MINI-OPEN ROTATOR CUFF REPAIR
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INCISION & MOBILIZATION
A small, 3cm, mid-lateral, longitudinal, mini-arthrotomy incision is made. If a mid-lateral incision was made during the arthroscopic portion of the procedure, this incision can be extended as the mini-arthrotomy incision. Sharp dissection is carried down through the skin and subcutaneous tissue. The deltoid muscle is split in line with its fibers. Then, either a self-retaining retractor or small army-navy right-angle retractors are placed within the incision site to gain adequate visualization of the rotator cuff. If an additional subacromial or subdeltoid bursa is identified, it can be further excised at this time. Once the rotator cuff is identified and cleared of excess bursal tissue, the adherent rotator cuff is gently mobilized. Pay careful attention not to further damage frail rotator cuff tissue. With the use of a periosteal elevator, the rotator cuff is mobilized and brought down to its normal anatomical position.

CASCADE PLACEMENT & HUMERAL ANCHOR
There are many different systems that can be used to repair the torn rotator cuff. For the purpose of this technique, the Opus™ AutoCuff System is used to pass a stitch through the superior margin of the rotator cuff tear. The initial suture can be used as a traction suture. Place all necessary sutures in the leading edge of the rotator cuff prior to anchoring into bone (Figure A). A drill guide is utilized and the appropriate drill hole is made into the humeral head at the level of, or slightly distal to, the anatomical rotator cuff footprint (Figure B). This site will accept the Opus suture anchor. The site of the drill hole is marked with a pathfinder instrument. Sequentially from anterior to posterior, each suture is attached to the anchor gun. Prior to securing the Opus stitch to the anchor there are two techniques for placement of the PRFM.
**TECHNIQUE 1**
The Cascade PRFM is placed over the suture on the undersurface of the rotator cuff with a hemostat (Figure C). The suture is then pulled against the undersurface of the rotator cuff tissue to secure the lassoed Cascade PRFM to the rotator cuff (Figure D). This can be repeated with each suture before it is secured to the anchor and the humeral head.

**TECHNIQUE 2**
Following placement of the anchor into the humeral head and prior to the final tightening of the suture to fully repair the rotator cuff, the Cascade PRFM can be placed under the leading edge of the tear (Figure E). As the suture is secured to the humeral anchor, the Cascade PRFM will become secured under the tissue due to the tension placed on the tissue from the repair (Figure F).