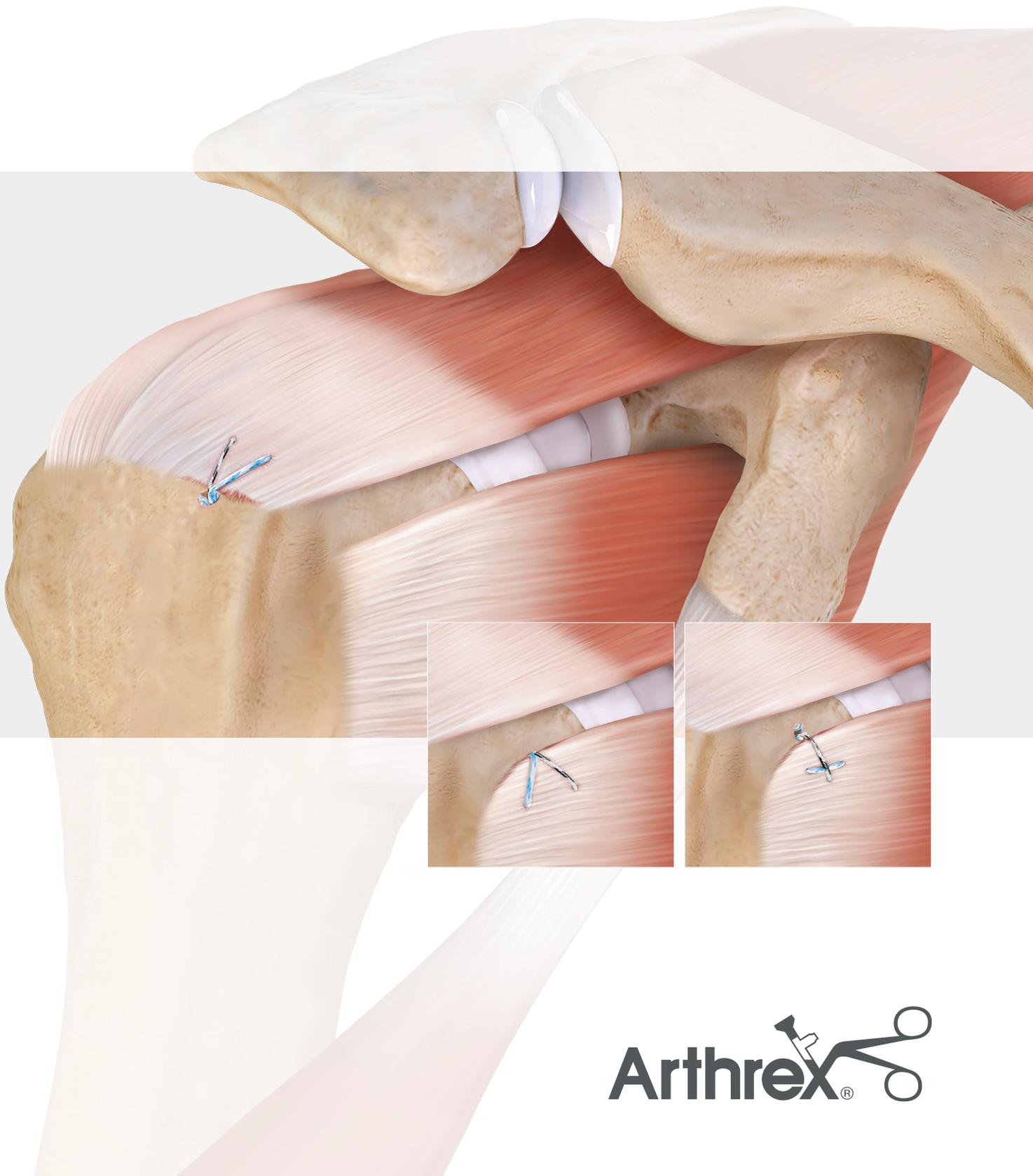


Double-Loaded Tensionable Knotless Anchors for Rotator Cuff Repair

Surgical Technique

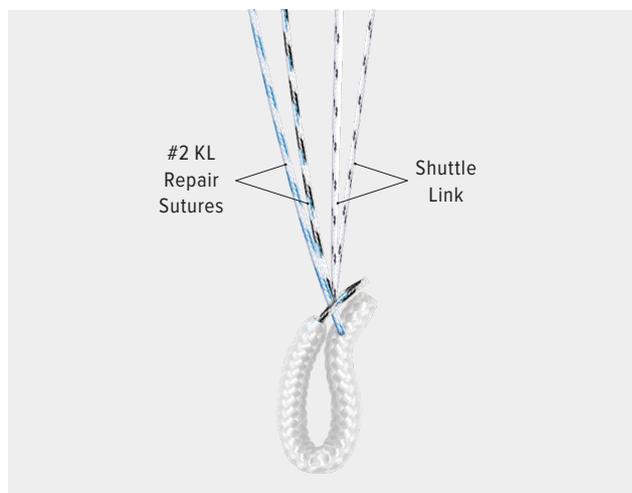


Arthrex® 

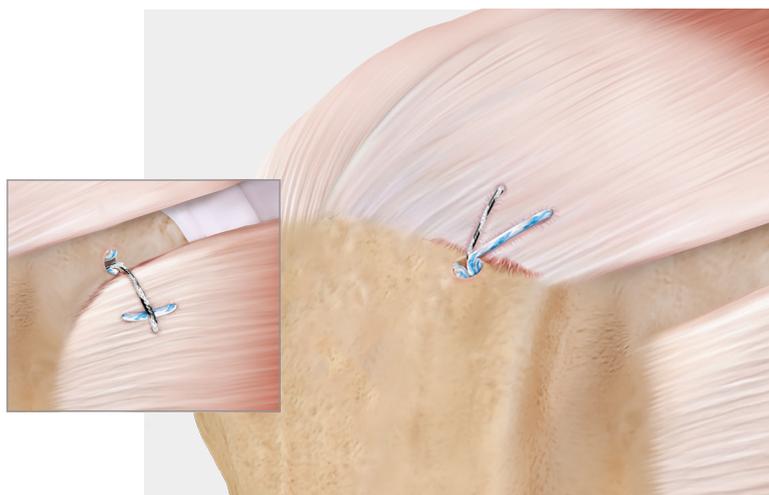
Double-Loaded Knotless Anchors for Rotator Cuff Repair

Tensionable knotless technology brought a unique feature to rotator cuff repair by allowing surgeons to dial in the appropriate amount of tension on a repair construct. With the introduction of the double-loaded knotless technology, surgeons now have even more control in tensioning rotator cuff repairs by having two independent repair sutures. These repair sutures are passed separately through the rotator cuff, shuttled simultaneously through the knotless mechanism, and tensioned independently to achieve desired fixation.

Double-Loaded Knotless 2.6 FiberTak® Anchor:



Double-loaded tensionable knotless anchor technology provides a quick and efficient way to treat tears of the rotator cuff. These anchors are ideal for small rotator cuff tears or upper border subscapularis tears where a surgeon can make two passes with independent repair sutures and bring them to a single point of fixation.

