Hip Labral Repair Using the Knotless Hip FiberTak® Soft Anchor

Surgical Technique

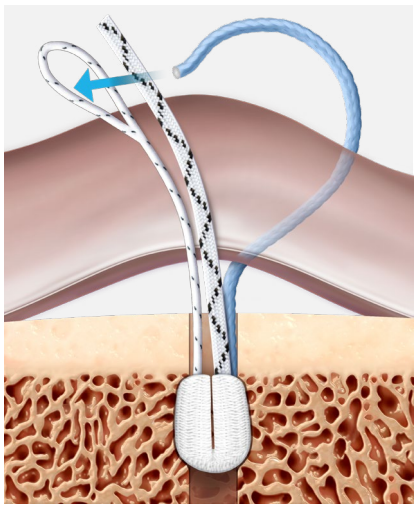
Arthrex®

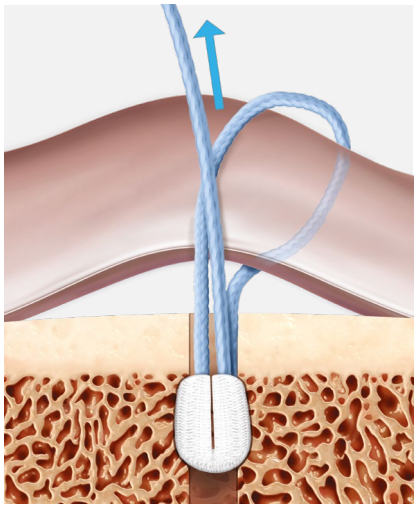
Acetabular Labral Repair Using the Knotless Hip FiberTak® Soft Anchor

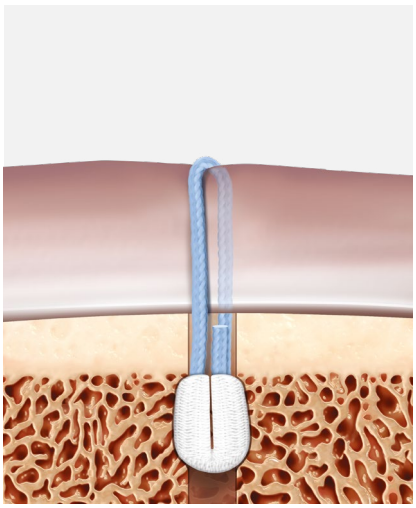
The next-generation, self-tensioning Knotless Hip FiberTak soft anchor can be easily inserted through straight and curved drill guides and requires a small, 1.8 mm bone socket, making it one of the smallest knotless anchors available for acetabular labral repair and reconstruction. In addition to its small size, this implant's adjustable tensioning ensures precise placement of the labrum, helping to avoid labral eversion away from the femoral head and maintain the suction seal of the hip joint.

Advantages

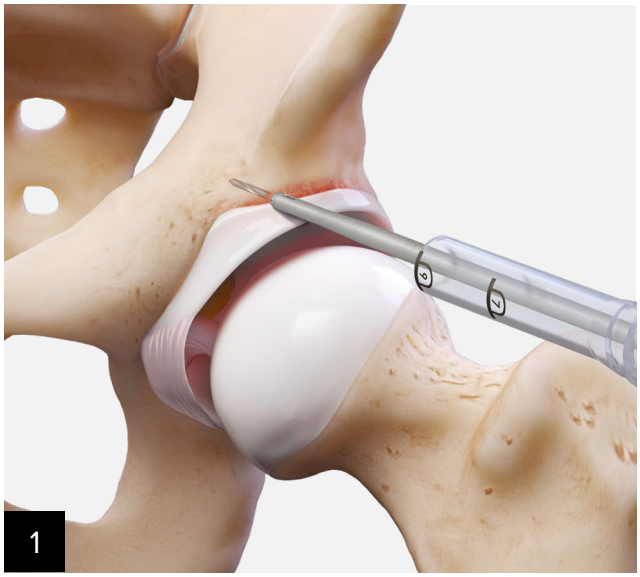
- Adjustable tensioning to control labrum positioning
- No risk of knot impingement or knot loosening
- Simple, reproducible percutaneous insertion techniques
- Easily maintain the drill guide trajectory while drilling and inserting the implant
- Available with curved and straight drill guides





