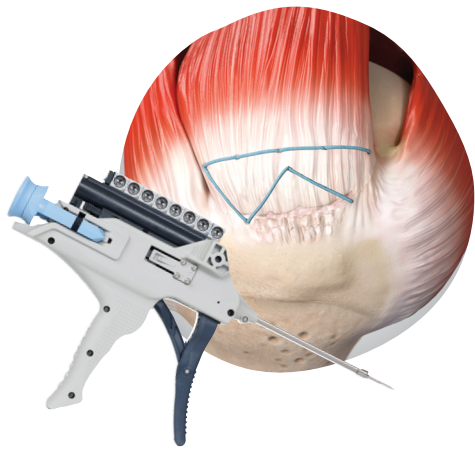


+ Tendon seam technique

A shoulder technique guide

Smith+Nephew



Tendon Seam™
Rotator Cuff Repair System

Patient positioning

The patient can be positioned in either lateral decubitus or beach chair orientation.

Lateral decubitus

- Utilizing standard lateral positioning equipment, the arm should be placed in 20–25 degrees of balanced traction to allow maximum subacromial spacing and range of motion.

Beach chair

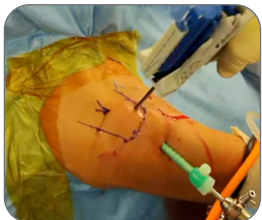
- For optimal range of motion, the patient should be positioned near the edge of the operating table such that the shoulder can be fully extended and adducted.
- It is preferred to utilize arm positioning equipment to allow arm orientation to be easily maintained for each anchor delivery.

Portal best practices



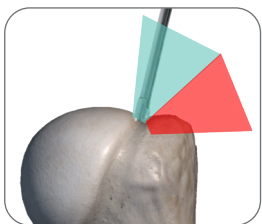
1. The viewing portal should be lateral or posterior-lateral

A posterior viewing portal obstructs visibility above and below the cuff for targeted punch location and should be avoided as the standard portal.



2. The working portal is typically off the lateral edge of the acromion

Consider a portal located anterior-lateral to anterior to the edge of the acromion to reach a medial tuberosity target location. The portal should be placed to access the full width of the tear with appropriate device angle which can be confirmed with a spinal needle.



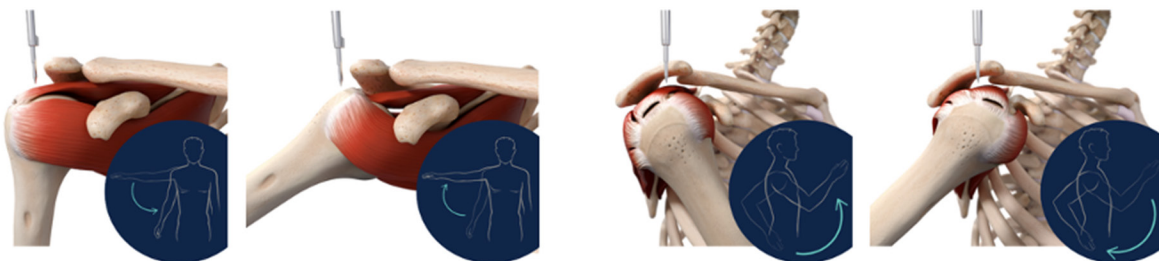
3. Arm rotation/manipulation will enable adequate angles for each anchor

Instrument should be as perpendicular as possible relative to the tuberosity for insertion.

S+N does not provide medical advice and recommends that surgeons exercise their own professional judgement when determining a patient's course of treatment. This surgical technique is presented for informational and educational purposes only. **For more information on the products in this surgical technique, including indications for use, contraindications, effects, precautions and warnings, please consult the products' Instructions for Use (IFU).**

Single portal technique

Since the repair utilizes a continuous stitch, multiple portals are not necessary. The technique requires arm rotation to access targeted locations across the footprint rather than creating additional portals.