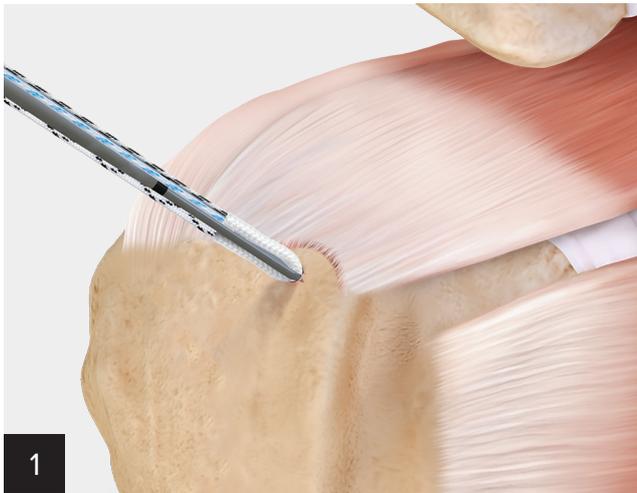


Advantages

- Repair sutures can be individually passed, tensioned, and controlled under direct visualization
- Secure and low-profile knotless fixation with no risk of knot impingement or loosening
- Easily convert two repair sutures simultaneously within one familiar knotless mechanism
- Small size of the 2.6 FiberTak soft anchor allows for multiple points of fixation for increased tissue-to-bone compression
- Optimized anchor sheath design secures into bone with over 70 lb of pull-out strength¹

Single-Row Rotator Cuff Repair

Simple-Stitch Configuration

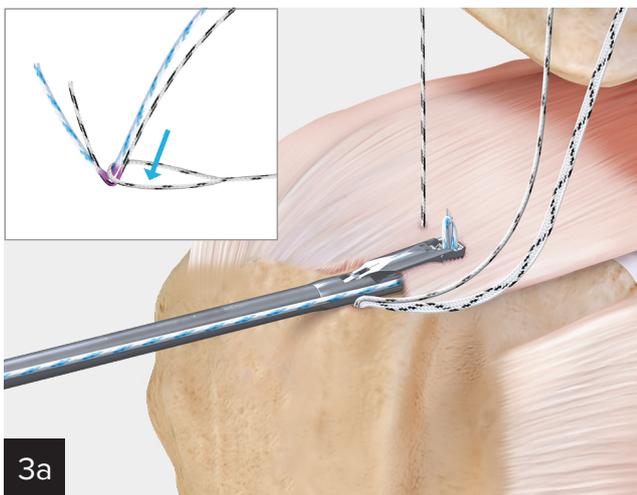


Using a standard viewing portal, assess the size and mobility of the cuff tear. Use standard techniques to prepare the soft tissue and footprint.

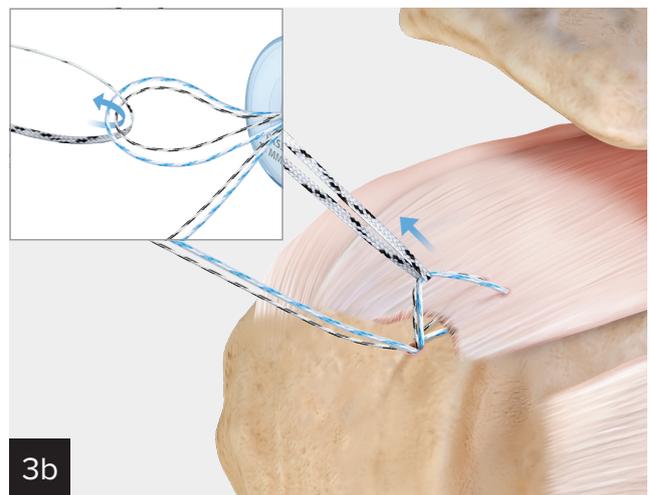
Align the anchor perpendicular to the bone. Use a mallet to insert the self-punching anchor, stopping at the laser insertion zone marked on the inserter shaft.



