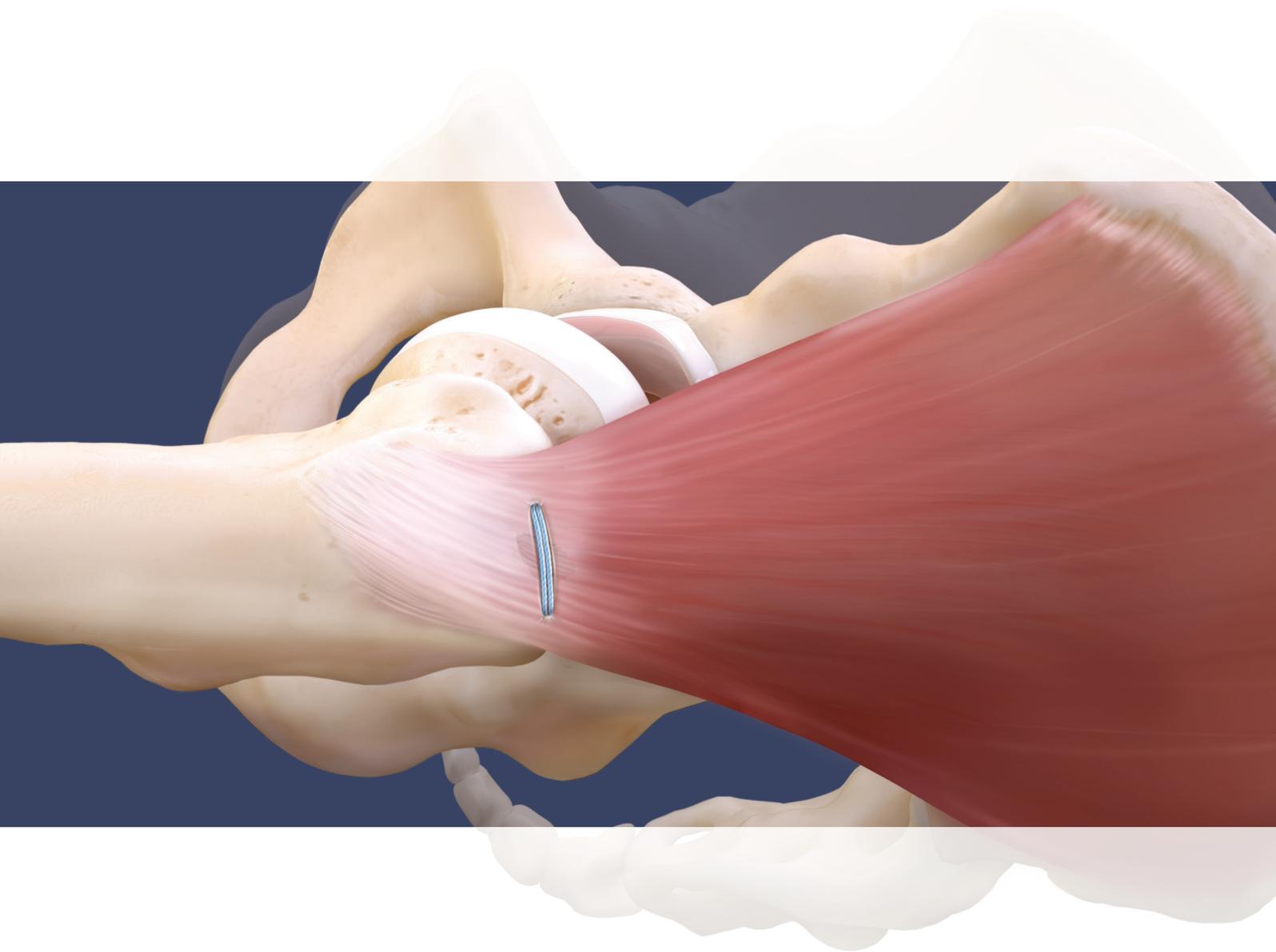


# Knotless Compression Bridge Technique Using the Gluteus Medius Tendon Repair Implant System

Surgical Technique



**Arthrex**® 

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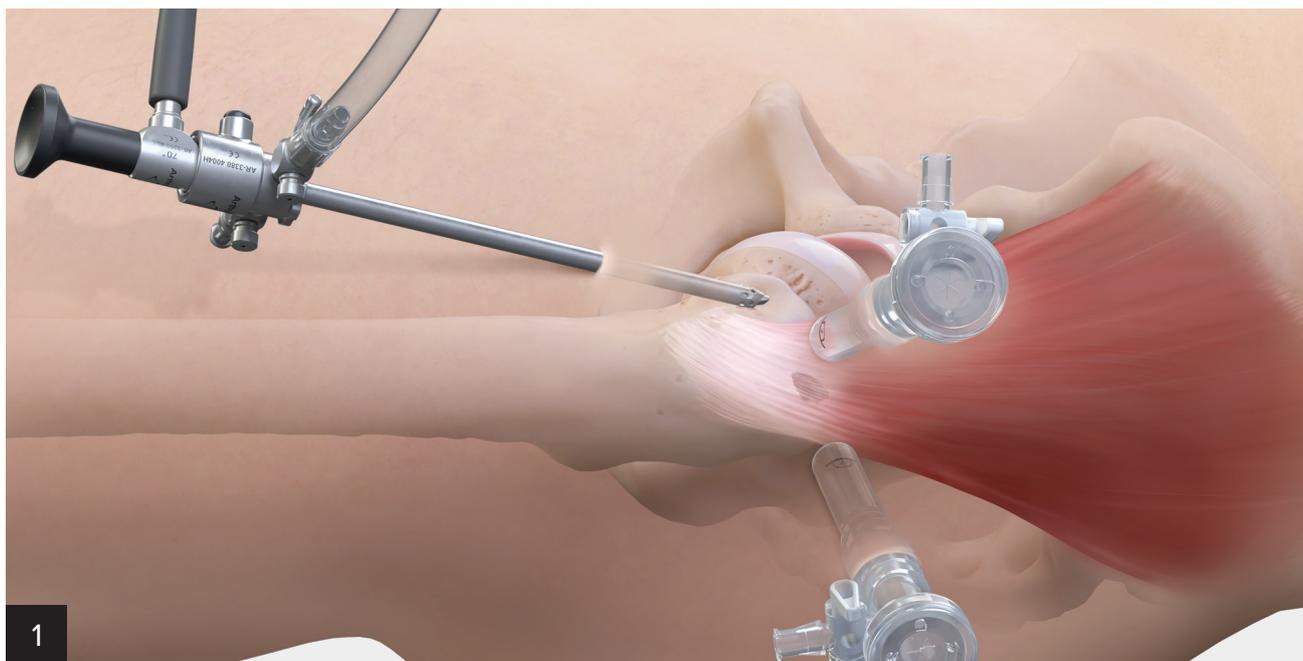
# Introduction

The hip abductor tendon compression bridge technique is intended for partial-thickness undersurface tears of the gluteus medius tendon. This bridging technique enhances footprint compression to maximize tendon to bone healing.<sup>1</sup>

