



UVA 2nd Annual Research Retreat

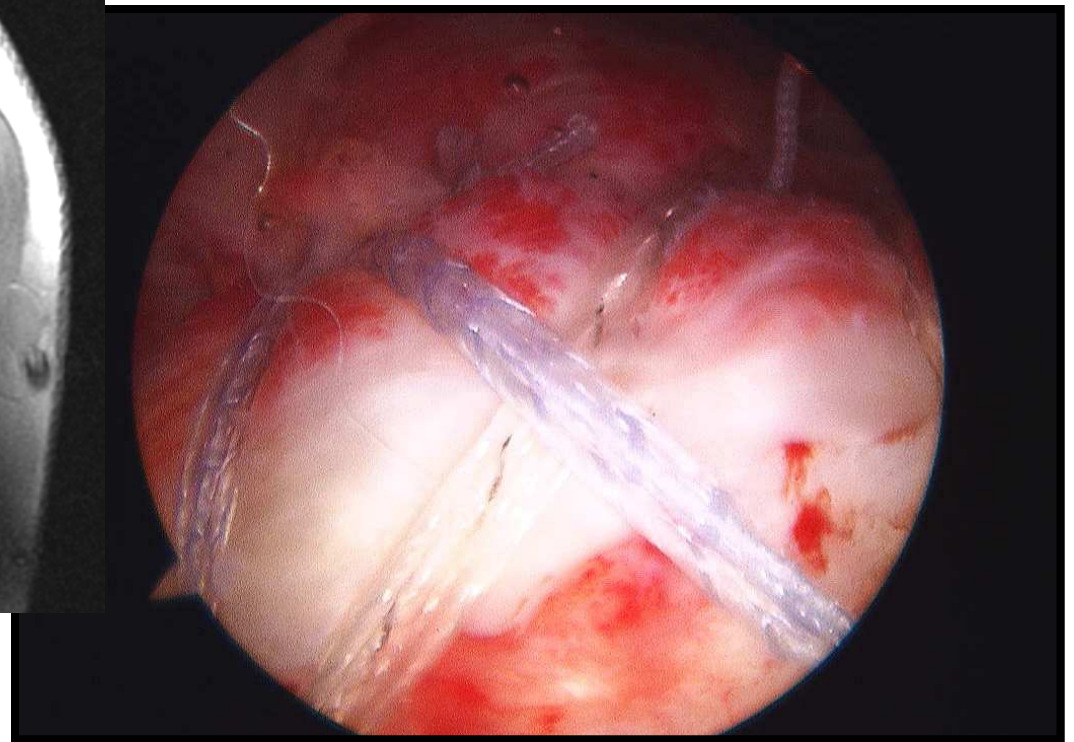
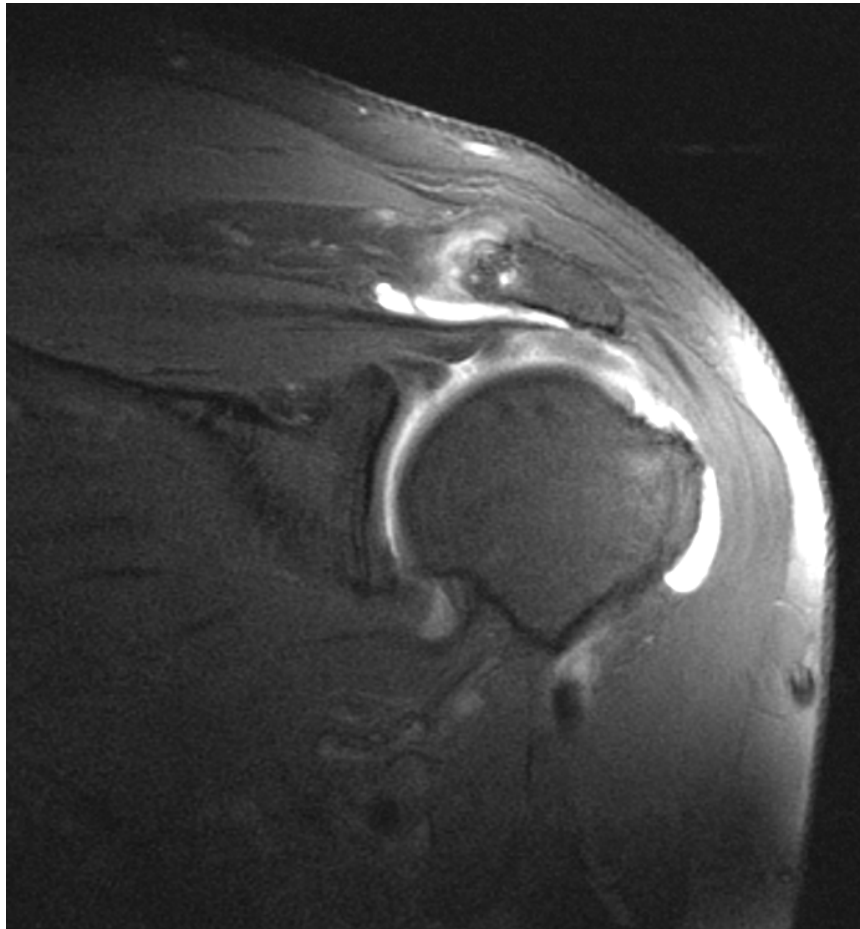
David Diduch, MD
Professor and Vice Chair