Adduction for medial

Abduction for lateral

Flexion and external
rotation for anterior

Extension and internal
rotation for posterior

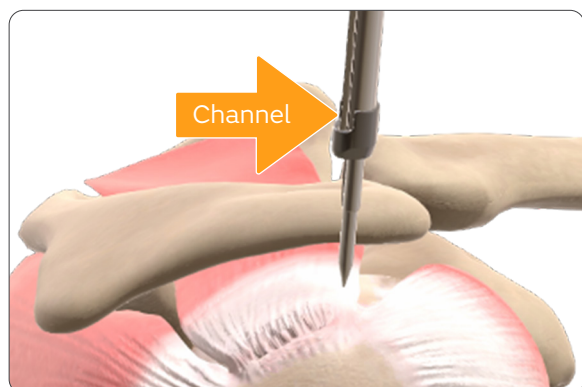


Figure 1

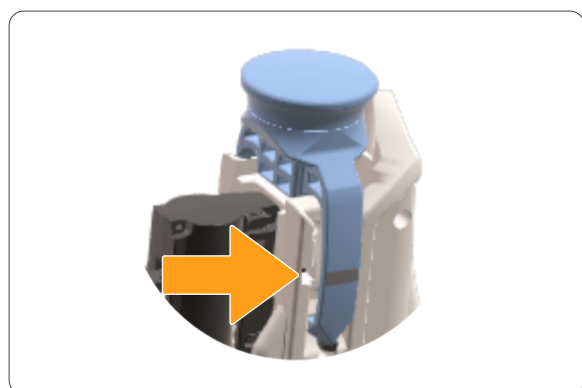


Figure 2

Technique cycle for stitch creation

Punch

1. Position punch at the target site and fully extend.
NOTE: Target introducer shaft to be as perpendicular to the bone as practical.
NOTE: Ensure the introducer shaft channel faces the footprint center for proper anchor flip trajectory (**Figure 1**).
2. Tap lightly until the introducer shaft is fully seated on tendon or bone.
NOTE: The black line on the punch head aligns with the hole in the instrument when punch is fully extended.
NOTE: Shaft does not bounce with successive taps once punch is fully seated at maximum depth (**Figure 2**).

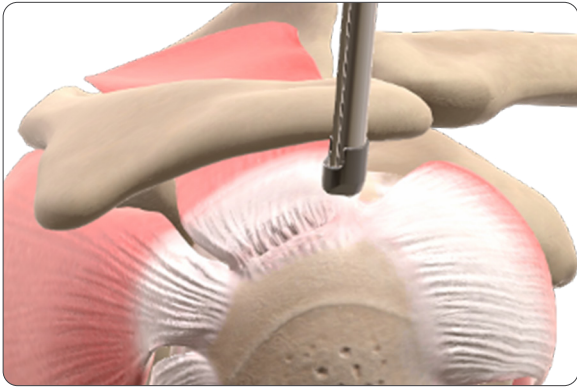


Figure 1

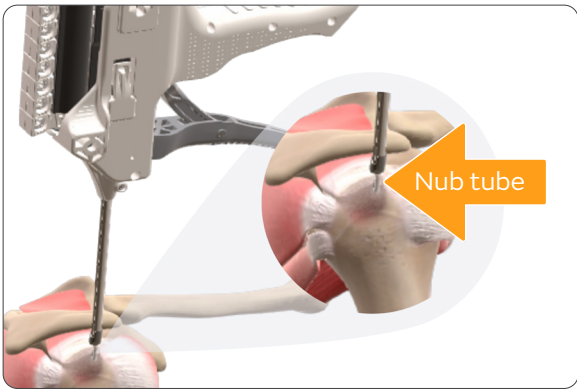


Figure 2



Figure 3

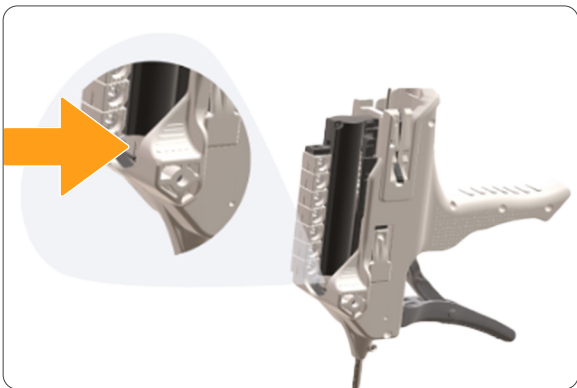


Figure 4

Punch (continued)

3. Squeeze and release the trigger to retract the punch pin. The nub tube will remain to maintain index into the bone (**Figure 1, 2**).

Deliver

1. Pull back punch head to the positive stop (**Figure 3**).
2. Depress the distal cartridge fully into the instrument breach (**Figure 4**).