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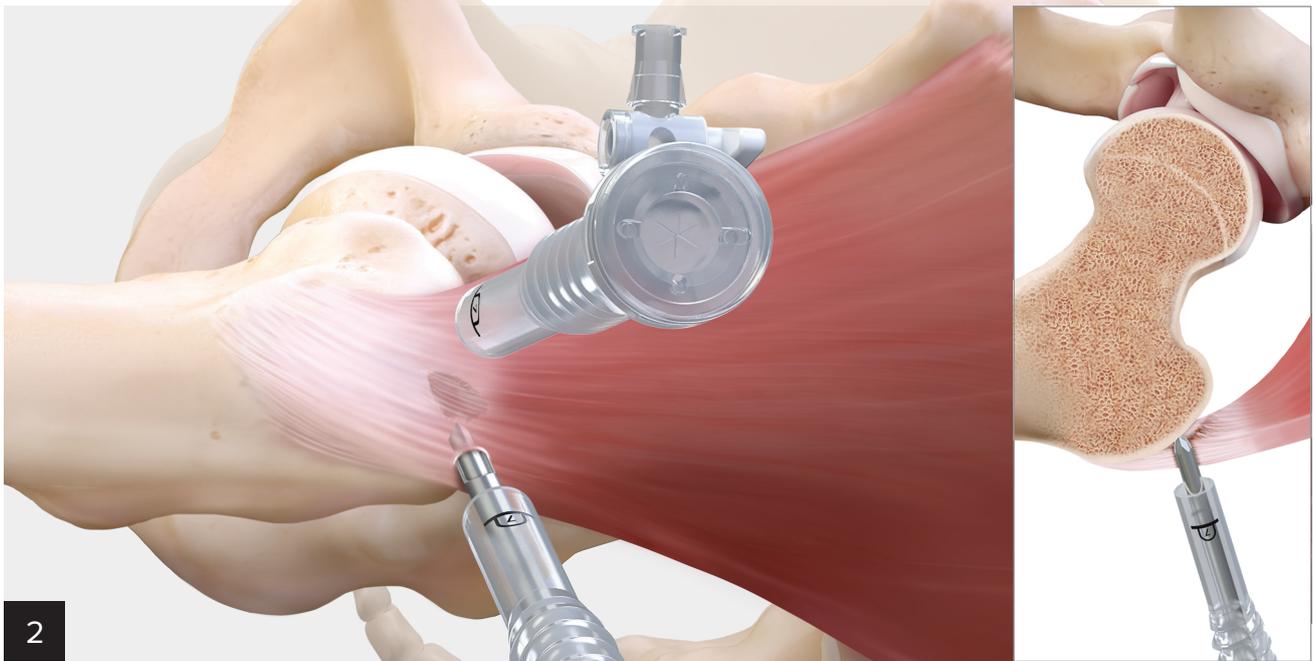
## Surgical Technique

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Establish a distal anterior lateral accessory (DALA) portal for viewing and insert a shaver through either an anterior lateral (AL) or posterior lateral (PL) portal. Excise the trochanteric bursa to clearly view the intertrochanteric space and gluteus medius tendon. Once AL and PL portals are established, insert two flexible TRIM-IT™ custom hip cannulas **(a)**. This will improve suture management and reduce the chance of soft-tissue bridges when passing sutures.



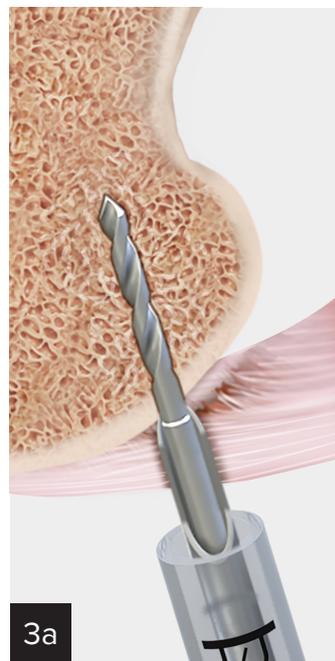


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Insert the drill guide and obturator through the PL cannula and then directly through the gluteus medius tendon and down to bone. **Option: Prior to placing the drill guide through the tendon, use a PowerPick™ instrument or chondro pick to create small micropunctures for bone marrow stimulation to promote tendon to bone healing.**



