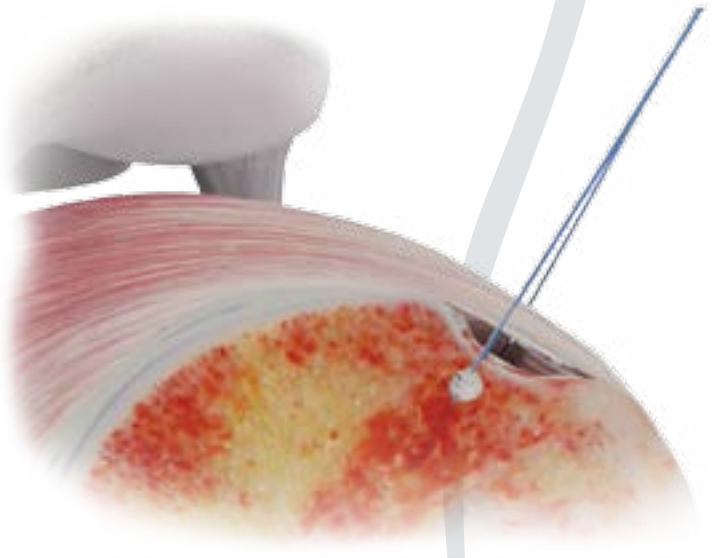
ConMed

SHOULDER RESTORATION SYSTEM
PASTA Procedure Brochure

Successfully Treating Partial Articular-sided Supraspinatus Tendon Lesions

From a more anatomic footprint[1] and less gapping[5] to preserving native tissue[2, 3] and higher ultimate failure strength,[5] see why leading surgeons are maintaing the lateral footprint and treating PASTA lesions with transtendinous techniques.

Shoulder Restoration System™



To learn more about these and other innovative products, call **800-237-0169** or visit **ConMed.com**.

Advancing the Future of Minimally Invasive and Orthopaedic Surgery.

Together.

PASTA
PROCEDURE

Problem:
Complete the Tear or Transtendinous Repair?

When faced with a repairable PASTA lesion, typically small tendon retraction and 40-50% footprint exposure, surgeons have two options: either complete the tear followed by a standard rotator cuff repair or maintain the remaining bursal fibers and perform a transtendinous repair. Studies have shown drawbacks to completing the tear including creating a length tension mismatch,[1] changing the normal biomechanics of the cuff and creating a greater potential for nonanatomic recreation.[5] Conversely, research has shown that a transtendinous technique that preserves native tissue provides distinct advantages.

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Less Gapping, Higher Strength and Better Biomechanics

Research comparing these two approaches has shown that a transtendinous approach provides statistically significant less gapping, higher mean ultimate failure strength and biomechanic superiority.[5]

> **“ To better preserve the native footprint, performing transtendonous repairs is a tried-and-true method of repairing a partial-articular sided tear. ”**
>
> **Alessandro Castagna, M.D.**
> Humanitas Research Hospital

Excellent Clinical Outcomes

A study by Alessandro Castagna, M.D. found that a transtendon approach is a reliable procedure that can be expected to produce a good outcome with significant pain relief and **improved shoulder scores in 98% of patients**.[3] Similarly, a study by Stephen Snyder, M.D. found that these repairs provide reliable and sustained pain relief and improvements in shoulder function.[2]

Native, Anatomic Footprint

Literature by Ian K.Y. Lo, M.D. and Stephen S. Burkhart, M.D. has shown that an arthroscopic transtendon technique can re-establish the normal footprint of the rotator cuff and potentially minimize and length-tension mismatch of the repaired rotator cuff muscles.[1] This could result in a more natural, anatomic repair for your patient.

[1]Lo and Burkhart, Transtendon arthroscopic repair of partial-thickness, articular surface tears of the rotator cuff, Arthroscopy, 2004 [2]Snyder et al., Long-term outcome for arthroscopic repair of partial articular-sided supraspinatus tendon avulsion, Arthroscopy, 2013 [3]Castagna et al., Predictive factors of subtle residual shoulder symptoms after transtendinous arthroscopic cuff repair, American Journal of Sports Medicine, 2009
[5]Gonzalez-Lomas et al., J Shoulder Elbow Surg 2008; 17:722-728

ConMed Solution:
Transtendinous PASTA Repair with Y-Knot® Flex All-Suture Anchors

