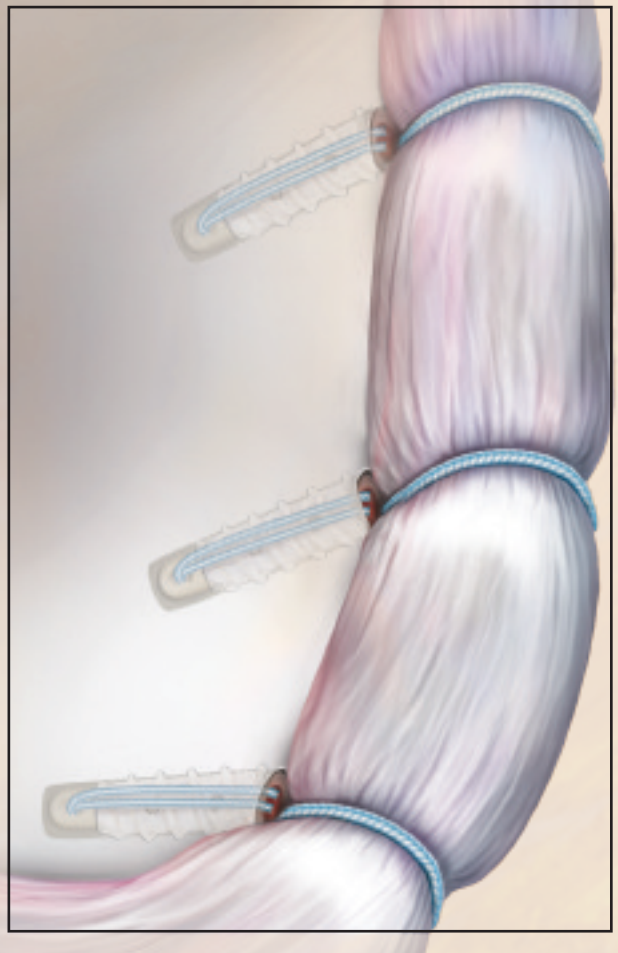
Arthrex®

Knotless Bankart Repair Using the Labral SwiveLock® and FiberStick™

Surgical Technique



Labral SwiveLock

SwiveLock *Bankart and SLAP Repair*

Versatility, Speed and Security in Knotless Instability Repair

Knotless Simple Stitch

Knotless Cinch Stitch

Knotless Mattress Stitch

2.9 mm PushLock *3.5 mm SwiveLock* *3.5 mm PushLock*

Introduction

The SwiveLock is a knotless suture anchor designed for arthroscopic glenohumeral joint instability repair. It is sized and used similarly as the 2.9 mm PushLock®, except that the threaded and vented anchor body "twists-in" instead of "taps-in". The anchor provides the ability to independently pass the suture through a desired amount of tissue prior to anchor implantation. This feature allows the surgeon to properly capture the amount of capsule or labrum required for the pathology being treated. The surgeon can visualize and adjust tissue tension prior to final implant installation. The anchor is twisted into its final position and the sutures are cut flush.

The body of the anchor is available in a BioComposite material that combines PLLA with ß-TCP, and a nonabsorbable thermoplastic material, polyetheretherketone (PEEK). Both are strong, revisable and radiolucent implants, with no MRI artifact. Both versions use a PEEK eyelet for superior strength during insertion to allow firm tissue tensioning and shifting.

