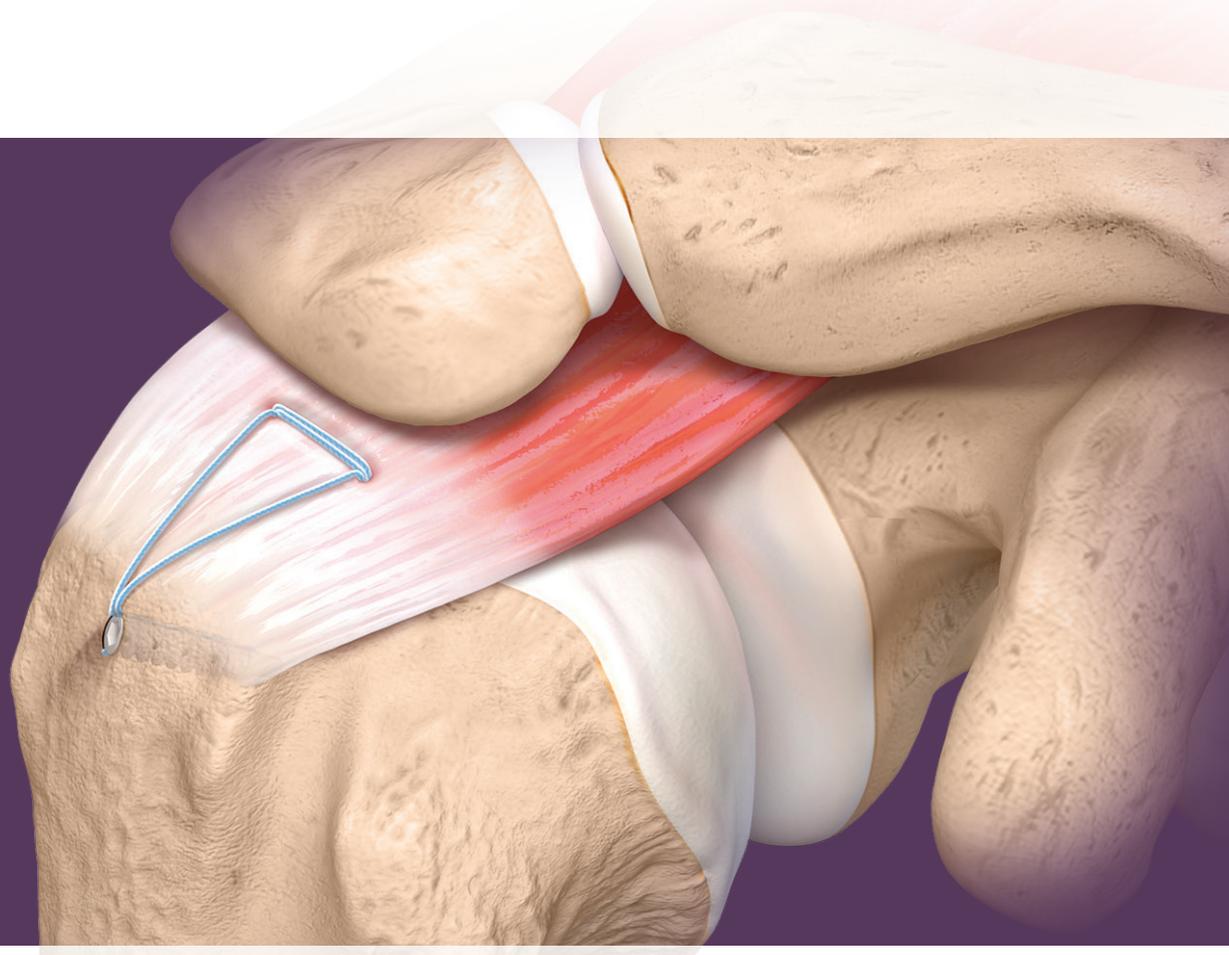


# Knotless Corkscrew<sup>®</sup> PASTA Bridge Repair

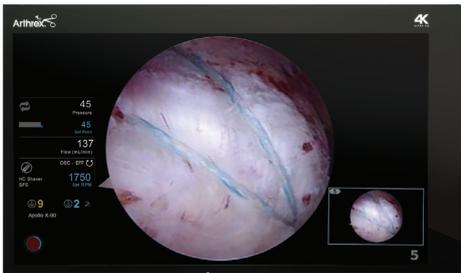
Surgical Technique



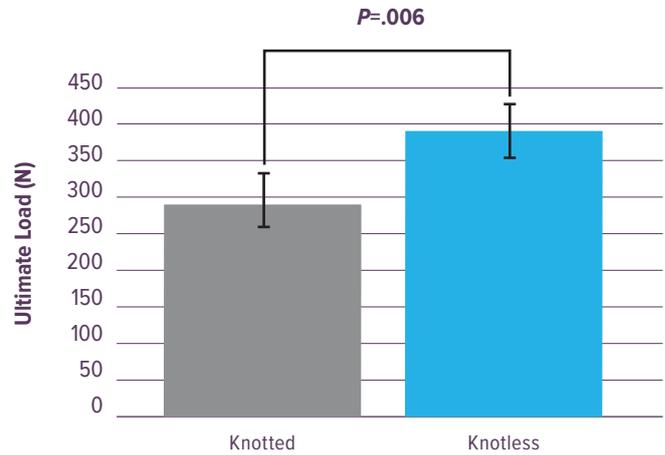
# Knotless Corkscrew® PASTA Bridge Repair

The knotless PASTA bridge technique simplifies PASTA repair while providing a secure bridging construct that enhances footprint compression to maximize contact between tendon and bone.<sup>1</sup>

