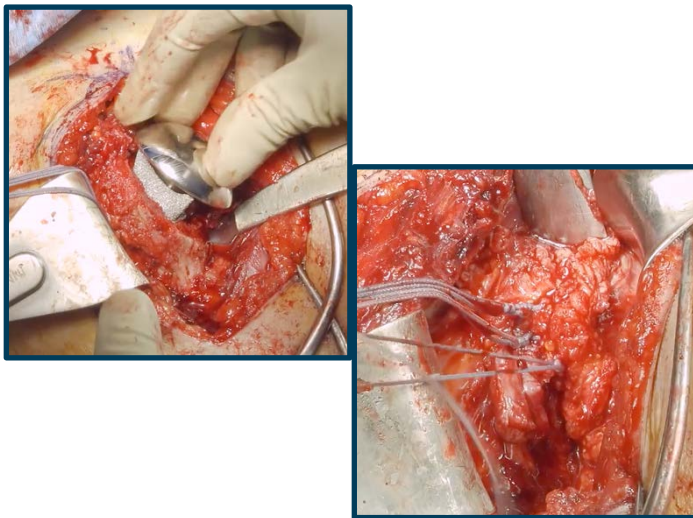


## Patient Background & Diagnosis

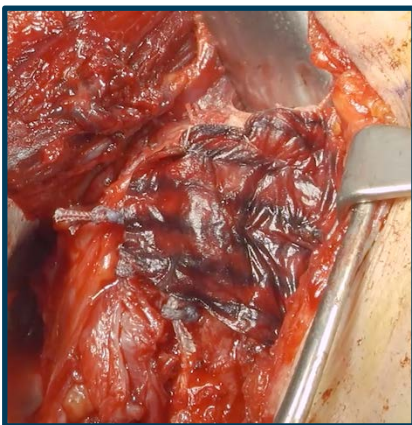
This patient is a 76yo RHD female with shoulder pain. She has a history of reverse shoulder arthroplasty (rTSA) on her contralateral side for cuff tear arthropathy and has done very well. Over time, her dominant side became progressively more symptomatic. Her right shoulder exhibited a more traditional pattern of glenohumeral osteoarthritis with an intact and good quality rotator cuff. She elected to have shoulder replacement.



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



*TSA and primary subscapularis repair. (above)  
TAPESTRY Biointegrative Implant over repair. (below)*



## Surgical Treatment

I was prepared to perform an anatomic or rTSA on this patient. Intra-operatively, her posterosuperior rotator cuff was of good quality. Her subscapularis tendon was slightly thin. Given this situation, I felt an anatomic shoulder replacement would be superior to rTSA. I repaired the native subscapularis tendon utilizing trans-osseous drill tunnels and non-absorbable high strength suture wrapped around the implant. I elected to augment my repair with TAPESTRY. I believe subscapularis healing is critical to the success of shoulder arthroplasty.

## Surgeon & Patient Experience

Subscapularis tendon healing is critical to patient outcomes. Both the mechanical strength and biological environment matter. I choose to augment my SSc repairs with TAPESTRY, which has both structural and biologic components to support collagenous tissue ingrowth. The specific size and shape of the implant was specifically designed to mimic native subscapularis anatomy. This patient was pain-free and back to gardening and swimming within 2 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.*

