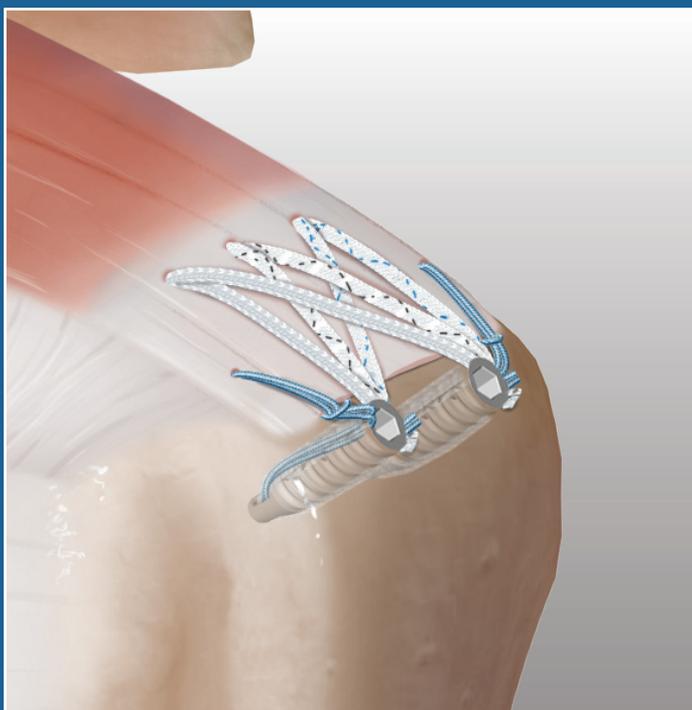




FiberTak™ DR Bridge Knotless Rotator Cuff Repair
Using FiberTak DR and SwiveLock® C Anchors

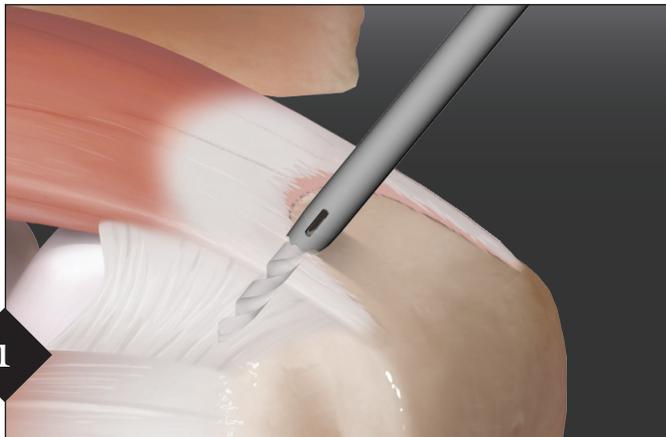
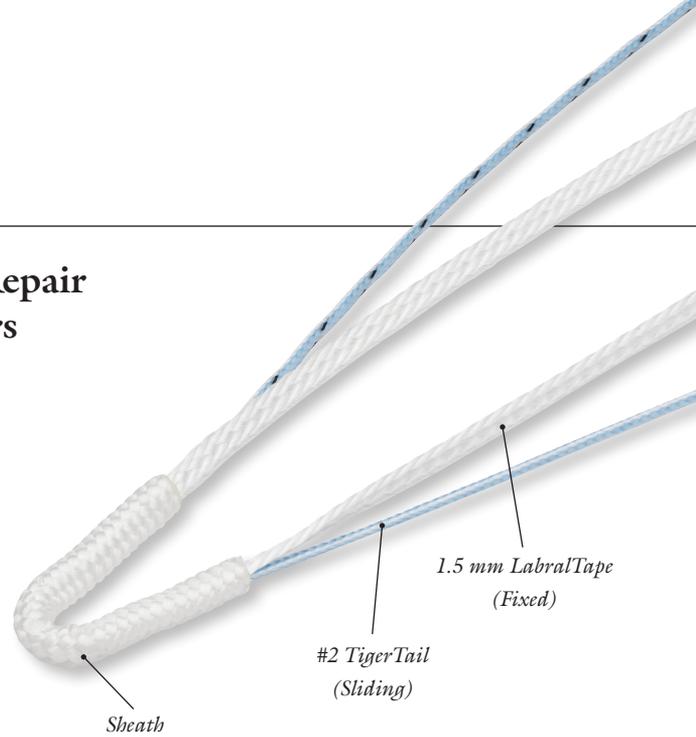
Surgical Technique



