Successfully Treating Partial Articular - sided Supraspinatus Tendon Lesions

From a more anatomic footprint\(^1\) and less gapping\(^2\) to preserving native tissue\(^2,3\) and higher ultimate failure strength\(^5\) see why leading surgeons are maintaining the lateral footprint and treating PASTA lesions with transtendinous techniques.

Shoulder Restoration System™

To learn more about these and other innovative products, call 800-237-0169 or visit ConMed.com.
**Problem:**

**Complete the Tear or Transtendinous Repair?**

When faced with a repairable PASTA lesion, typically small tendon retraction and 40-50% footprint exposure, surgeons have two options: either complete the tear followed by a standard rotator cuff repair or maintain the remaining bursal fibers and perform a transtendinous repair. Studies have shown drawbacks to completing the tear including creating a length tension mismatch, changing the normal biomechanics of the cuff and creating a greater potential for nonanatomic recreation. Conversely, research has shown that a transtendinous technique that preserves native tissue provides distinct advantages.

**Studies have shown drawbacks to completing the tear** including changing the normal biomechanics of the cuff and creating a greater potential for nonanatomic recreation.³

**Less Gapping, Higher Strength and Better Biomechanics**

Research comparing these two approaches has shown that a transtendinous approach provides statistically significant less gapping, higher mean ultimate failure strength and biomechanic superiority.²

**Excellent Clinical Outcomes**

A study by Alessandro Castagna, M.D. found that a transtendon approach is a reliable procedure that can be expected to produce a good outcome with significant pain relief and improved shoulder scores in 98% of patients.³ Similarly, a study by Stephen Snyder, M.D. found that these repairs provide reliable and sustained pain relief and improvements in shoulder function.²

**Native, Anatomic Footprint**

Literature by Ian K.Y. Lo, M.D. and Stephen S. Burkhart, M.D. has shown that an arthroscopic transtendinous technique can re-establish the normal footprint of the rotator cuff and potentially minimize and length-tension mismatch of the repaired rotator cuff muscles.¹ This could result in a more natural, anatomic repair for your patient.


**ConMed Solution:**

**Transtendinous PASTA Repair with Y-Knot® Flex All-Suture Anchors**

While surgeons have many anchor choices, with their small size and strong fixation, our Y-Knot® Flex All-Suture Anchors provide distinct advantages for transtendinous PASTA repairs:

**Less Invasive Entry**

Studies have shown that smaller anchors cause less damage to tendon tissue and suggest smaller anchors should be considered for transtendinous procedures.⁶ At 1.8mm, our Y-Knot Flex anchors are the smallest double-loaded all-suture anchors available, helping provide a less invasive percutaneous delivery.

**Strong Fixation with Less Bone Removal**

Double-loaded with two strands of #2 Hi-Fi™ suture, Y-Knot Flex 1.8mm anchors provide 380N fixation strength while removing up to 80% less bone.⁴

**3 Technique Options**

Y-Knot Flex Anchors enable multiple technique options including:

**Single-Row:** One or two anchors placed medially, horizontal mattress stitch configuration.

**Double-Row:** Two anchors placed medially, mattress stitches medially, suture passed to PopLok® 3.5mm or 4.5mm knotless anchors.

**Double-Pulley:** Two anchors placed medially, the sutures are tied together to compress the supraspinatus to the medial footprint without any additional suture passing steps.

³Gonzalez-Lomas et al., J Shoulder Elbow Surg 2008; 17:722-728
To learn more about PASTA repairs, please visit CONMED.COM/PASTA.PHP for video surgical techniques, surgeon testimonials and product demonstrations as well as information about in-depth labs and other learning opportunities.