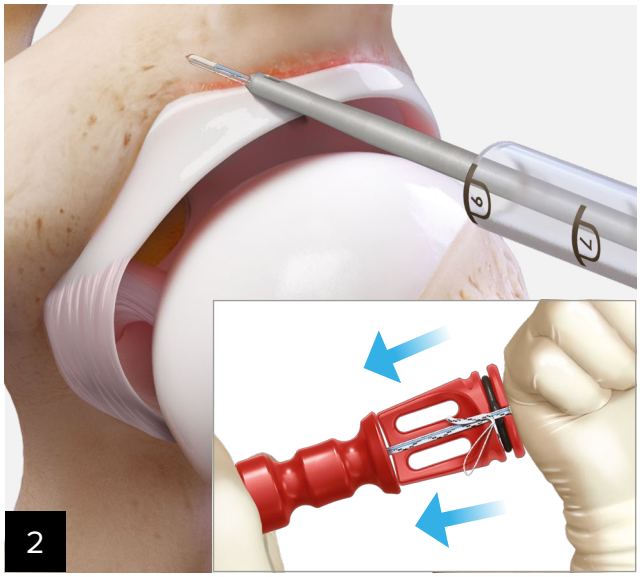


Circumferential Suture Configuration



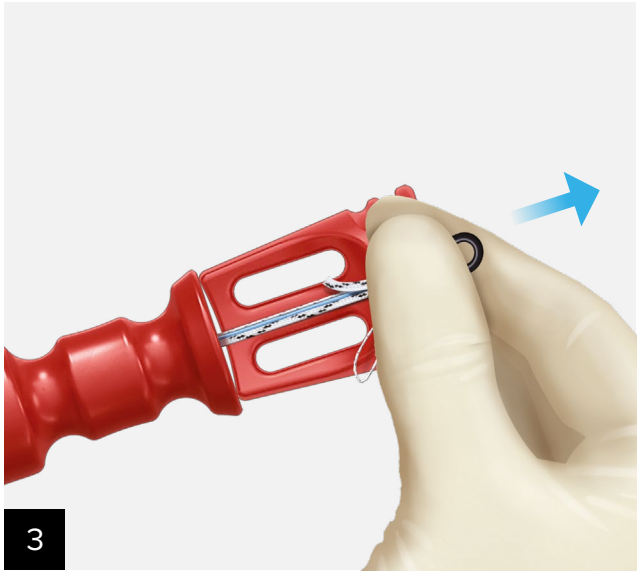
Create a bone socket by sliding the appropriate drill guide down the cannula and placing it on the acetabular rim near the articular surface. Advance the drill bit on power through the drill guide until the collar contacts the handle.

Note: Drilling in very hard bone may require cycling the drill while maintaining consistent alignment of the drill guide. Larger hard bone drills are also available.

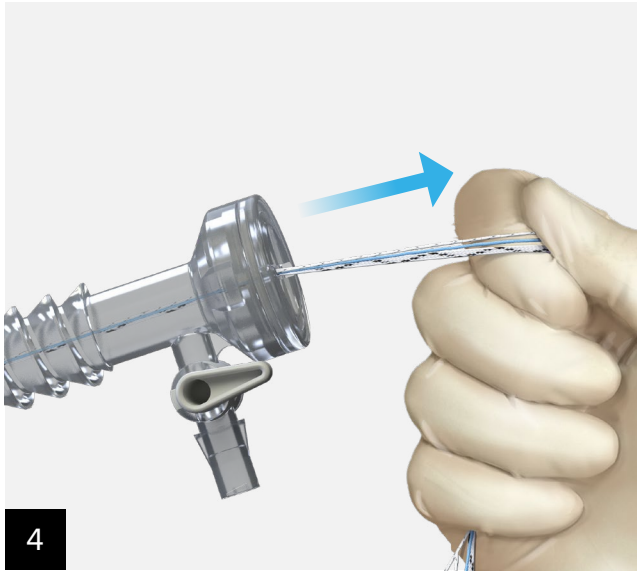


Insert the Knotless Hip FiberTak® soft anchor through the drill guide and impact the inserter handle until the positive stop is engaged.