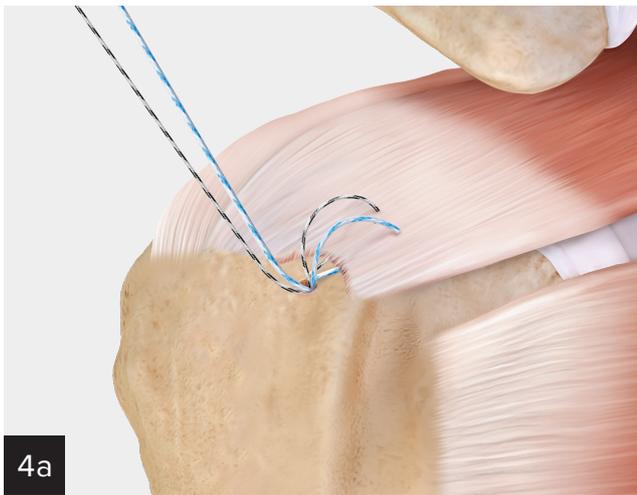
Once the anchor has reached the laser insertion zone, remove the suture retention ring from the inserter handle and remove the inserter from bone. To set the anchor, grab all of the suture limbs and slowly pull back until resistance is met.



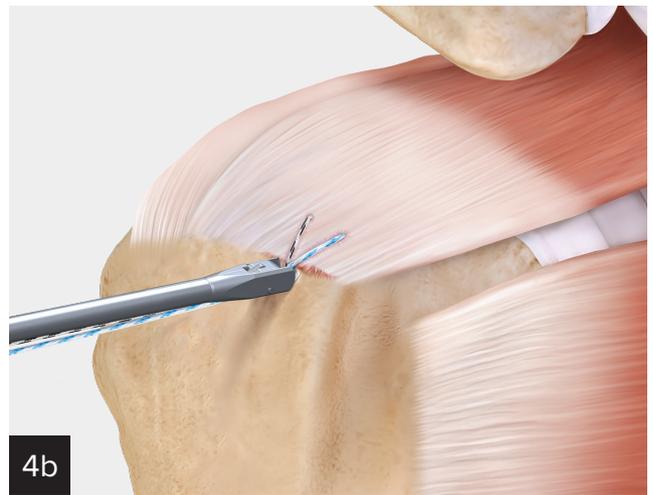
Pass each repair suture separately by retrieving one repair suture through the lateral portal and passing it through the rotator cuff using a Scorpion™ suture passer. After the first repair suture is passed through the cuff, retrieve it through a working portal and repeat the steps to pass the second repair suture. After both repair sutures have been passed, retrieve both repair sutures and the loop end of the shuttle link through the lateral portal. Load the two repair sutures through the loop and convert the anchor.



Optional — After the anchor has been converted, load the shuttle link through the loops of the repair sutures, outside of the lateral cannula, to use as a counter-tension to provide more control while reducing the repair sutures to help prevent any suture tangles.



