



SURGICAL SPOTLIGHT

ARTHROSCOPIC SUBSCAPULARIS REPAIR WITH ROTIUM® BIORESORBABLE WICK



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SCAN FOR VIDEO TECHNIQUE



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ARTHROSCOPIC SUBSCAPULARIS REPAIR WITH ROTIUM® BIORESORBABLE WICK

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PATIENT HISTORY

A 55-year-old male laborer presented 5 months after a work-related fall from a ladder with acute right shoulder pain. After failing nonoperative management, surgical treatment was pursued. Despite full passive range of motion, he demonstrated 4/5 strength in forward elevation and internal and external rotation, with a positive belly-press test consistent with subscapularis dysfunction. Imaging and arthroscopic evaluation demonstrated full-thickness, retracted tears of the subscapularis and supraspinatus with mild glenohumeral arthritis.

CLINICAL RATIONALE

Returning to physically demanding work was an important consideration for this patient. The retracted subscapularis tear, concomitant supraspinatus involvement, and tendon-to-bone healing environment factored into the surgical strategy. In addition to stable mechanical fixation, ROTIUM was incorporated as an interpositional scaffold to provide biologic support at the enthesis.

SURGICAL TECHNIQUE

An arthroscopic double-row primary repair of the subscapularis was performed. After preparation of the lesser tuberosity, ROTIUM was placed arthroscopically at the tendon-bone interface. The Wick was secured through the suture tapes from the single medial-row anchor, with lateral-row fixation completing the construct.

TECHNICAL PEARLS

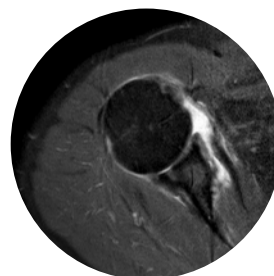
A multiple-portal approach facilitated access and suture management. ROTIUM was trimmed and loaded using a suture loop to facilitate passage and positioning. A tag stitch at the upper border of the subscapularis assisted with tendon control.

POSTOPERATIVE EXPERIENCE

The patient healed uneventfully and progressed through a protected, staged rehabilitation program before advancing range of motion and strengthening. He returned to full-duty work at 6 months without issue.

SURGEON'S PERSPECTIVE

This case highlights the importance of addressing both mechanical repair and the biologic environment at the tendon-bone interface in this young laborer. ROTIUM was incorporated directly into the planned double-row construct, positioning the Wick between tendon and bone without deviating from the surgical plan. ***The ability to trim ROTIUM and incorporate the wick with any anchor configuration provided a practical, efficient approach to optimize the healing environment.***



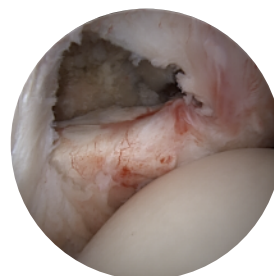
Preoperative MRI



*Interpositional ROTIUM
Wick placement*



*Interpositional ROTIUM
Wick placement*



Repaired subscapularis