Slides courtesy Steve Brockmeier and
Joe Park



Rotator Cuff Tear and Repair

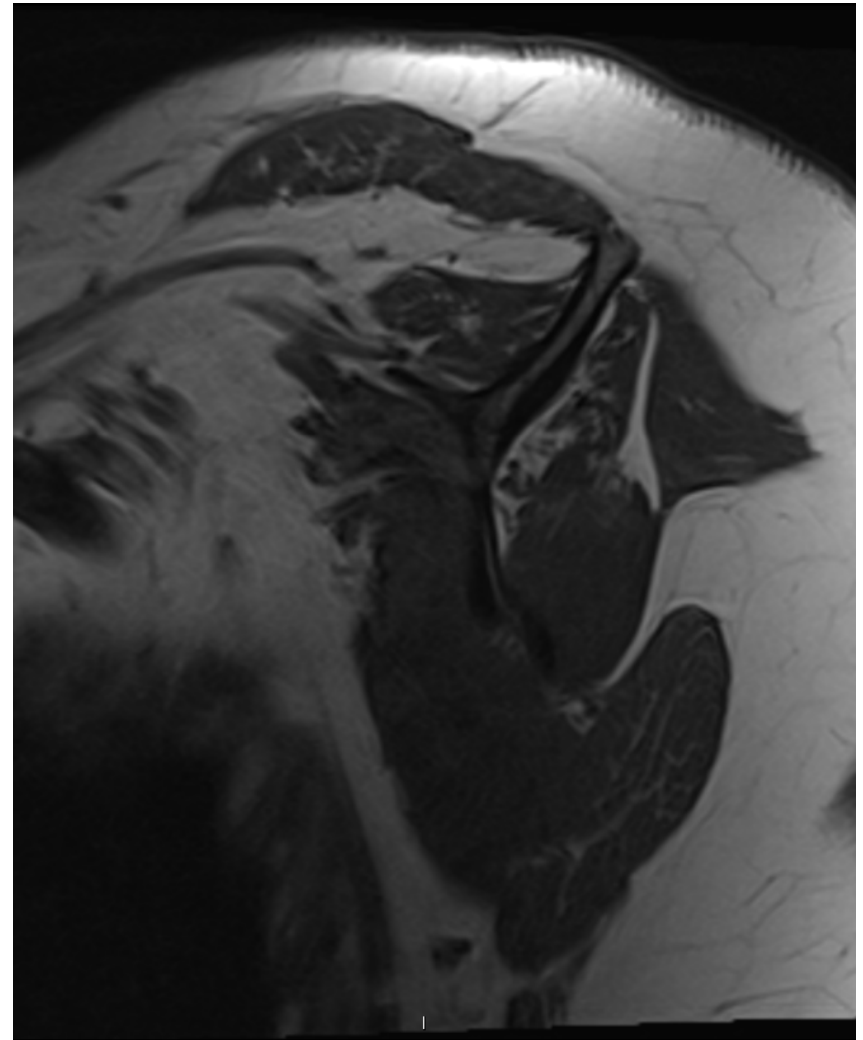
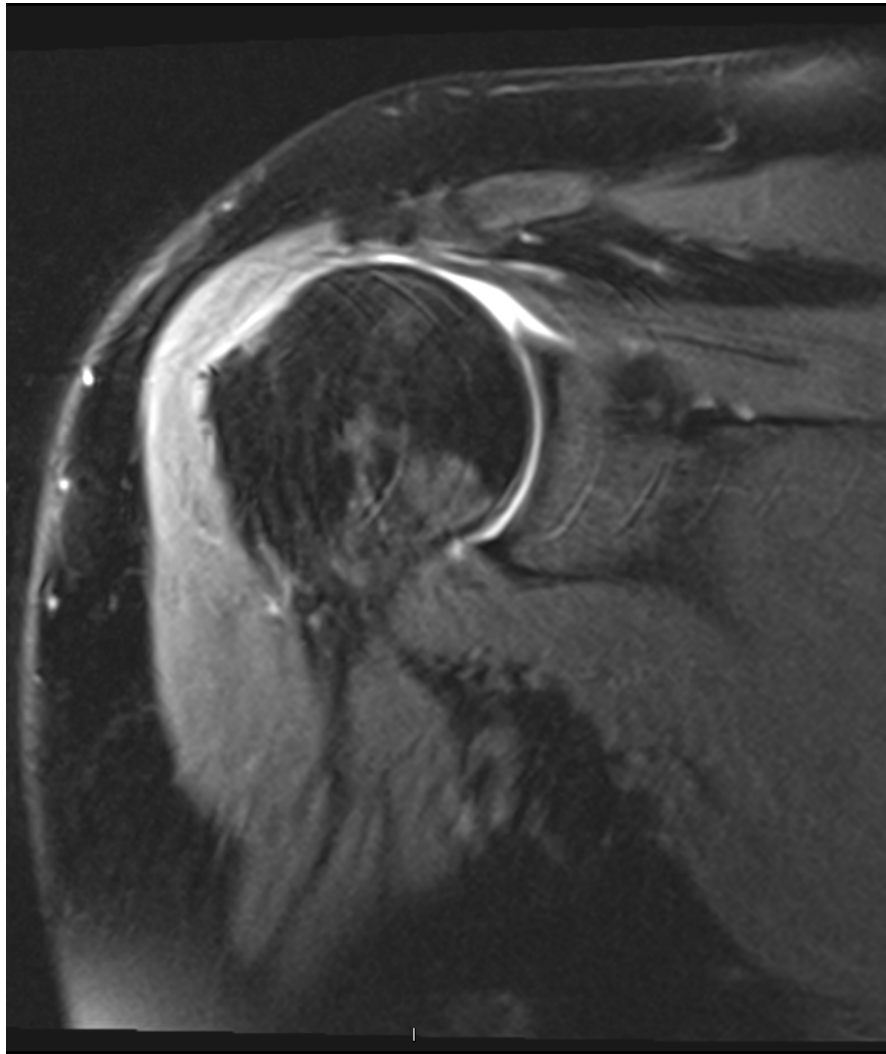
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Challenge – large, chronic tears