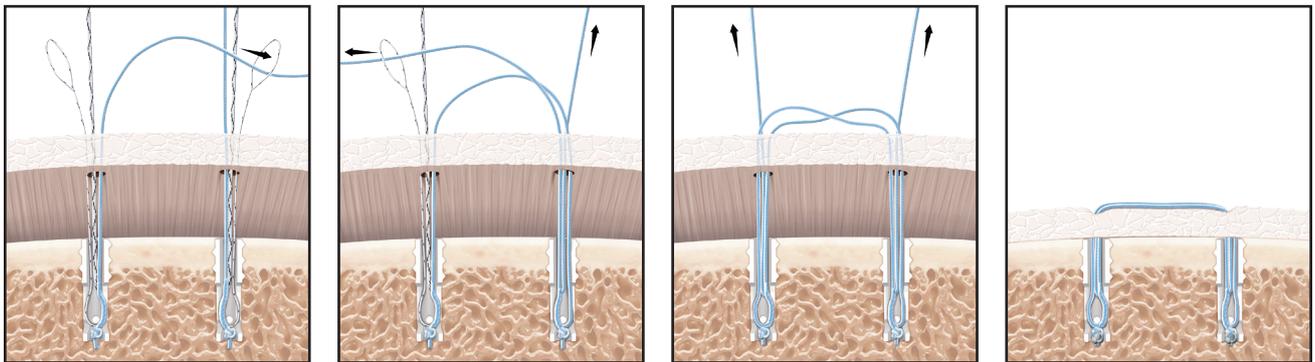
The technique allows for percutaneous transtendon anchor insertion through a small incision with no arthroscopic suture passing or knot tying, creating a simple, reproducible repair.



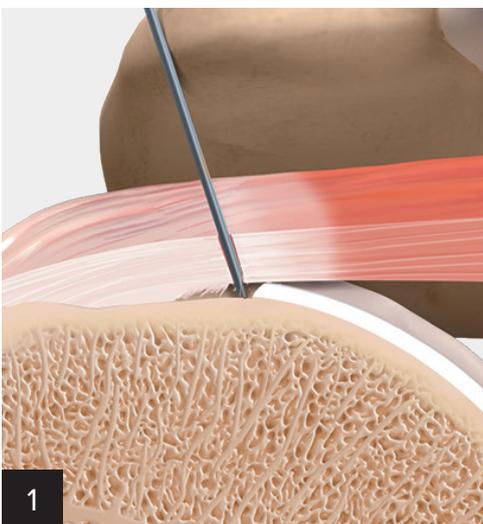
**Knotted Medial Pulley vs Knotless Medial Pulley<sup>1</sup>**