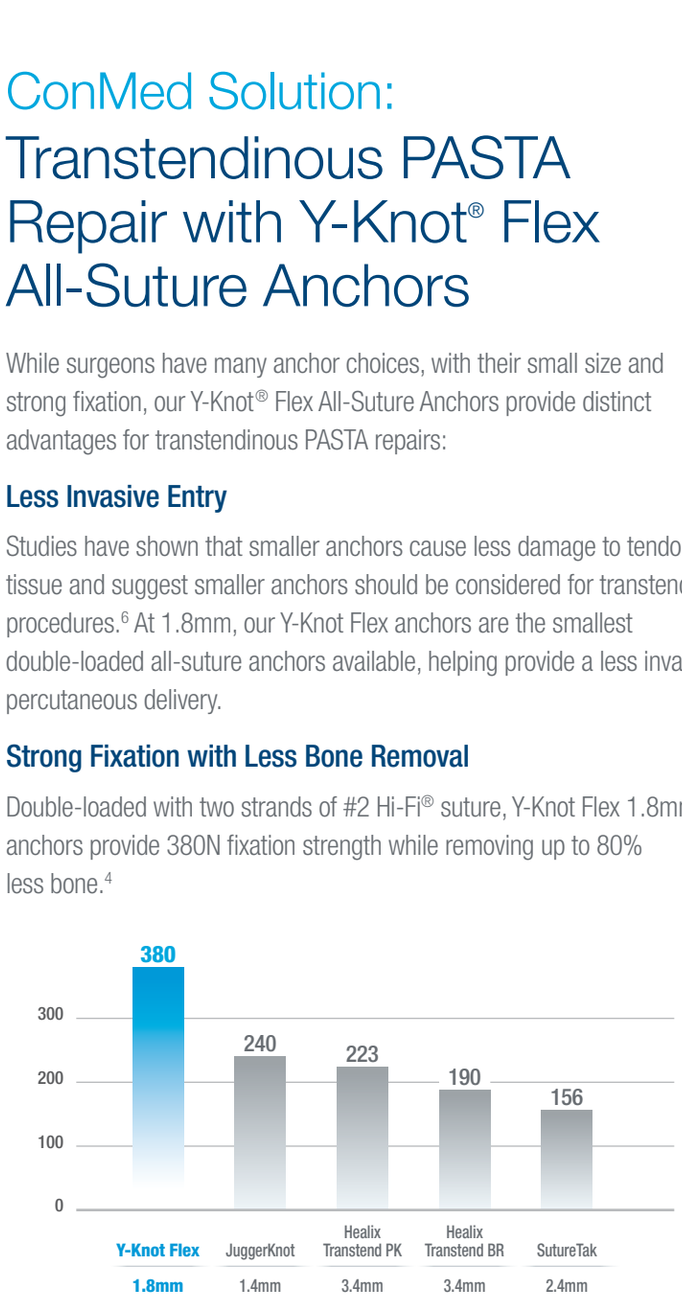
While surgeons have many anchor choices, with their small size and strong fixation, our Y-Knot® Flex All-Suture Anchors provide distinct advantages for transtendinous PASTA repairs:

Less Invasive Entry

Studies have shown that smaller anchors cause less damage to tendon tissue and suggest smaller anchors should be considered for transtendon procedures.[6] At 1.8mm, our Y-Knot Flex anchors are the smallest double-loaded all-suture anchors available, helping provide a less invasive percutaneous delivery.

Strong Fixation with Less Bone Removal

Double-loaded with two strands of #2 Hi-Fi® suture, Y-Knot Flex 1.8mm anchors provide 380N fixation strength while removing up to 80% less bone.[4]



Load to Failure
(N)

> **“ Because anchors are placed at the articular margin when performing a PASTA repair, where bone density tends to be higher, a smaller anchor such as the 1.8mm Y-Knot Flex that deploys to about 3.0mm has sufficient pullout strength to maintain compression within a transosseous equivalent construct during the healing period. ”**
>
> **L. Pearce McCarty III, M.D.**
> Sports and Orthopaedic Specialists

3 Technique Options

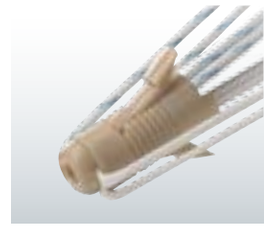
Y-Knot Flex Anchors enable multiple technique options including:

Single-Row: One or two anchors placed medially, horizontal mattress stitch configuration.

Double-Row: Two anchors placed medially, mattress stitches medially, suture passed to PopLok® 3.5mm or 4.5mm knotless anchors.

Double-Pulley: Two anchors placed medially, the sutures are tied together to compress the supraspinatus to the medial footprint without any additional suture passing steps.

Y-KNOT® FLEX ANCHOR



POPLOK® ANCHOR

[4]Data on File [6]Qing-Song Zhang et al., Comparison of the tendon damage caused by four different anchor systems used in transtendon rotator cuff repair, Advances in Orthopaedics, 2012

525 French Road, Utica, NY 13502

PASTA
PROCEDURE

Ordering Information

Description	Catalog Number
Anchors	
1.8mm Y-Knot® Flex all-suture anchor, two #2 Hi-Fi® sutures	Y1802A
5.0mm Super Revo®, two #2 Hi-Fi sutures	C6140HB
5.0mm ThRevo®, three #2 Hi-Fi® sutures	C6160HB
5.0mm Super Revo®, fully threaded, two #2 Hi-Fi® sutures	CF6140HB
5.0mm ThRevo®, fully threaded, three #2 Hi-Fi® sutures	CF6160HB
4.5mm PopLok® knotless suture anchor	CKP-4500
3.5mm PopLok® knotless suture anchor	CKP-3500
Instrumentation Accessories	
1.8mm Y-Knot Flex drill bit	Y18D
1.8mm Y-Knot Flex percutaneous pack with T-Guide	Y-PERC18
1.8mm Y-Knot Flex fishmouth drill guide	Y-G005
Sharp trocar for fishmouth drill guide (metal, reusable)	Y-G004
Sharp trocar for fishmouth drill guide (plastic, disposable)	Y-OBT2
4.5mm PopLok punch	PKL-45M
3.5mm PopLok punch	PKL-35M
Optional	
Katana® high strength suture cutter	GU1009
Suture retrieval forceps	16.1018
Grasping forceps	11.1001
Super Shuttle® relay (8/box)	C6005
4.2mm Ultra FRR dual purpose blade (6/box)	DPS-C010

To learn more about PASTA repairs, please visit

CONMED.COM/PASTA.PHP

for video surgical techniques, surgeon testimonials and product demonstrations as well as information about in-depth labs and other learning opportunities.

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