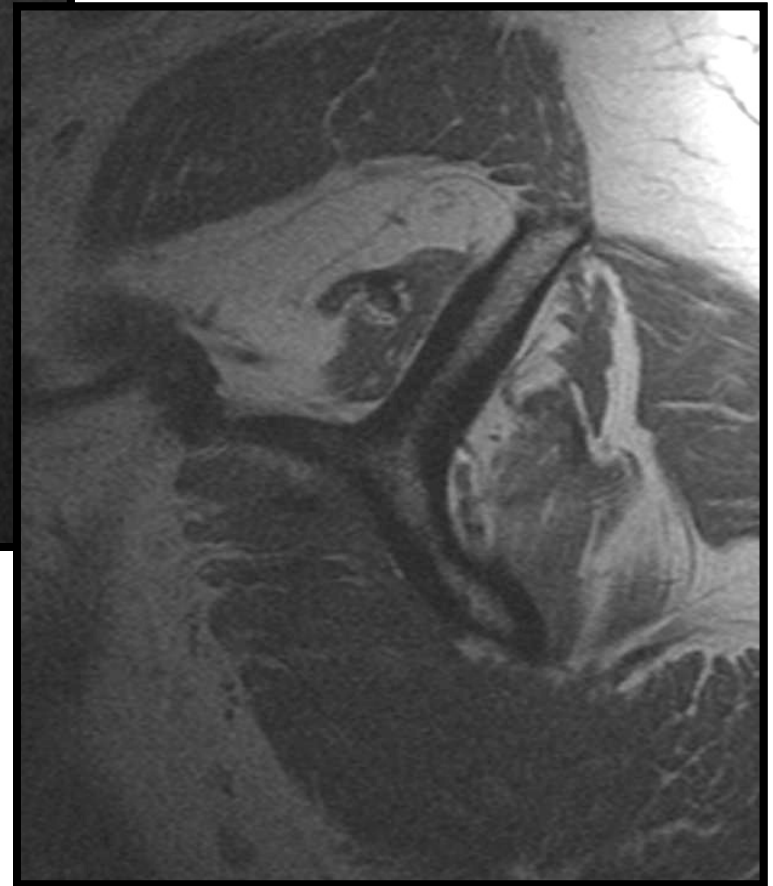
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Too Late: Arthropathy

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Chronic, retracted cuff tear leads to:

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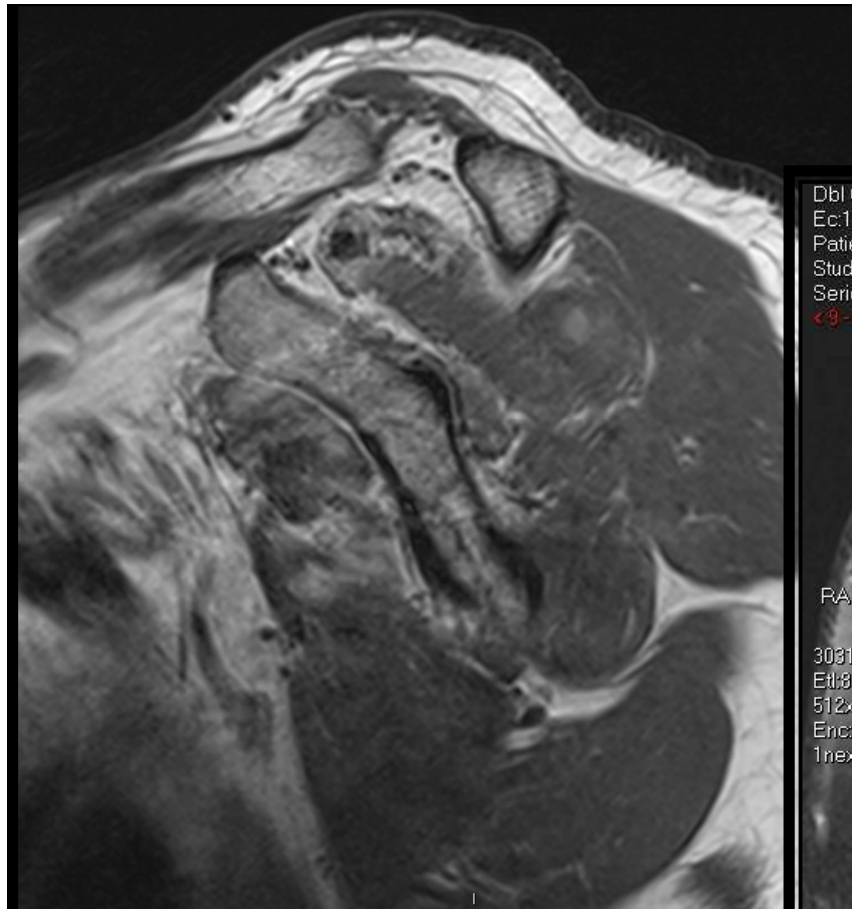
- Shortened cuff tendon
 - Muscle atrophy
 - Fatty, fibrous replacement
 - Nerve supply compromised by retraction
-
- Options exist for tendon defect
 - NO OPTIONS FOR MUSCLE LOSS