Advantages:

- *New 3.5 mm SwiveLock was designed specifically for glenoid labral repair*
- *No knot impingement on hyaline cartilage surfaces*
- *"Suture First" technique allows for multiple stitch configurations*
- *Variable suture loop size allows any depth of tissue bite*
- *Suture tension is visualized and adjusted prior to anchor insertion*
- *Vented anchor body*

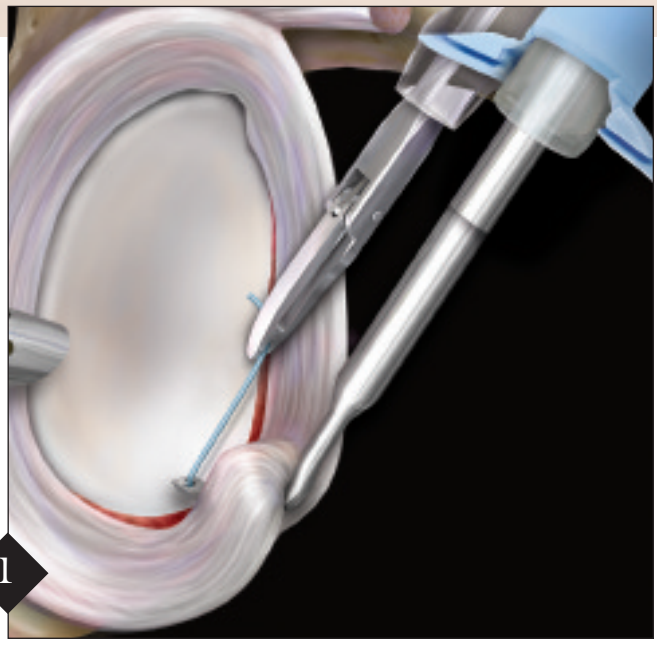
BioComposite™

PEEK

The Arthrex Family of Knotless, Labral Anchors...

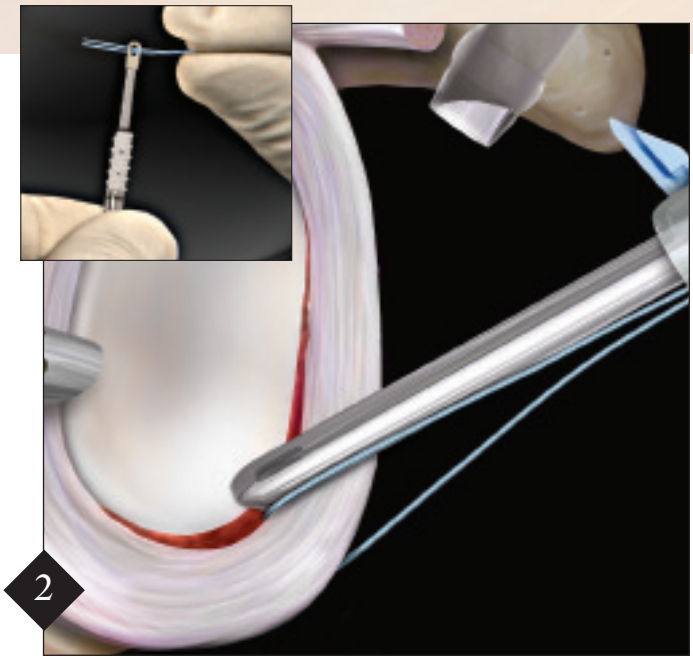
For more info go to http://pushlock.arthrex.com

Bankart Repair *Simple Stitch with FiberStick*



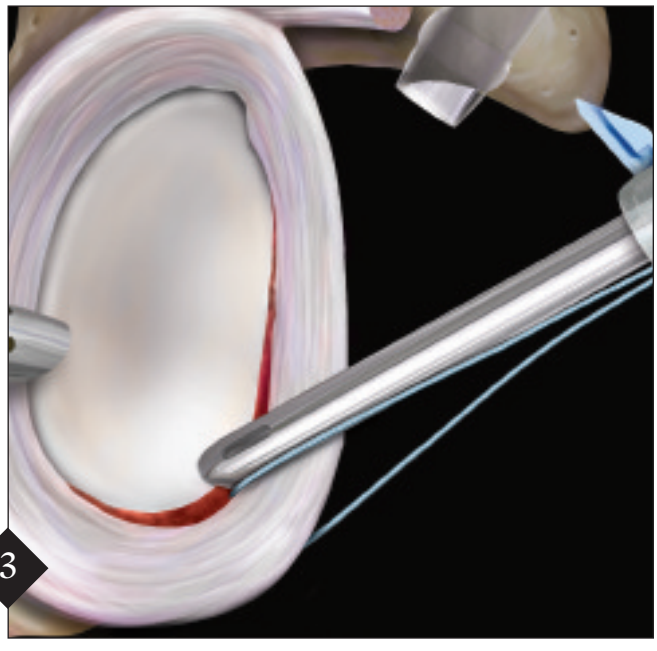
Insert self-retaining Gemini Cannula with deployable wings that prevent cannula "fall-out".