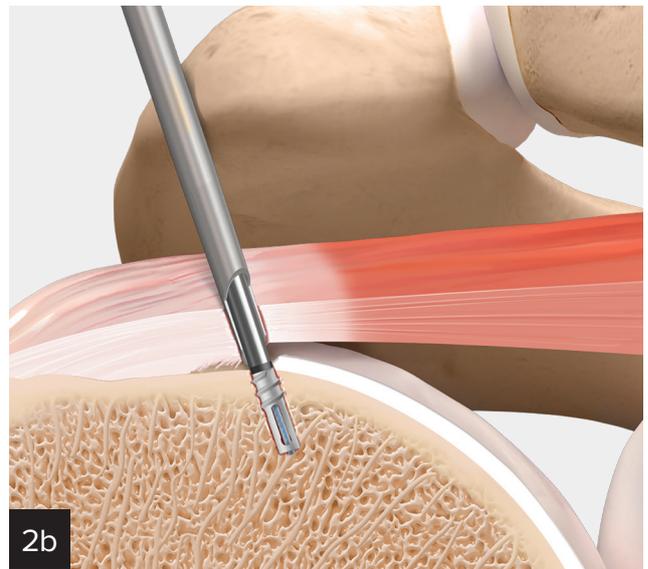
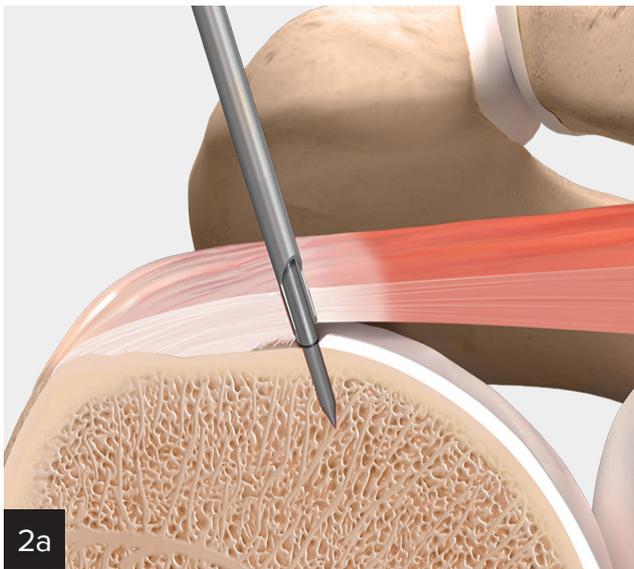
## Medial Double-Pulley Bridge