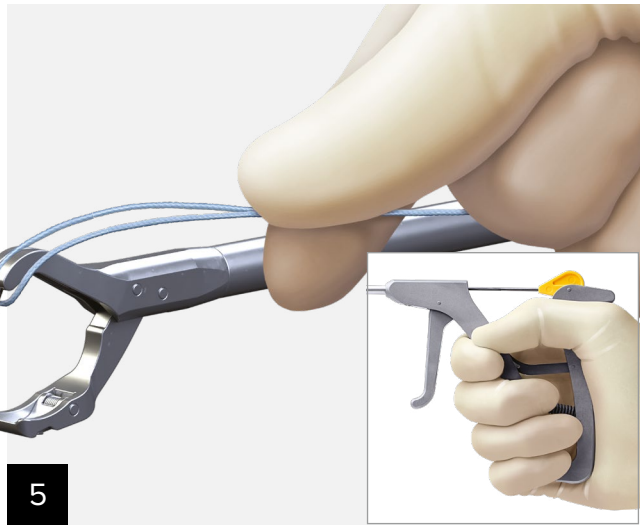
Note: If insertion resistance is encountered, do not impact harder. Replace the implant and repeat the drilling/insertion process. Avoid excessive impaction as this could lead to inserter damage and/or breakage. See WARNING NOTE on back page for additional information.



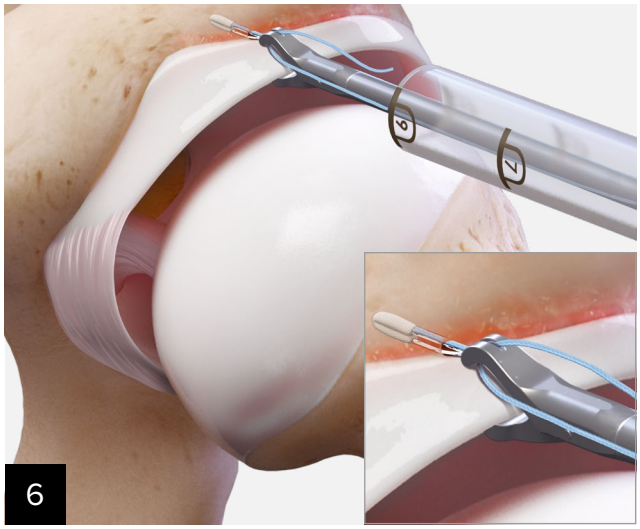
Remove the suture release tab to discharge the sutures from the handle.



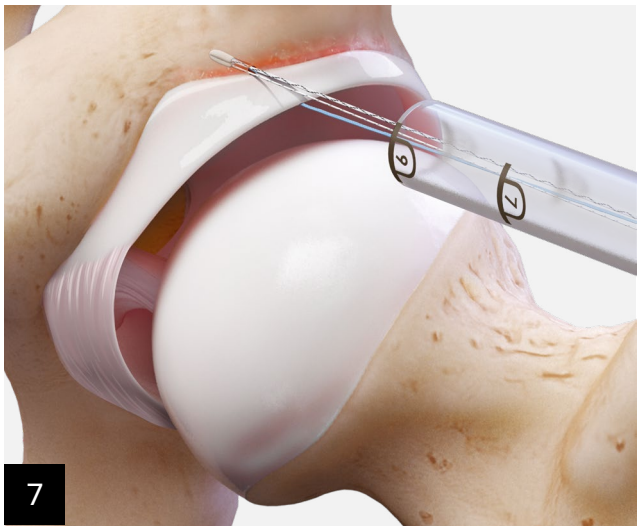
Remove the drill guide and the anchor inserter handle and slowly pull on the sutures to confirm the anchor is set in the bone.



Create a loop with approximately 3 cm of the white repair suture and load it into the distal jaw of the Hip Labral Scorpion™ suture passer. Pull slight tension on the suture toward the left side of the Hip Labral Scorpion suture passer shaft and gently squeeze the back handle to expose the nitinol needle of the Hip Labral Scorpion suture passer. The suture will load into the notch of the needle.

