



SURGICAL SPOTLIGHT

ROTIUM® IN ROTATOR CUFF REPAIR: VERSATILE PLACEMENT & TECHNIQUE



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SCAN FOR VIDEO TECHNIQUE



Cost is also an important consideration when incorporating biologic augmentation into a repair. ROTIUM provides an approach that balances biologic support, procedural efficiency, and value when selecting a scaffold for appropriate patients.

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CLINICAL RATIONALE

ROTIUM is used to support the biologic healing environment where it matters—at the tendon-bone or tendon-suture interface. Designed to mimic the native extracellular matrix, the autologous scaffold acts as a biorecruiter to harness the patient's own biology and support angiogenesis and native tissue remodeling. Its versatility allows the scaffold to be incorporated as an interposition for medium to large/massive full-thickness tears or as an onlay for partial-thickness tears.

INTERPOSITIONAL TECHNIQUE

For medium to large/massive full-thickness tears, ROTIUM is incorporated as an interpositional scaffold at the tendon-bone interface. The anterior and posterior medial-row anchor sutures are first passed through the tendon, reserving the middle medial-row sutures for ROTIUM. The middle sutures are passed through the scaffold and used to introduce it arthroscopically. A switching stick is then used to quickly lay ROTIUM into position at the footprint before completion of the repair.

ONLAY TECHNIQUE

For onlay placement for partial-thickness tears, ROTIUM is positioned over the repaired tendon on the bursal surface. The conformable scaffold is laid over the repair and secured using soft-tissue staples or other fixation techniques, providing an alternative approach to scaffold placement based on the repair and surgeon preference.

TECHNICAL PEARLS

For interpositional placement, passing the anterior and posterior medial-row sutures first helps establish the repair while preserving the middle sutures for scaffold delivery. Once ROTIUM is introduced, a switching stick provides a simple method for quickly laying the scaffold into position at the footprint.

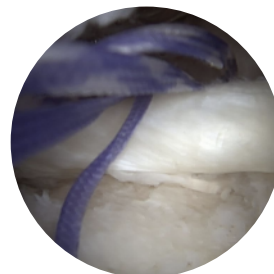
SURGEON'S PERSPECTIVE

One of the practical advantages of ROTIUM is how readily it can be incorporated into an existing arthroscopic workflow and adapted to different tear patterns. Interpositional placement can be used for medium to large/massive full-thickness tears, while onlay placement provides an option for partial-thickness tears. With the interpositional technique, scaffold placement takes approximately 5–10 seconds. This streamlined approach integrates ROTIUM into the planned repair without requiring a separate repair strategy.

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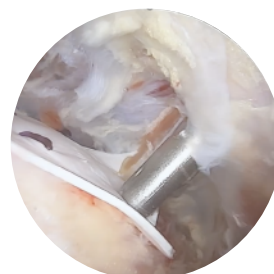
Pass sutures through ROTIUM scaffold



Position at enthesis



Completed repair with ROTIUM interpositional



ROTIUM positioned as an onlay