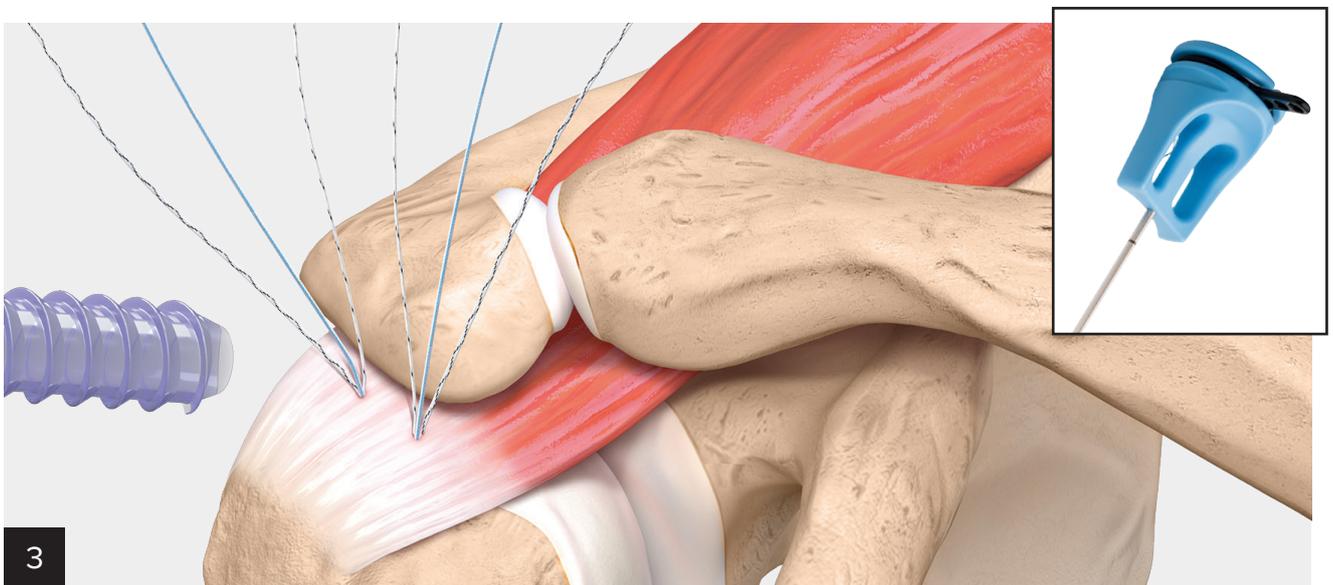
## Surgical Technique



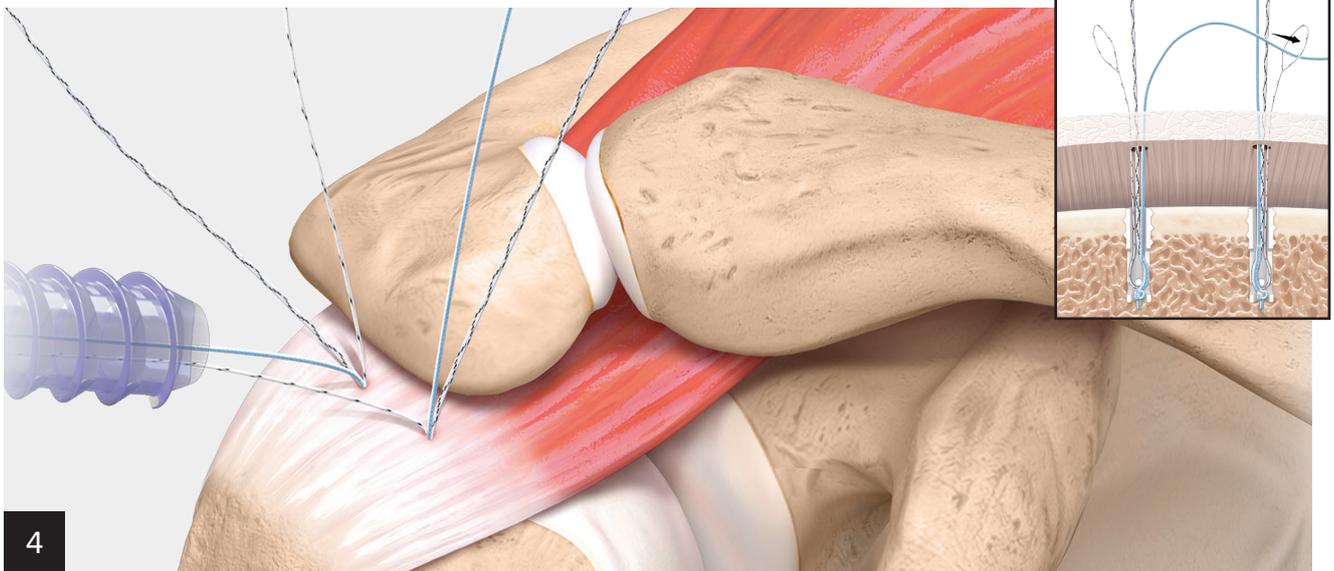
The subacromial bursa must be thoroughly excised above the area of the tear to easily locate the sutures in the subacromial space once the anchors have been inserted. While viewing intra-articularly, use the 17-gauge spinal needle to determine the optimal position and angle of approach for transtendon suture anchor placement. Remove the inner trocar of the spinal needle and introduce the 1.1 mm Nitinol guidewire through the needle. Use the spinal needle and Nitinol guidewire from the Knotless SutureTak® anchor percutaneous kit (AR-1938PK).



Remove the spinal needle, leaving the 1.1 mm guidewire in place. Insert the Knotless Corkscrew® anchor portal dilator over the guidewire, and then introduce the Knotless Corkscrew spear (AR-1941DG) over the dilator. Through the spear, punch or drill the bone socket until the punch laser line is flush with the back of the spear. Insert the 3.9 mm Knotless Corkscrew anchor through the spear and into bone. Once the anchor threading contacts the bone surface, begin turning the anchor handle clockwise. Continue threading the anchor into the bone socket until the black laser line of the anchor handle is level with the handle of the spear.



