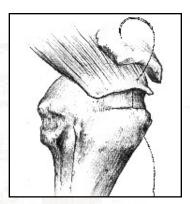


The rotator cuff is debrided back to healthy vascular tissue and mobilized as far distally as possible with the patient's arm at his side.



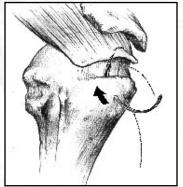
Using an osteotome and rongeur, a bony trough is made horizontally just cephalad to the greater tuberosity to a point where the tendon can be delivered for repair.



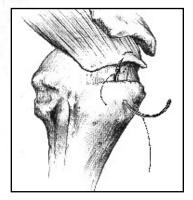
Number two braided polyester suture is passed up to the trough entering the bone 2cm distal to the trough.



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.

This brochure is presented to demonstrate the surgical technique utilized by Richard L. Worland, M.D. Arthrotek, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate techniques for such procedure for each individual patient. Arthrotek is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.

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)



