

PROCEDURES

Arthroscopic Rotator Cuff Repair

- May be performed in the lateral decubitus or beach chair position.
- Standard portals are established, including posterior, posterolateral, anterior, and anterolateral (Figure 12-3).
- Diagnostic arthroscopy is performed to assess for any intra-articular glenohumeral pathology, which is addressed as necessary. Specifically, the biceps tendon should be evaluated, because it may cause concomitant pain in RC pathology.
- Subacromial bursectomy and acromioplasty are performed (see Chapter 11) with release of coracoacromial ligament except in massive, irreparable tears. In larger tears, release of the coracoacromial ligament may result in superior migration and anterior superior escape of the humeral head.²¹
- The torn RC tendon is visualized, débrided, and mobilized.
- Specially designed suture anchors are utilized to repair the tendon either in a single- or double-row technique (Figure 12-4); anatomic restoration of the footprint must be achieved to provide an optimal healing environment and allow early range of motion. Newer double-row fixation techniques allow fixation equivalent to the transosseus suture fixation achieved in open repairs.
- For patients with massive RC tears, a partial repair may improve function, while isolated débridement, subacromial decompression, and biceps tenotomy may relieve pain.