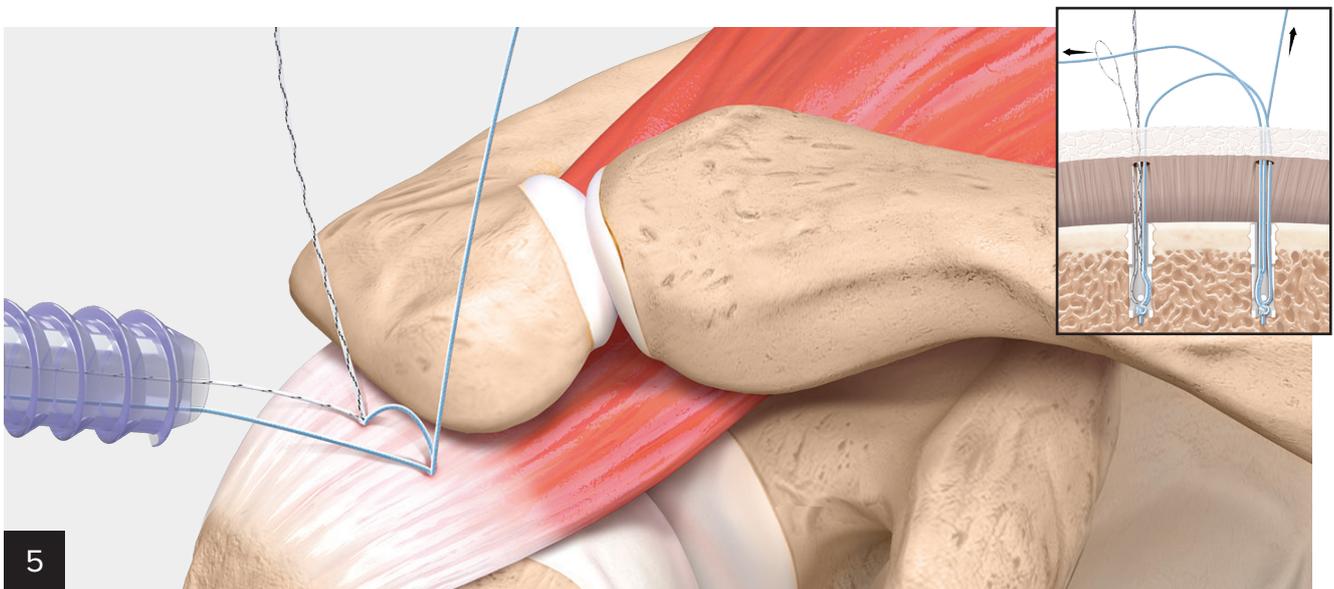
Remove the rubber stopper on the back of the anchor handle, and remove the inserter handle and spear. Repeat the previous steps, and insert a second medial Knotless Corkscrew anchor.



4

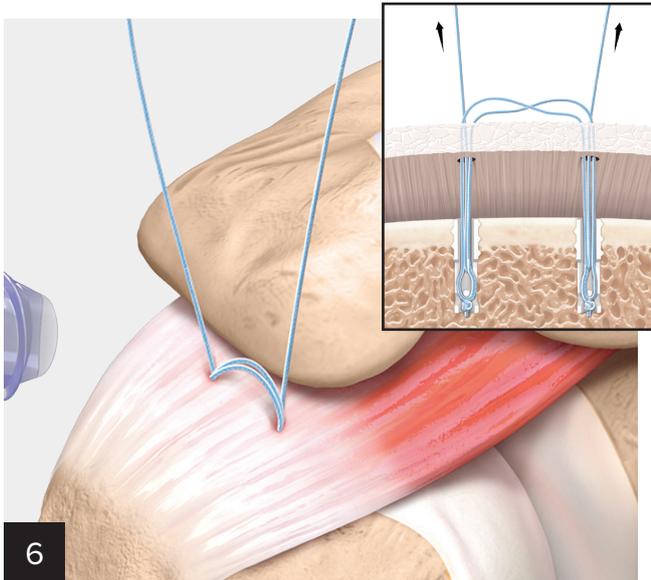
Viewing subacromially, retrieve the posterior blue repair suture and the anterior looped end of the white/black shuttle suture out of the lateral cannula. Feed the end of the repair suture through the loop of the shuttle suture. Fold the repair suture tail at the ink-mark indicator. Pull the tape suture tail of the white/black shuttle suture to shuttle the repair suture into the knotless mechanism. **Pull the repair suture, but do not tighten it completely until the second repair suture is shuttled.**

**Note: Clamp the blue repair suture that was successfully shuttled. This will reduce confusion while retrieving sutures for the second shuttling step.**



