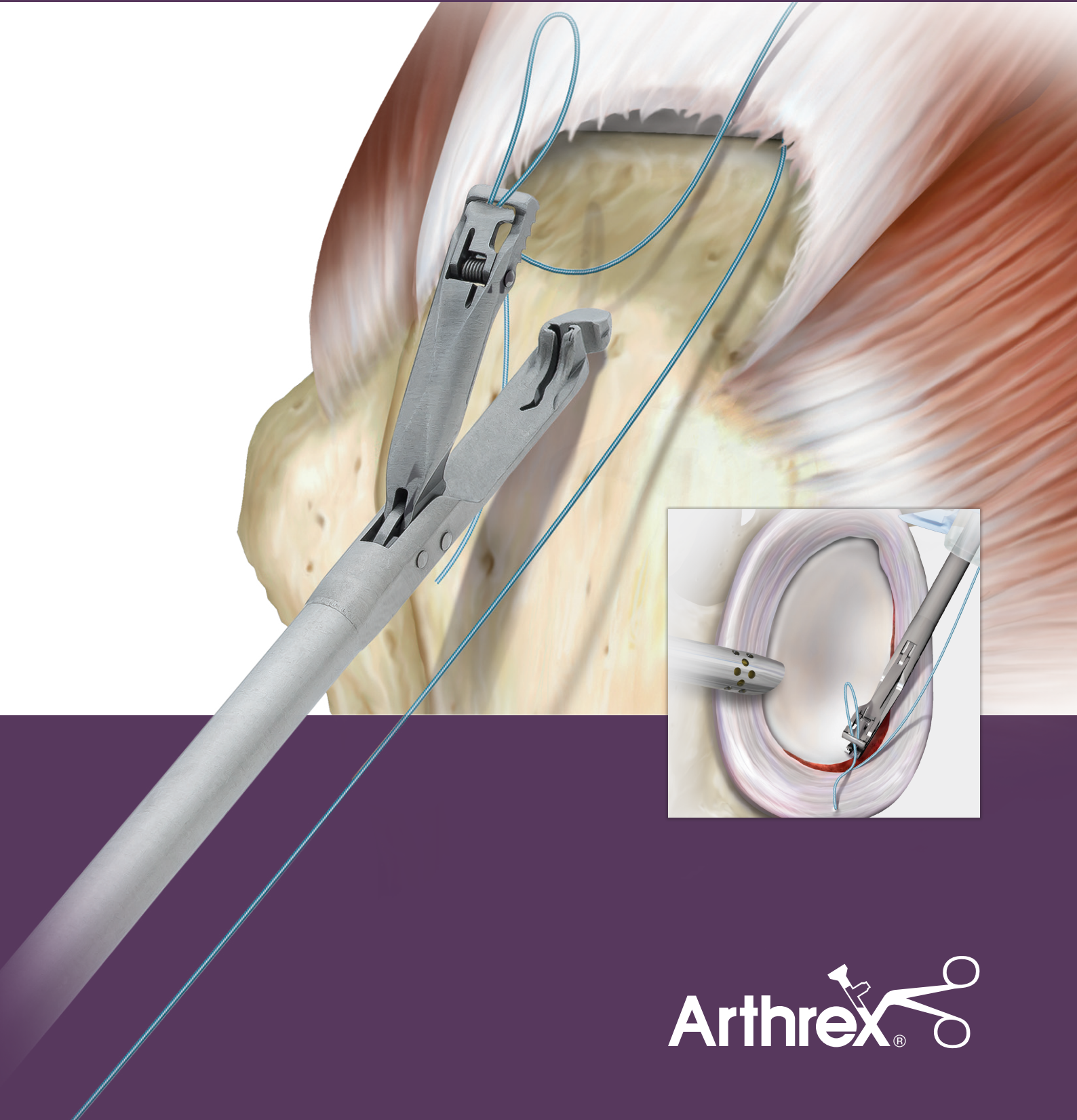


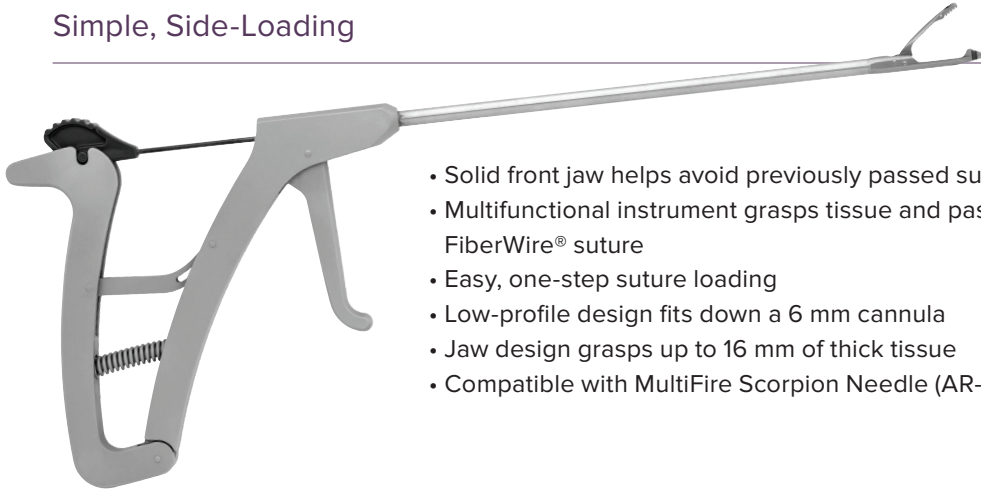
Scorpion™ Suture Passers

Fulfilling the Need for Precision and Speed in
Arthroscopic Rotator Cuff and Labral Repair