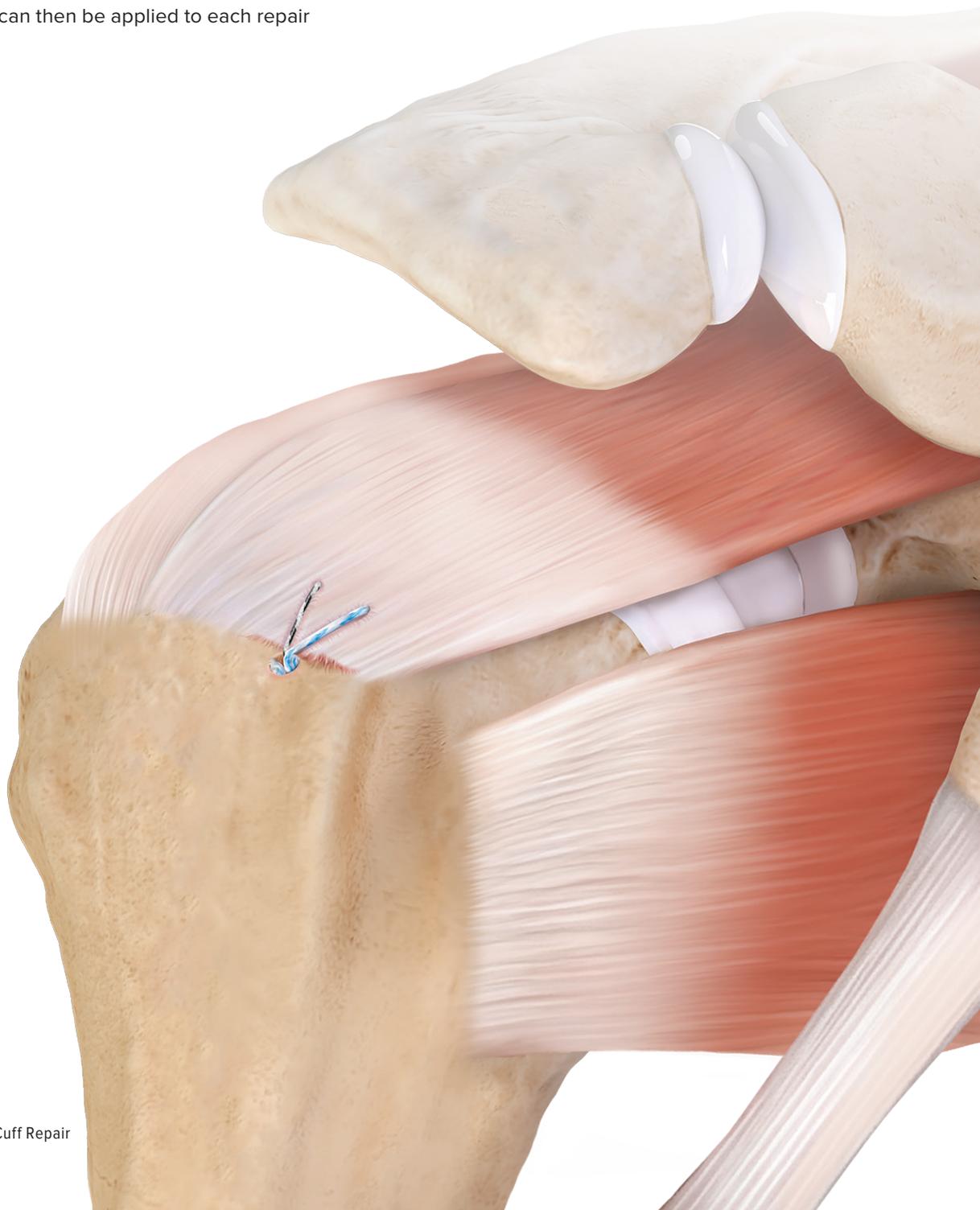
4a



4b

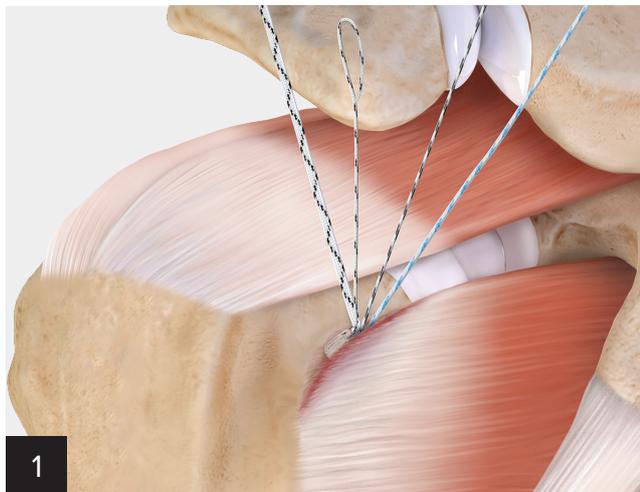
Once the repair sutures have been tensioned down and are both within the arthroscopic scope view, remove the shuttle link. Tension can then be applied to each repair suture individually.

After final tension has been achieved on each repair suture individually, cut the two repair sutures.