Load a FiberStick (#2 FiberWire® with 12 inches that are stiffened to allow easy passage through most cannulated instruments) directly into a QuickPass Lasso and advance it through the labrum. Retrieve the FiberStick through the anterosuperior portal using a KingFisher®.



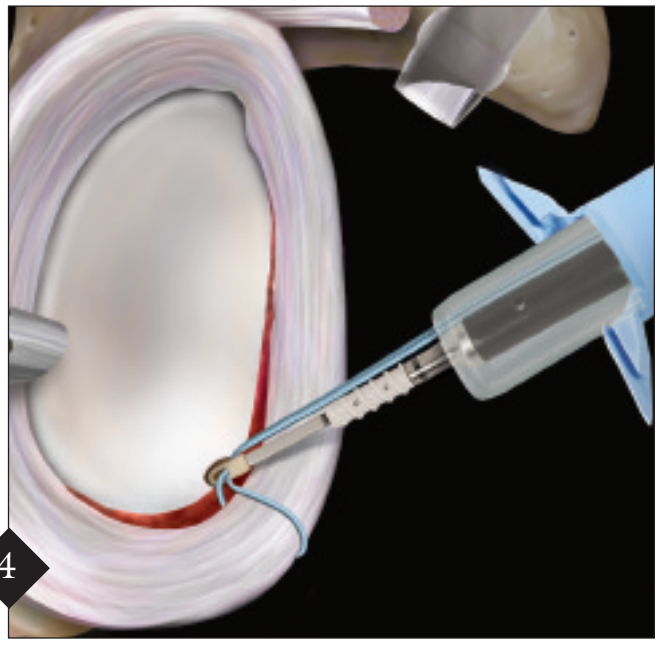
Retrieve both FiberWire tails through the anteroinferior cannula.

Surgical Pearl: Preload the FiberWire tails through the SwiveLock eyelet and place a hemostat on the suture tails to speed insertion of the SwiveLock after bone socket creation.



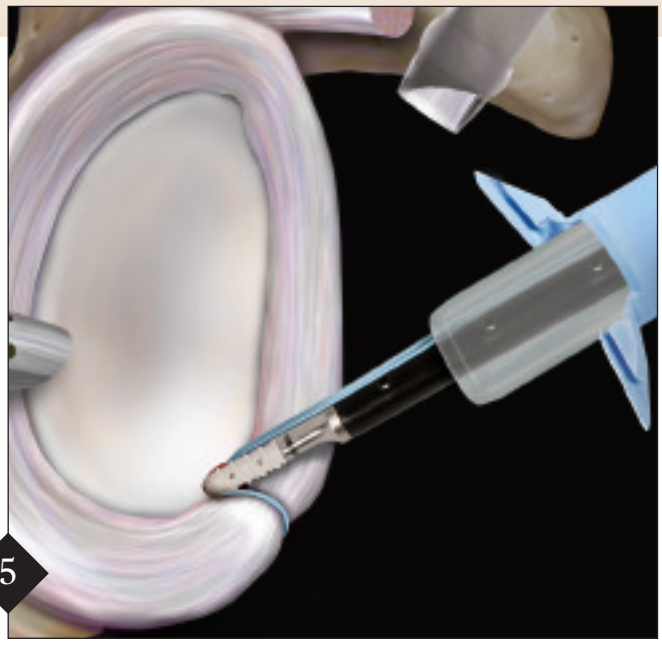
Pass the Spear through the same cannula and place it on the glenoid rim. The Spear should be positioned superiorly to the previously passed FiberStick. Create a bone socket for the anchor by advancing the drill through the Spear until its collar contacts the Spear's handle.

