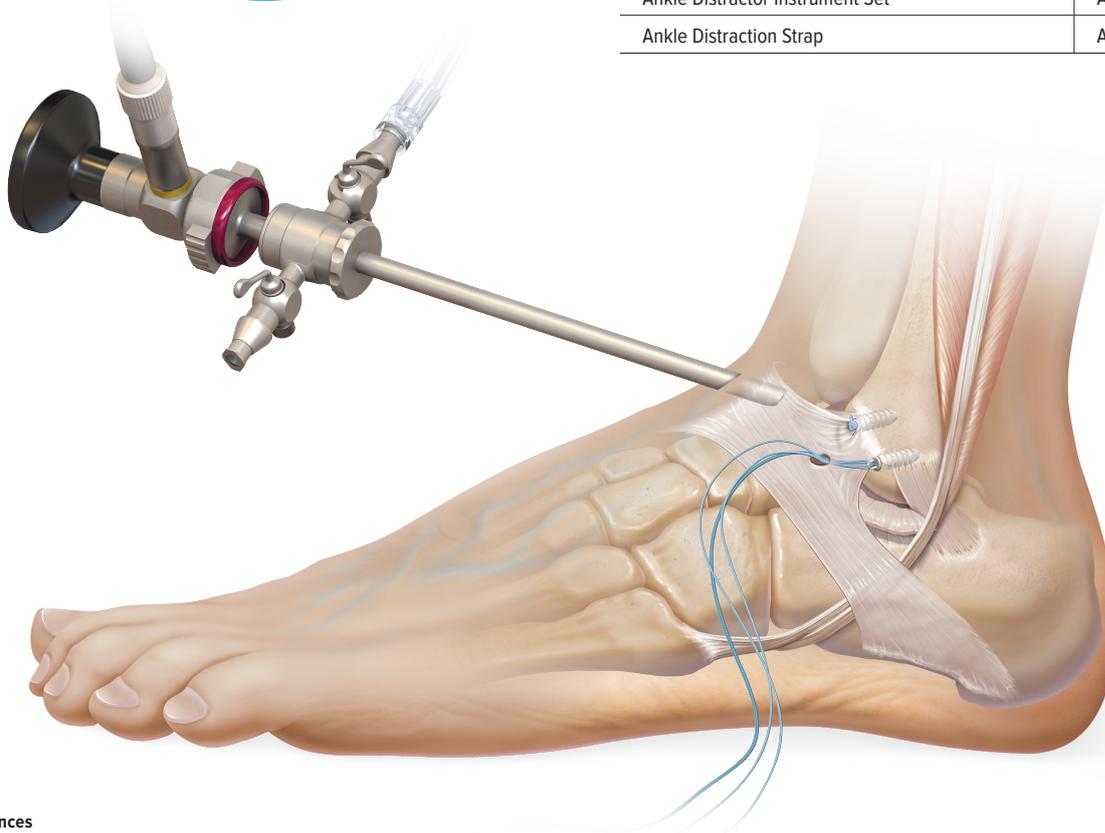


ArthroBrostrom™ Repair Implant System

Product Technique and Highlights

Features and Benefits

- Restores stability^{1,2}
- Smaller incision than an open Broström
- Potential for less pain and swelling^{1,2}



Ordering Information

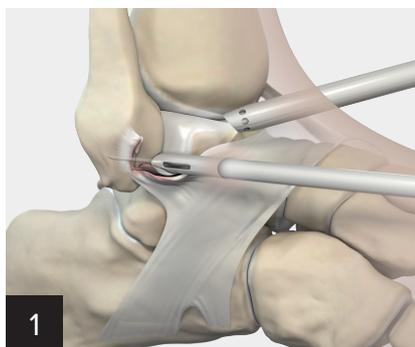
Product Description	Item Number
Arthrex Brostrom Repair Implant System	AR-8936BC-CP
Arthroscopic Drill Guide Obturator Step Drill, 2.4 mm, cannulated Step Drill, 2.4 mm, solid Guidewire, 1.2 mm, qty 2 Micro SutureLasso® Suture Passer, lateral ankle Micro SutureLasso Suture Passer, small curve BioComposite SutureTak® Anchor, 3 mm × 14 mm, one #1 FiberWire® suture, blue BioComposite SutureTak Anchor, 3 mm × 14 mm, one #1 TigerWire® suture, white/black	
Optional Accessories	
Ankle Arthroscopy Instrument Set	AR-8555S
Ankle Distractor Instrument Set	AR-1713S
Ankle Distraction Strap	AR-1712