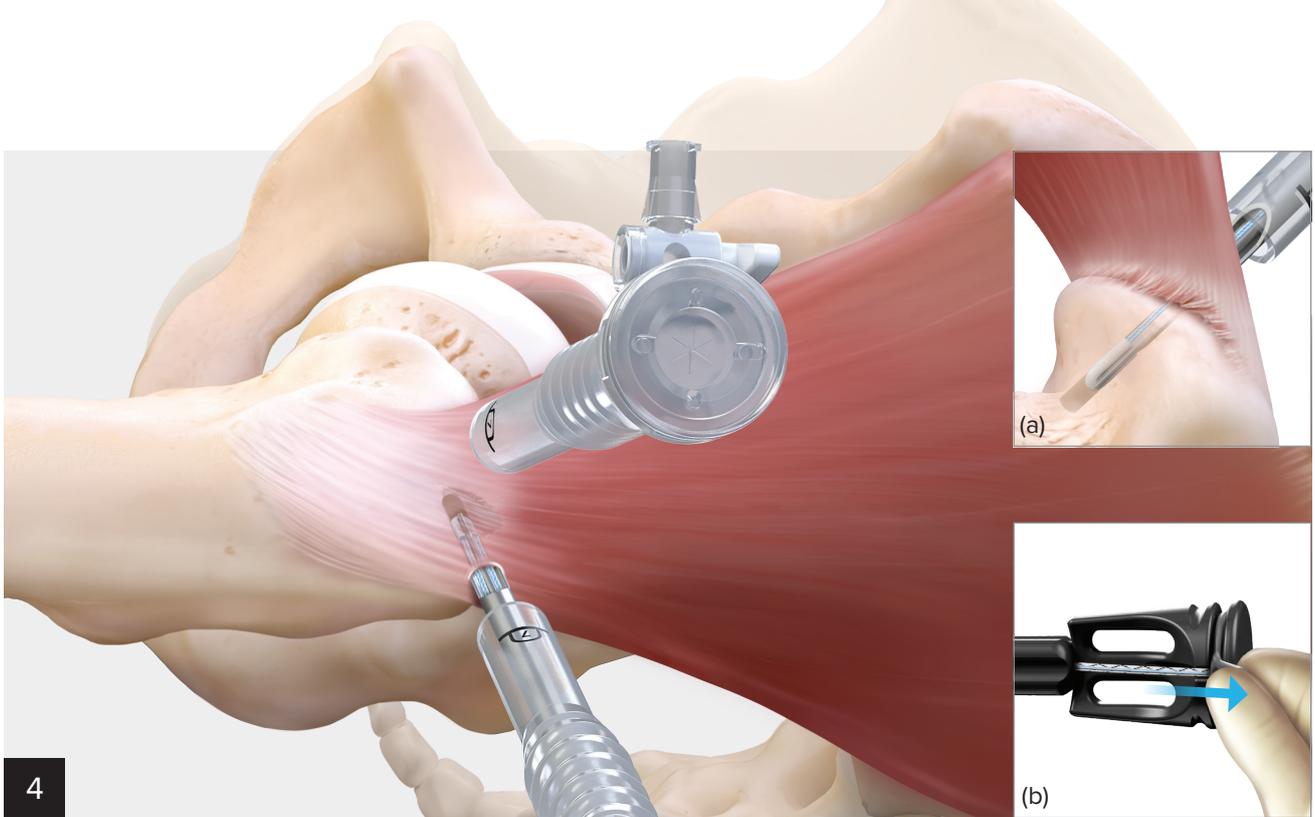
3



3a



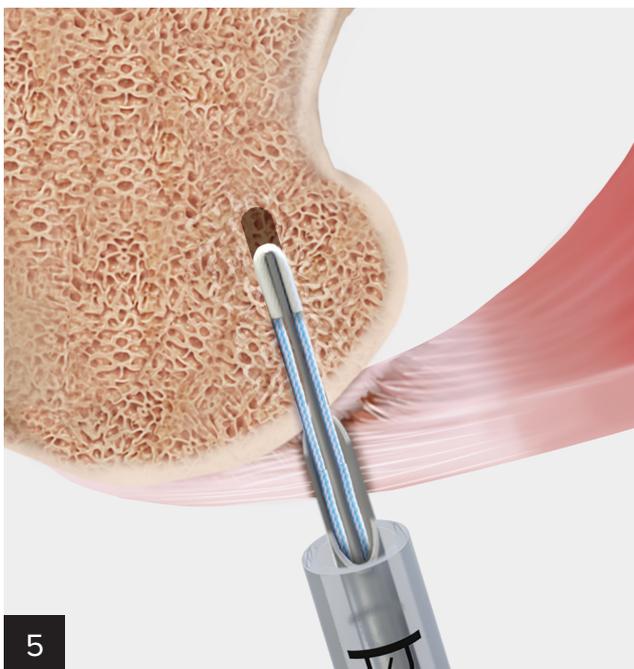
While keeping the drill guide tip firmly against the bone, remove the obturator from the guide and insert the drill bit. Prepare a 2.6 mm bone socket by drilling until the collar of the drill impacts the back of the drill guide (**3a**).