MRI

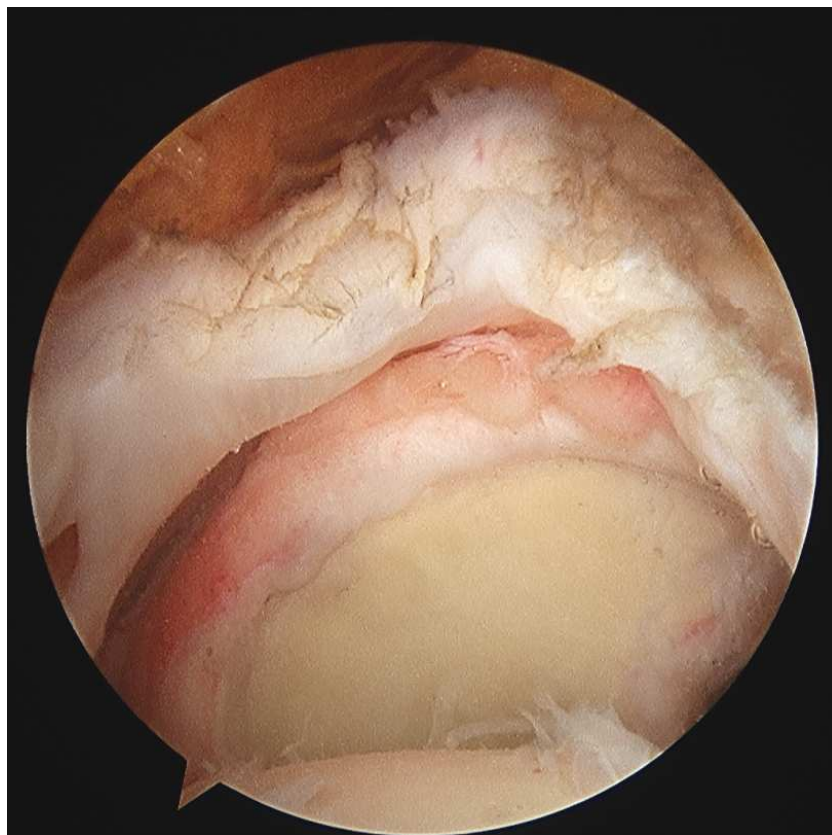
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Scope view – cuff edge retracted

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Repair with GraftJacket Augment

