



**UPPER EXTREMITY**

**Rotator Cuff Repair**

**AS DESCRIBED BY ERIK J. BRUCE, M.D.  
UNIVERSITY ORTHOPAEDIC AND SPORTS MEDICINE CLINIC | ROUND ROCK, TX**

**TECHNOLOGY PLATFORM**

CLARIX<sup>®</sup>CORD 1K Regenerative Matrix is cryopreserved human Amniotic Membrane and Umbilical Cord (hAMUC). AmnioX Medical’s proprietary CRYOTEK<sup>®</sup> preservation process retains the relevant natural structural and biological characteristics of the hAMUC tissue while devitalizing the living cells. CLARIX<sup>®</sup>CORD 1K Regenerative Matrix is used as a surgical covering, wrap or barrier.

**CLINICAL HISTORY**

59-year old female presented with right shoulder and elbow pain following a fall. Patient had complaints and physical examination consistent with Rotator Cuff Tear (RCT). A CT arthrogram showed a retracted supraspinatus and partial infraspinatus RCT. Following an MRI arthrogram there was evidence of retraction of the supraspinatus tendon but no evidence of muscle atrophy. Patient failed injection and physical therapy non-operative management.

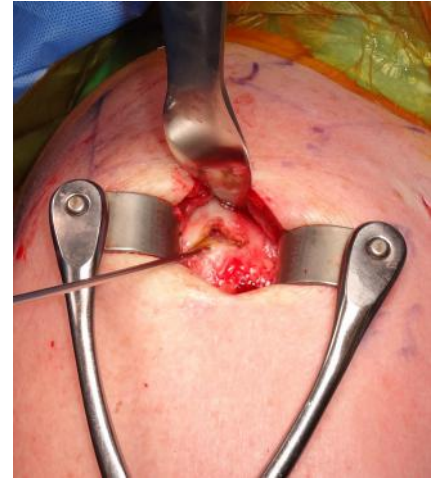
**PROCEDURE**

The patient was placed in beachchair positioning. Arthroscopically, the biceps tendon was released from the 12 o’clock position on the labrum secondary to partial tear of the biceps fibers. The fraying of the labrum was debrided in addition to a limited debridement of the synovitis. The full-thickness supraspinatus tear was visualized, tagged and an arthroscopic sub-acromial decompression was then performed. Next, the lateral portal was extended. The deltoid fibers were then split in line, exposing the subacromial space. To remove the remnants of torn supraspinatus tendon, a bovie electrocautery was used followed by a curette to remove the cauterized tissue. A 5mm barrel burr was selected to “brush” the footprint to get a fresh, bleeding bone bed. Two medial row anchors and two lateral row anchors were selected to affix the tendon to the bleeding bone.

In this case, CLARIX<sup>®</sup>CORD 1K 4.0 x 3.0 cm was applied onto the infraspinatus and supraspinatus as a soft-tissue adhesion barrier. 4-0 vicryl was used to tack down the four corners of the matrix as well as the sides. An additional stay suture was placed in the middle. Once the matrix was secured, a biceps tenodesis was performed by securing the long head of the biceps tendon in a socket at the distal intertubercular groove with an interference screw. The deltoid fibers were loosely closed followed by closing the incision in layers. A Xeroform, 4x4, ABD pad and loban were applied. The patient was placed in an abduction sling and a cryocuff was applied.

**OUTCOME**

First post-operative visit at 8 days revealed an improvement to 5/10 pain with motion, and the ability to perform passive pendulum exercises.



**FIG. 1: IDENTIFY TEAR**



**FIG. 2: APPLICATION**



**FIG. 3: OVERALL SECUREMENT**