4

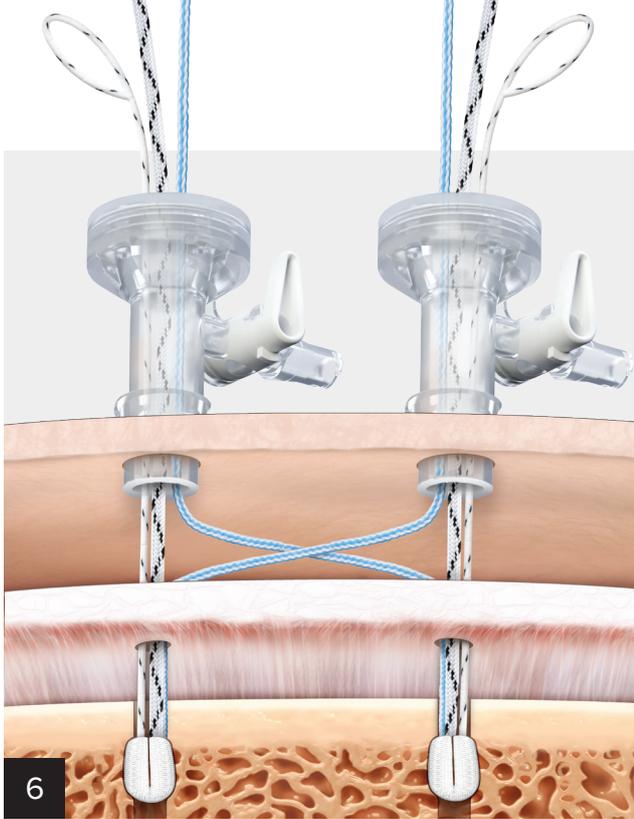
Insert the anchor through the drill guide with gentle impaction until the inserter handle meets the drill guide with a positive stop **(a)**. Take care to avoid impacting the drill guide into the bone, which could compromise the cortex and lead to poor fixation.

Pull the black suture release tab and remove the inserter and drill guide. Lightly pull on the sutures to set the 2.6 FiberTak® soft anchor **(b)**.