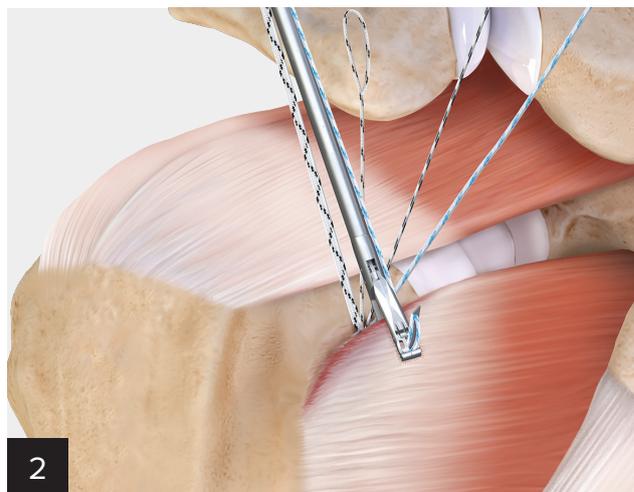
Subscapularis Repair

Rip-Stop Configuration

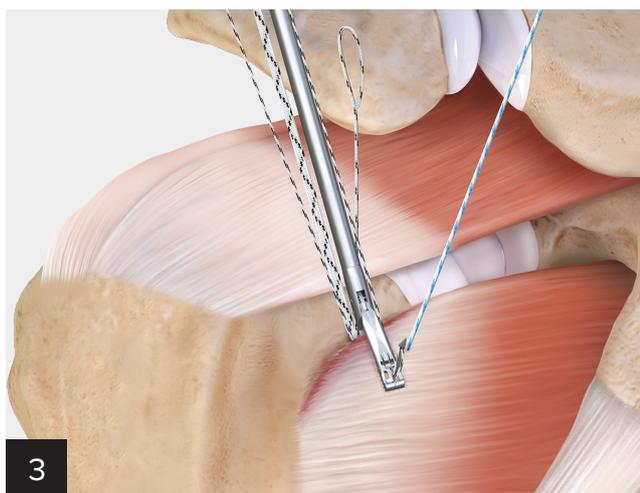


Viewing from posterior, using the Synergy Pano™ scope to aid in visibility, use your standard technique for soft-tissue and bone-bed preparation.

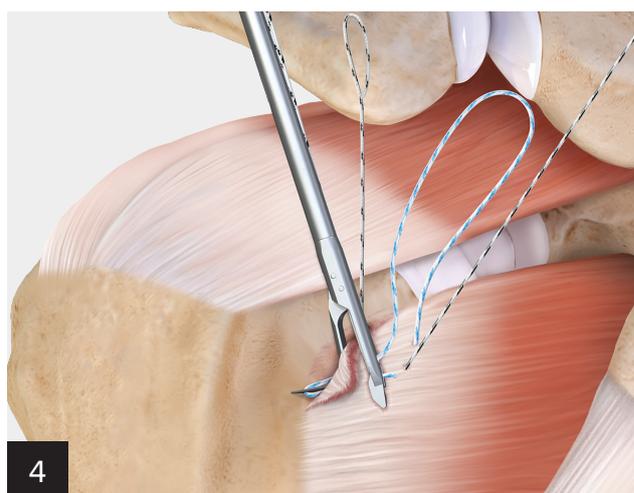
Align the anchor at the desired anchor insertion site. Insert the FiberTak® anchor, stopping at the laser insertion zone. Once the anchor has reached the laser-marked insertion zone, remove the suture retention ring from the inserter handle and remove the inserter from bone. To set the anchor, grab all suture limbs and slowly pull back until resistance is met.



Using a Scorpion™ suture passer, pass the first repair suture medial to the anchor insertion site.

