

Rotator Cuff Repair Augmentation with a Next Generation Decellularized Dermal Allograft

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Surgical Summary

Clinical Presentation:

- 63-year-old female presented to the office with a one year history of non-traumatic, progressive right shoulder pain that was waking her up at night. She had also noticed significant loss of strength.
- Her exam showed full range of motion, 4/5 weakness in supraspinatus and infraspinatus manual muscle testing, no loss of motion.
- Her MR arthrogram showed full thickness tears of the supraspinatus and infraspinatus tendons with retraction near the glenohumeral joint, intramuscular edema, and minimal fatty atrophy. A partial intra-articular biceps tear was also noted.

Intraoperative Findings:

- Large but mobile tear of the supraspinatus and infraspinatus rotator cuff tendon (Figure 1) and intraarticular biceps degeneration.

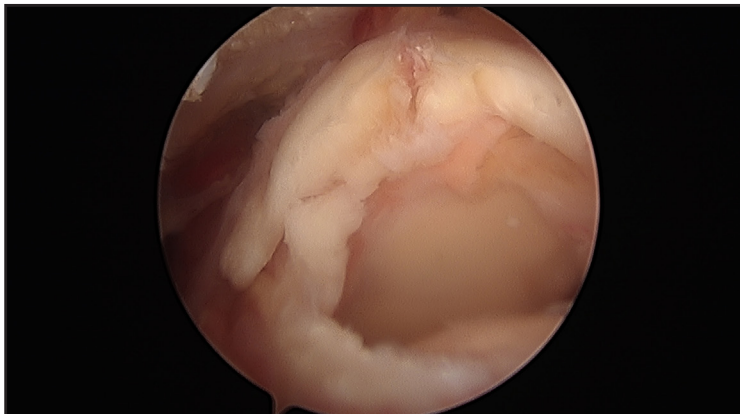


Figure 1. Large, rotator cuff tear, supraspinatus and infraspinatus tendon

Surgeon Perspective:

“DermaPure® is a great surgical option for larger rotator cuff repairs that need augmentation. This allograft has great tensile strength, yet it is very thin, not adding bulk.”

“I noticed a significant reduction in pain, eliminating the need for narcotics at one week post-op.”

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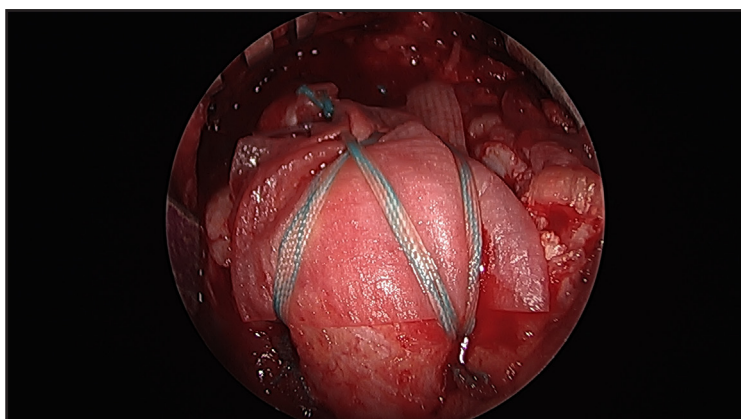
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Surgical Procedure:

- Arthroscopy of the right shoulder with biceps tenolysis, subacromial decompression and distal clavicle excision.
- Through a deltoid splitting incision – side to side margin convergence repair, then double row rotator cuff repair using 4.5 Healix BR™ anchors medially, passing Permacord® and Permatape® 5mm laterally to the musculotendon junction.
- Then, incorporated the DermaPure® decellularized dermal allograft over the repair, using a suture bridge, then completed double row repair with Healix BR™ anchors laterally. (Figure 2)



DermaPure® Implantation:

- 4 cm x 6 cm
- Basement membrane outer-most

Figure 2. Double row repair of the rotator cuff with DermaPure® fixation to augment the repair

Post-Operative Note:

- At one week post op, the patient no longer required narcotics for pain management.
- Patient is being followed routinely to assess clinical outcomes.

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