Knotless Rotator Cuff Repair

FiberTak™ DR Bridge Knotless Rotator Cuff Repair Using FiberTak DR and SwiveLock® C Anchors

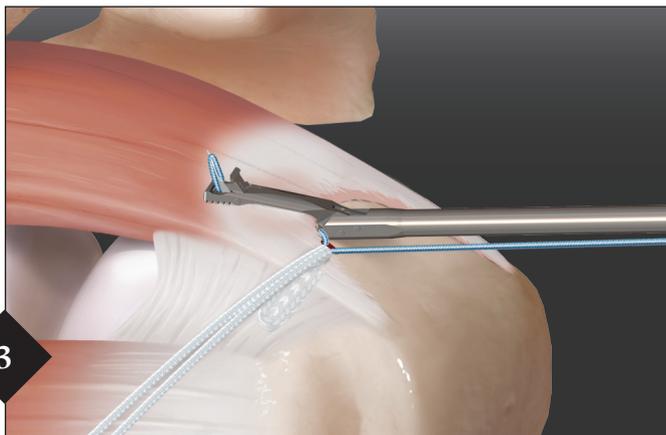
The FiberTak DR (or “Double Row”) suture anchor is specifically designed for surgeons that prefer an “all-suture” anchor for the medial row of a double-row, bridging, rotator cuff repair. They are combined with knotless SwiveLock C anchors for the lateral row. The unique FiberTak DR anchor has a LabralTape™ suture that is fixed to the sheath so that it cannot slide, making it easy to tension the lateral row of a totally knotless construct. It also includes a sliding #2 FiberWire® TigerTail® suture that can either be incorporated into the repair, or discarded, providing ultimate flexibility.



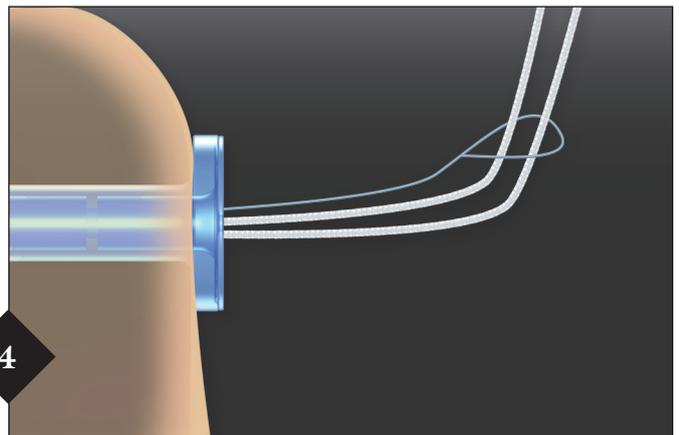
Position the angled FiberTak Spear at the articular margin and prepare a 2.6 mm bone socket using either the FiberTak DR Punch or Drill. Carefully keep the Spear in position.



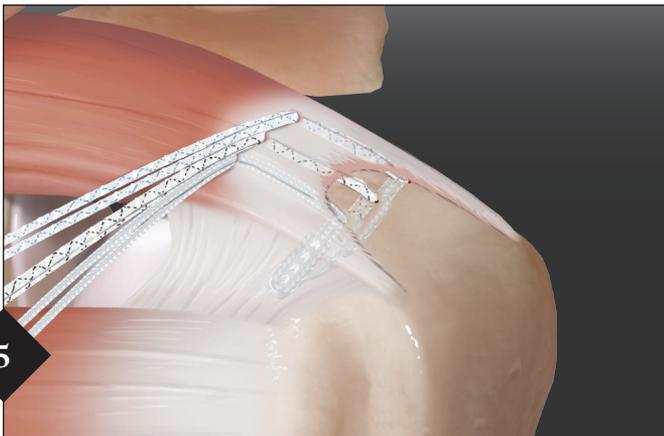
Insert the anchor through the Spear with gentle impaction until the inserter handle bottoms out on the Spear. Take care to avoid impacting the Spear into the bone, which could compromise the cortex and lead to poor fixation. Pull the orange suture release tab and remove the inserter and Spear. Lightly pull on the sutures to set the anchor. The sliding #2 TigerTail suture can be saved for incorporation or discarded at this time.