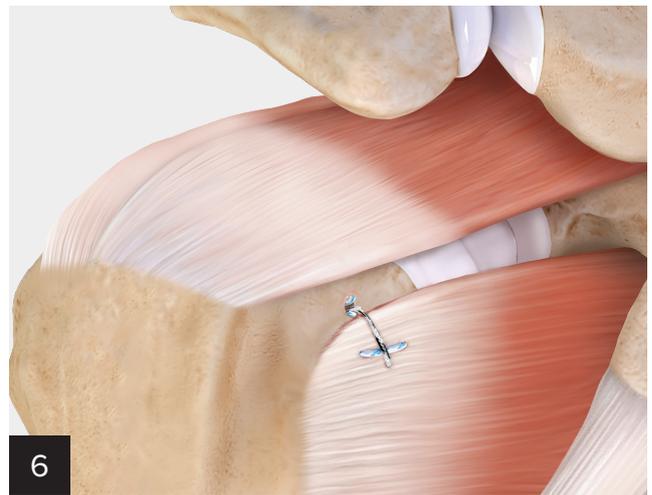
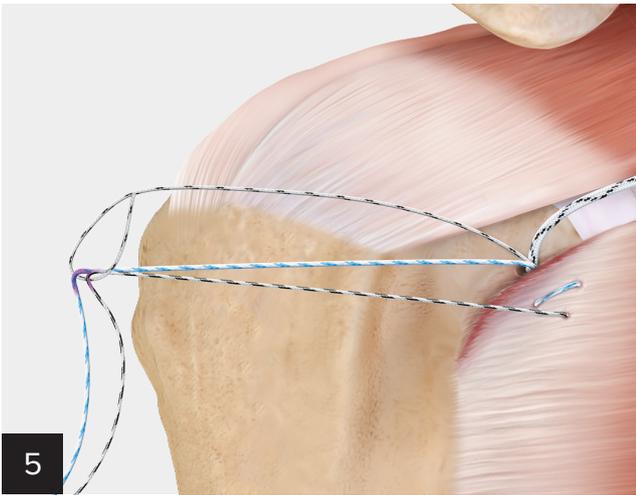


Pass the second repair suture inferior and lateral to the previous pass.



