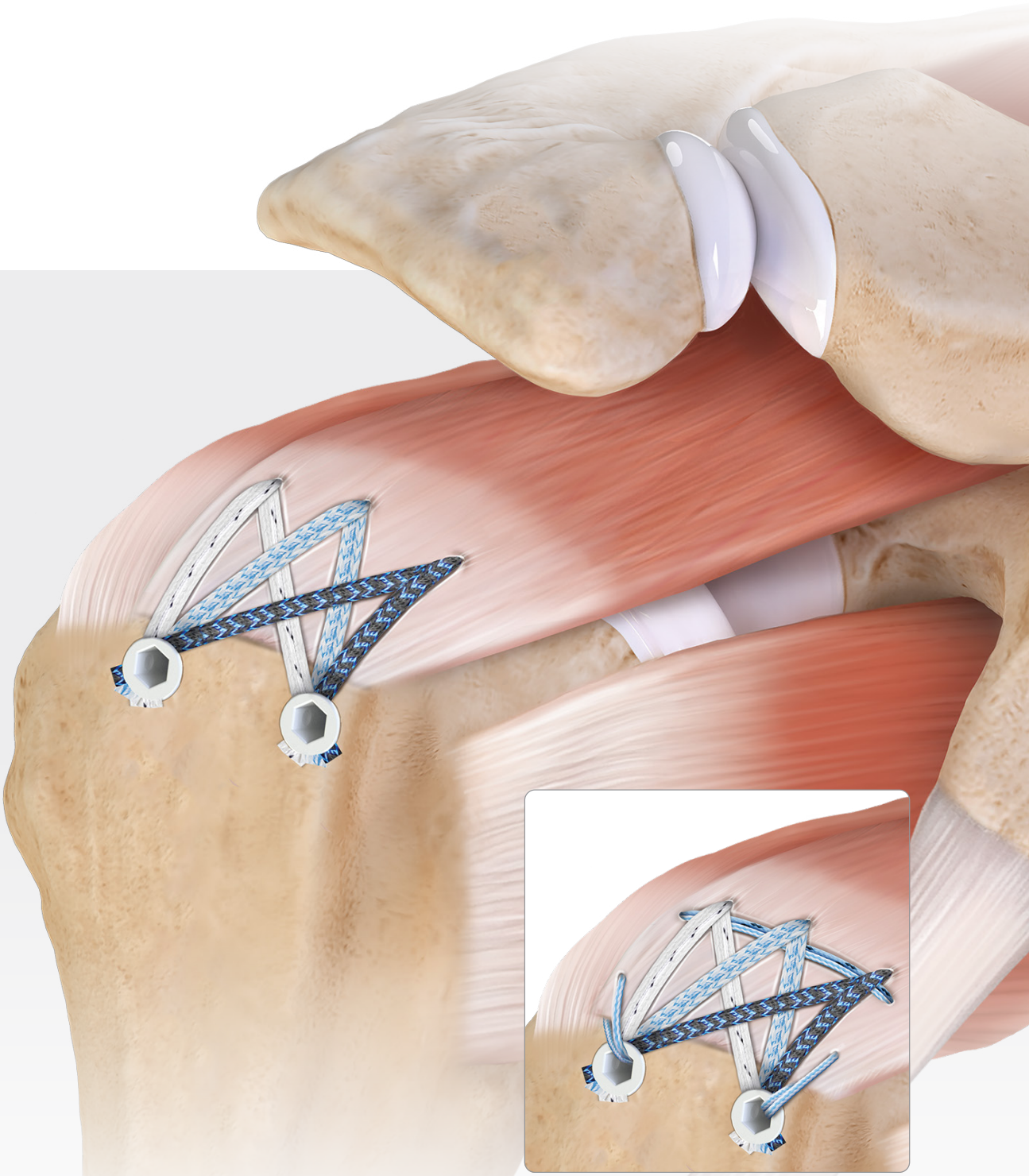
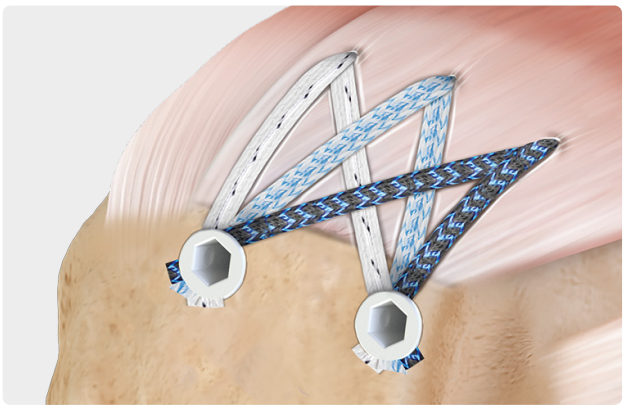
FiberTak® SpeedBridge™ Rotator Cuff Repair

Surgical Technique



Arthrex®

FiberTak® SpeedBridge™ Repair



As the next evolution of knotless rotator cuff repair, the FiberTak SpeedBridge technique is completed with 2.6 FiberTak RC soft anchors on the medial row and FiberTape® sutures fixated laterally with trusted SwiveLock® anchors. This knotless repair creates a quick, secure construct in as few as three suture-passing steps.

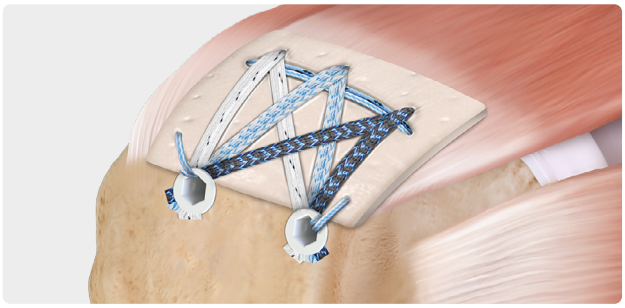
The small size of the 2.6 FiberTak RC anchors allows for three points of medial-row fixation where previously only two fixation points could be achieved.

Advantages

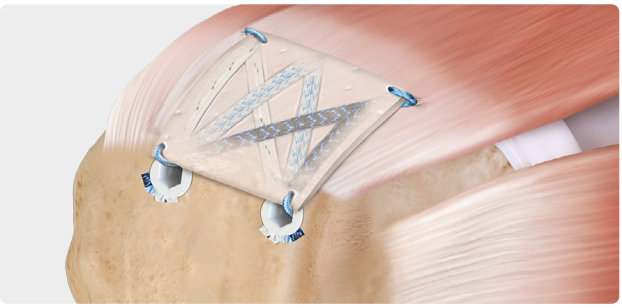
- Biomechanical repair strength is comparable to traditional SpeedBridge repair[1]
- Multiple fixation points and additional FiberTape sutures increase tendon-to-bone compression[2]
- Contact area of the tendon-to-footprint interface increased 14% compared to traditional hard-bodied anchors[2]
- Secure lateral fixation with trusted SwiveLock anchors

Enhancements

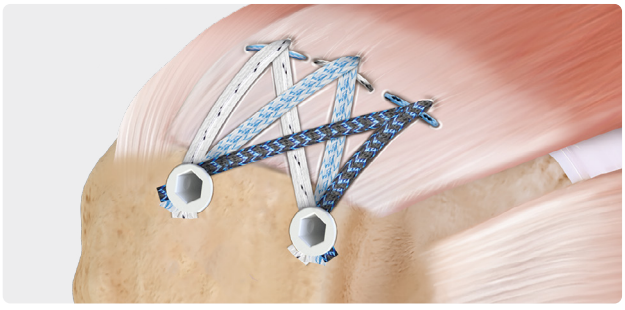
Knotless 2.6 FiberTak RC anchors are adaptable and can conform to traditional repair techniques while providing the additional benefits of tensionable knotless technology for incorporating biologics or increasing medial-row compression.



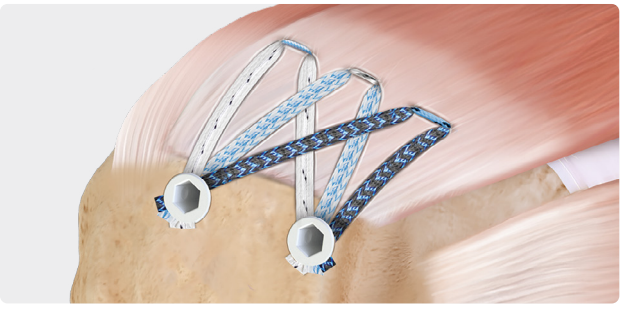
Double-Pulley Rip-Stop With ArthroFLEX® Dermal Allograft Augmentation



Canopy Augmentation With ArthroFLEX Dermal Allograft



Independent Mattress Rip-Stops



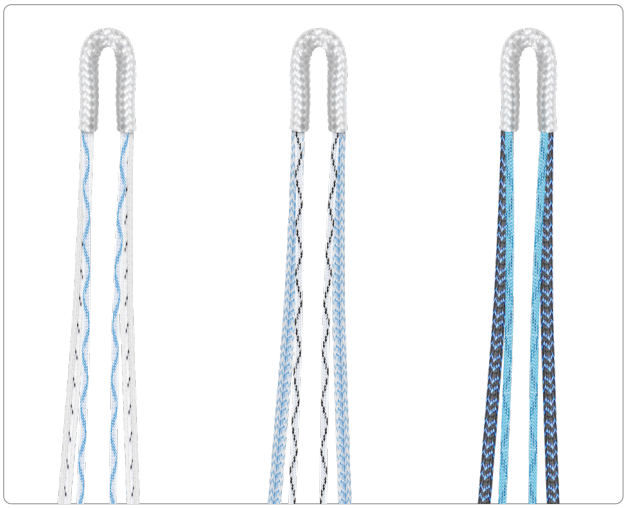
Independent Mattress Stitches

ArthroFLEX is a registered trademark of LifeNet Health.