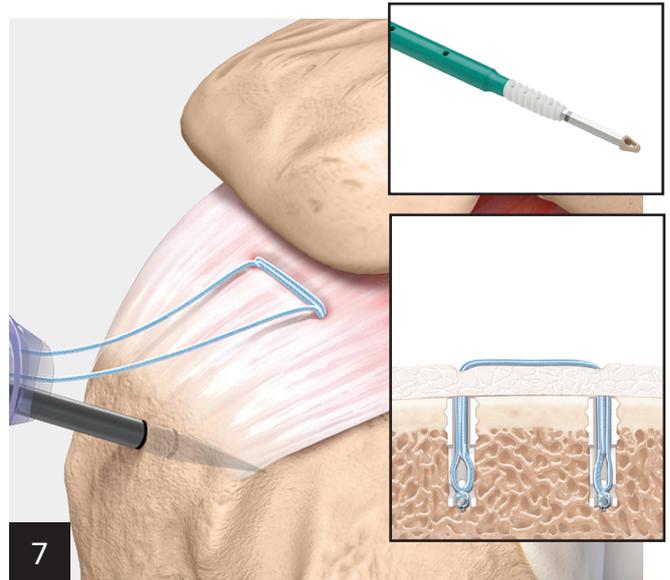
5

Repeat the previous steps using the anterior blue repair suture and the posterior looped end of the white/black shuttle suture.



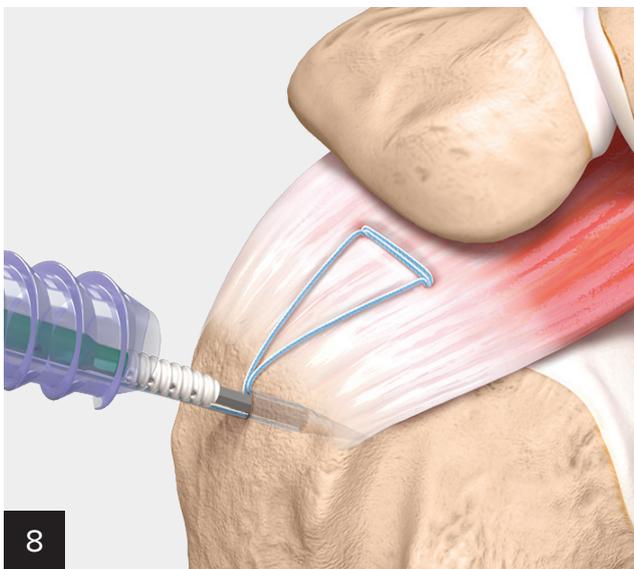
6

Equally tension the free limbs of the suture until adequate tension is applied to the bursal surface of the tendon. Once the second repair suture is fed through the knotless anchor mechanism, retrieve the free limbs of both sutures out of the lateral cannula.



7

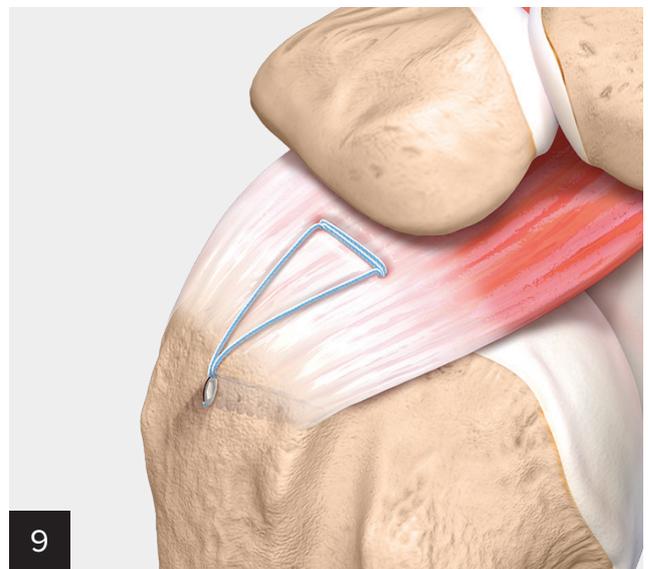
Preload the suture ends through the SwiveLock® C eyelet. Prepare a bone socket using the SwiveLock punch, 5 mm to 10 mm distal to the superior lateral corner of the greater tuberosity.



8

Bring the SwiveLock eyelet to the edge of the bone socket and tension each suture individually. Once adequate tension is set, insert the SwiveLock C anchor into the bone socket until the anchor body contacts the bone.

