

PROCEDURE: , Primary right shoulder arthroscopic rotator cuff repair with subacromial decompression.,PATIENT PROFILE:, This is a 42-year-old female. Refer to note in patient chart for documentation of history and physical. Due to the nature of the patient's increasing pain, surgery is recommended. The alternatives, risks and benefits of surgery were discussed with the patient. The patient verbalized understanding of the risks as well as the alternatives to surgery. The patient wished to proceed with operative intervention. A signed and witnessed informed consent was placed on the chart. Prior to initiation of the procedure, patient identification and proposed procedure were verified by the surgeon in the pre-op area, and the operative site was marked by the patient and verified by the surgeon.,PRE-OP DIAGNOSIS: , Acute complete tear of the supraspinatus, Shoulder impingement syndrome.,POST-OP DIAGNOSIS:, Acute complete tear of the supraspinatus, Shoulder impingement syndrome.,ANESTHESIA: , General - Endotracheal.,FINDINGS:,ACROMION:,1. There was a medium-sized (5 - 10 mm) anterior acromial spur.,2. The subacromial bursa was inflamed.,3. The subacromial bursa was thickened.,4. There was thickening of the coracoacromial ligament.,LIGAMENTS / CAPSULE: , Joint capsule within normal limits.,LABRUM: , The labrum is within normal limits.,ROTATOR CUFF: , Full thickness tear of the supraspinatus tendon, 5 mm anterior to posterior, by 10 mm medial to lateral. Muscles and Tendons: The biceps tendon is within normal limits.,JOINT:, Normal appearance of the

glenoid and humeral surfaces.,DESCRIPTION OF  
PROCEDURE:,PATIENT POSITIONING: , Following  
induction of anesthesia, the patient was placed in the  
beach-chair position on the standard operating table. All body  
parts were well padded and protected to make sure there  
were no pressure points. Subsequently, the surgical area was  
prepped and draped in the appropriate sterile fashion with  
Betadine.,INCISION TYPE:,1. Scope Ports: Anterior Portal.,2.  
Scope Ports: Posterior Portal.,3. Scope Ports: Accessory  
Anterior Portal.,INSTRUMENTS AND METHODS:,1. The  
arthroscope and instruments were introduced into the  
shoulder joint through the arthroscopic portals.,2. The  
subacromial space and bursa, biceps tendon, coracoacromial  
and glenohumeral ligaments, biceps tendon, rotator cuff,  
supraspinatus, subscapularis, infraspinatus, teres minor,  
capsulo-labral complex, capsule, glenoid labrum, humeral  
head, and glenoid, including the inner and outer surfaces of  
the rotator cuff, were visualized and probed.,3. The  
subacromial bursa, subacromial soft tissues and frayed  
rotator cuff tissue were resected and debrided using a  
motorized resector and 4.5 Synovial Resector.,4. The anterior  
portion of the acromion and acromial spur were resected with  
the 5.5 acromionizer burr. Approximately 5 mm of bone was  
removed. The coracoacromial ligament was released with the  
bony resection. The shoulder joint was thoroughly irrigated.,5.  
The edges of the cuff tissue were prepared, prior to the  
fixation, using the motorized resector.,6. The supraspinatus  
tendon was reattached and sutured using the arthroscopic

knot pusher and Mitek knotless anchor system and curved pointed suture passer and large bore cannula (to pass the sutures). The repair was accomplished in a side-to-side and a tendon-to-bone fashion using three double loaded Mitek G IV suture anchors with 1 PDS suture.,7. The repair was stable to palpation with the probe and watertight.,8. The arthroscope and instruments were removed from the shoulder.,PATHOLOGY SPECIMEN: , No pathology specimens.,WOUND CLOSURE:, The joint was thoroughly irrigated with 7 L of sterile saline. The portal sites were infiltrated with 1% Xylocaine. The skin was closed with 4-0 Vicryl using interrupted subcuticular technique.,DRAINS / DRESSING:, Applied sterile dressing including gauze, iodoform gauze and Elastoplast.,SPONGE / INSTRUMENT / NEEDLE COUNTS:, Final counts were correct.