References

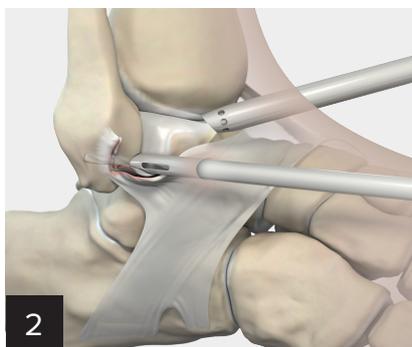
1. Cottom JM, Baker JS, Richardson PE. The "All-Inside" arthroscopic Broström procedure with additional suture anchor augmentation: a prospective study of 45 consecutive patients. *J Foot Ankle Surg.* 2016;55(6):1223-1228. doi:10.1053/j.jfas.2016.07.023.
2. Rigby RB, Cottom JM. A comparison of the "All-Inside" arthroscopic Broström procedure with the traditional open modified Broström-Gould technique: a review of 62 patients. *Foot Ankle Surg.* 2019;25(1):31-36. doi:10.1016/j.fas.2017.07.642

Surgical Technique Overview

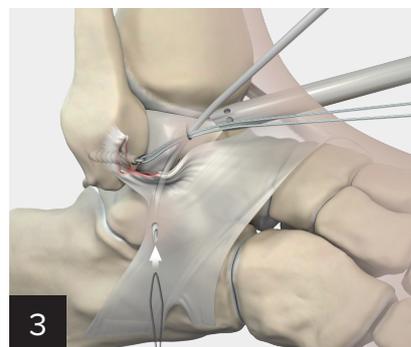
Begin by making standard anteromedial and anterolateral portals. Debride the joint through the anteromedial portal, paying particular attention to preparation of the anterior aspect of the distal fibula.



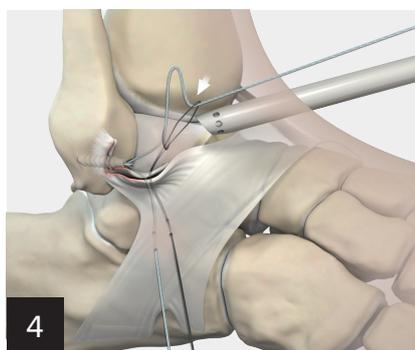
1 Assemble the drill guide, obturator, and K-wire from the kit. Place the instrument through the anterolateral portal onto the inferior aspect of the fibula, approximately 1 cm proximal to the tip of the distal fibula.



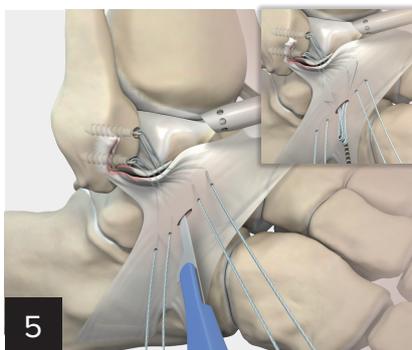
2 Drill with the cannulated step drill until it "bottoms out" on the drill guide. Remove the drill bit and K-wire and insert the anchor through the drill guide. Tap with a mallet until the laser line on the driver is in contact with bone.



3 Pass the SutureLasso[™] suture passer "inside-out" through the portal into the joint, passing through the capsular tissue and inferior extensor retinaculum, and then out of the skin. Thread the Nitinol wire through the suture passer and load 1 suture from the anchor into the loop, and out through the skin.



4 Repeat step 3, making a second pass through the capsule and inferior extensor retinaculum with the SutureLasso suture passer, 1 cm from the first suture. Load the Nitinol wire through the suture passer and pass the second suture from the anchor out of the skin. Place a second anchor into the fibula 1 cm superior to the first anchor and repeat steps 1 through 3.



5 Make a small skin incision (5 mm) between the inner 2 sutures and retrieve all suture limbs, subcutaneously, through the central incision using an arthroscopic probe (see inset).



6 Bluntly dissect down to the inferior extensor retinaculum. With the distraction released and the ankle in a neutral position, tie down the sutures so they lie flush on the retinaculum. Close all portals in a routine fashion.

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.