**Note: If it is determined that the tension is not adequate, the anchor eyelet can be backed out and tension readjusted. (Do not attempt to apply tension with the eyelet in the bone socket.)**



9

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 surface. Unwind and discard the #2 FiberWire® tip retention suture. Remove the driver. Cut the FiberWire suture tails with an open-ended FiberWire cutter.

## Ordering Information

### Implants

| Product Description   | Item Number |
|---|-------------|
| Biocomposite, 3.9 mm Knotless Corkscrew® anchor, w/ #5 suture | AR-1941BC   |
| PEEK, 3.9 mm Knotless Corkscrew anchor, w/ #5 suture          | AR-1941PSV  |
| Biocomposite, SwiveLock® C, 4.75 mm × 19.1 mm, closed eyelet  | AR-2324BCC  |

### PASTA Bridge Repair Kit

| Product Description  | Item Number |
|--|-------------|
| Drill Guide and Dilator, 3.9 mm Knotless Corkscrew           | AR-1941DG   |
| Fishmouth Drill Guide, 3.9 mm Knotless Corkscrew             | AR-1941DGF  |
| Circumferential Teeth Drill Guide, 3.9 mm Knotless Corkscrew | AR-1941CT   |
| Drill, 3.9 mm Knotless Corkscrew                             | AR-1941D    |
| Punch, 3.9 mm Knotless Corkscrew                             | AR-1941P    |
| Punch Tap, 3.9 mm Knotless Corkscrew                         | AR-1941PTB  |

### Optional Instruments

| Product Description  | Item Number |
|--|-------------|
| Percutaneous Insertion Kit for 3.0 mm Knotless SutureTak® Anchor | AR-1938PK   |



## Knotless 2.6 FiberTak® Suture Anchor

The Knotless 2.6 FiberTak soft suture anchor has the same tensionable knotless technology as the smaller Knotless 1.8 FiberTak soft suture anchor with a #5 repair suture. This anchor option combines the benefits of a soft anchor with a broader soft-tissue repair option. Using a drill guide and 2.6 mm drill, create a pilot hole and insert the anchor through the drill guide. Once the repair suture is passed through tissue, shuttle it into the knotless suture mechanism. Suture repair tension can be controlled and adjusted under direct visualization.

### Additional Benefits:

- #5 repair suture provides a broader compression for soft-tissue repairs
- A tapered suture tail designed for suture passing with a Scorpion™ suture passer

### Applications:

- Partial articular supraspinatus tendon avulsion (PASTA)
- Upper boarder subscapularis tear
- Hill-Sachs lesion



## Ordering Information

### Implant

| Product Description                               | Item Number |
|---|-------------|
| Knotless 2.6 FiberTak Suture Anchor, w/ #5 suture | AR-3641     |

### Disposable Instruments

| Product Description                                    | Item Number |
|--|-------------|
| Disposables Kit, w/ spear, obturator, and 2.6 mm drill | AR-3650DS   |
| 2.6 mm Drill   | AR-3657     |

### Reusable Instruments

| Product Description  | Item Number |
|--|-------------|
| Punch, Knotless 2.6 FiberTak   | AR-3656     |
| Blunt-Tip Obturator for Spear  | AR-3658B    |
| Trocar-Tip Obturator for Spear                                       | AR-3658T    |
| Angled Spear w/ Circumferential Teeth                                | AR-3655     |
| Spear w/ Circumferential Teeth (From 3.5 mm PushLock® Anchor System) | AR-1906     |
| Fishmouth Spear (From 3.5 mm PushLock Anchor System)                 | AR-1907     |



Blunt-Tip Obturator  
AR-3658B



Trocar-Tip Obturator  
AR-3658T



Angled Spear w/  
Circumferential Teeth  
AR-3655



Spear w/  
Circumferential Teeth  
AR-1906



Fishmouth Spear  
AR-1907

## Reference

---

1. Arthrex, Inc. LA1-00066-EN\_A. Naples, FL; 2017.



This surgical technique has been developed in cooperation with Alan M. Hirahara, MD, FRCSC

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.

View U.S. patent information at [www.arthrex.com/corporate/virtual-patent-marking](http://www.arthrex.com/corporate/virtual-patent-marking)

© 2020 Arthrex, Inc. All rights reserved. | [www.arthrex.com](http://www.arthrex.com) | LT1-00094-EN\_D