

Letters to the Editor

Regarding the “Modified Lasso-Loop Stitch”

To the Editor:

I read with interest the Technical Note by Toussaint et al.¹ in the June 2009 issue. Knotless approaches to rotator cuff repair represent advancements, arguably as long as biomechanical properties are maintained and clinical outcomes are not compromised. The technique described highlights an efficient way to purchase tissue without having to tie knots during rotator cuff repair, although it does not reduce the number of suture passes required for a simple mattress stitch.

The suture-bridge, or “transosseous-equivalent,” construct for rotator cuff footprint restoration has been shown to have favorable characteristics in the laboratory, as well as clinically.²⁻⁶ The ability to share load between anterior and posterior anchors represents an inherent characteristic to the construct as originally described.⁷ The concern I have is with Fig 1L in the article. In this schematic, both suture limbs from the lasso loop are fixed anterolaterally, and both simple stitches are anchored posterolaterally. In the context of the concept of “interconnectivity” between anchors and sharing load,⁶ perhaps a better method would be to fix the posterior lasso-loop end with the anterior simple-stitch end posterolaterally and to do the same for the anterior anchor anterolaterally. As depicted, should the posterolateral fixation become compromised (both simple stitches fixed posterolaterally), both lasso loops would be compromised anteriorly and posteriorly. This is best illustrated in their Fig 1J, in which both simple-stitch ends are used to reduce the lasso-loop ends. If any simple-stitch end is compromised, then the lasso-loop end, although self-locking relative to the tendon, will be compromised relative to the reduction to bone. This reminds me of a recent study in which knotless medial fixation for the transosseous-equivalent repair did not perform as well biomechanically because the suture would cut through the tendon.⁸ Should either simple-stitch end cut through, even partially, the corresponding lasso-loop end will lose some degree of security to the footprint. Perhaps with symmetric lateral fixation (lasso loop and simple stitch fixed to the same anchor laterally), this potential problem will be less likely with respect to the overall construct. What do the authors think about lasso loops at both ends? Would this compromise the reduction maneuver? Although technically demanding, what about repeating the construct with double-loaded anchors (without doubling the number of lateral anchors) for the construct described, thus augmenting the posterolateral fixation?

The authors should be commended for improving on stitch configuration, because this is potentially the simplest, most efficient way to improve different rotator cuff repair constructs. I would encourage a laboratory study to delineate the biome-

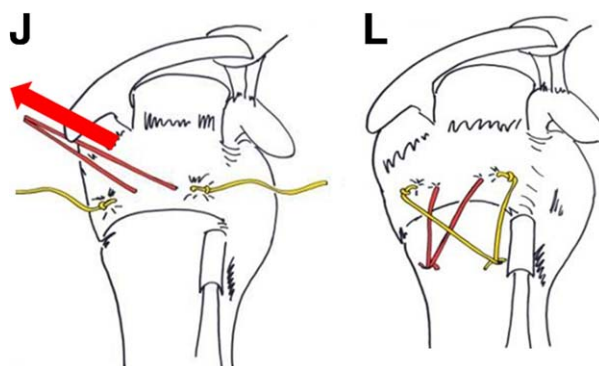


FIGURE 1. (L) The anterolateral anchor is in place, and the suture-bridge repair is complete. This is a representation of a right shoulder with the patient in the beach-chair position with 3 to 5 ports placed posteriorly, posterolaterally, laterally, anterolaterally, and anteriorly as needed for appropriate instrumentation. (J) The cuff is reduced and the post is created with the simple stitch. The arrows show the reduction maneuver.

chanical effect of such a configuration in this setting, and a report on the authors’ clinical series would be most appreciated.

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Author's Reply

Thank you for your interest in our technique, as well as your kind words. We would like to answer your second question first: To reduce the tendon to its footprint, you need a construct that will slide through the tendon. In this construct, the lasso loop locks the tendon up, thus preventing the stitch from sliding through the tendon. Because the suture is not fixed within the anchor, the anchor acts like a pulley and pulls the medial-row tendon down to the anchor when the simple limb is tensioned (as shown in parts G and J of our figure).¹ Although you make a good point about cut-through, we cannot envision a way to repeat this reduction maneuver with a combination of a simple limb and a lasso-loop limb stitch in each of the lateral-row anchors. The lasso loop is important because it prevents suture cut-through when you pull on the sliding simple limb. This is the key to this technique. We believe that the lasso loop allows sufficient and strong tissue grip for medial-row reduction. We do not believe it is prudent to be aggressive with tensioning the lateral-row anchors. The lateral-row anchors (and the suture limbs) provide an extra element of tendon-to-bone compression. The key is adequately reducing the medial row (which the lasso-loop stitch is helpful with). In the article of Busfield et al.,² the suture bridge is knotless and has no effective way to "grip" the medial row. In this scenario, suture cut-through would be more problematic. Your point about double-loaded suture anchors is interesting. If we understand your concept

correctly, you want to increase the number of lasso loops in the tendon in the medial row so that you can have simple-suture limbs combined with lasso-loop limbs laterally. This may be a useful concept but, as you suggest, may also be technically difficult. Furthermore, it might put the tendon at greater risk of vascular injury. We agree that further testing on this construct should be pursued. We hope to have greater than a 2-year clinical follow-up soon.

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Videos Accompanying Articles and Cover Images

To the Editor:

I read with interest your editorial in the July 2009 issue of the *Journal*.¹ Although I'm sure you did the search, the quote "Let's go to the video" is often stated as "Let's go to the videotape" and is most often attributed to the sportscaster Warner Wolf, who in the 1970s and 1980s truly went to the "videotape." In 2000 he coauthored a book with Larry Weisman titled *Let's Go to the Videotape! All the Plays—and Replays—From My Life in Sports*.² I'll never forget Mr. Wolf delivering his catchphrase each night during my local news sports report in New York.

As for video in *Arthroscopy*, I applaud your efforts to promote it to enhance the manuscripts published. I am happy to be associated with the first video accompanying a cover image, in January 2007.³ And, I have a third cover image (with video) in the June 2009 issue.⁴ My video-creating skills have improved, but I still consider them fairly basic. If the *Journal* wants to promote more videos, I think there is an opportunity to have a simple video-making tutorial on the Web site that would show how it's done and how simple it can be to make videos. The *Journal* can further the skills of the readership through this tutorial service and get more of what it wants: videos that can