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RCR with BioFiber Augment

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University of Virginia

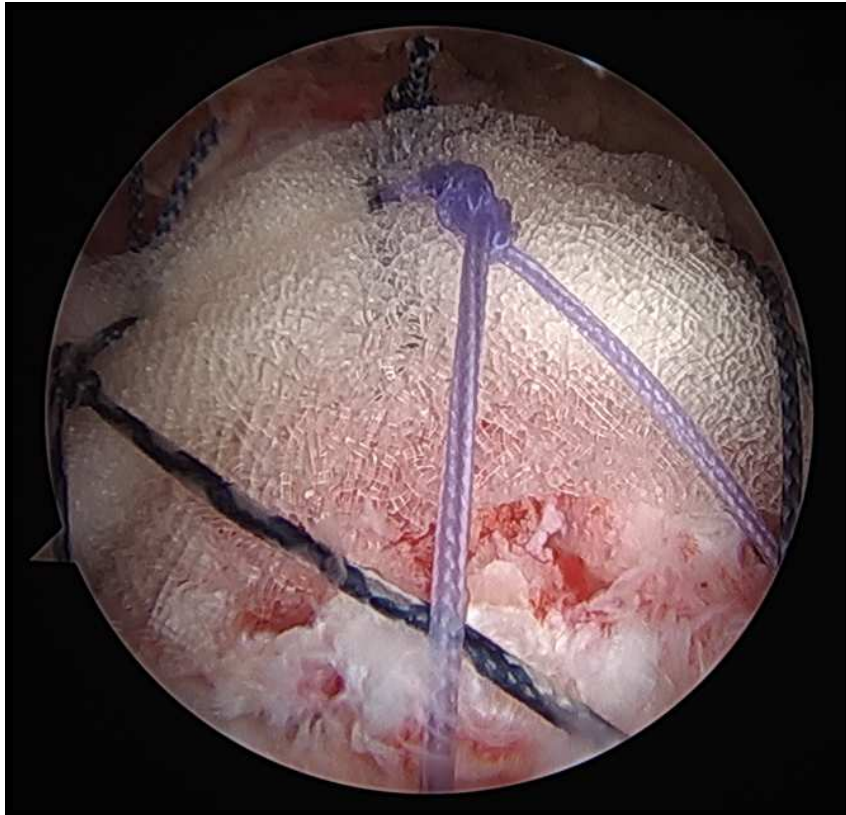


Orthopaedic Surgery



RCR with BioFiber Augment