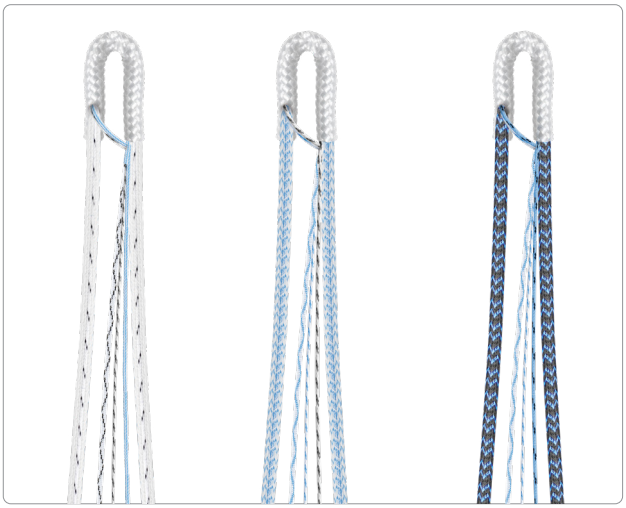
2.6 FiberTak® RC Soft Anchors

These anchors are available with fixed 1.7 mm FiberTape® suture—with joined tails for simplified suture-passing—and the option of a sliding SutureTape or tensionable knotless mechanism.

2.6 FiberTak RC Soft Anchors



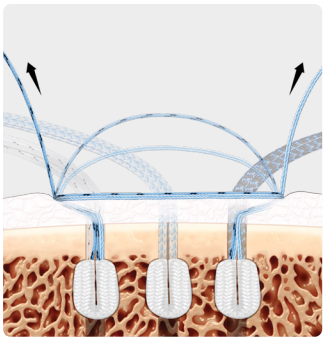
Knotless 2.6 FiberTak RC Soft Anchors

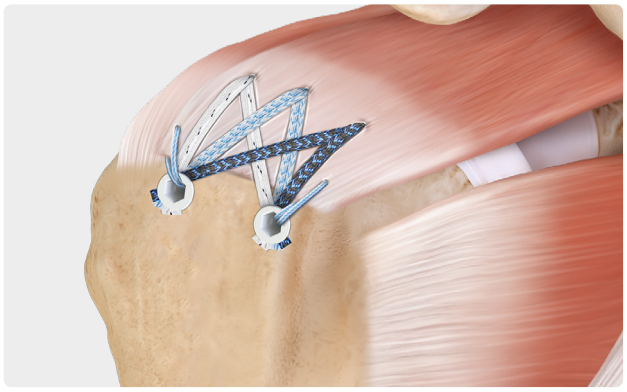


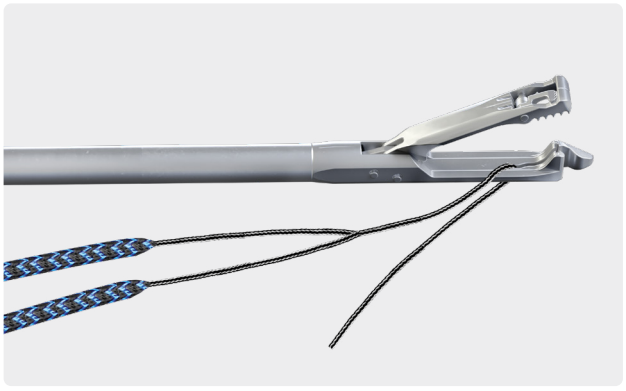
Sliding 1.3 SutureTape
Incorporate sliding SutureTape for knotted medial-row compression variations or remove if it is not needed for the repair.

Self-Punching Inserters
All 2.6 FiberTak anchors are loaded on self-punching inserters, which eliminate the need to predrill or prepunch a socket for anchor insertion, reducing surgical steps. Use these inserters with or without a guide; drills and punches are available for hard bone.

Tensionable Knotless Mechanism
With the tensionable knotless mechanism, complete a variety of medial-row compression variations and easily incorporate biologics.



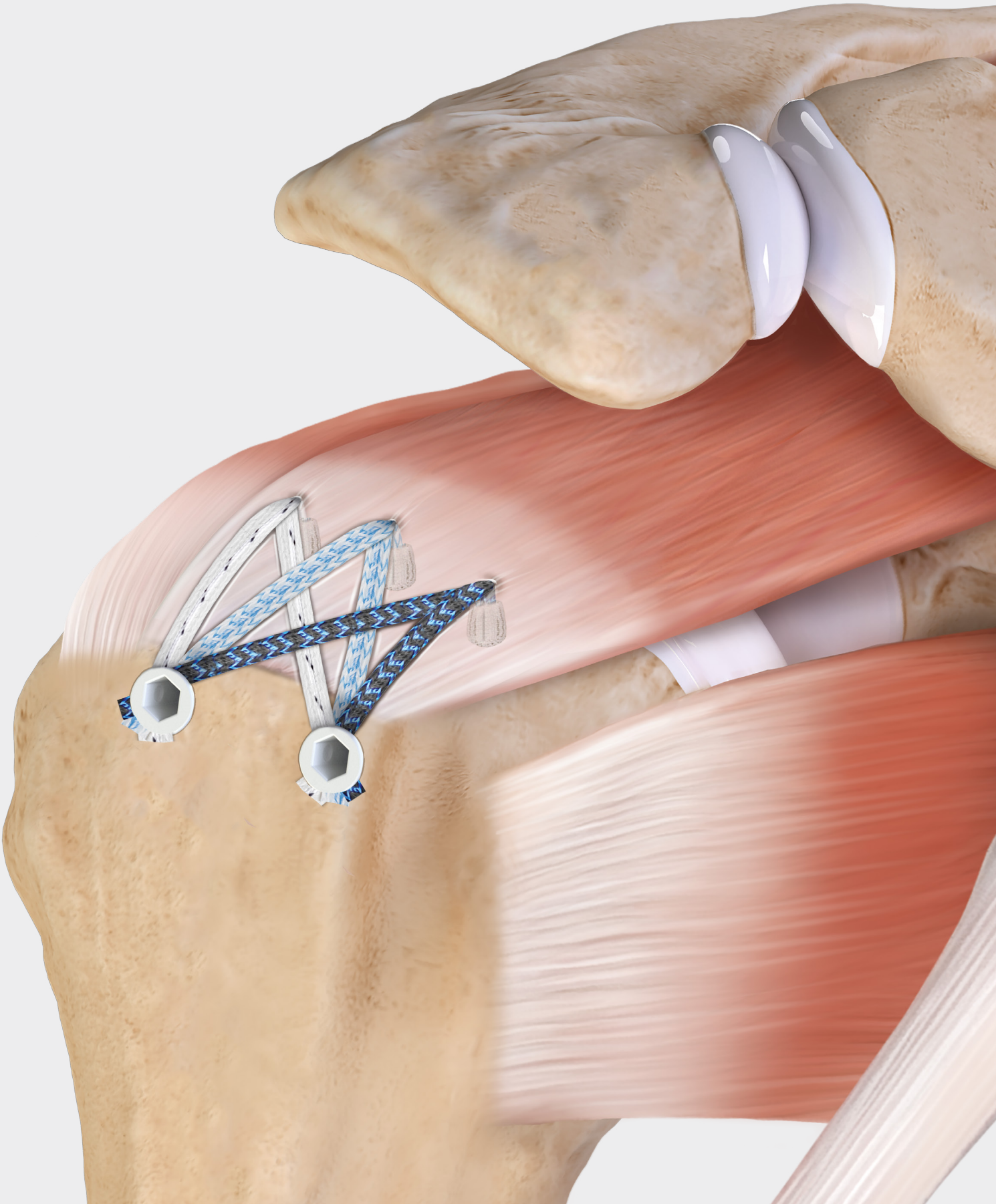




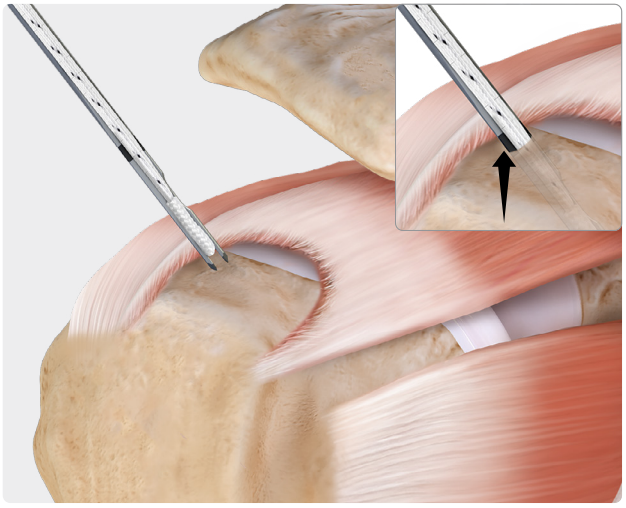
SwiveLock Lateral-Row Anchors
- Trusted fixation with more than 10 million anchors used since 2006[3]
- Available with #2 suture for tensionable knotless dog-ear or cable fixation

Joined FiberTape Suture Tails
- Simplified suture-passing
- Shuttle both limbs of FiberTape suture with one pass