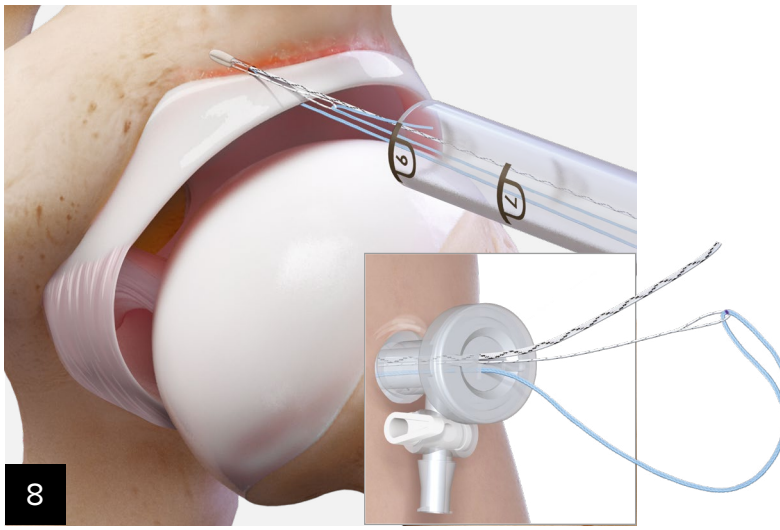


Slide the Hip Labral Scorpion suture passer into the joint space and place the articulating jaw underneath the labrum as close to the transitional zone of the chondrolabral junction as possible. Squeeze the front trigger to engage the tissue and compress the back of the handle to push the needle through the labral tissue.



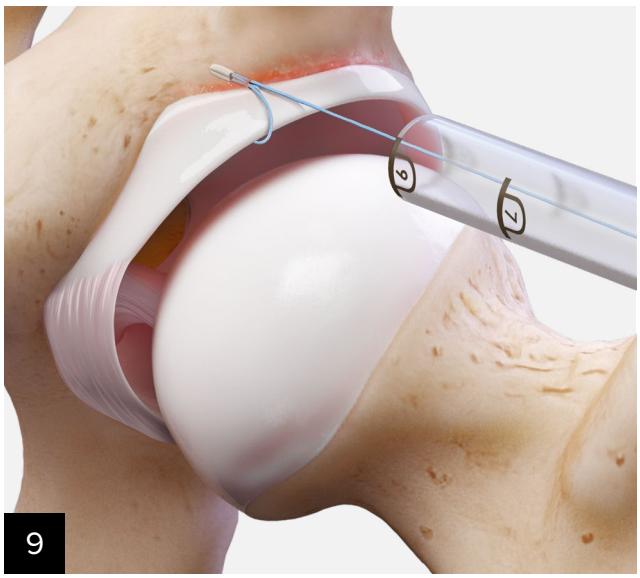
Pull the suture passer outside the joint and squeeze the handle while pulling tension on the suture to release it from the jaws.

Alternatively, a SwiftStitch™, BirdBeak®, or Hip SutureLasso™ suture passer can be used to pass the repair suture.



Outside of the cannula, load the repair suture through the looped end of the black/white shuttling suture. Transfer the repair suture by pulling the SutureTape side of the white/black shuttling suture until light resistance is felt. Complete a series of light tugs until the repair suture passes through the knotless anchor mechanism and back out of the cannula.

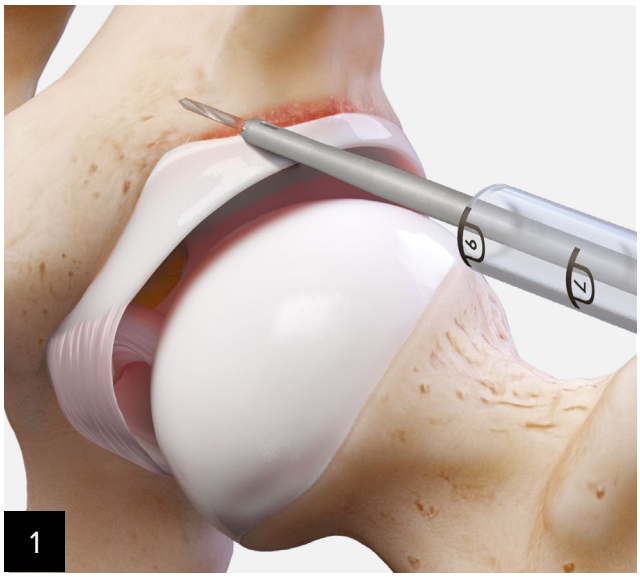
Note: Prior to loading the repair suture into the loop of the TigerLink™ suture, clear the repair suture and looped end of the TigerLink suture with a retriever. This will improve suture management during shuttling of the sutures.



