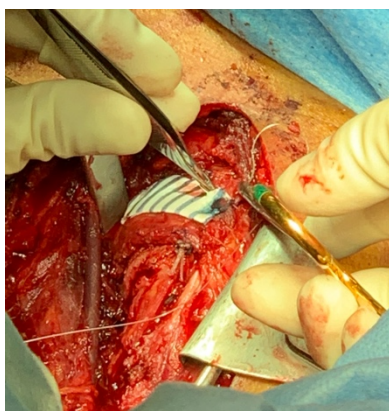


## Patient Background & Diagnosis

This patient is a 54 YO RHD male who works in construction. He experienced progressively worsening left shoulder pain and discomfort for years beginning after a lifting injury. He has difficulty with ADLs, pain at night, and significant crepitus. He failed exhaustive non-operative treatment and his symptoms continued to progress, so this patient decided to pursue surgery.



*Patient's pre-op shoulder x-ray*



*Suturing TAPESTRY in place over the SSc*

## Surgical Treatment

Patient elected to have surgical treatment with anatomic shoulder replacement (stemless). After the implant was placed, the native subscapularis (SSc) tendon was repaired using trans-osseous drill tunnels and non-absorbable high strength suture in standard fashion. Due to the nature of the injury and the high-physical demands of the patient, the repair was augmented with TAPESTRY to support healing of the SSc. The healing of this tendon is critical to the success of shoulder arthroplasty.



*6-month post-op ultrasound with normal tendon architecture*

## Surgeon & Patient Experience

I choose to augment my SSc repairs with TAPESTRY, which has both structural and biologic components to support collagenous tissue ingrowth. Post-op ultrasound imaging at 6-months shows an intact SSc tendon with normal fibrillar echogenic tendon architecture and no evidence of tendinosis or tear. TAPESTRY is not visible suggesting completed integration or resorption. This patient was pain-free and back to heavy manual labor at 3.5 months.



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*Results from case studies are not predictive of results in other cases. Results in other cases may vary. All images courtesy of Dr. Amit Nathani.*

