

Artelon® Tissue Reinforcement Rotator cuff repair



Artelon® Tissue Reinforcement Rotator cuff repair Surgical Procedure



Make the first repair the best repair possible

Do you have patients with rotator cuff injuries where you are uncertain that only sutures are enough? A reinforcement to support the primary suture repair can help you make the first repair the best repair possible.

The temporary Artelon® implant is sutured over torn tissue as reinforcement of sutures or suture anchors. The strength and elasticity of Artelon® Tissue Reinforcement provides long term support of the soft tissue while being a scaffold for host tissue in-growth and remodeling.

- Supports throughout the entire healing process by its strength and elasticity
- Host tissue infiltration and integration with surrounding tissue
- Proven biocompatibility – synthetic and safe
- Excellent suture retention strength and easy to cut and handle

Note

The information contained in this folder is consistent with the package insert on the date the folder was printed. However, the package insert may have been revised after that date. To obtain a valid package insert, please contact us.

Other reinforcement solutions

Artelon® Tissue Reinforcement is part of Artimplant's reinforcement concept aimed at reinforcing soft tissue and providing a temporary scaffold for tissue in-growth and remodeling. Rotator cuff repair is one application for Artelon® Tissue Reinforcement. Other applications include reinforcement of the achilles, patellar, biceps and quadriceps tendon.

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Ordering information

Art. No. 31050 Artelon® Tissue Reinforcement 3x4cm
Art. No. 31048 Artelon® Tissue Reinforcement 4x6cm
Art. No. 31049 Artelon® Tissue Reinforcement 6x9cm
Contact: order@artimplant.com



Artelon® Tissue Reinforcement - Rotator cuff repair

Surgical Procedure



A rotator cuff rupture is often longitudinal, paralleling the fibers in the anterior part of the supraspinatus. The posterior part of the cuff (supra- and infraspinatus) has lost its attachment to the greater tuberosity. The rupture may also be transverse of the supraspinatus tendon, and sometimes also the infraspinatus tendon, at the greater tuberosity.

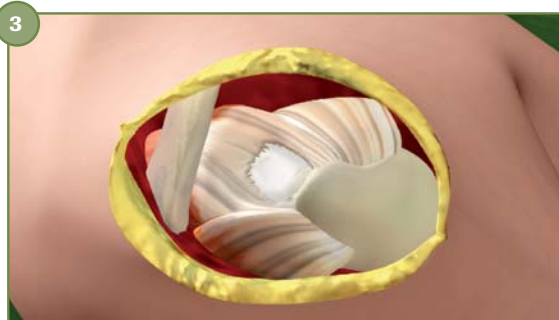
Artelon® Tissue Reinforcement is intended for use together with sutures and/or suture anchors to ensure reliable suturing and for short- and long-term reinforcement of the rotator cuff tissue.



1. Soak the Artelon® Tissue Reinforcement in a sterile saline solution for at least five minutes before use.

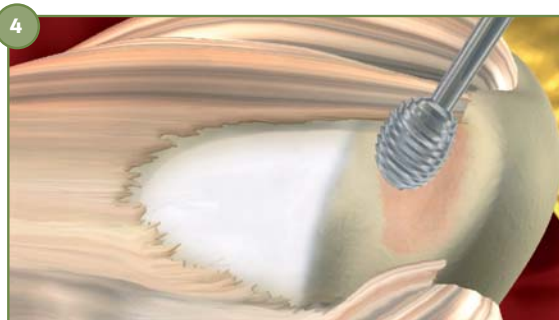


2. Expose the injury by means of an acromioplasty incision. A deltopectoral approach may also be used but is not shown here.

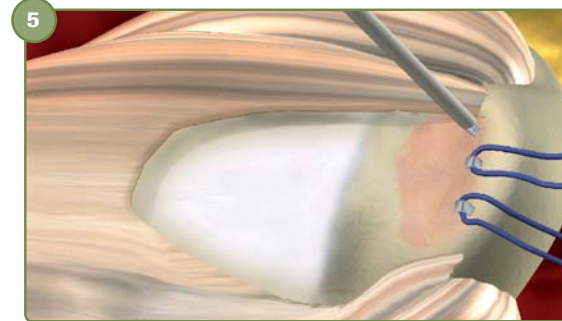


Note: Thorough debridement and mobilization of the tendons of the cuff is vitally important to the success of the rotator cuff repair.

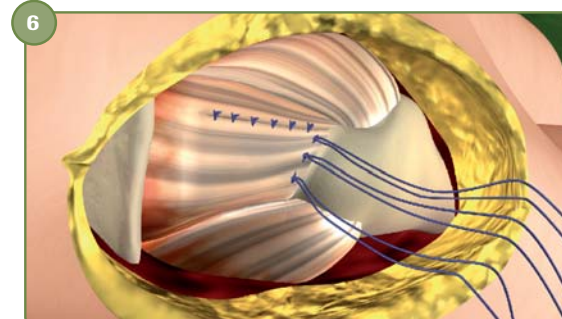
3. Perform a standard acromioplasty procedure. Mobilize the tendons of the cuff both anteriorly and posteriorly.



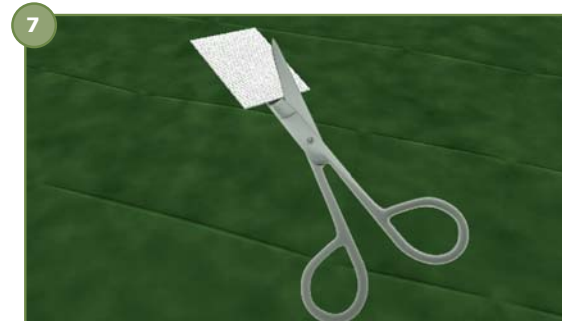
4. Debride the bony surface of the greater tuberosity to create a small bleeding. Debride the edges of the rupture.



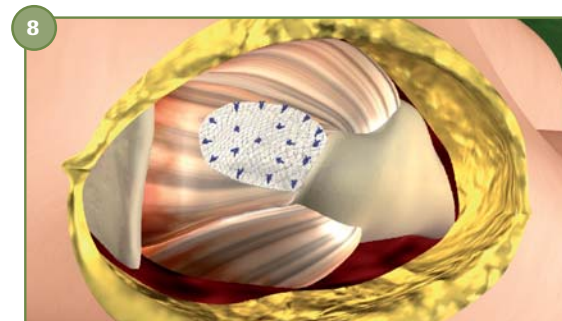
5. Place the suture anchors (or use osteosutures) in the greater tuberosity (a minimum of three suture anchors is recommended).



6. Bring the ruptured edges of the tendon together and suture.



7. Trim the Artelon® Tissue Reinforcement to an appropriate size. The cuff tissue may be degenerated, especially posteriorly. Use as large a patch as possible to ensure the rupture is covered completely and the patch extends well onto the cuff tissue.



8. Pass the anchor sutures through the Artelon® Tissue Reinforcement. Suture the edges of the patch. Sutures should also be placed through the patch into the repaired cuff tissue making sure that the Artelon® Tissue Reinforcement is in immediate contact with the tissue.



9. Close the acromioplasty incision with three layers. Suture the deltoid split onto the edge of the anterior acromion to obtain a smooth undersurface, then close the subcutaneous fascia and finally the skin. Postoperatively, immobilize the arm in a sling or other bandage for six weeks. If there is tension in the repaired cuff, fixation in abduction could be considered.

Note: Its recommended to start shoulder exercises immediately (i.e. supported elevation and mobilization of the shoulder 5-10 times a day). Most patients should start strength training after six weeks.