Pull the free end of the repair suture to the appropriate tension. Cut the suture tail once adequate tension is achieved.

Insert subsequent anchors until the repair construct is complete.

Labral Base Mattress Stitch Configuration



Create a bone socket by sliding the appropriate drill guide down the cannula and placing it on the acetabular rim near the articular surface. Advance the drill bit on power through the drill guide until the collar contacts the handle.

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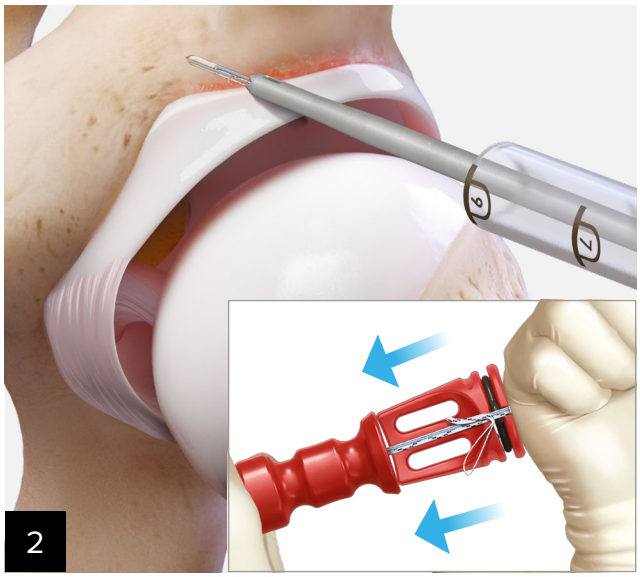
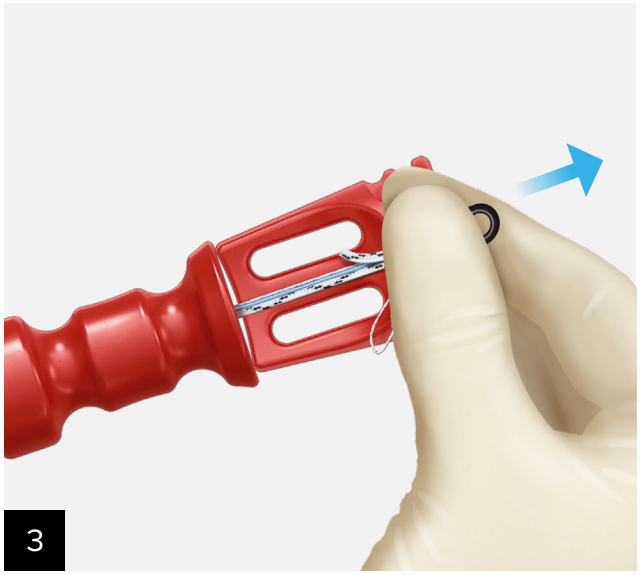
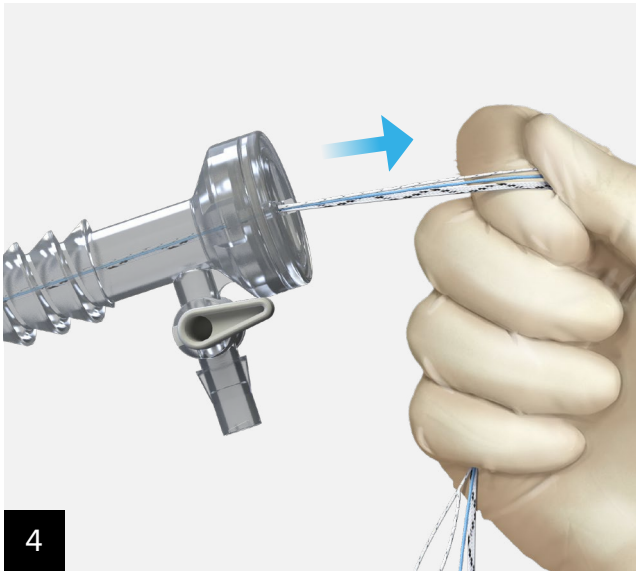


