Chondral Dart[™] Implant Knee Brochure

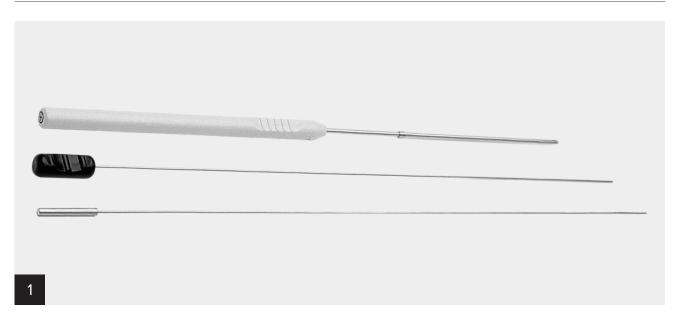


Uniquely Designed for Arthroscopic or Mini-Open Biofixation of Osteochondral FLAP Tears

The bioabsorbable PLLA Chondral Dart™ implant has a unique, double-reversed-barbed design to facilitate superior fixation and compression of osteochondral flap tears up to 2 cm in diameter. The 18 mm long, 1.3 mm diameter Chondral Dart implant provides secure fixation under the hyaline cartilage surface to eliminate contact with sensitive articulating surfaces.



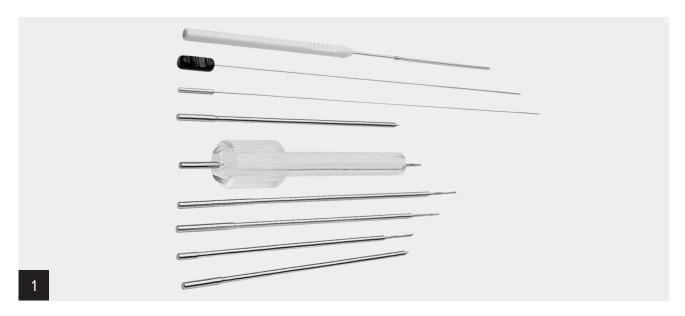
Single-Shot Technique for Smaller FLAP Tears



When flap tears of 1 cm or less are encountered, the surgeon may select the single-shot instruments to introduce a single Chondral Dart implant to secure the flap.

The Osteochondral Flap Repair Single-Shot Sheath allows for firm reduction and compression of the flap. Drill a pilot hole with a small-diameter, stainless steel trocar through the sheath. Place the Chondral Dart implant into the back of the sheath and use the Osteochondral Flap Repair Single-Shot Dart Inserter to advance the Chondral Dart implant into position.

To provide solid fixation of the fragment, a few light taps countersink the Chondral Dart implant 1 mm to 2 mm below the hyaline cartilage surface. One or more single-shot Chondral Dart implants may be placed through the flap if additional fixation is required.



For flap tears that are greater than 1 cm, the surgeon may select the multishot method for introducing multiple Chondral Dart implants to secure the flap, maintaining atraumatic compression of the fragment throughout the procedure. Multishot instrumentation consists of a translucent Osteochondral Flap Repair two-hole or four-hole guide sleeve with a smooth, concave surface to maintain compression of the fragment throughout the procedure.



Translucent Two-Hole and Four-Hole Guide Sleeves With Concave Ends

Introduce the Osteochondral Flap Repair Guide Sleeve with the appropriate diameter into the joint, reduce the fragment, and hold it under compression with the concave end of the guide sleeve. Select the shortest step Osteochondral Flap Repair Drill Pin, advance it through the appropriate hole in the guide sleeve, and drill into the bone until the depth stop is reached.

The translucent guide sleeve provides accurate visual control of pin positioning and subsequent placement of Chondral Dart implants throughout the procedure. The drill pin secures the guide sleeve against the fragment and maintains compression throughout the remainder of the procedure.



Stepped Drill Pins Ease Insertion And Removal

Insert additional step drill pins based on the number of Chondral Dart™ implants required to secure the fragment. Varying pin lengths are marked with etched lines to facilitate easy removal after placement.

Once all drill pins have been placed, remove the longest drill pin and introduce the single-shot sheath in its place to deliver the Chondral Dart implant exactly into the predrilled hole.

The remaining drill pins provide positional stability and compression retention of the guide sleeve. When inserted into the guide sleeve, the depth stop on the sheath prevents it from contacting the cartilage surface.

Place a Chondral Dart implant into the back of the sheath and advance it with the inserter. A few light taps countersink the Chondral Dart implant 1 mm to 2 mm below the hyaline cartilage surface into the predrilled hole.



Osteochondral Flap Repair Single-Shot Dart Inserter and Four-Hole Guide Sleeve Assembly to Deliver a Chondral Dart Implant

Remove each pin and implant subsequent Chondral Dart implants. Prior to removing the last step pin, introduce the short blunt pin through a guide sleeve hole to stabilize the sleeve in a hole behind one of the countersunk Chondral Dart implants. This allows retention of sleeve positioning during final drill pin removal and subsequent placement of the final Chondral Dart implant.

Blunt Pin Placed Behind the Chondral Dart implant Stabilizes Guide Sleeve Position

A minimum of three Chondral Dart implants are recommended to secure fragments greater than 1 cm in diameter. Post-op management at the conclusion of either procedure includes passive range-of-motion exercises and protective weightbearing for a period of 4 to 6 weeks.

Ordering Information

Osteochondral Flap Repair (Single-Shot Set)*

Product Description	Item Number
Sterile, single use, qty. 5 includes:	AR- 4009S
Osteochondral Flap Repair Single-Shot Sheath	
Osteochondral Flap Repair Single-Shot Dart Inserter	
Osteochondral Flap Repair Single-Shot Drill	
Osteochondral Flap Repair Cannula	

Osteochondral Flap Repair (MultiShot Set)*

Product Description	Item Number
Sterile, single use, includes:	AR- 4095S
Osteochondral Flap Repair Single-Shot Sheath	
Osteochondral Flap Repair Single-Shot Dart Inserter	
Osteochondral Flap Repair Single-Shot Drill	
Osteochondral Flap Repair Blunt Pin	
Osteochondral Flap Repair Cannula	
Osteochondral Flap Repair Two-Hole Guide Sleeve	
Osteochondral Flap Repair Four-Hole Guide Sleeve	
Osteochondral Flap Repair Drill Pins S, M, L and XL	

Chondral Dart™ Implant

Product Description	Item Number
18 mm, packed individually, qty. 5, sterile, single use	AR- 4005B-18

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact your Arthrex representative if you have questions about the availability of products in your area.

 * Osteochondral Flap Repair Sets are packaged in a convenient, disposable plastic case with an easy tear-off lid.



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. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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