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Related examples



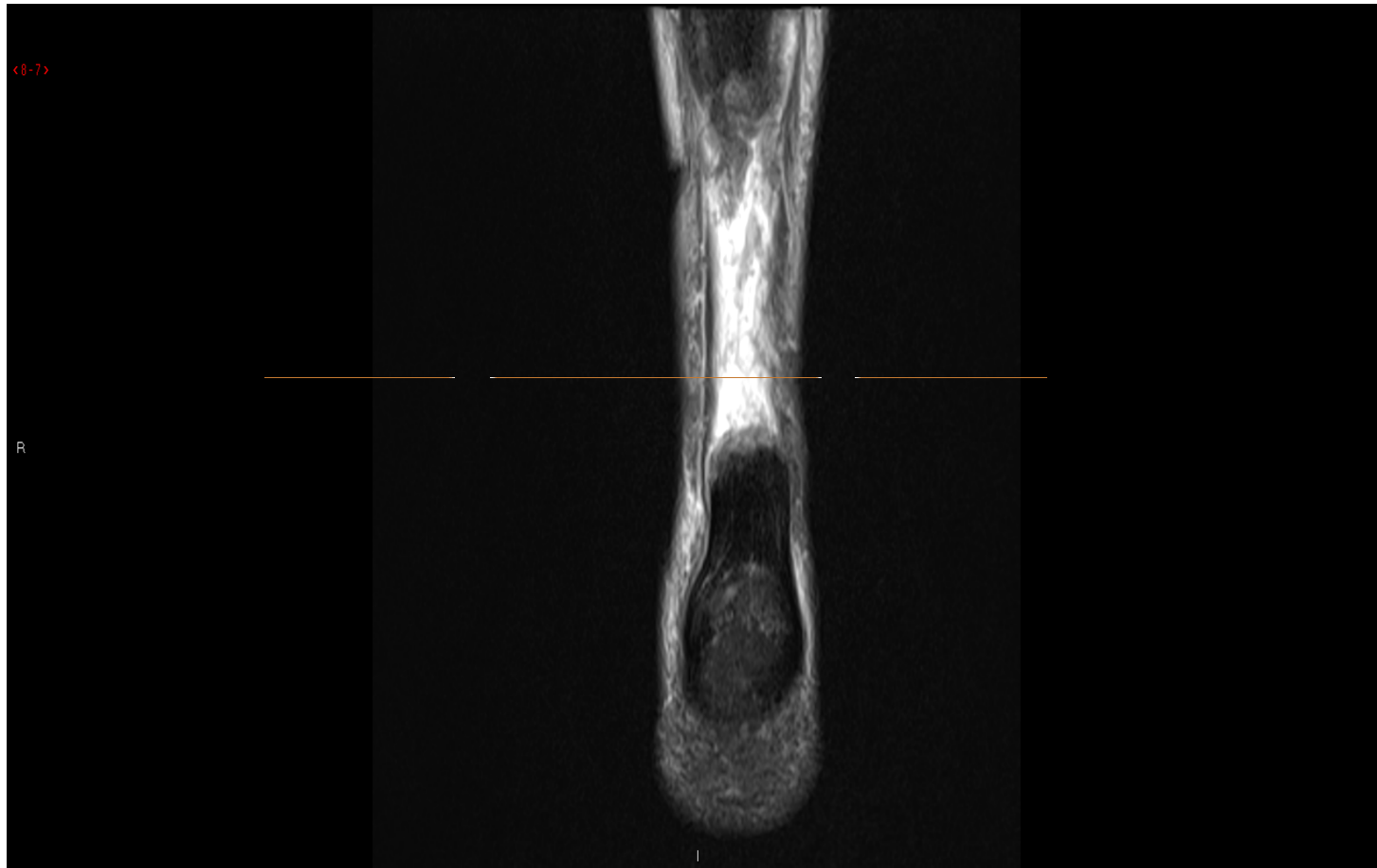
- Foot and ankle
- 64 yo retired surgeon with 1 month of worsening achilles pain/weakness after 1 year of pain/swelling.