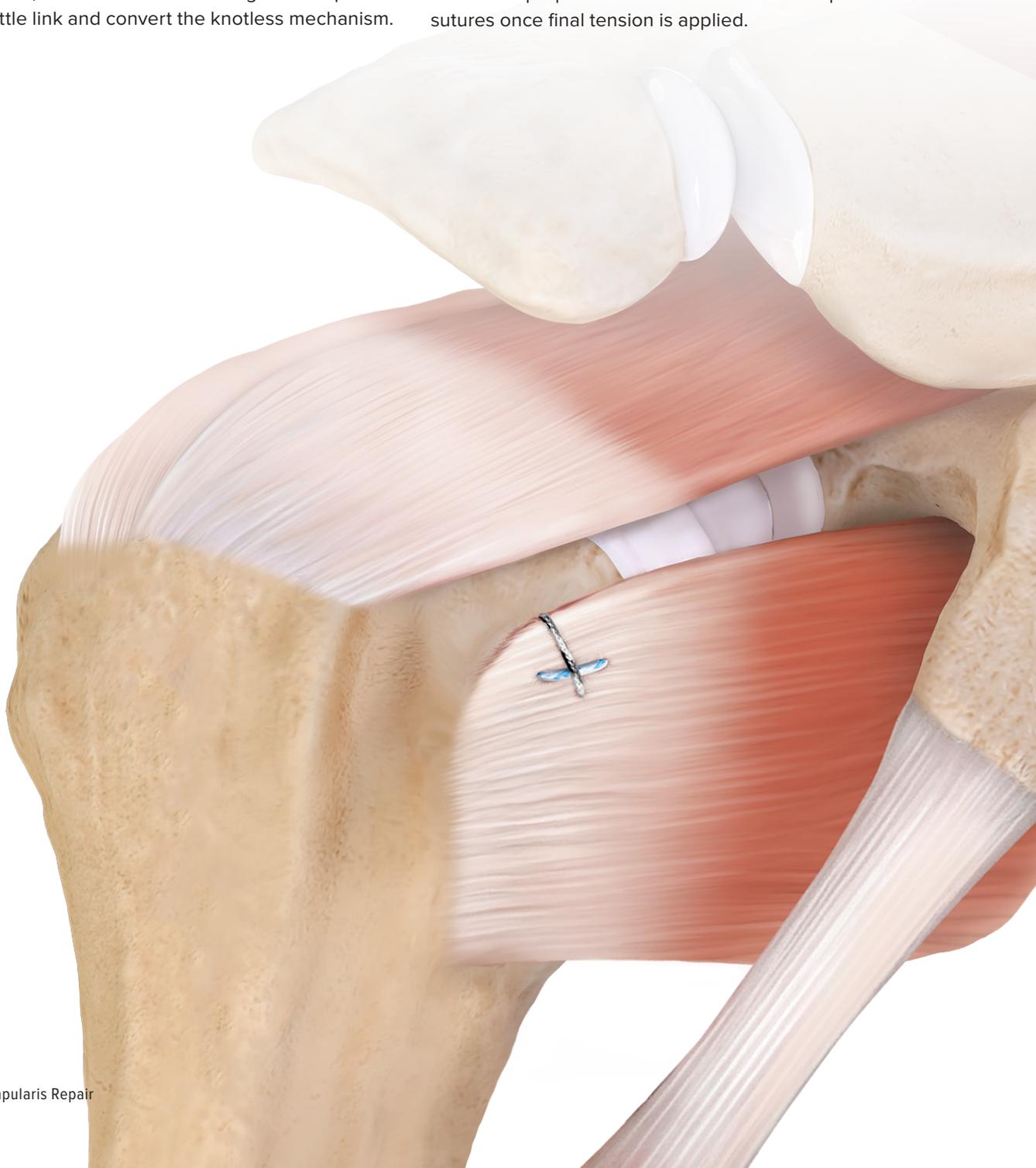
Invert the Scorpion suture passer and pass the first repair suture, creating a mattress stitch that will act as a rip-stop.

Note: Ensure that the Scorpion suture passer is pointed away from the bicipital groove to allow the needle to pass the suture.



5 With both knotless repair sutures through the subscapularis, load both sutures through the loop end of the shuttle link and convert the knotless mechanism.

6 Apply tension to each knotless repair stitch individually to achieve proper tension. Cut the knotless repair sutures once final tension is applied.



Ordering Information

Double-Loaded Knotless FiberTak® Anchors

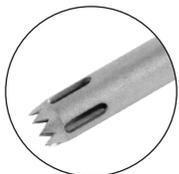
Product Description	Item Number
Knotless 2.6 FiberTak Double-Loaded w/ #2 KL Repair Sutures (white/blue & white/black), 5 pack	AR-3642SP

FiberTak Instruments

Product Description	Item Number
Disposables Kit for 2.6 FiberTak Anchors Includes: spear, trocar-tip obturator, and 2.6 mm drill	AR-3650DS
Angled Spear w/ Circumferential Teeth for 2.6 FiberTak and RC Anchors	AR-3655
Punch for 2.6 FiberTak and RC Anchors, reusable	AR-3656
Drill for 2.6 FiberTak and RC Anchors, reusable	AR-3657
Blunt Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR-3658B
Sharp Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR-3658T
Circumferential Teeth Spear	AR-1941CT
Fishmouth Spear	AR-1941DGF

Reference

1. Arthrex, Inc. Data on file (APT-5903), Naples, FL; 2022



Spear w/
Circumferential
Teeth
AR-1941CT



Fishmouth Spear
AR-1941DGF



Trocar-Tip Obturator
AR-3658T



Blunt-Tip Obturator
AR-3658B



Punch for 2.6
FiberTak Soft Anchors
AR-3656



Drill for 2.6
FiberTak Soft
Anchors
AR-3657



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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US patent information