FiberTak® SpeedBridge™ Technique: Medial Row

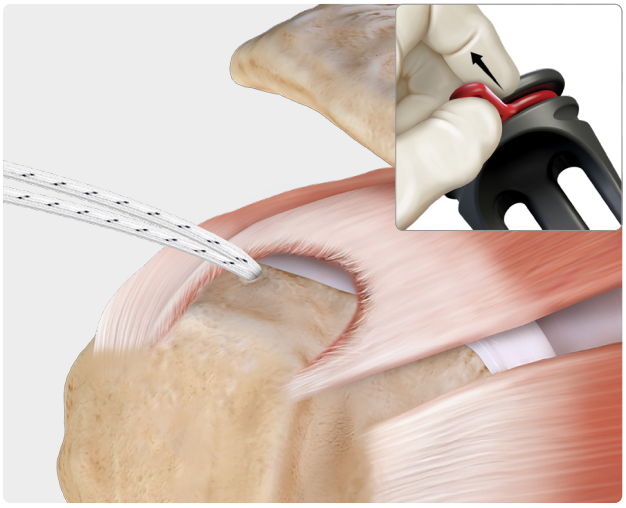


FiberTak® SpeedBridge™ Technique: Medial Row



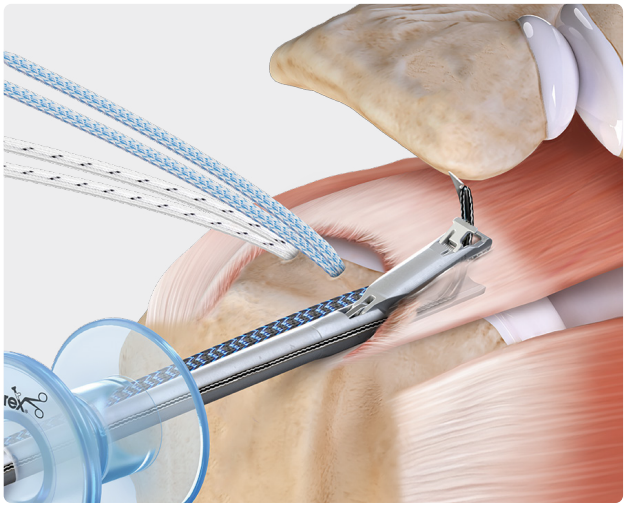
01

While viewing through a posterolateral portal, prepare the rotator cuff footprint and identify the posteromedial anchor insertion point. Using a mallet, insert and advance the 2.6 FiberTak RC anchor into bone; stop at the insertion zone laser line. If hard bone is encountered, use a punch or drill to create a socket to ease anchor insertion.



02

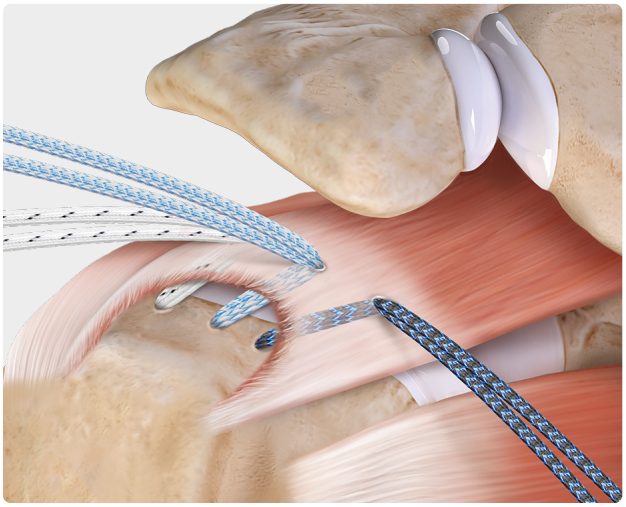
Once the anchor is fully inserted, remove the suture retention ring and inserter. Grasp all limbs of the suture and pull slowly to set the anchor. Repeat steps 1 and 2 for middle and anterior medial-row anchors. Once the anchors are inserted, remove the sliding SutureTape.



03

Load the single end of FiberTape® suture onto a Scorpion™ suture passer and advance through the rotator cuff. Pull the suture to smoothly lead both FiberTape suture limbs through the tissue.

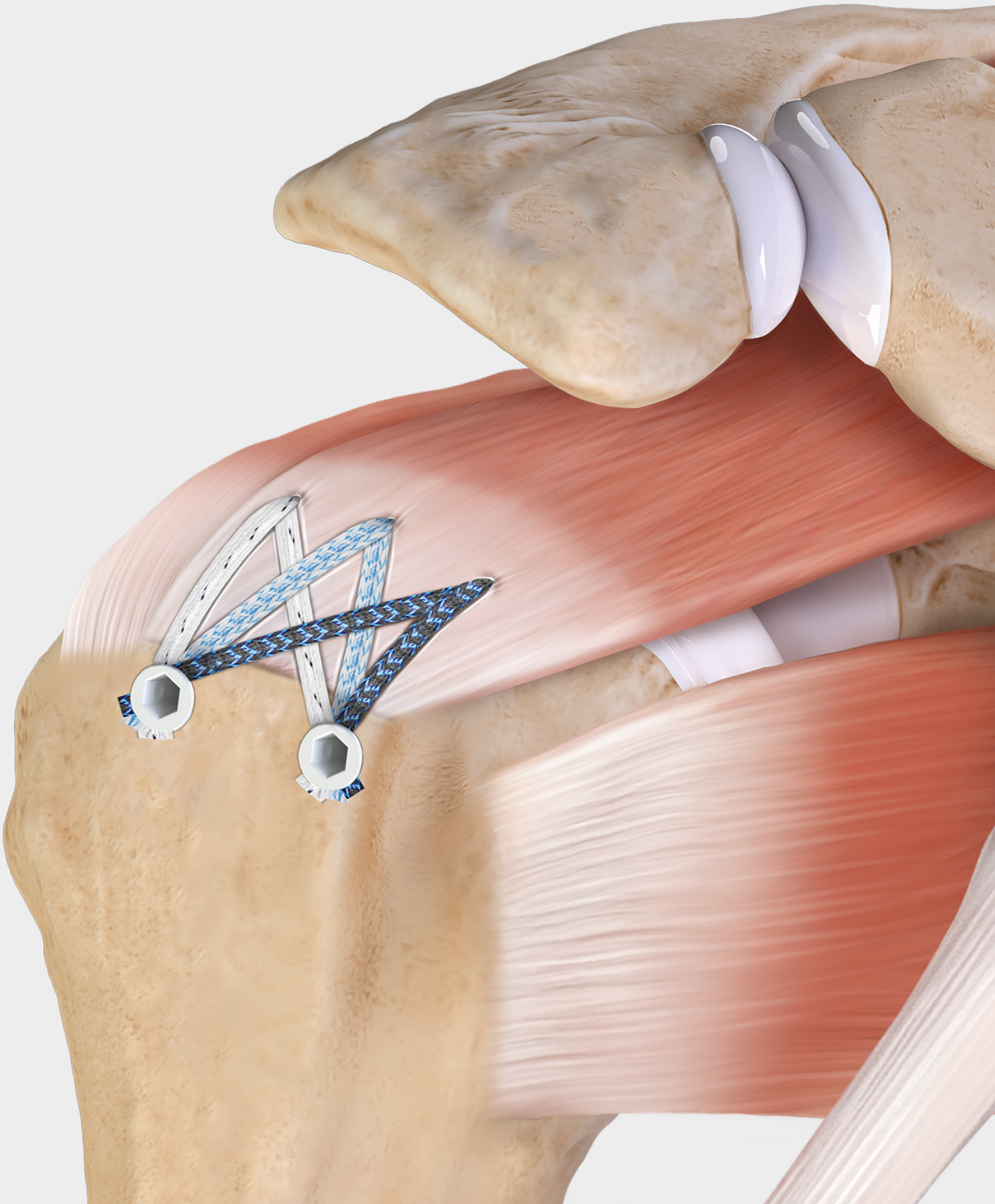
> **Note:** Drilling in very hard bone may require cycling the drill while maintaining consistent alignment of the drill guide. Increased size, hard bone drills are also available for use.



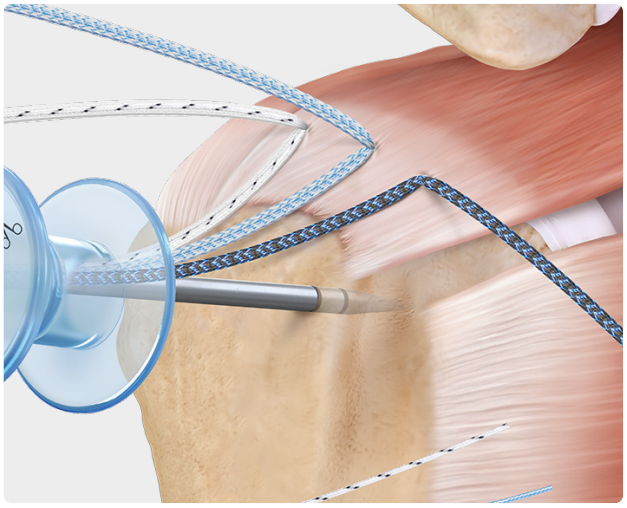
04

Cut off the joined suture tail, allowing each suture limb to be separated for lateral fixation. Tension each suture limb independently to remove any potential slack beneath the tendon.