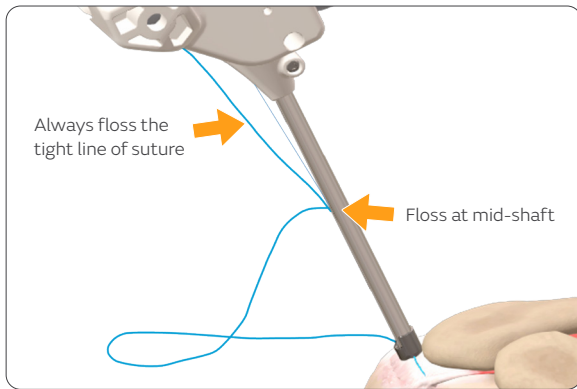


Figure 1

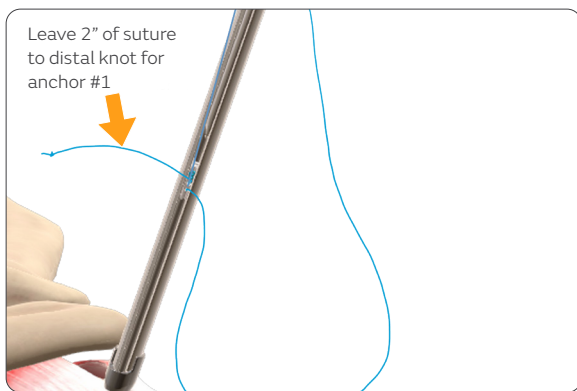


Figure 2

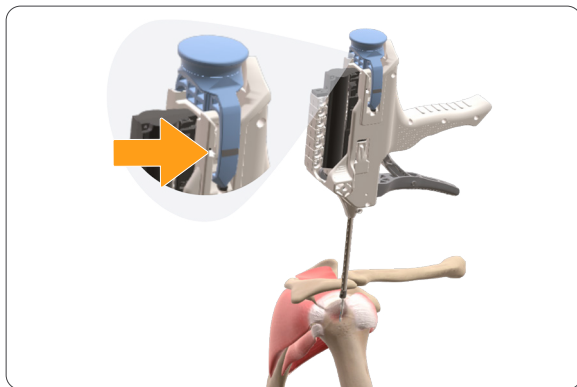


Figure 3

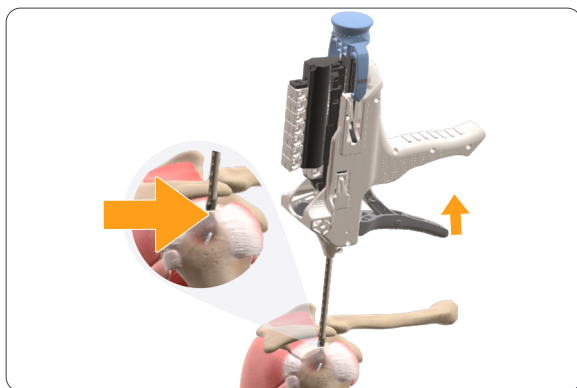


Figure 4

Deliver (continued)

3. Push the punch pin by hand until the anchor reaches mid-shaft. At mid-shaft, floss excess repair suture through the anchor to remove distal slack. (**Figure 1**)
NOTE: For Anchor #1, leave approximately 2 inches of suture from the anchor to the distal knot (**Figure 2**).
NOTE: For Anchor #2-#8, stop flossing when slack removed.
4. Continue pushing the punch pin until the anchor is fully delivered (**Figure 3**).
NOTE: If significant resistance is met, light taps with mallet can be used to complete delivery.
NOTE: The anchor is delivered when the black indicator line aligns with the hole in the instrument.
5. Squeeze and release trigger to retract punch pin and nub tube.
NOTE: The nub will be retracted for suture tensioning (**Figure 4**).

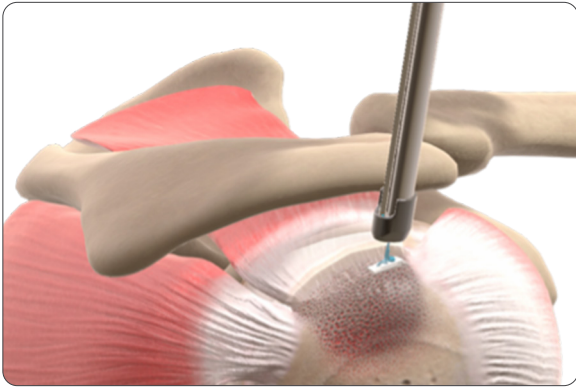


Figure 1

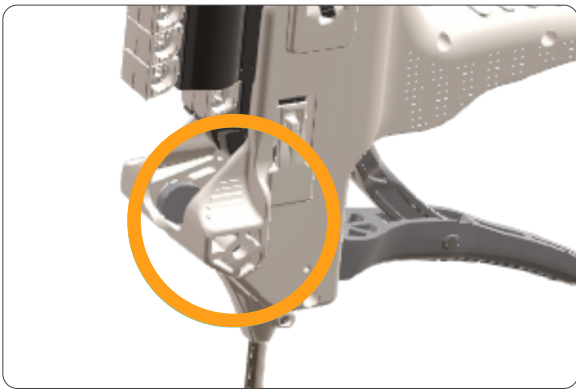


Figure 2



Figure 3

Tension

1. Position distal tip of introducer shaft at the anchor site (**Figure 1**) and apply counter-pressure utilizing thumb rests (**Figure 2**) while tensioning the repair suture. Apply slow, controlled tension. Tensioning can be ended once stitch stops visibly compressing.

Lock

1. When desired compression is achieved, pull the punch head back to the positive stop. Maintain counter-pressure with the introducer shaft during locking suture breakage. Remove the cartridge and use it as a T-handle to pull and break the #2-0 locking suture (**Figure 3**).

Ordering information

TENDON SEAM™ ROTATOR CUFF REPAIR SYSTEM	
Reference #	Description
72205994	Tendon Seam Magazine, 8 anchor
72205995	Tendon Seam Instrument Kit, 8 anchor
72205996	Tendon Seam Magazine, 4 anchor
72205997	Tendon Seam Instrument Kit, 4 anchor

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