

Arthroscopic double row rotator cuff repair

VIMS-PK and VIMS-LRP



Step 1

Through your lateral portal, grab the cuff using tissue grasper and reduce it to its lateral footprint. Note the area to where the cuff is pulled laterally.



Step 2

Create a bleeding bed on the superior surface of the greater tubercle using a blade or burr.



Step 3

Establish a superior lateral portal just lateral of the lateral border of the acromion. This portal will be used to introduce your medial row VIMS-PK ligament anchors.



Step 4

Introduce the punch for VIMS-PK anchor in to the shoulder through the superior lateral portal. The punch is advanced in the superior humerus just lateral to the humeral cartilage. The punch is advanced up to the 1st laser mark.

Note: For hard bone, use the Punch/Tap VIMS-PK anchor to create the pilot hole.



Step 5

Insert the 1st VIMS-PK anchor through the superior lateral portal. Insert the tip of the VIMS-PK anchor into the prepared hole. Screw the VIMS-PK in a clockwise direction until the clockwise until the horizontal laser mark on the the horizontal laser mark on the inserter shaft is flush with the surface of the bone.



Step 6

Unload the sutures from the inserter and remove inserter by just twisting/pulling back.



Step 7

Beginning anteriorly, retrieve sutures individually and pass in a horizontal mattress fashion using a reusable suture passer across the entire breadth of the tear. After each pass, sutures are retrieved and brought out through the anterior portal.



Step 8

Insert the next medial row VIMS-PK anchor in the posterior medial socket. Repeat the rest of steps 5 to 7.



Step 9

Beginning posteriorly, the mattress sutures are then tied individually using arthroscopic knot tying techniques as per surgeon preference.



Step 10

Pull each colored suture limb from the posterior medial anchor and each colored suture from the anterior medial anchor through the lateral portal.



Step 11

Punch a hole to the 2nd laser line, on the posterior lateral aspect of the lateral tubercle, where you would like the footprint of the supraspinatus to end.



Keeping the punch in place, load the 4 limbs of suture in to the eyelet of VIMS-LRP anchor. Slide the anchor down the suture limbs in to the joint. Remove the punch & place the eyelet of the anchor into the hole. Pull each strand of the suture to tension the strands. Knock the anchor in until the body of the anchor touches the cortical bone. Turn the dial at the back of the anchor into clockwise direction until the anchor is just below the cortical bone. Release the holding sutures at the back of the anchor and takeout the inserter. Cut the suture limbs off using suture cutter

Note : Leave the holding sutures in place if to repair possible dog ear.

Step 12

Retrieve the remaining suture limbs from the anterior portal out the lateral portal. Repeat Step 11. Then the rotator cuff repair is done and the cuff is tight.



These steps can also be achieved using LR anchors with tapes.

STORAGE

ARTHROVIMS® ANCHOR PEEK PK/LRP must be stored in its original unopened packaging, in a clean and dry place, at ambient temperature.

PRODUCTS & INSTRUMENTATION

ARTHROVIMS® ANCHOR PEEK PK/LRP is packaged in double pouch, and sterilized by ethylene oxide. Single use. Do not re-sterilize. For any further information, please refer to the IFU.

Instrumentation for arthroscopic surgery is available **ARTHROVIMS® ANCHOR PEEK PK/LRP** must be used with the corresponding tap supplied by VIMS.

ANCHORS	SIZE	REFERENCES
ARTHROVIMS PK (2 sutures)	4,5	VIMS-9141.45F
ARTHROVIMS PK (3 sutures)	4,5	VIMS-9145.45F
ARTHROVIMS PK (2 sutures)	5,5	VIMS-9090.55F
ARTHROVIMS PK (3 sutures)	5,5	VIMS-9091.55F
ARTHROVIMS PK (1 suture blue - 1 tape white/blue)	4,5	VIMS-9180.45FT
ARTHROVIMS PK (1 suture white/blue - 1 tape bleu)	4,5	VIMS-9181.45FT
ARTHROVIMS PK (1 suture bleu - 1 tape white/blue)	5,5	VIMS-9182.55FT
ARTHROVIMS PK (1 suture white/blue - 1 tape bleu)	5,5	VIMS-9183.55FT
ARTHROVIMS LRP (peek tip)	5,5	VIMS-9092.55F
ARTHROVIMS LRP (peek tip)	4,75	VIMS-9142.475F