Treating Massive Rotator Cuff Tears and Revisions

The solutions leading surgeons are using to help achieve higher success rates and better patient outcomes.

Shoulder Restoration System™
Many surgeons and their patients would prefer rotator cuff repair over reverse arthroplasty. Even with recent advances in rotator cuff repair techniques and technology, tissue quality, biomechanical forces and lack of a good vascular supply have led to reported failure rates of as high as 68%\(^1\) in large to massive tears (Grades III and IV).\(^1,2,3,4\)

Large to massive tears have shown failure rates as high as 68%\(^1\)

However, surgeons who use a biologic scaffold and innovative anchors like the Y-Knot\textsuperscript{®} RC are achieving significantly higher success rates while still preserving the joint.\(^2,4\)

In massive tears and revisions, poor tissue quality is one of the biggest obstacles to performing a successful repair. By augmenting the tissue with an ECM scaffold like Allopatch HD\textsuperscript{®}, peer-reviewed research has shown that surgeons can potentially go from a 40%\(^2\) success rate without augmentation to an 85.7%\(^4\) success rate with augmentation.

**Problem:**

**Massive Tears Have the Highest Failure Rates**

**ConMed Solution:**

**Augment the Repair with an Extracellular Matrix (ECM) Scaffold**

For massive or revision rotator cuff tears, the patient has the best chance with a low-tension repair and an acellular human dermal matrix allograft.\(^5\)

Steve Snyder, M.D.
Southern California Orthopedic Institute

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ConMed Solution:
Take the uncertainty out of choosing the right solution with Allopatch HD®

A stronger scaffold option than synthetics and xenografts

Among the available scaffold types, clinical studies have shown that ECMs like Allopatch HD® are stronger–exhibiting better suture retention and greater ultimate load failure rates than synthetics and xenografts.¹

No rehydration required

Unlike other ECMs that need to be hydrated for 60 minutes or longer before being used – delaying completion of the procedure and prolonging OR time – Allopatch HD® requires no refrigeration or rehydration and it is ready to use off the shelf almost immediately.

Tissue Quality
Not all allografts are the same.

While it is often assumed that all allograft tissue is the same, tissue quality can vary greatly depending on the standards of the tissue bank. Musculoskeletal Transplant Foundation (MTF) is the tissue bank that supplies ConMed allograft tissue. MTF’s stringent donor criteria standards exceed those set by the AATB, FDA, and most tissue banks. Starting with better tissue is critical, that is why less than 3% of donors meet their criteria. These strict criteria help to ensure high quality tissue.

Minimally processed

Allopatch HD® is minimally processed and not crosslinked which better preserves and maintains the graft’s natural biomechanical, biochemical and matrix properties.


“...I don’t always use a patch, but I always have one in the room for massive and revision rotator cuffs. If I decide that I want to augment once I’m in the joint, the fact that Allopatch is ready in a matter of seconds is a real advantage. With other patches, everyone has to wait – me, my staff and the patient.”

Marc Labbé, M.D.
Bone and Joint Clinic of Houston

“...For all large, recurrent or irreparable rotator cuff tears that require grafting, I use MTF grafts. They have very high donor selection standards and the grafts have been the most reliable of any grafts I have used in terms of their thickness, consistency and healing. I know that the tissue I’m using is both safe and high quality.”

Joseph Burns, M.D.
Southern California Orthopedic Institute
The Y-Knot RC anchor is an excellent choice for routine or revision rotator cuff repair. The design provides single step, self-punching insertion in the majority of cases, simplifying surgical procedures by eliminating steps. The Y-Knot RC also permits fixation in critical areas due to its small size, which is particularly important in revision cases where space may be limited by previous anchors.1

All-Suture Anchors
Y-Knot® RC Self-Punching Anchors

To help simplify the technique, the self-punching Y-Knot® RC anchors provide strong purchase in bone with a smaller footprint than traditional fixation methods. With a 2.8mm size that’s available double or triple loaded, Y-Knot® RC anchors require less bone removal than larger metal, PEEK and biocomposite anchors – improving placement options when bone real estate is limited or if the original anchors remain intact from a failed repair. The combination of small size, high pullout strength and simple technique make the Y-Knot® RC the ideal anchor for massive rotator cuff tears.