Insert the Knotless Hip FiberTak® soft anchor through the drill guide and impact the handle until the positive stop is engaged.

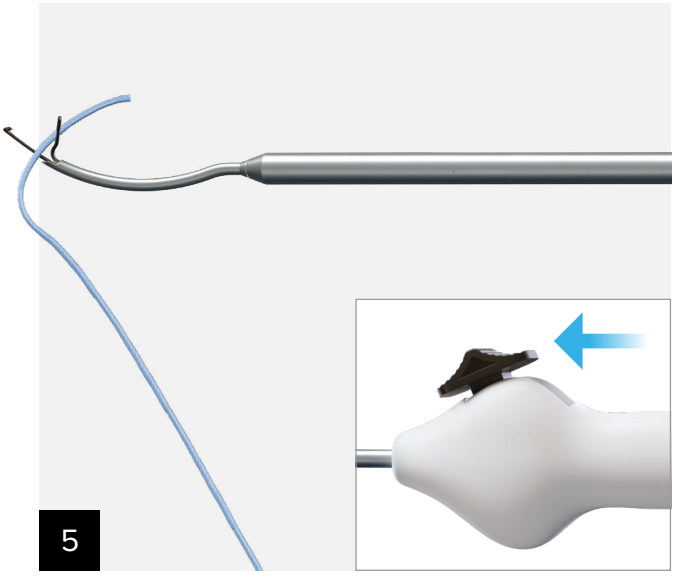
Note: If insertion resistance is encountered, do not impact harder. Replace the implant and repeat the drilling/insertion process. Avoid excessive impaction as this could lead to inserter damage and/or breakage. See WARNING NOTE on back page for additional information.



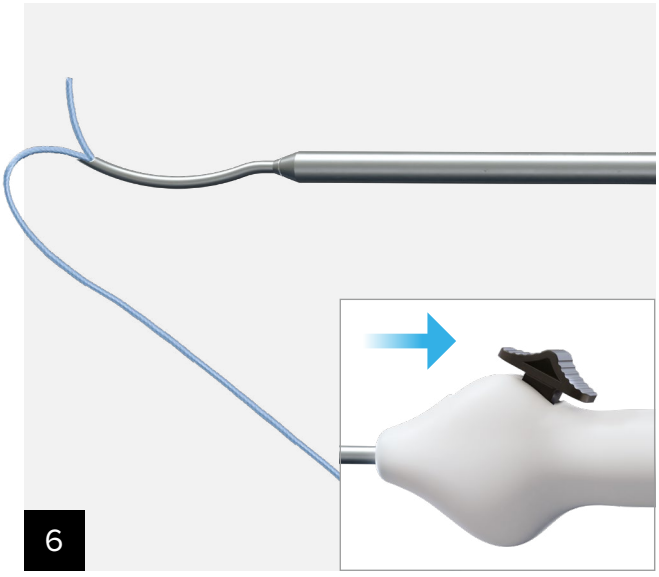
Remove the suture release tab to discharge the sutures from the handle.