Pass the tail of a FiberLink™ suture, for use as a suture shuttle, through the rotator cuff with a FastPass Scorpion™ SL suture passer. Move the FiberLink tail to an accessory portal.

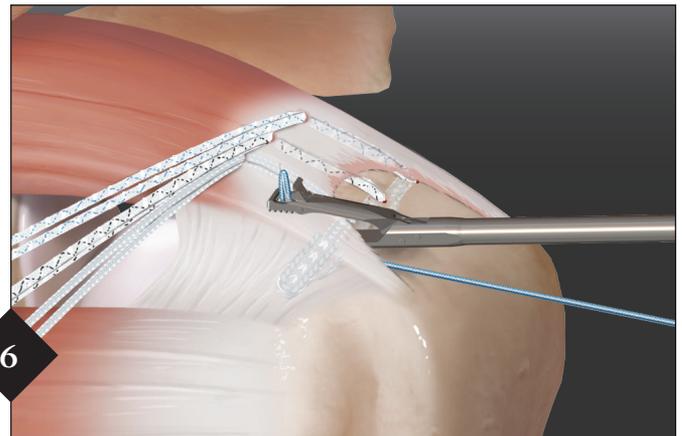


Retrieve both LabralTape suture tails from the FiberTak DR anchor, using a FiberTape® Retriever. Load both tails of the LabralTape through the FiberLink loop. Pull on the FiberLink tail, through the accessory portal, to shuttle the LabralTape sutures through a single hole in the rotator cuff.



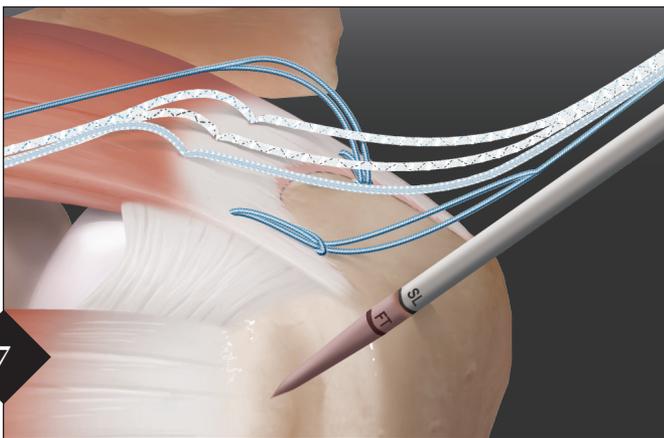
5

Repeat steps 1-4 for the central and posterior FiberTak™ DR anchors. Three color combinations are available for easy suture management.



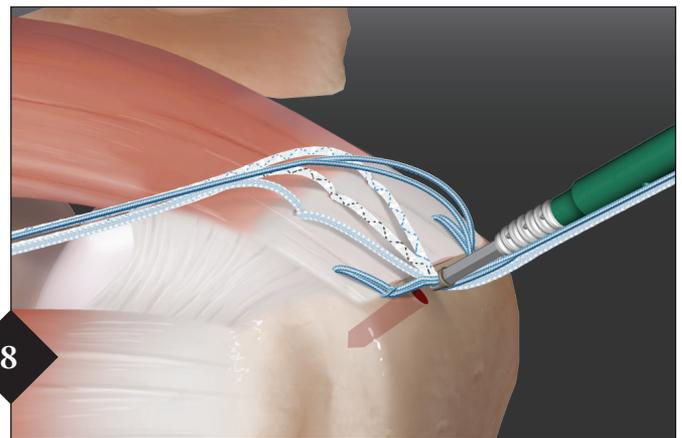
6

The FiberLink can be used to knotlessly manage a dog ear. Pass the FiberLink™ suture tail through the dog ear with the Scorpion™ SL suture passer. Pass the FiberLink tail through the FiberLink loop to create a cinch stitch.



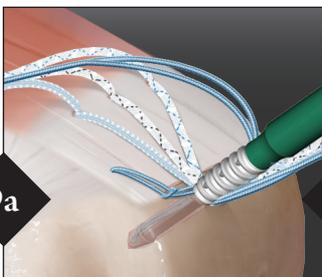
7

Retrieve one LabralTape™ suture tail from each medial anchor and one FiberLink dog ear stitch laterally. Preload them through the SwiveLock® anchor eyelet and clamp the sutures with a hemostat. Prepare a bone socket using a punch. Anchor position is normally 5-10 mm lateral to the edge of the tuberosity.