In addition to the preferable 2.8mm footprint, these anchors deploy to 5.0mm under the cortex for firm fixation even in soft bone.

ConMed Solution:
Choose the Right Anchors for the Right Procedure

PEEK/Biocomposite
CrossFT™ Fully-Threaded Suture Anchors

CrossFT™ fully threaded suture anchors are available in PEEK or GENESYS™ biocomposite material, which combines strength and bone-in-growth7 seldom found in other anchors. The cortical and cancellous threads provide industry-leading pullout strength of 689N.6 The anchor’s cannulation may channel growth factors to the healing tendon. CrossFT anchors are available with swaged on needles for a mini-open technique or may also be used arthroscopically.

Double-Row Repairs
PopLok® Knotless Suture Anchors

For surgeons who perform double-row repairs or wish to secure the Allopatch HD™ laterally, PopLok® Knotless Suture Anchors feature a suture locking mechanism that traps suture within the anchor for dependable fixation. They also provides the ability to tension the suture after the anchor is seated in the pilot hole.

Additional Surgeon Resources

At ConMed, we believe everything we do should be an answer, a solution to a challenge that our customers face.

Please visit SRS.CONMED.COM for video surgical techniques, surgeon testimonials, and product demonstrations as well as information about in-depth labs and other learning opportunities.

1 Data on File. Y-Knot RC triple-loaded and Arthrex Corkscrew® FT (double-loaded) tested in porcine cortical bone.
## Ordering Information

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<tr>
<th>Description</th>
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<tr>
<td><strong>Allopatch HD® Human Dermis</strong></td>
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<td>Allopatch HD® – Ultra Thick (1.8mm-3.9mm)</td>
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Additional Allopatch HD® sizes available.

<table>
<thead>
<tr>
<th>Y-Knot® RC All-Suture Anchors</th>
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<tr>
<td>Y-Knot® RC All-Suture Anchor w/#2 Hi-Fi® Sutures</td>
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<td>YRC02, YRC03</td>
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**GENESYS™ CrossFT™ Suture Anchor**

| GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures | 4.5mm | CFBC-4502, CFBC-4503 |
|GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures | 5.5mm | CFBC-5502, CFBC-5503 |
|GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures | 6.5mm | CFBC-6502, CFBC-6503 |

**GENESYS™ CrossFT™ Suture Anchor w/Needles**

| GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 4.5mm | CFBC-4502N, CFBC-4503N |
|GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 5.5mm | CFBC-5502N, CFBC-5503N |
|GENESYS™ CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 6.5mm | CFBC-6502N, CFBC-6503N |

**CrossFT™ Suture Anchor**

| CrossFT™ w/#2 Hi-Fi® Sutures | 4.5mm | CFP-4502, CFP-4503 |
|CrossFT™ w/#2 Hi-Fi® Sutures | 5.5mm | CFP-5502, CFP-5503 |
|CrossFT™ w/#2 Hi-Fi® Sutures | 6.5mm | CFP-6502, CFP-6503 |

**CrossFT™ Suture Anchor w/Needles**

| CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 4.5mm | CFP-4502N, CFP-4503N |
|CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 5.5mm | CFP-5502N, CFP-5503N |
|CrossFT™ w/#2 Hi-Fi® Sutures w/ Needles | 6.5mm | CFP-6502N, CFP-6503N |

**PopLok® Knotless Suture Anchors**

| PopLok® Knotless Suture Anchor | 3.5mm | CKP-3500 |
|PopLok® Knotless Suture Anchor | 4.5mm | CKP-4500 |