FiberTak® SpeedBridge™ Technique: Lateral Row



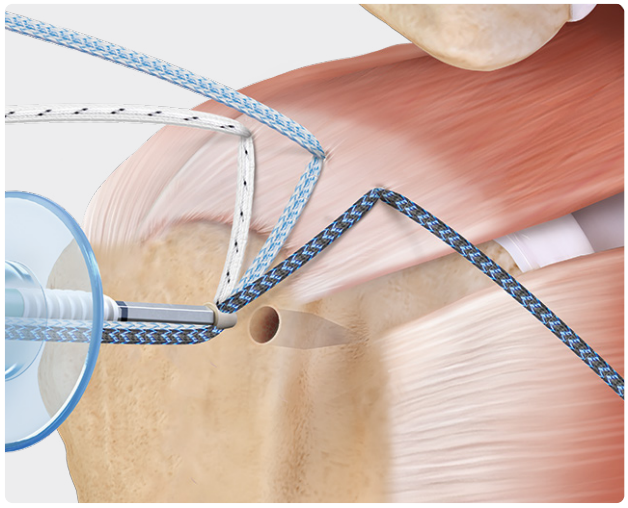
FiberTak® SpeedBridge™ Technique: Lateral Row



01

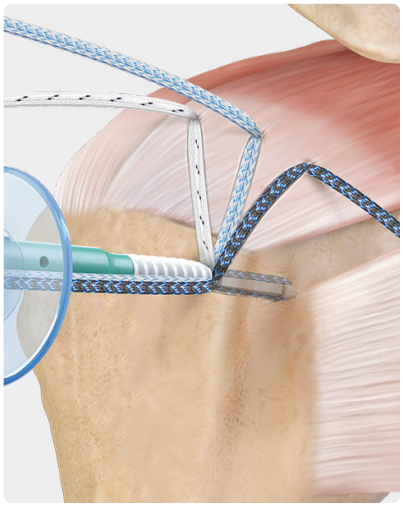
Retrieve one FiberTape® suture tail from each medial anchor and preload them through the SwiveLock® anchor eyelet. Using a punch, prepare a bone socket about 5-10 mm lateral to the edge of the tuberosity.

> **Note:** Use a hemostat to secure sutures in place while preparing a bone socket.



02

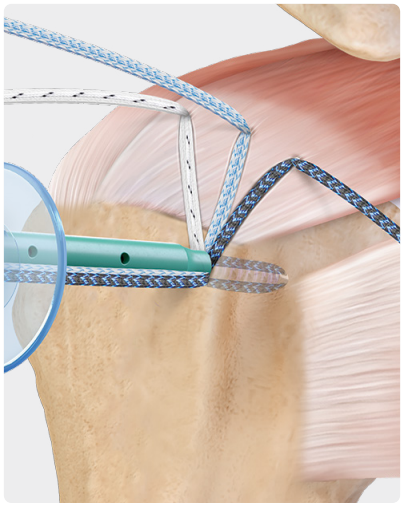
Bring the eyelet of the implant to the edge of the bone socket and remove slack from each of the FiberTape suture limbs individually. Apply tension to the FiberTape sutures so that the tissue is reduced and compressed to the bone.



03

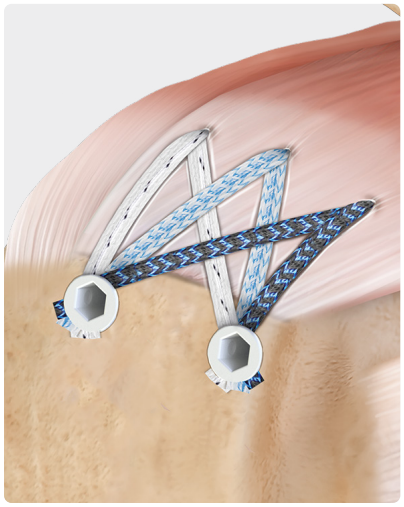
Completely advance the driver into the bone socket, beyond the first laser line and until the anchor body contacts bone. Evaluate suture tension. If tension is not adequate, back the driver out and readjust the tension.

> **Note:** Do not attempt to apply tension to the sutures with the eyelet in the bone socket.



04

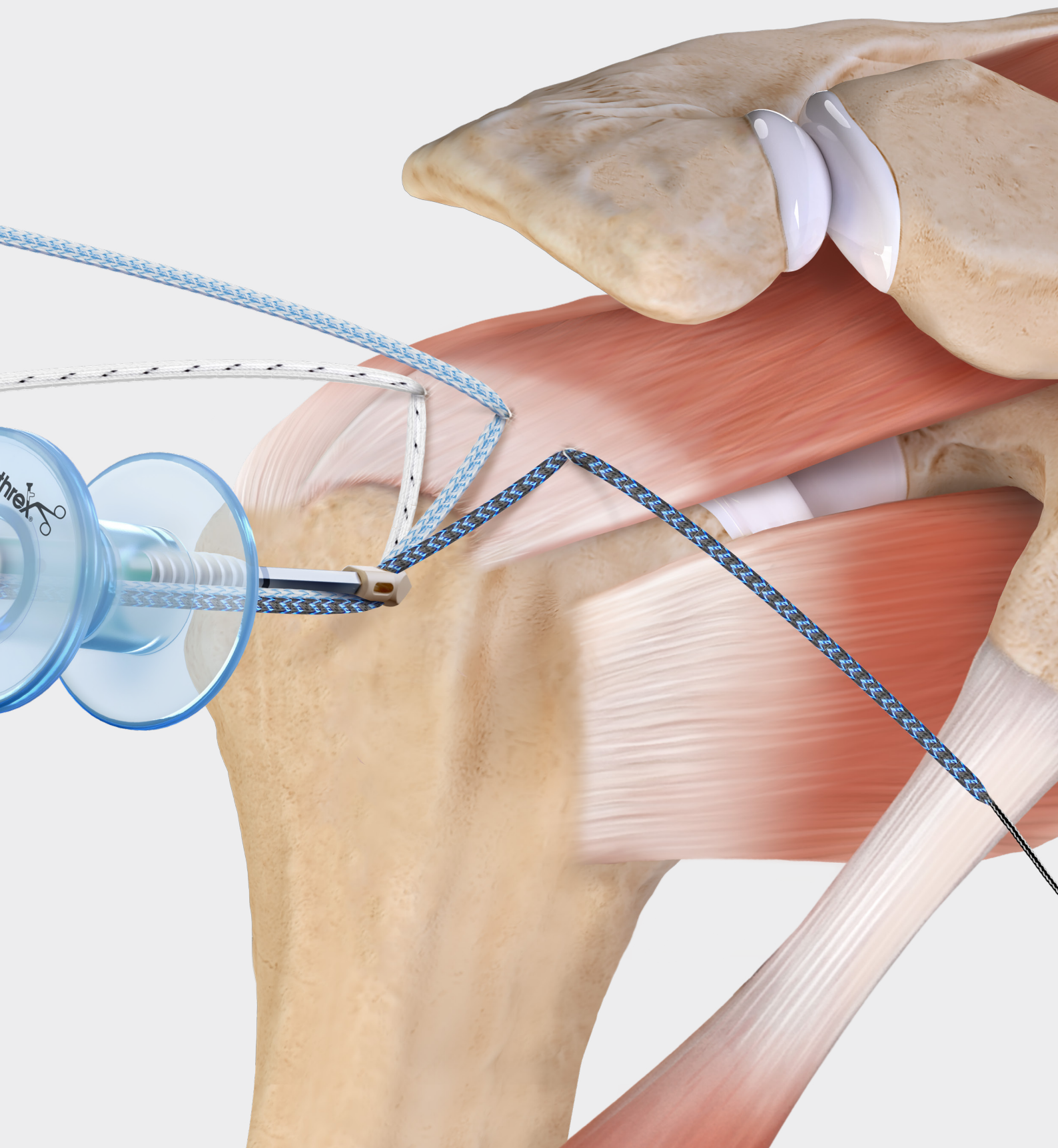
Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver handle in a clockwise direction to insert the anchor body until it is flush with the bone.



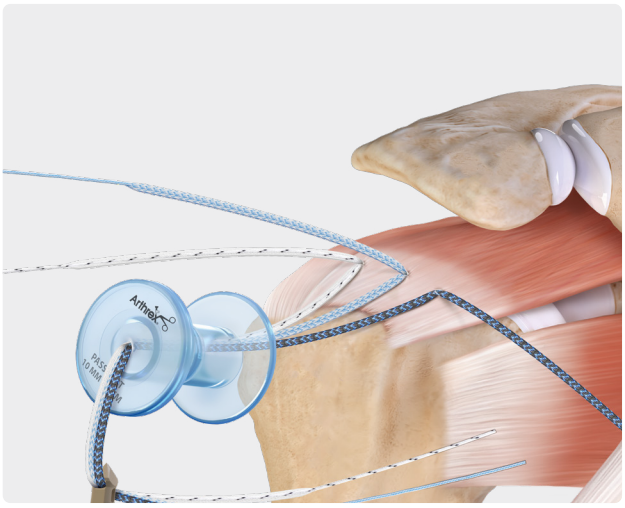
05

Cut the FiberTape suture tails with a FiberTape cutter. Repeat these steps for the second lateral anchor.

FiberTak® SpeedBridge™ Technique: Lateral-Row SP Fixation

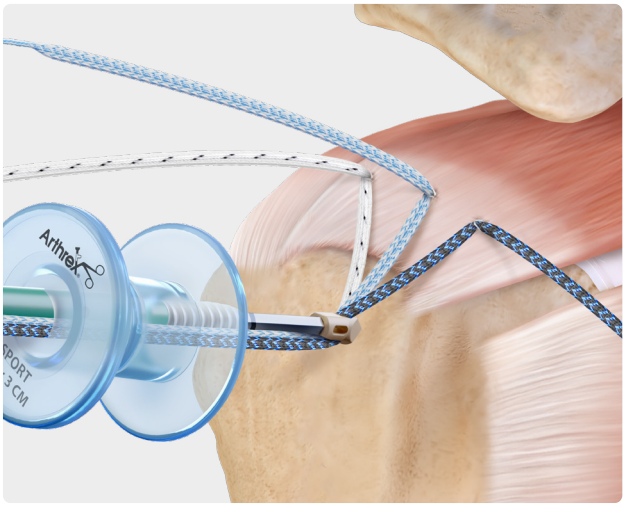


FiberTak® SpeedBridge™ Technique: Lateral Row With SP SwiveLock® Anchors



01

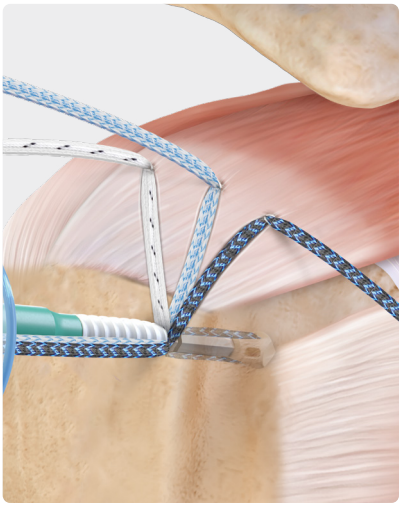
Retrieve one FiberTape® suture tail from each medial anchor and preload them through the self-punching SwiveLock anchor eyelet.