FastPass Scorpion™ SL Suture Passer

Simple, Side-Loading



- Solid front jaw helps avoid previously passed sutures
- Multifunctional instrument grasps tissue and passes and retrieves FiberWire® suture
- Easy, one-step suture loading
- Low-profile design fits down a 6 mm cannula
- Jaw design grasps up to 16 mm of thick tissue
- Compatible with MultiFire Scorpion Needle (AR-13995N)

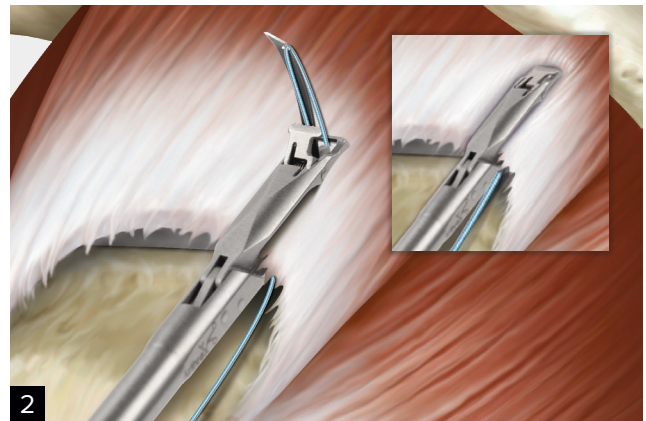


FastPass Scorpion
SL Suture Passer
AR-13999MF



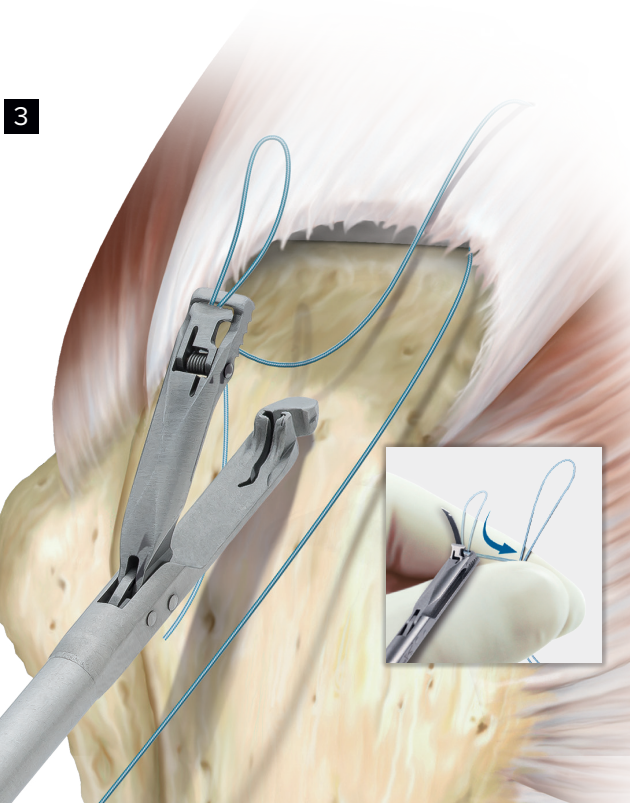
1

Load 1-2 inches of #2 FiberWire suture into the side slot on the bottom jaw. Pull the suture to the back end of the groove.



2

Advance the suture passer through a lateral cannula and position on the tissue. Squeeze the instrument with the palm of your hand, advancing the needle and suture through the tissue.* The needle will retract when the handle is released.



3

Retract the suture passer from the tissue, with the suture captured in the top jaw, from the lateral cannula.

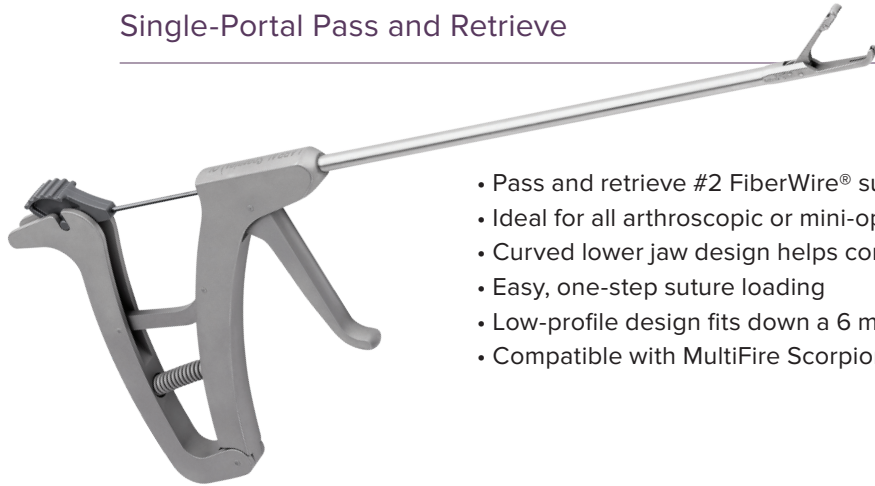
Pull both suture limbs and squeeze the instrument to advance the needle and release the suture.