If desired, an Offset Guide can be used to place the SwiveLock 1.5 mm onto the face of the glenoid to help create a larger labral bumper.

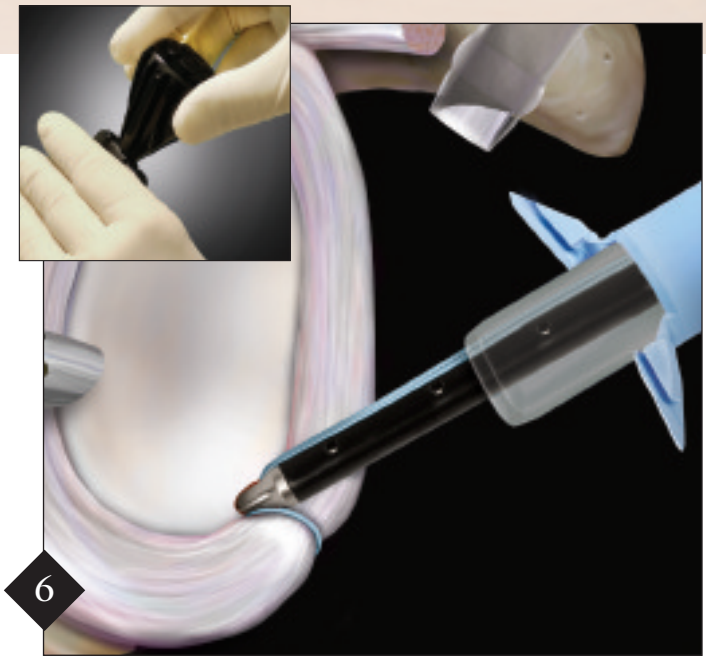


Advance the SwiveLock driver into the joint, while maintaining tension on the FiberWire tails. Tension the FiberWire tails to approximate the labral tissue to the eyelet and advance both to the edge of the bone socket.

The SwiveLock can be combined with a FiberStick for a very quick and secure labral repair. The FiberStick is a stiffened #2 FiberWire that can be passed directly through a QuickPass Lasso without the need for a separate suture shuttling step using monofilament sutures or wire loops.

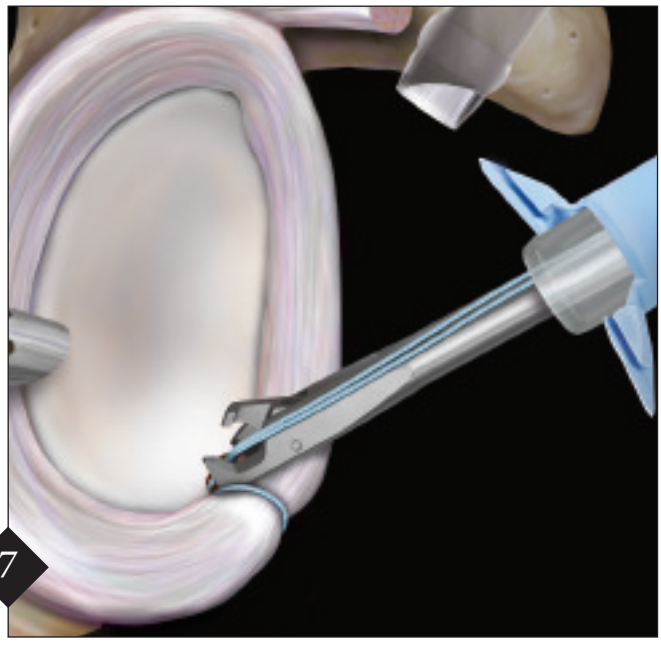


Advance the SwiveLock into the bone socket, while releasing the FiberWire tails, until the anchor body makes contact with the bone. This maneuver reduces the labral tissue to the glenoid rim. If additional tension is desired, pull on the FiberWire tail, while keeping a firm grasp of the driver. If less tension is desired, back the SwiveLock out of the bone socket and correct the tissue tension by adjusting the slack in the FiberWire prior to reinsertion.