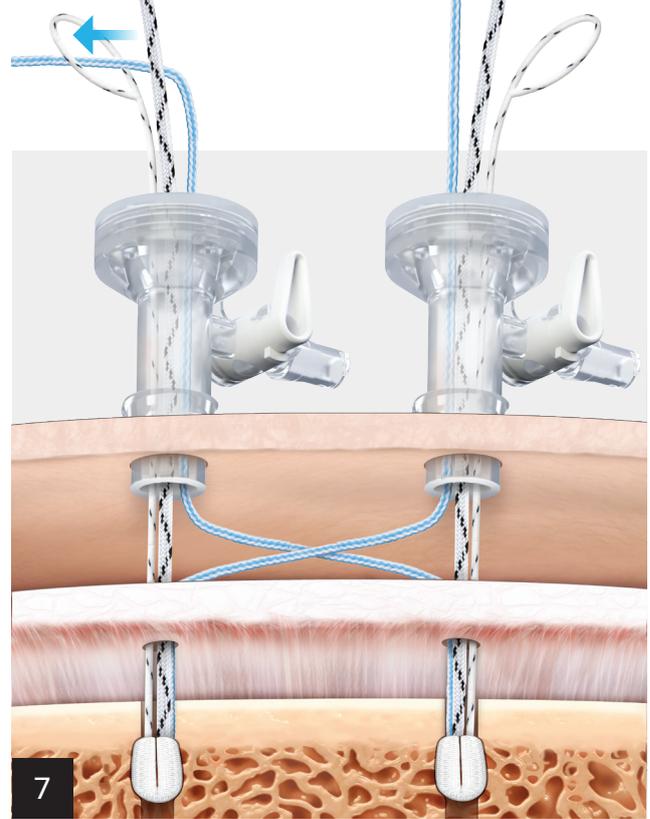


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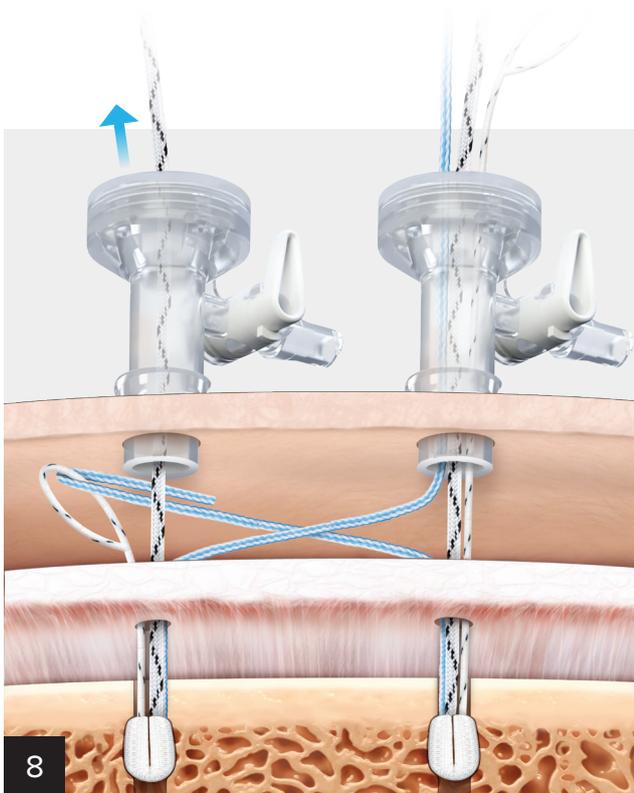
Repeat the same process through the AL portal to insert the anterior anchor.



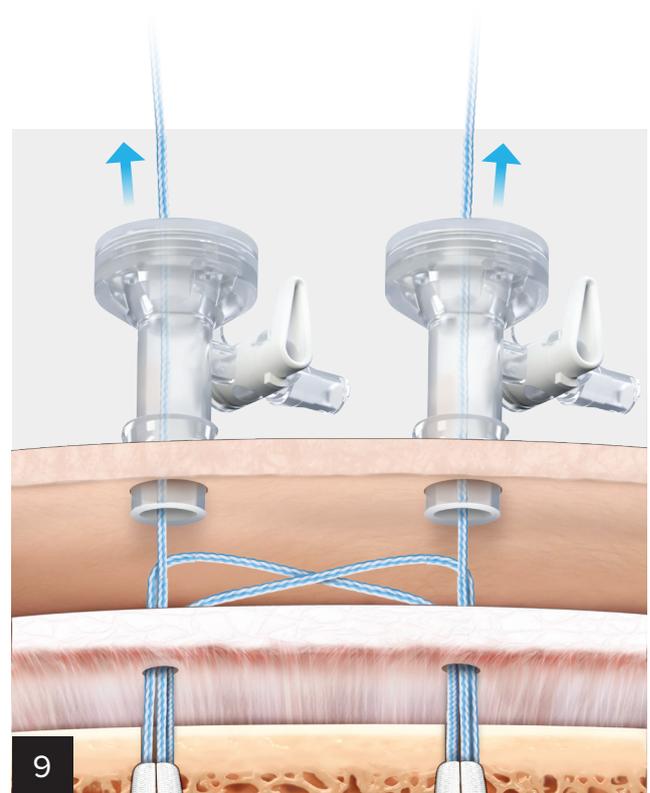
Once both anchors have been implanted, retrieve the blue repair suture from the anterior anchor through the PL cannula and the blue repair suture from the posterior anchor through the AL cannula.