FastPass
Scorpion SL

*Refer to "Scorpion Suture Passer Tips" for more information

Labral Scorpion™ QL Suture Passer

Single-Portal Pass and Retrieve



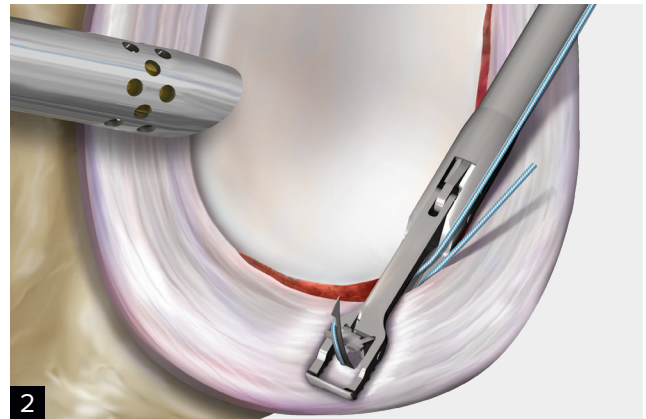
- Pass and retrieve #2 FiberWire® suture through a single portal
- Ideal for all arthroscopic or mini-open glenohumeral soft-tissue passes
- Curved lower jaw design helps contour between the glenoid and labrum
- Easy, one-step suture loading
- Low-profile design fits down a 6 mm cannula
- Compatible with MultiFire Scorpion Needle (AR-13995N)



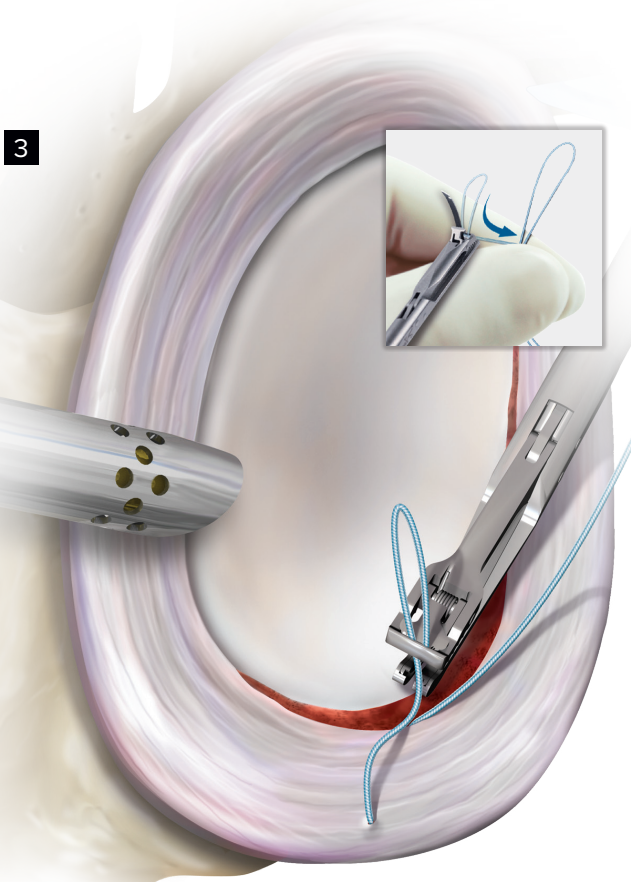
Labral Scorpion
QL Suture Passer
AR-13998QL



Load 1-2 inches of #2 FiberWire suture into the side slot on the bottom jaw. Pull the suture to the back end of the groove.



Advance the suture passer through a cannula and position on the tissue. Squeeze the instrument with the palm of your hand, advancing the needle and suture through the tissue.* The needle will retract when the handle is released.



Retract the suture passer from the tissue, with the suture captured in the top jaw, from the lateral cannula.

Pull both suture limbs and squeeze the instrument to advance the needle and release the suture.

Labral
Scorpion QL

*Refer to "Scorpion Suture Passer Tips" for more information

Scorpion Suture Passer Tips

To help avoid needle breakage and potential patient injury:

- Do not resterilize or reuse the Scorpion™ suture passer needle.
- Avoid striking bone or using excessive force to pass the needle through fibrous/calcific tissue.
- If excessive force is encountered, replace the needle, reposition the device, and pass in a different area.
- Ensure a secure grasp of tissue to prevent the needle from buckling under the tissue.
- Avoid “dry,” repetitive actuations outside the surgical site. Abrasion of the needle surface can occur that may inhibit proper function.

For more information, see the Scorpion™ suture passer technical pearls video:
www.arthrex.com/surgical-pearls/scorpion-needle-rotator-cuff.



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

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