02

With the eyelet of the implant above bone, remove slack and tension each suture to reduce the tissue and compress it to bone.

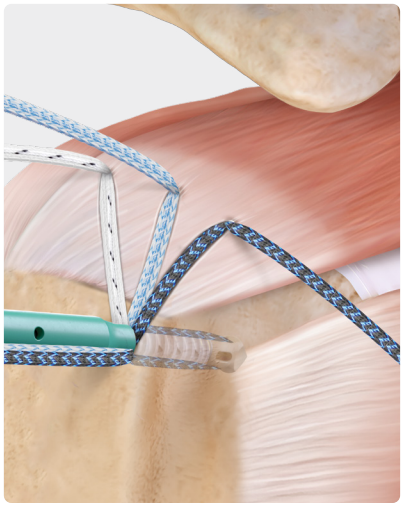
> **Note:** If hard bone is encountered, use a punch to break the cortex before inserting the anchor. Be sure the eyelet and driver are perpendicular to the bone prior to malleting.



03

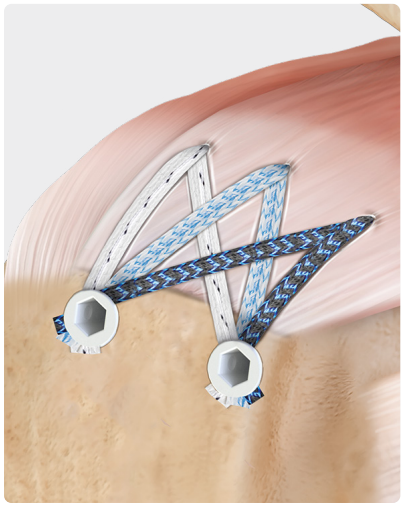
With the eyelet perpendicular to the bone, completely advance the driver into the bone socket, beyond the first laser line and until the anchor body contacts bone. Evaluate suture tension.

> **Note:** Do not attempt to apply tension to the sutures with the eyelet in the bone socket.



04

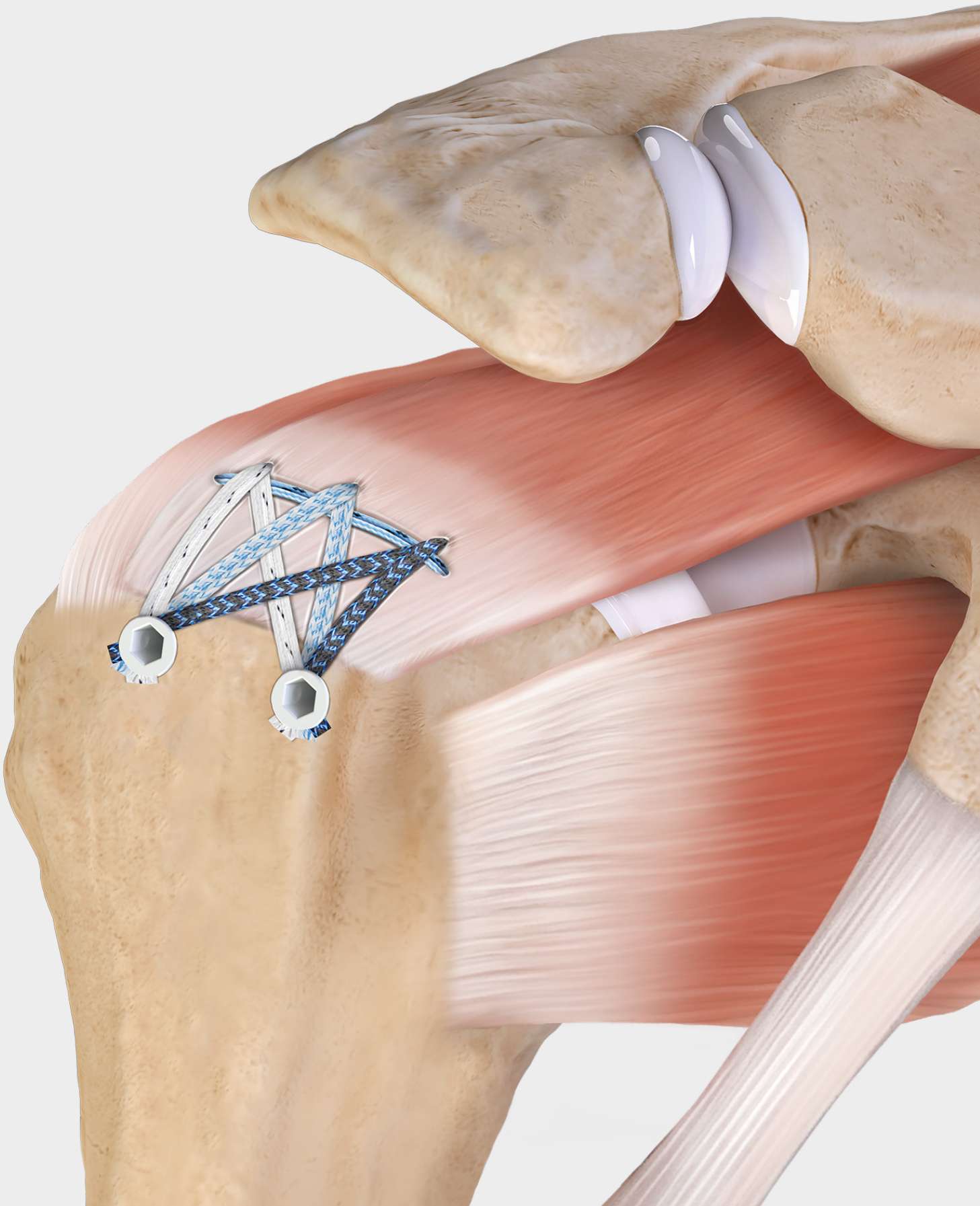
Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver handle in a clockwise direction to insert the anchor body until it is flush with the bone.



05

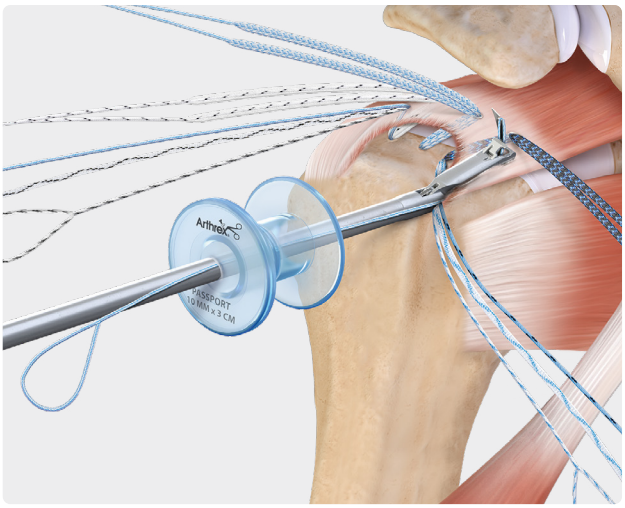
Cut the FiberTape suture tails with a FiberTape cutter. Repeat these steps for the second lateral anchor.

FiberTak® SpeedBridge™ Technique: Knotless Double-Pulley Rip-Stop



FiberTak® SpeedBridge™ Technique: Knotess Double-Pulley Rip-Stop

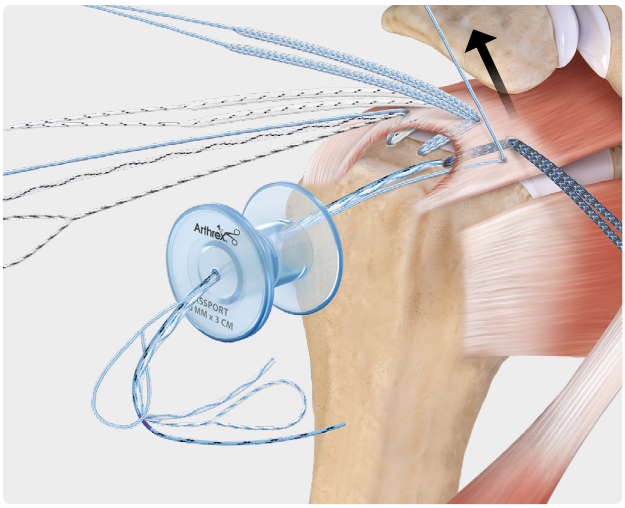
Tendon reduction under direct visualization and tensionable knotless medial fixation can be achieved with the knotless double-pulley. Shuttle the tensionable knotless sutures through the cuff with a separate pass to help prevent the construct from twisting beneath the rotator cuff.



