

FDP Avulsion Repair Technique With the Nano Corkscrew[®] Anchor

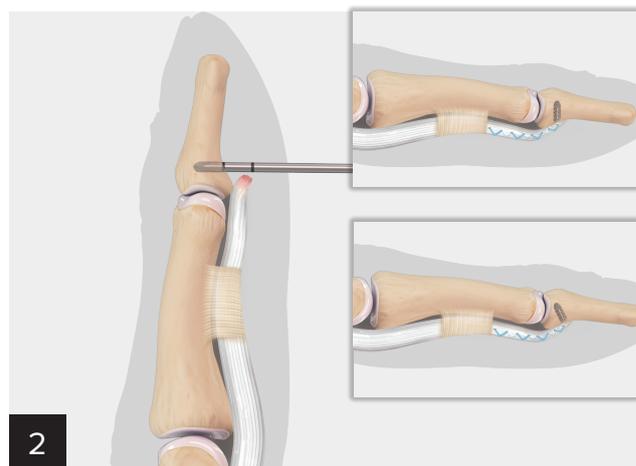
Surgical Technique



Arthrex[®] 

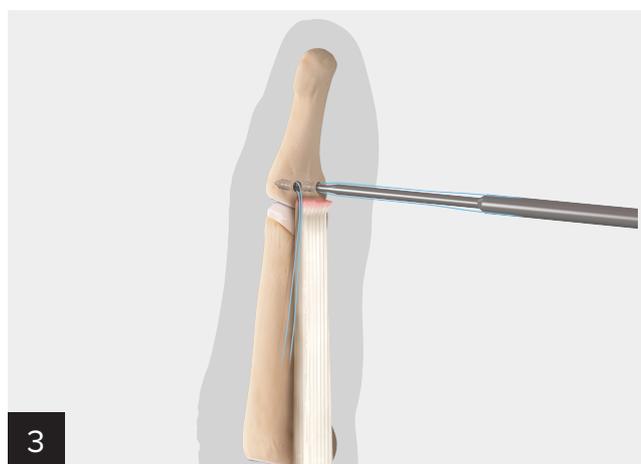


1
Perform the surgical approach to the injured finger. Locate the severed flexor digitorum profundas (FDP) tendon proximally. After finding the tendon, advance it distally through the pulley system while trying to preserve the A2 and A4 pulleys. Incise the stump of the FDP tendon longitudinally to expose the base of the distal phalanx. A portion of the distal attachment can be retained for later reinforcement after reattachment of the tendon back to the bone.



2
Drill with the appropriate soft- or hard-bone K-wire to the first laser line. Do this slightly radial and ulnar to the midline of center so that two anchors can be placed safely side-by-side in good bone. This should be done either at a parallel angle to the joint or at a slightly acute angle.

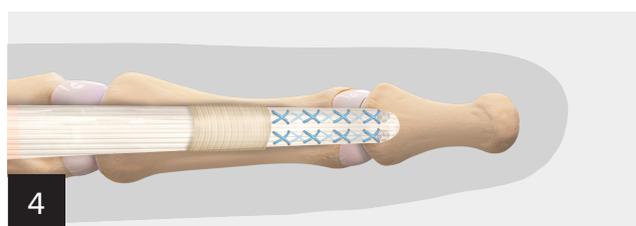
Note: Drilling at a slight angle may help avoid inadvertently violating the dorsal cortex. Confirm length and drill angle on mini C-arm if needed.



3
Place the Nano Corkscrew suture anchors into the previously drilled holes in the distal phalanx.

Ordering Information

Product Description	Item Number
Nano Corkscrew FT Suture Anchor w/ 3-0 FiberWire Suture and Needles, 1.35 mm soft-bone K-wire (silver) w/ laser mark; 1.6 mm hard-bone K-wire (gold) w/ laser mark	AR-1317FT



4
The 3-0 FiberWire® suture is used to perform a modified Becker or alternative repair of preference, and the tendon is brought back to bone. You may supplement your repair by suturing the FDP remnant back over the top of your repair site using a 4-0 FiberWire suture. Close the wound and splint per routine protocol.

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 or outcomes.