

Arthroscopic Rotator Cuff Surgery

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A Practical Approach to Management

Edited by

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To Iris and Murry Abrams for their generosity and vision in providing me the opportunity of becoming a physician; to Kathleen for her untiring support for me as a surgeon; and to Kimberly and Matthew for sharing their childhood and love with me.

Jeffrey S. Abrams

To Ginger for enduring those endless years of medical school, residency, and practice building; to Kelly, Annie, and Brandon for their unconditional love and support for an often-absent Dad; and to Bob and Dorothy, parents who combined a wonderful mix of support, encouragement, and challenge to help me achieve my best.

Robert H. Bell

Foreword

It is a privilege and honor to write the foreword for this book. The contributors to *Arthroscopic Rotator Cuff Surgery: A Practical Approach to Management* are a national and international *Who's Who* of arthroscopic shoulder surgery. They are to be congratulated on presenting the most up-to-date, scientific, clinical, and, particularly, technical aspects of arthroscopic cuff surgery. The subject of this text is very timely given the current enthusiasm of arthroscopic and shoulder surgeons for achieving rotator cuff repairs through the arthroscope.

This book is carefully structured, organized, well written, and expertly illustrated. The inclusion of video footage that demonstrates selected procedures greatly enhances the textbook descriptions. The video is in DVD format, which is the ideal medium to help the reader understand the principles of arthroscopic cuff surgery.

I have been blessed to be able to grow with the evolution of shoulder surgery, and it is pleasing to see the current state of arthroscopic cuff surgery. Not too many years ago, we made rather large incisions in taking the deltoid off the acromion for exposure to achieve a rotator cuff repair. Some surgeons, particularly in Europe, osteotomized the acromion for exposure. We then slowly migrated to utilizing a mini approach that allowed arthroscopic inspection of the glenohumeral joint and subacromial space allowing decompression, if desired. We are now learning, particularly through focused texts such as this and expert teachers such as the authors, to achieve rotator cuff repair arthroscopically. I am reminded of the time when we did open incisions for partial meniscectomies in the knee. Today that would rarely be done. The day will soon come when the majority of repairs of the rotator cuff will be done arthroscopically.

On a personal note, let me share my pride in seeing Jeffrey Abrams and Rob Bell spearhead this publication. The three of us, as teacher and students, went through the evolution from open, to mini-open, to arthroscopic cuff repair. Now these individuals and the contributors to this book, many of whom have authored papers and books on this subject, have

become world leaders in pioneering this type of surgery. The individuals who have contributed to this book have not only advanced the techniques described but have also developed instrumentation to help us get the job done.

Richard Hawkins, MD
Founding Member and Former President of the American
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Preface

Rotator cuff tears are recognized as a common disabling problem among athletes and active individuals. For decades, the common approach to tears of the rotator cuff tendon was an open repair often complicated by postoperative stiffness, the potential for infection, and by a limited capability to address coexistent glenohumeral pathology. With the advent of arthroscopic applications for the shoulder, much of this changed. The arthroscope provided the ability for concomitant examination and treatment of associated problems at the time of tendon repair; it lessened the postoperative morbidity, and offered an attractive option to open rotator cuff surgery. However, the technical limitations of performing an all-arthroscopic rotator cuff repair are daunting and the learning curve steep, which has prevented many general orthopedists from making the commitment to learn the procedure. Nevertheless, because of the rapidly growing patient demand for less invasive approaches to this common problem, more and more orthopedists are taking on the challenge and learning the nuances of this technique. This book is a tool to help facilitate this learning process and make the transition from an open to an all-arthroscopic repair possible.

To achieve that end, an international group of experts has been assembled to reveal the state of the art in this exciting area of minimally invasive surgery. These individuals are pioneers in arthroscopic repair who have made contributions to technique, implant design, and engineering principles that help to make this surgery reproducible and more beneficial to patients. Each contributor has been asked to describe the indications and technical steps to successfully perform an arthroscopic repair of a torn rotator cuff and to manage associated lesions. Controversies on the best techniques to reattach the torn cuff, tissue augmentation, implant and instrumentation options, and surgical options for biceps pathology are presented by these experts. To complement the text, a video has been created and indexed by the contributors to further illustrate their technique, with narration to add technical pearls and to avoid complications. Though the emphasis is on different repair techniques, the book also


addresses setup, portal placement, rehabilitation, and advancements in the biology of tendon healing.

We hope that *Arthroscopic Rotator Cuff Surgery: A Practical Approach to Management* will help the novice gain the knowledge and confidence to venture further into this exciting new area of shoulder work and that it will provide helpful clues for advanced surgeons to refine their technique. This book can be valuable to orthopedic surgeons, orthopedic residents and fellows, sports medicine arthroscopists, and shoulder specialists.

We wish to acknowledge Dr. Richard Hawkins, who taught us to continue to question current techniques and encouraged us to explore new technology. Special thanks to Linda Dreyer and Linda Squires for their administrative assistance.

Jeffrey S. Abrams, MD
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