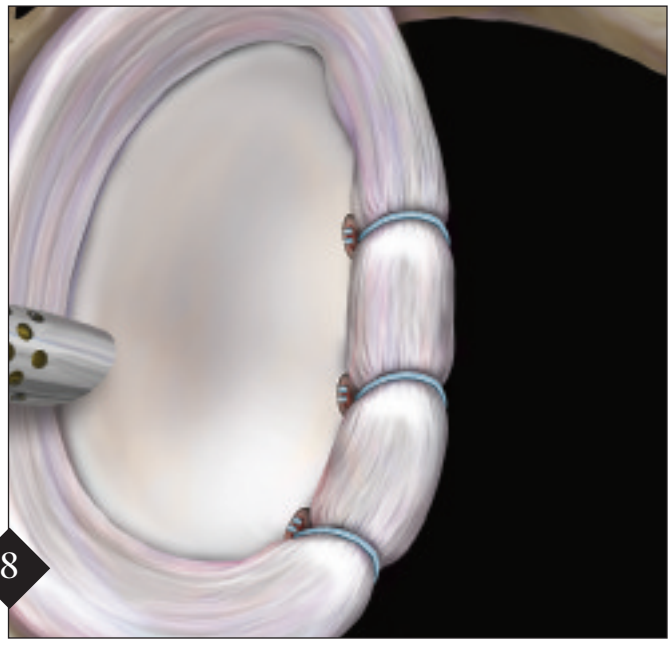


Hold the thumb pad steady and twist the driver handle to advance the anchor body into the bone socket until the second laser line is flush with the bone.

Remove the driver by simply pulling it out.



Cut the FiberWire sutures flush using an open-ended FiberWire Suture Cutter.



Repeat steps one through seven for each subsequent anchor.