01

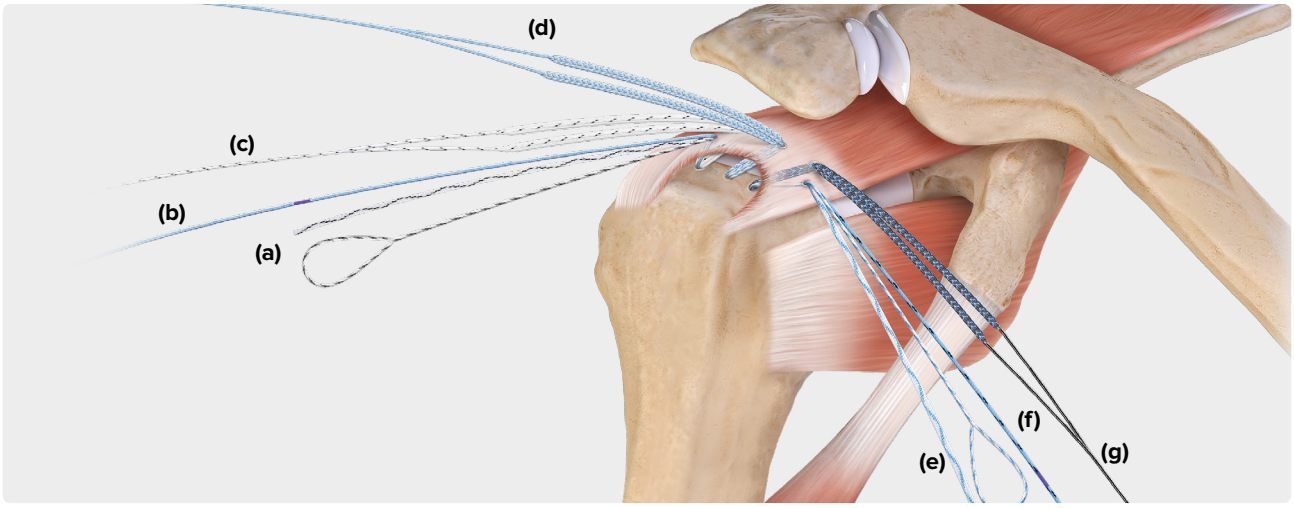
Once the FiberTape® sutures are passed, use a FiberLink™ shuttle suture to pass the knotless sutures. Using the Scorpion™ suture passer, load the single end of a FiberLink suture and pass it lateral and outside of the anterior and posterior 2.6 FiberTak RC anchors to form the double-pulley rip-stop.

> **Note:** For this technique, cut out the middle anchor's knotless mechanism; the tensionable knotless mechanisms of the anterior and posterior anchors will be linked together in steps 4 and 5.



02

Retrieve the tail of the FiberLink suture from a superior portal to improve the shuttling angle through the tissue. Retrieve the sutures of the knotless mechanism, load them into the loop of the FiberLink shuttle suture, and pass the FiberLink suture through the rotator cuff. Repeat the same steps for the posterior anchor.



03

Posterior Anchor

a. TigerLink™ shuttle stitch

b. Blue repair stitch

c. 1.7 mm TigerTape™ sutures

Middle Anchor

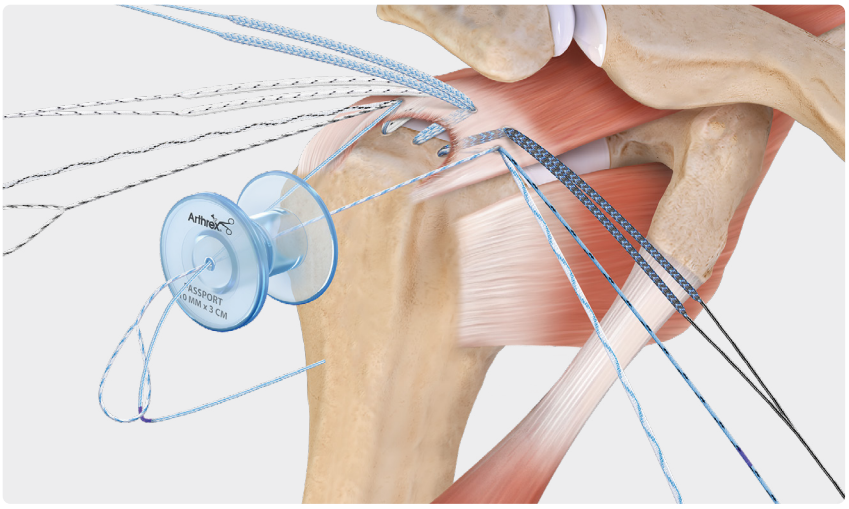
d. 1.7 mm FiberTape sutures

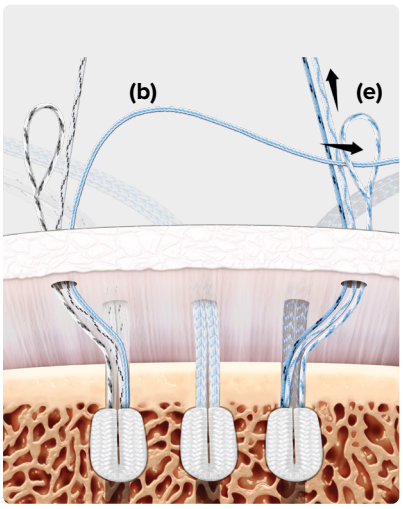
Anterior Anchor

e. FiberLink shuttle stitch

f. Blue/black repair stitch

g. 1.7 mm black FiberTape sutures

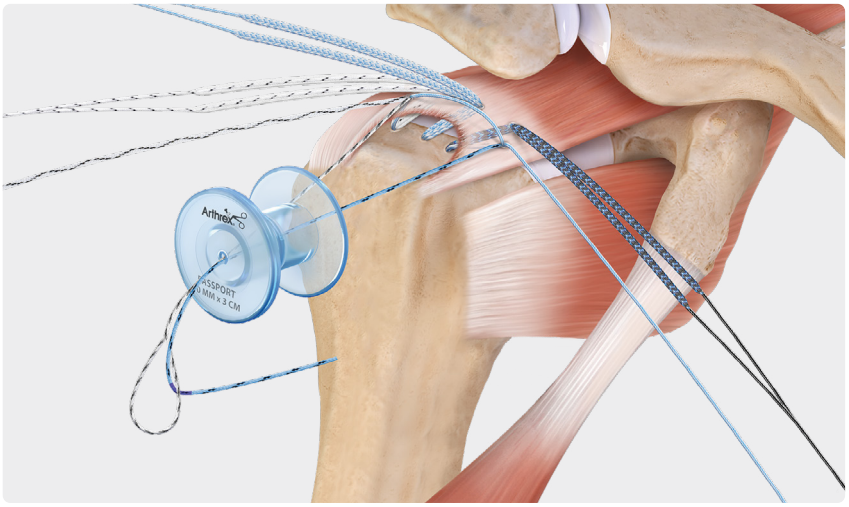


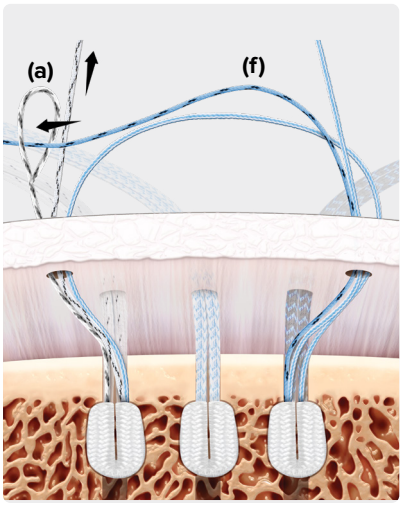


04

Retrieve the posterior blue repair suture **(b)** and the anterior looped end of the white/blue shuttle suture **(e)** from the lateral cannula. Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape suture tail of the white/blue shuttle suture **(e)** to shuttle the repair suture into the knotless mechanism.

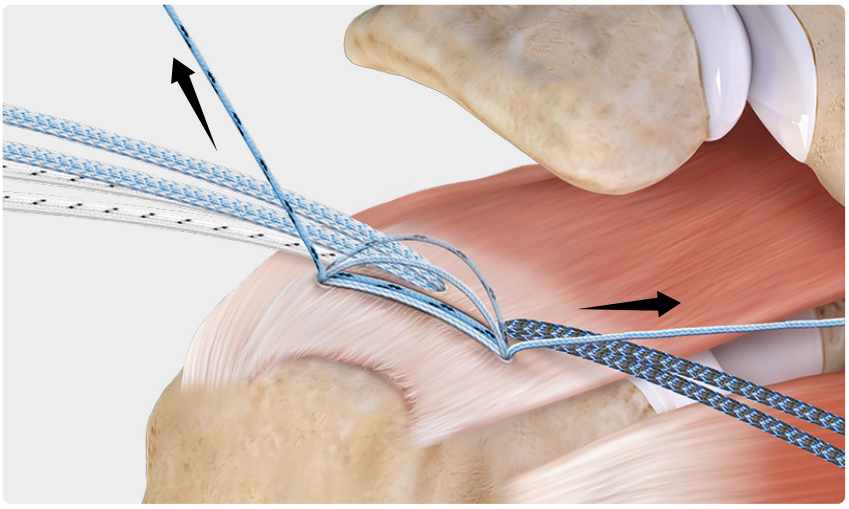
Note: Tension the repair suture, but do not tighten it completely until the second repair suture is shuttled.

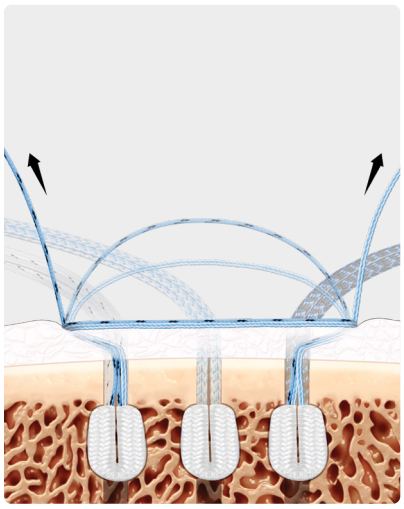




05

Repeat the previous steps using the anterior blue/black repair suture **(f)** and the posterior looped end of the white/black shuttle suture **(a)**.