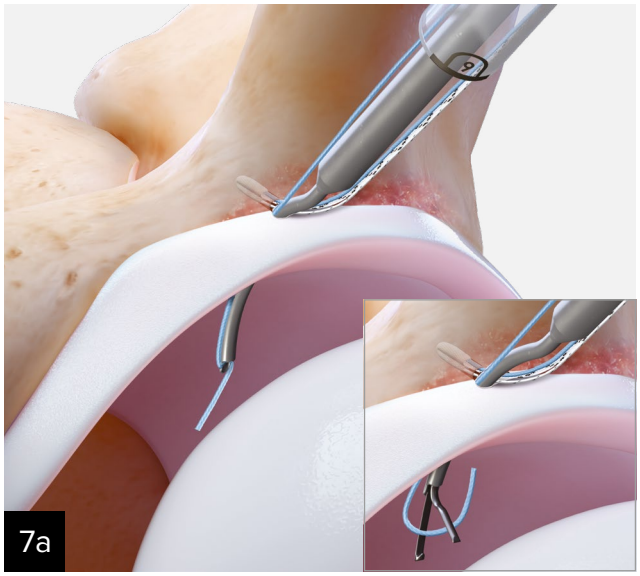
Remove drill guide and the anchor inserter handle and slowly pull on the sutures to confirm the anchor is set in the bone.

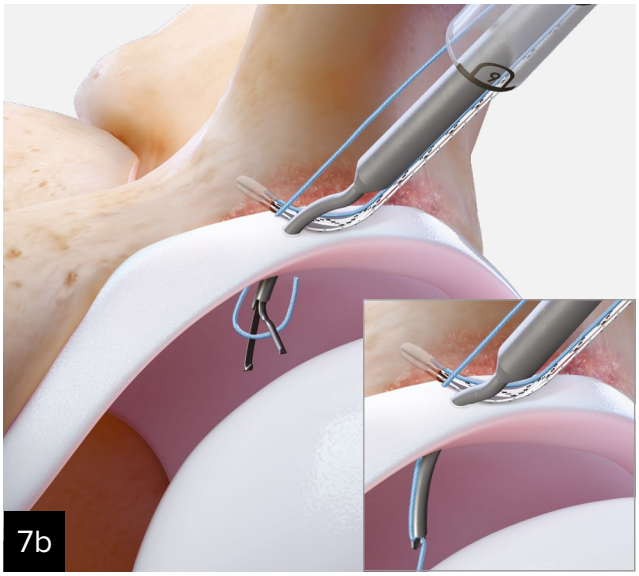


Outside the cannula, load approximately 7 mm to 10 mm of the white portion of the repair suture into the jaws of the SwiftStitch™ suture passer by pressing the black actuator. Then press the black actuator down and forward to expose the nitinol jaws and then place the suture between them.

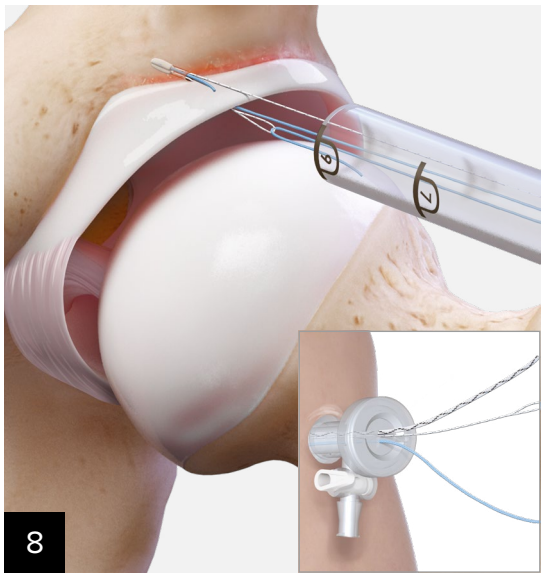


Press the black actuator down and then backward to close the jaws and capture the suture.





Place the SwiftStitch™ suture passer through the labrum as close to the transitional zone of the chondrolabral junction as possible and release the suture into the joint. Pierce the midsubstance of the labrum with the SwiftStitch suture passer and retrieve the suture. With the suture captured, remove the SwiftStitch suture passer from the cannula.



Outside of the cannula, load the repair suture through the looped end of the black/white shuttling suture. Transfer the repair suture by pulling the SutureTape side of the white/black shuttle suture until light resistance is felt. Complete a series of light tugs until the repair suture passes through the knotless anchor mechanism and back out of the cannula.