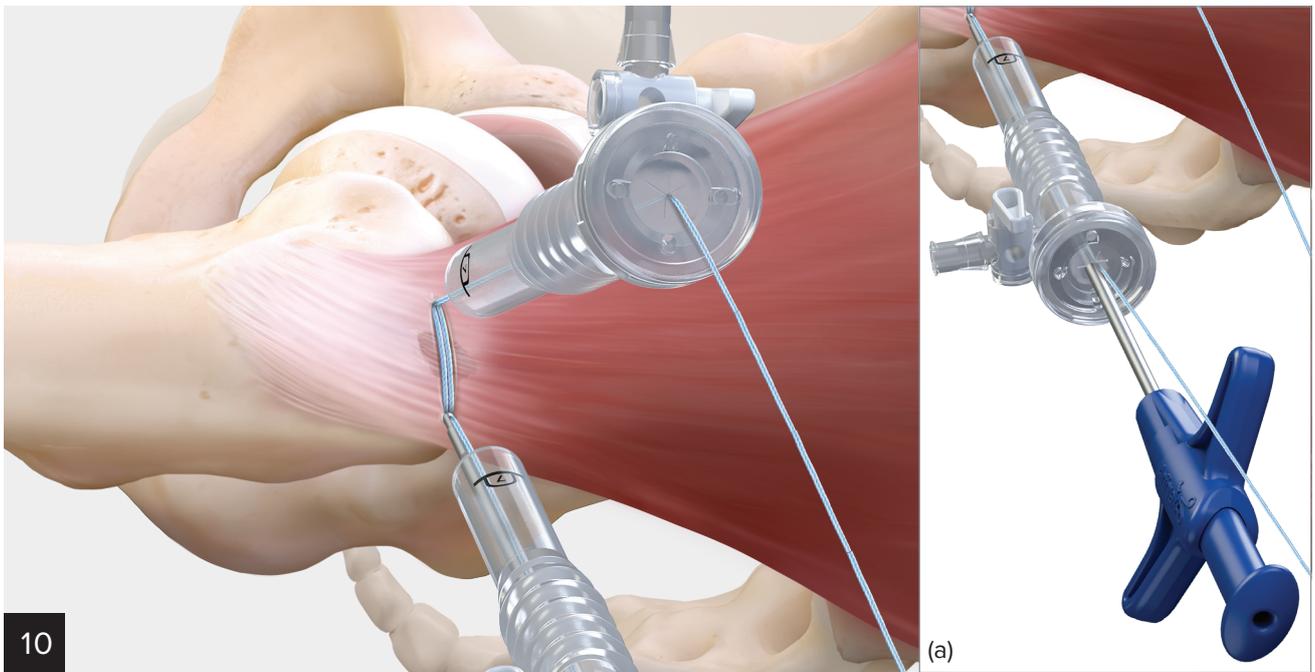
**Note:** Prior to loading the repair suture into the loop of the TigerLink™ suture, clear the repair suture and looped end of the TigerLink suture with a retriever. This will improve suture management during shuttling of the sutures.



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.



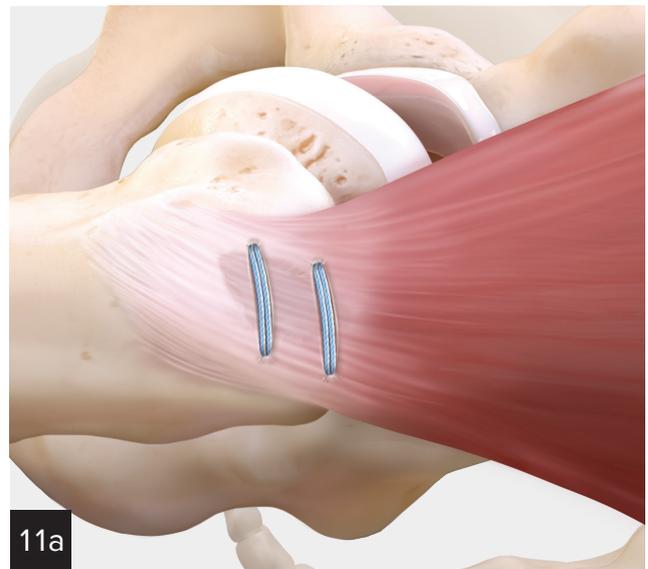
Repeat the same process through the PL cannula, and once both sutures have been fed through the knotless anchor mechanism, equally tension the repair sutures until adequate compression of the tissue has been applied.



Tension the construct and cut the repair suture limbs using the included knotless suture tensioner/cutter **(a)**.



Final fixation.



Add additional implants as deemed necessary based on the extent of the partial tear.

(a)



## Ordering Information

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Product Description	Item Number
Gluteus Medius Repair Implant System	AR-2941GM-CP
2.6 Knotless FiberTak® Anchors, qty. 2 Drill Guide and Obturator 2.6 FiberTak Anchor Drill Knotless Suture Tensioner/Cutter	

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.

## Reference

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1. Hartigan DE, Mansor Y, Perets I, Walsh JP, Mohr MR, Domb BG. Knotless “suture staple” technique for endoscopic partial thickness abductor tendon repair. *Arthrosc Tech.* 2018;7(10):e975-e980. doi:10.1016/j.eats.2018.06.002



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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