7 cm defect within achilles tendon within area of severe tendinopathy







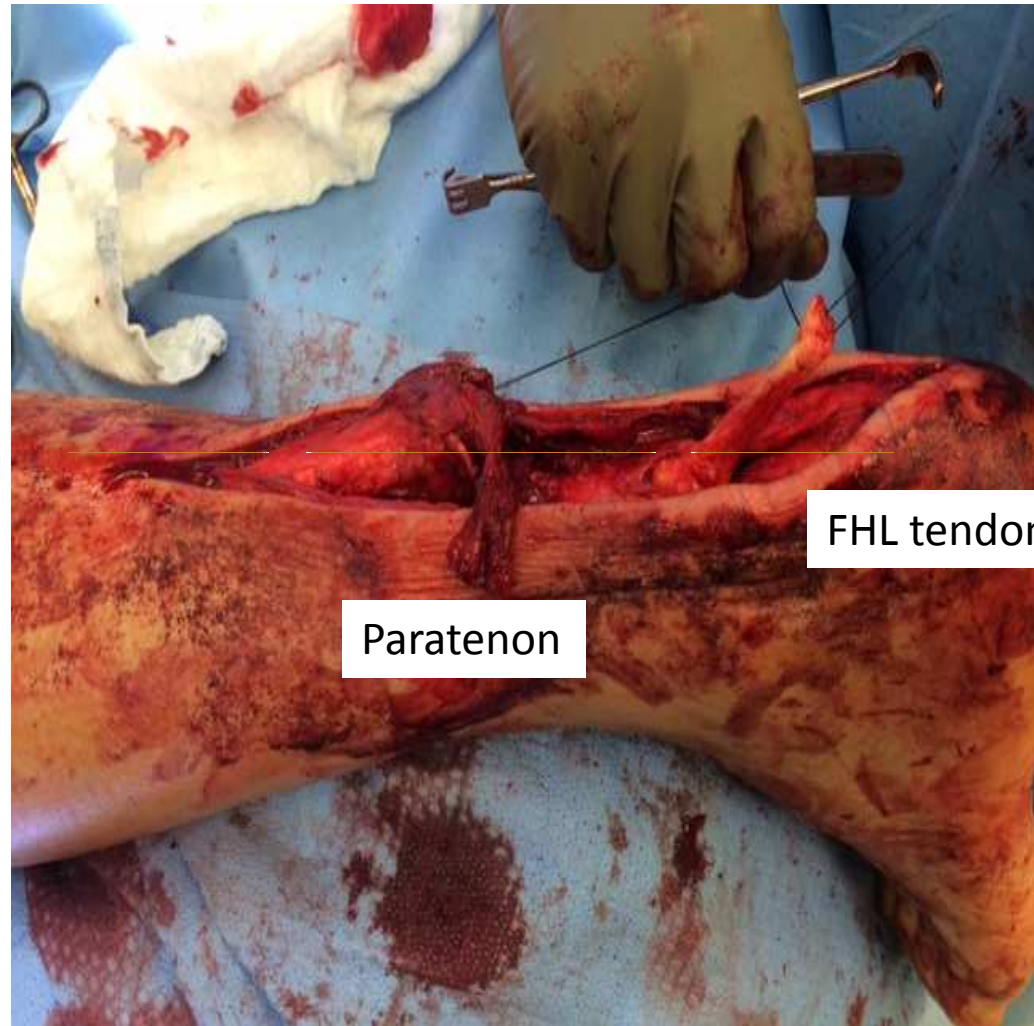
- Taken to OR for:
 - Central 1/3 turndown (10 cm graft)
 - Debridement of distal tendon
 - FHL tendon transfer





Achilles Rupture







14 cm central turndown (free graft)





Reconstructed Achilles Tendon





The challenge



- Chronic tendon tears result in atrophied, shortened muscle
- Tendon reattachment
 - Grafts and substitutes
- Muscle Restoration
- Innervation
- Function