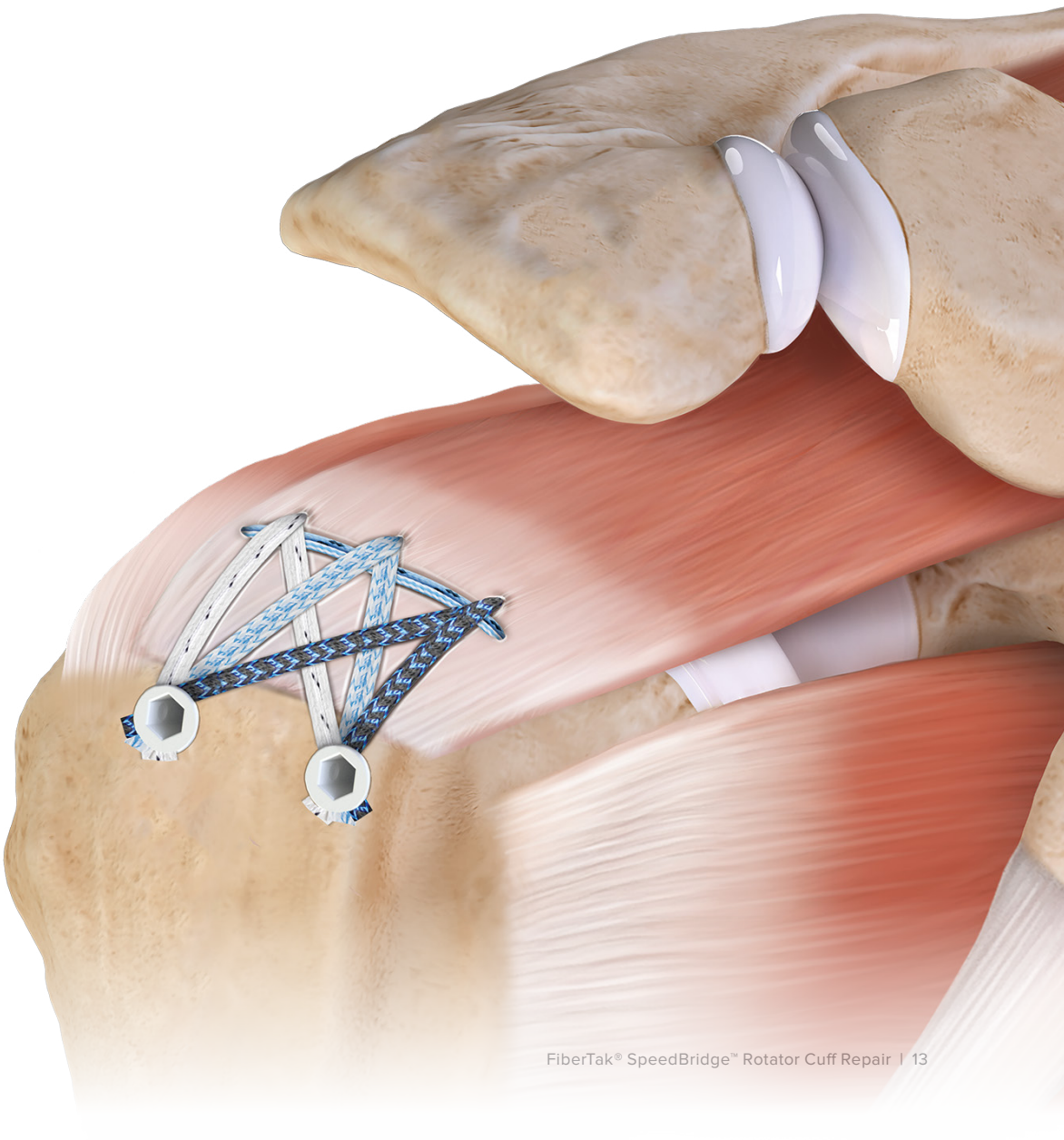




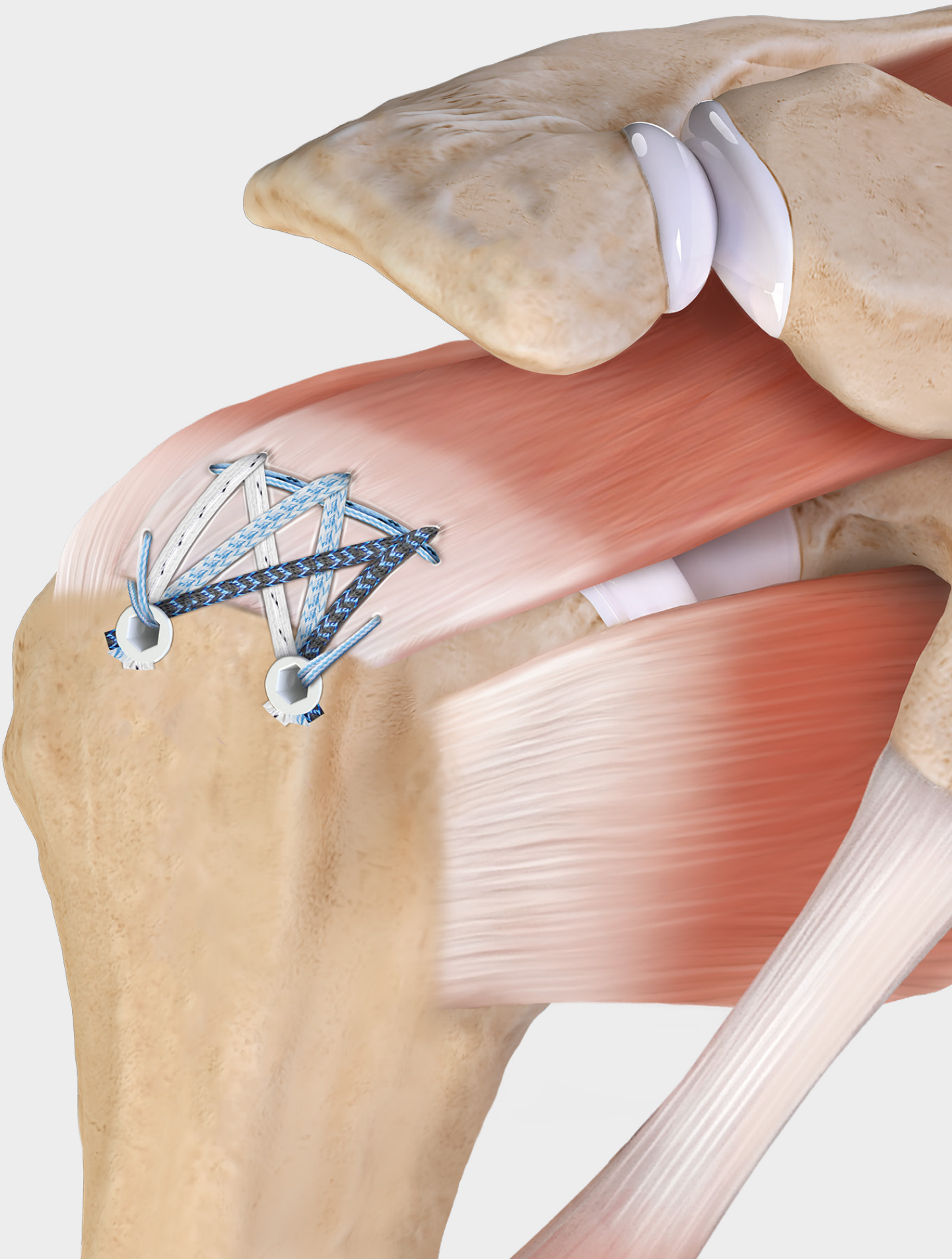
06

Tension the two repair sutures, reducing and fixating the tendon to the bone. Tension the FiberTape® suture limbs independently to remove any potential slack beneath the tendon. Cut the repair sutures flush once adequate fixation is achieved.

Note: Refer back to the lateral-row fixation technique to complete repair.

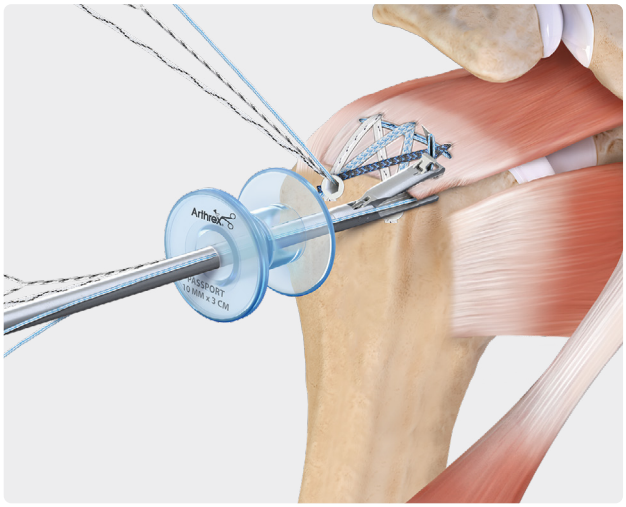


FiberTak® SpeedBridge™ Technique: Dog-Ear or Cable Fixation



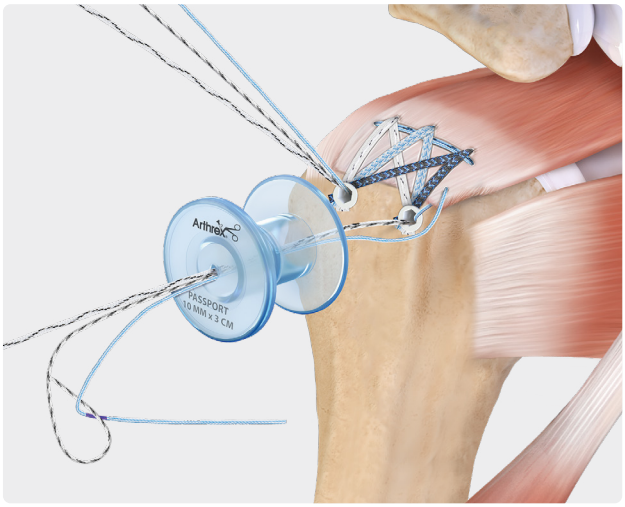
FiberTak® SpeedBridge™ Technique: Dog-Ear Reduction Suture

Achieve anterior and posterior lateral tissue fixation with the repair stitches from Knotless SwiveLock® anchors.