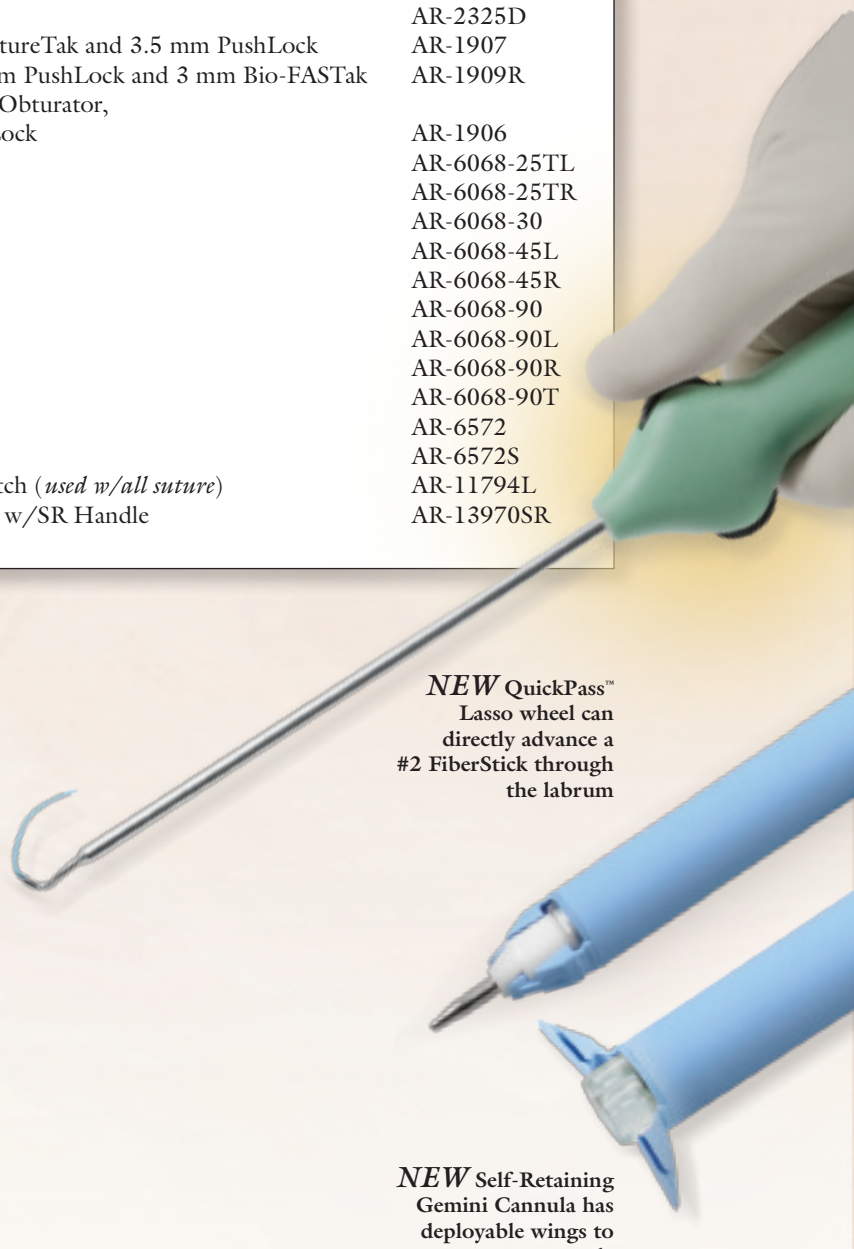
Ordering Information

Implants/Disposables:

BioComposite SwiveLock, 3.5 mm x 14.8 mm	AR-2325BCC
PEEK SwiveLock, 3.5 mm x 14.8 mm	AR-2325PSLC
FiberStick, #2 FiberWire, 50 inches (*blue*), one end stiffened, 12 inches	AR-7209
FiberStick, #2 FiberWire, 50 inches (*white/black*), one end stiffened, 12 inches	AR-7209T
#2 FiberWire, 38 inches	AR-7233
FiberLink, #2 FiberWire (*blue*), w/loop	AR-7235

Instruments:

Drill for 3.5 mm SwiveLock	AR-2325D
Spear, Trocar Tip Obturator, for 3.7 mm SutureTak and 3.5 mm PushLock	AR-1907
Offset Guide, for 3.7 mm SutureTak, 3.5 mm PushLock and 3 mm Bio-FASTak	AR-1909R
Spear w/Circumferential Teeth, Trocar Tip Obturator, for 3.7 mm SutureTak and 3.5 mm PushLock	AR-1906
QuickPass Lasso, 25° tight curve left	AR-6068-25TL
QuickPass Lasso, 25° tight curve right	AR-6068-25TR
QuickPass Lasso, 30° straight	AR-6068-30
QuickPass Lasso, 45° curve left	AR-6068-45L
QuickPass Lasso, 45° curve right	AR-6068-45R
QuickPass Lasso, 90° straight	AR-6068-90
QuickPass Lasso, 90° curve left	AR-6068-90L
QuickPass Lasso, 90° curve right	AR-6068-90R
QuickPass Lasso, 90° tight curve	AR-6068-90T
Gemini Cannula, 8.25 mm	AR-6572
Switching Stick, 2.6 mm x 305 mm	AR-6572S
Suture Cutter, 4.2 mm, open ended, left notch (*used w/all suture*)	AR-11794L
KingFisher Suture Retriever/Tissue Grasper w/SR Handle	AR-13970SR



NEW **QuickPass™ Lasso wheel can directly advance a #2 FiberStick through the labrum**

NEW **Self-Retaining Gemini Cannula has deployable wings to prevent cannula "fall-out"**

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use.

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