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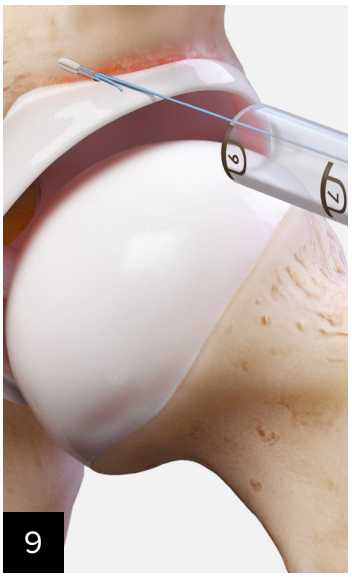
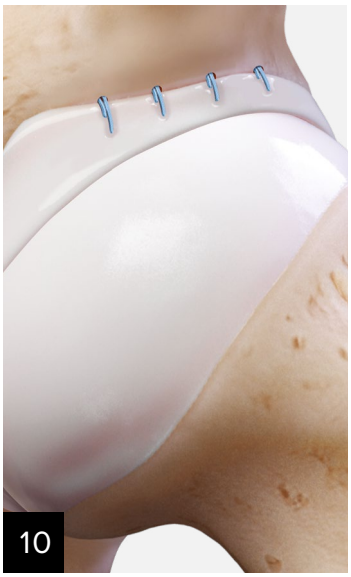


Pull the free end of the repair suture to the appropriate tension and cut the suture tail once adequate tension is achieved.



Final fixation: Insert subsequent anchors until the repair construct is complete.

Ordering Information

Knotless Hip FiberTak® Implant

Product description	Item number
1.8 Knotless Hip FiberTak suture anchor, w/ #2 FiberWire® CL suture	AR-**3638H**
1.8 Knotless Hip FiberTak soft anchor, w/ machine tapered #2 suture	AR-**3636H**

Knotless Hip FiberTak Disposables Kits

Product description	Item number
Knotless Hip FiberTak disposables kit, straight	AR-**3638DHS**
1.9 mm Knotless Hip FiberTak disposables kit, straight	AR-**3638DHS-2**
Knotless Hip FiberTak disposables kit, curved	AR-**3638DHC**
Knotless Hip FiberTak disposables kit, curved, 1.8 mm flexible fluted drill bit	AR-**3638DHC-1**
Knotless Hip FiberTak disposables kit, curved, 1.9mm flexible fluted drill bit	AR-**3638DHC-2**

Disposable Instruments

Product description	Item number
SwiftStitch™ suture passer, crescent	AR-**4068HL**
Hip Labral Scorpion™ needle	AR-**16991N**

Reusable Instruments

Product description	Item number
Hip FiberTak drill bit, 1.8 mm	AR-**3600D-2H**
Hip FiberTak drill bit, straight, 1.9 mm	AR-**3600D-4H**
Hip FiberTak drill guide, crown tip	AR-**3600DG**
Hip FiberTak drill guide, fork tip	AR-**3600DGF**
Hip FiberTak drill guide, crown tip, curved, 12°	AR-**3600DGC-12**
Hip FiberTak drill guide, crown tip, curved, 16°	AR-**3600DGC-16**
Knotless Hip SutureTak® drill guide, crown tip, curved, 20°	AR-**2424DGC-20**
Hip Labral Scorpion suture passer	AR-**16991**

Sterile, Single-Use Disposable Drill

Product description	Item number
Hip FiberTak drill bit, flexible, 1.8 mm	AR-**3600ND-2H**
Hip FiberTak drill bit, flexible, fluted, 1.8 mm	AR-**3600ND-2HF**
Hip FiberTak drill bit, flexible, fluted, 1.9 mm	AR-**3600ND-4HF**

Products advertised in this brochure / surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

⚠ WARNING ⚠

TO HELP AVOID INSERTER BREAKAGE AND POTENTIAL PATIENT INJURY:

- Avoid excessive impaction as this could lead to inserter damage and/or breakage.
- If insertion resistance is encountered, do not impact harder. Replace the implant and repeat the drilling/insertion process.
- Visually inspect the inserter for potential breakage after each implantation. See example in Figure 2.

Figure 2: FiberTak inserter tip

Figure 1: FiberTak inserter

Arthrex®

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.

Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)

US patent information

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