

Open Rotator Cuff Approach

Mr Chris Gibbons

Why Open?

- Good exposure
- Solid repair
- “Easy”
- No anchors
- Still “Day case” (regional + light GA)
- “If I can’t repair it open I can’t repair it”
- Importance of pre-op imaging (MRI v USS)

Morbidity

- Unsightly scar
- Deltoid detachment (not seen it)
- Increased stay (light GA + regional=day case)
- Deep Infection
- Superficial Infection (DF vicryl knots)

Mini Open

- Small tears (SS)
- Scope SAD ACJ (open if large/men OA++)
- Deltoid split
- Good access
- Transosseous 2 ethibond Mason Allen type sutures
- Deltoid split
- Quick and effective

“Maxi Open”

- Address all pathology easily (ACJ, SAD, Contracture)
- Anterolateral approach
- Excellent visualisation and mobilisation
- Bone preparation
- Cuff preparation
- Secure repair (transosseous 2 ethibond)
- Massive / large tears
- Quick and effective