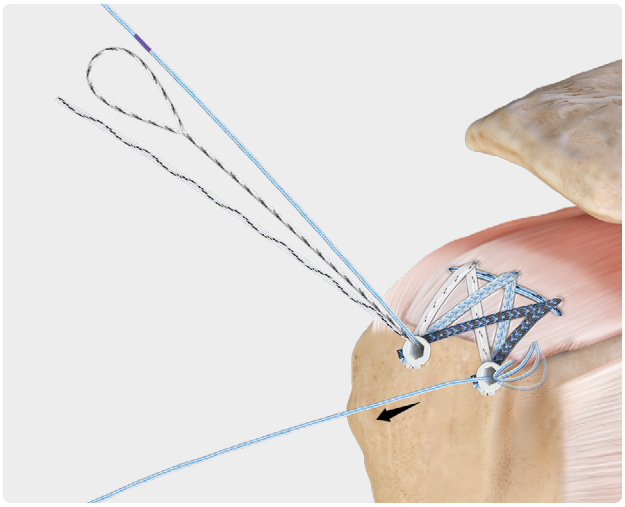
01

Retrieve the knotless sutures from the lateral cannula. Load the blue repair suture onto a Scorpion™ suture passer and advance through tissue.



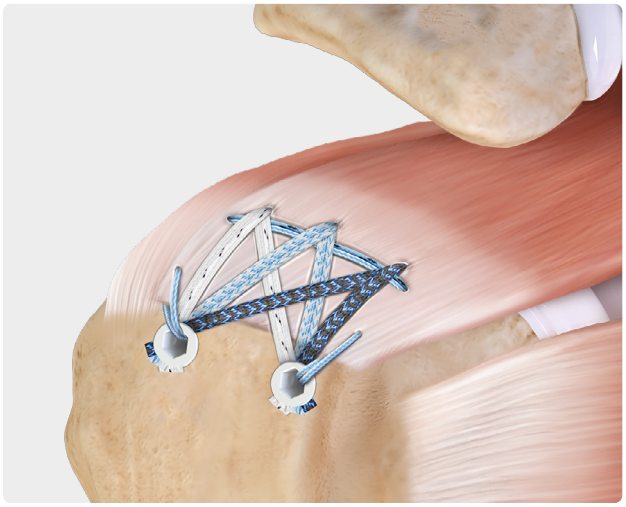
02

Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape shuttle suture tail to shuttle the repair suture into the tensionable knotless mechanism.



03

Tension the repair suture, reducing and fixating the tendon to the bone. A suture cutter can be used to hold the anchor steady during tensioning. Cut the repair suture once adequate fixation is achieved.



04

Double-Pulley Rip-stop With Dog-Ear or Cable Fixation

> **Note:** If using Knotless SwiveLock anchors and additional lateral fixation is not required, pull one end of the shuttle stitch to remove and cut the repair stitch and FiberTape® sutures with a FiberTape suture cutter.

Ordering Information

2.6 FiberTak® RC Soft Anchor	
With 1.7 mm TigerTape™ Loop (white/black) and 1.3 mm SutureTape (white/blue), self-punching, qty 5	AR-3652SP
With 1.7 mm FiberTape Loop (blue) and 1.3 mm SutureTape (white/black), self-punching, qty 5	AR-3652TSP
With 1.7 mm FiberTape Loop (black/blue) and 1.3 mm SutureTape (blue), self-punching, qty 5	AR-3652TTSP
Knotless with 1.7 mm TigerTape Loop (white/black) and blue repair suture, self-punching, qty 5	AR-3653SP
Knotless with 1.7 mm FiberTape Loop (blue) and white/black repair suture, self-punching, qty 5	AR-3653TSP
Knotless with 1.7 mm FiberTape Loop (black/blue) and blue/black repair suture, self-punching, qty 5	AR-3653TTSP

Biocomposite SwiveLock® anchor	
Knotless, 4.75 mm × 24.5 mm w/ blue repair suture, SP PEEK eyelet	AR-2324KBCSP
4.75 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2324BCSP
4.75 mm × 24.5 mm, SP titanium eyelet	AR-2324BCM
Knotless, 5.5 mm × 24.5 mm w/ blue repair suture, SP PEEK eyelet	AR-2323KBCSP
5.5 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2323BCSP
5.5 mm × 24.5 mm, SP titanium eyelet	AR-2323BCM

PEEK SwiveLock anchor	
Knotless, 4.75 mm × 24.5 mm w/ blue repair suture, SP PEEK eyelet	AR-2324KPSP
4.75 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2324PSP
4.75 mm × 24.5 mm, SP titanium eyelet	AR-2324PSLM
Knotless, 5.5 mm × 24.5 mm w/ blue repair suture, SP PEEK eyelet	AR-2323KPSP
5.5 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2323PSP
5.5 mm × 24.5 mm, SP titanium eyelet	AR-2323PSLM

FiberTape® Suture Instruments	
Mini FiberTape suture retriever w/ self-release (SR) handle	AR-12974SR
Mini FiberTape suture retriever w/ nonratcheting (NR) handle	AR-12974NR
Mini FiberTape suture retriever w/ WishBone™ handle	AR-12974W
FiberTape suture retriever w/ SR handle	AR-13974SR
FiberTape suture retriever w/ NR handle	AR-13974NR
FiberTape suture retriever w/ WishBone handle	AR-13974W
KingFisher® FiberTape suture retriever/grasper w/ SR handle	AR-13971SR
KingFisher FiberTape suture retriever/grasper w/ NR handle	AR-13971NR
KingFisher FiberTape suture retriever/grasper w/ WishBone handle	AR-13971W
Penetrator™ FiberTape suture retriever, 15° up curved	AR-2167-3
Penetrator FiberTape suture retriever, straight	AR-2167ST-3
Penetrator FiberTape suture retriever w/ WishBone handle, 15° up curved	AR-2167W-3
Penetrator FiberTape suture retriever w/ WishBone handle, straight	AR-2167STW-3
FiberTape suture cutter	AR-13250
FiberTape suture cutter w/ WishBone handle	AR-13250W

Disposables for 2.6 FiberTak® Anchors

Disposable kit	
Includes angled circumferential teeth spear, sharp obturator, and drill	AR-3650DS
Instruments for 2.6 FiberTak Anchors	
Angled spear w/ circumferential teeth	AR-3655
Blunt obturator for AR-3655	AR-3658B
Sharp obturator for AR-3655	AR-3658T
Circumferential teeth spear w/ sharp obturator	AR-1941CT
Fishmouth spear w/ sharp obturator	AR-1941DGF
Drill, 2.6 mm	AR-3657
2.6 mm shaver drill	AR-3657SD
Punch	AR-3656

SpeedBridge™ Implant Systems

FiberTak SpeedBridge Implant System Three 2.6 FiberTak RC Self-Punching anchors w/1.7 FiberTape® loop and 1.3 mm SutureTape (1 white/black, white/blue, 1 blue, white/black, and 1 black/blue, blue), two 4.75 Knotless BioComposite SwiveLock® SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-1
Knotless FiberTak SpeedBridge Implant System Three 2.6 Knotless FiberTak RC Self-Punching anchors w/ 1.7 mm FiberTape loop and repair suture (1 white/black, blue, 1 blue, white/black, and 1 black/blue, blue/black), two 4.75 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-2
FiberTak SpeedBridge Implant System Three 2.6 FiberTak RC Self-Punching anchors w/1.7 FiberTape loop and 1.3 mm SutureTape (1 white/black, white/blue, 1 blue, white/black, and 1 black/blue, blue), two 5.5 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-3
Knotless FiberTak SpeedBridge Implant System Three 2.6 Knotless FiberTak RC Self-Punching anchors w/ 1.7 mm FiberTape loop and repair Suture (1 white/black, blue, 1 blue, white/black, and 1 black/blue, blue/black), two 5.5 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-4
FiberTak SpeedBridge Implant System Three 2.6 FiberTak RC Self-Punching anchors w/ 1.7 FiberTape loop and 1.3 mm SutureTape (1 white/black, white/blue, 1 blue, white/black, and 1 black/blue, blue), two 4.75 BioComposite SwiveLock® anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-6

References

1. Arthrex, Inc. Data on file (APT-05242). Naples, FL; 2021.
2. Arthrex, Inc. Data on file (APT-05350). Naples, FL; 2021.
3. Arthrex, Inc. Sales Data. Naples, FL; 2024.

Notes

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.

An HCP must always refer to and comply with the relevant product labels and Directions For Use, including cleaning and sterilisation instructions, before using an Arthrex product. This information provided is intended for healthcare professionals (HCPs) only. Arthrex, as the creator and distributor of its products, does not practice medicine, is not rendering medical or professional advice, and does not recommend any surgical techniques for use on a particular patient. Arthrex strongly recommends that HCPs are trained in the use of an Arthrex product before using it in a procedure or surgery. The HCP who performs any surgical procedure is responsible for determining and using the appropriate techniques for surgical procedures on each individual patient.

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