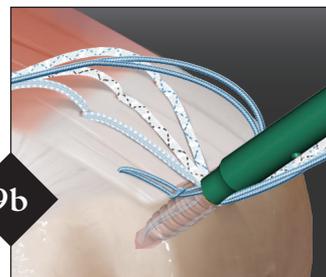


8

Bring the SwiveLock eyelet to the outer edge of the bone socket and remove slack from each LabralTape and FiberLink limb individually.

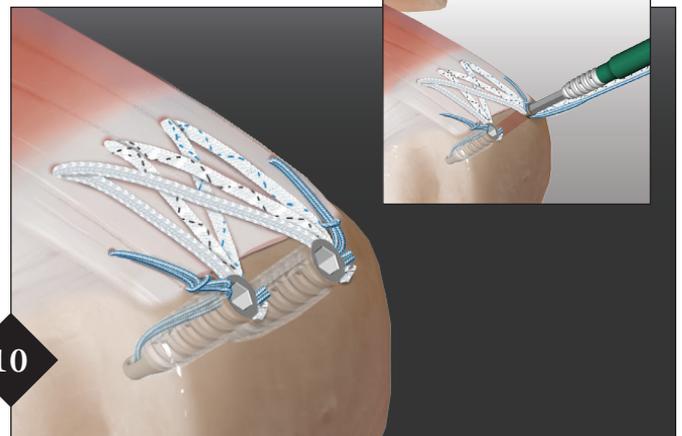


9a



9b

Completely advance the driver into the bone socket until the anchor body contacts bone. Evaluate tissue tension. If it is determined that the tension is not adequate, the driver can be backed out and tension readjusted. Do not attempt to apply tension with the eyelet in the bone socket. Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver in a clockwise direction to insert the anchor body until it is flush with the bone.



10

Cut the LabralTape suture tails with a FiberTape® Cutter. Repeat steps 6-9 for the second lateral anchor, completing the FiberTak DR Bridge repair.

Ordering Information

Implants/Disposables:

FiberTak DR with white LabralTape & blue/black #2 TigerTail sutures	AR-3651
FiberTak DR with white/black LabralTape & white/green/black #2 TigerTail sutures	AR-3651T
FiberTak DR with white/blue LabralTape & white/black #2 TigerTail sutures	AR-3651TT
BioComposite SwiveLock C, 4.75 mm x 19.1 mm, closed eyelet	AR-2324BCC
BioComposite SwiveLock C, 5.5 mm x 19.1 mm, closed eyelet	AR-2323BCC
BioComposite SwiveLock SP, 4.75 mm x 24.5 mm, self-punching	AR-2324BCM
BioComposite SwiveLock SP, 5.5 mm x 24.5 mm, self-punching	AR-2323BCM
BioComposite SwiveLock C, 4.75 mm x 22 mm, double-loaded with two #2 TigerWire CL (1 white/blue, 1 white/black)	AR-2324BCC-2
BioComposite SwiveLock C, 4.75 mm x 22 mm, double-loaded with two #2 TigerTail (1 white/black, 1 blue/black)	AR-2324BCT-2
BioComposite SwiveLock C, 5.5 mm x 22 mm, double-loaded with two #2 TigerTail (1 white/black, 1 blue/black) <i>(PEEK, PLLA and titanium SwiveLock anchor options also available)</i>	AR-2323BCT-2
MultiFire Scorpion Needle	AR-13995N

Instruments:

Spear for FiberTak DR/RC	AR-3655
Punch for FiberTak DR/RC	AR-3656
Drill for FiberTak DR/RC	AR-3657
Blunt Obturator for Spear	AR-3658B
Sharp Obturator for Spear	AR-3658T
Punch, for 5.5 mm Corkscrew FT and 4.75 mm and 5.5 mm SwiveLock	AR-1927PB
Disposable Punch, for 5.5 mm Corkscrew FT and 4.75 mm and 5.5 mm SwiveLock	AR-1927PBS
FastPass Scorpion SL	AR-13999MF
FiberTape Cutter	AR-13250
FiberTape Retriever w/SR Handle	AR-13974SR

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.



View U.S. Patent information at www.arthrex.com/corporate/virtual-patent-marking