

Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of a Massive Rotator Cuff Tear Involving the Supraspinatus and Infraspinatus Tendons

Robert F. Hines, MD Oklahoma City, OK Board Certified, American Board of Orthopaedic Surgeons

Surgical Summary

Clinical Presentation:

- 44 year-old male, healthy police/SWAT officer who slipped and fell on his elbow, dislocating his shoulder. Shoulder was reduced, and patient underwent rehab for six weeks, but made no progress.
- Exam revealed 90 degrees of active forward flexion but full passive range of motion.
- Manual muscle testing: 3+/5 supraspinatus and infraspinatus. No clinical instability.
- MRI revealed 4 5 cm tears in the supraspinatus and infraspinatus tendons, no muscle atrophy and no labral tears.

Intraoperative Findings:

• Massive rotator cuff tear, involving the supraspinatus and infraspinatus tendons, retracted to the mid humeral head (Figure 1 and 2).







Figure 2

Surgeon Perspective:

"DermaPure® added augmentation to this massive rotator cuff repair. At 3 months post-op, this patient continues with the 10 pound lifting restriction and remains pain free.

All of the patients in which I have utilized DermaPure® for augmentation of the rotator cuff repair, no longer required narcotics for pain management by post-op day 4 – 7."

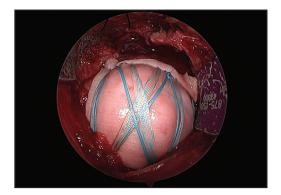


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Surgical Procedure:

- Right shoulder arthroscopy with subacromial decompression, distal clavicle excision and deltoid splitting incision.
- Supraspinatus and infraspinatus tendons were mobile and easily advanced to the footprint. Double row rotator cuff repair of the supraspinatus and infraspinatus rotator cuff tendons using 4.5 mm Healix BR™ anchors medially, passing Permacord® and Permatape® 5.0 mm laterally to the musculotendon junction. Medial Permacord® tied, then Permatape® passed through DermaPure® decellularized dermal allograft, previously soaked in bacitracin/vancomycin solution.
- Repair completed by placing DermaPure[®] decellularized dermal allograft over the repair, using a suture bridge, then completed double row repair with Healix BR[™] anchors laterally to fit the graft without tension (Figure 3).



DermaPure® Implantation:

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

Figure 3

Post-Operative Note:

- By post op day 4, the patient no longer required narcotics for pain management.
- · Patient is being followed routinely to assess clinical outcomes.

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