Major rotator cuff tears are quite common and have a multifactorial etiology including attrition (impingement), trauma and degeneration (vascular). Symptoms are variable and painful tears of the rotator cuff should be repaired regardless of the age of the patient. There are some surgeons that favor open repair versus an arthroscopic approach for large tears of the rotator cuff. The Rotator Cuff Needle allows for complete repair of the rotator cuff by securely suturing the tendon into a bony trough using non-absorbable sutures.

Developed in conjunction with Richard L. Worland, M.D. F.A.C.S.
The rotator cuff is debrided back to healthy vascular tissue and mobilized as far distally as possible with the patient’s arm at his side. Using an osteotome and rongeur, a bony trough is made horizontally just cephalad to the greater tuberosity to a point where the tendon can be delivered for repair. Number two braided polyester suture is passed up to the trough entering the bone 2cm distal to the trough.

The suture is then passed through the tendon in a mattress fashion and then brought back into the trough. The Rotator Cuff Needle is passed through the cortex and through the trough. Occasionally a bone awl is necessary to create a small starter hole. The number two suture is then passed through the aperture in the needle.

The Rotator Cuff Needle is then backed through the hole, bringing the suture with it. The horizontal mattress sutures are tied over the bony bridge. This is repeated three more times, bringing the rotator cuff firmly into the bony trough.

Follow Up
Active exercises are avoided for six weeks to permit healing of the rotator cuff to the bone.

Ordering Information
Arthrotek RC Needle Kit
902965  Includes 2-35mm RC Needles, 3 – #1 cutting needles with #1 braided polyester suture
902966  Includes 2-24mm RC Needles, 3 – #1 cutting needles with #1 braided polyester suture

RC Needles
902964  35mm (Pkg. 2)
902963  24mm (Pkg. 2)