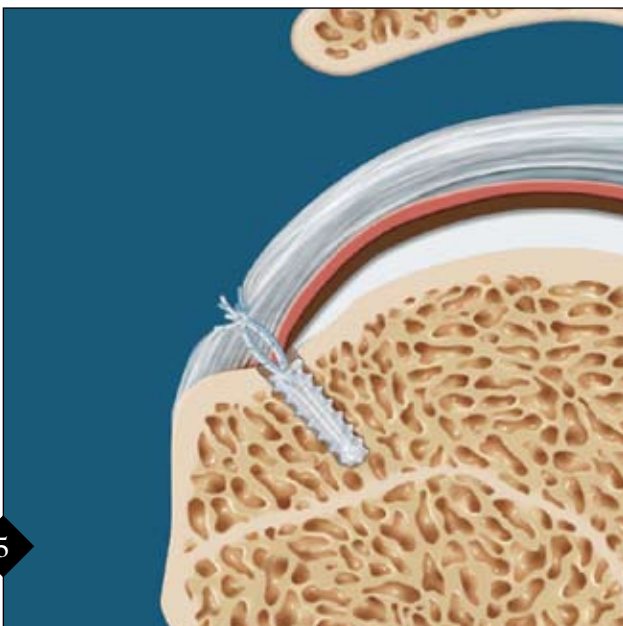
Continue on to steps four and five of either the Single Anchor Repair or the Double Anchor Repair.

* Stephen S. Burkhart M.D., Ian K. Y. Lo M.D., and Paul C. Brady M.D., *Burkhart's View of the Shoulder: A Cowboy's Guide to Advanced Shoulder Arthroscopy* (Philadelphia: Lippincott Williams & Wilkins, 2006) 261.

Single Anchor Repair



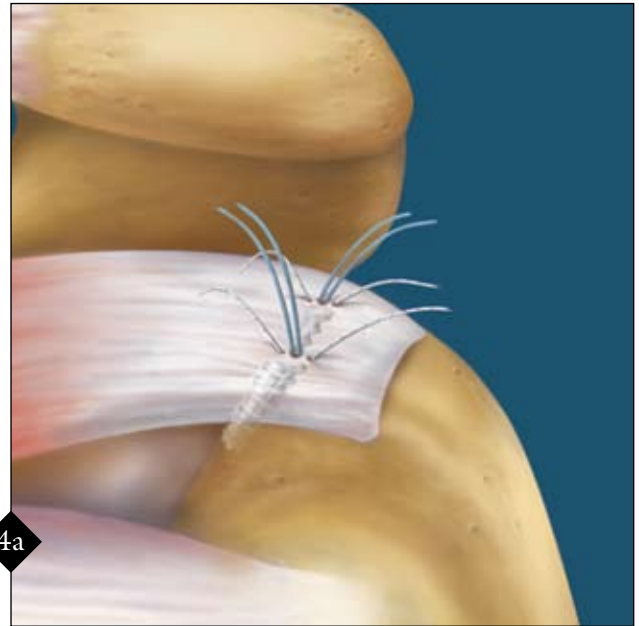
The Penetrator™ Suture Retriever is used to pass two suture limbs from the anchor through a separate puncture site in the rotator cuff. This allows a suture bridge (between the two sets of sutures) to be apposed to the bone bed when the sutures are tied.



Tie the sutures subacromially. The best angle of approach for the knot pusher is through a superolateral portal adjacent to the acromion process (acromion).

The final result is confirmed with good tissue indentation by the sutures from the subacromial perspective and good restoration of the rotator cuff footprint on the intraarticular view.

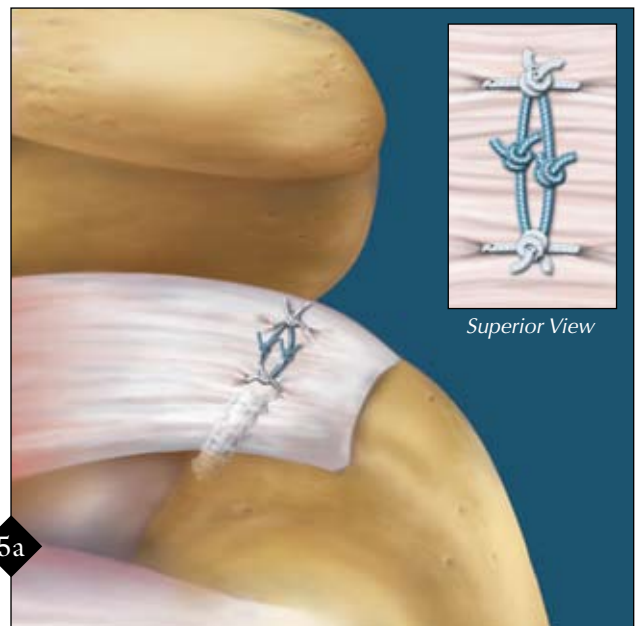
Double Anchor Repair



The Penetrator Suture Retriever is used to make three passes per anchor.

For each anchor:

- Pass the two white/black TigerWire® sutures separately
- Pass the two blue sutures through one pass



Tie each matching pair of white/black TigerWire sutures from each anchor together.

Tie one blue suture limb from one anchor and another suture limb from the other anchor together.

Tie the remaining blue sutures from each anchor together to finish off the bridge which compresses the tissue.

Ordering Information

Implants/Disposables:

Bio-Corkscrew FT, 5.5 mm x 15 mm, w/two #2 FiberWire	AR-1927BF
Corkscrew FT II, 5.5 mm x 16 mm, w/two #2 FiberWire	AR-1928SF-2
PEEK Corkscrew FT, 5.5 mm x 16 mm, w/two #2 FiberWire	AR-1928PSF-2
Crystal Cannula [®] , 5.75 mm I.D. x 7 cm	AR-6560

Accessory Instruments:

PASTA Depth Guide	AR-2300
Bio-Corkscrew FT Punch, reusable	AR-1927PB
Bio-Corkscrew FT Punch, disposable	AR-1927PBS
PEEK Corkscrew FT Punch/Tap	AR-1928PT
Penetrator Suture Retriever, straight	AR-2167ST
KingFisher [™] Suture Retriever/Tissue Grasper	AR-13970SR
KingFisher Suture Retriever/Tissue Grasper w/WishBone Handle	AR-13970W



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This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use.

U.S. PATENT NOS. 5,964,783; 6,074,403; 6,517,552; 6,716,234; 7,029,490 and PATENT PENDING
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