

Arthrex Brostrom Repair

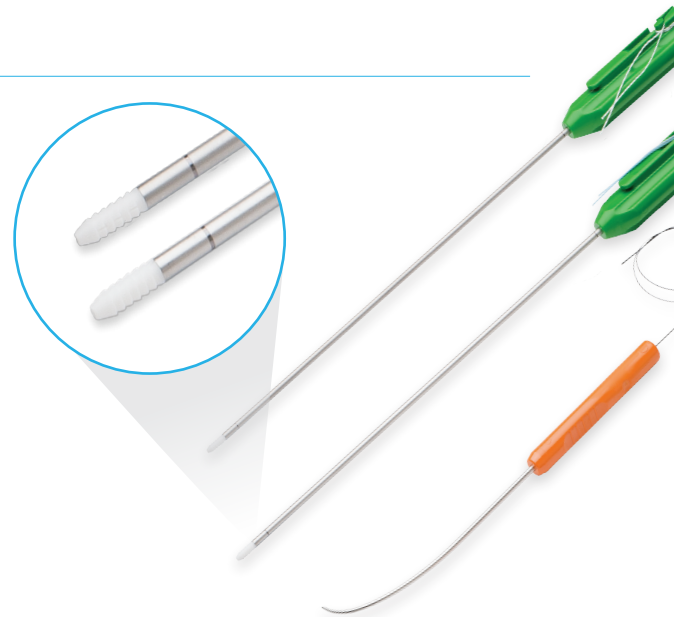
Product and Technique Highlights

Features and Benefits

- Small Incision – Entire operation performed through one, small 1.5 cm incision
- Micro SutureLasso™ Suture Passers– Percutaneously pass sutures through torn ATFL and extensor retinaculum with ease
- Strong Fixation – Using BioComposite SutureTak® anchors¹
- Anchors loaded with #1 FiberWire® suture and #1 TigerWire® suture
- All-in-One-System – Designed specifically for this repair technique for simplified stocking and reproducibility

Reference

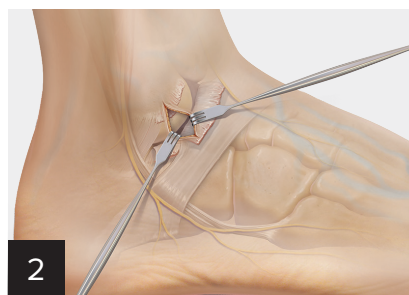
1. Arthrex, Inc. APT 2504. Naples, FL; 2014.



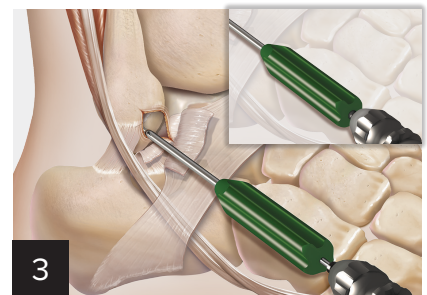
Surgical Technique



Identify the safe zone between the intermediate branch of the superficial peroneal nerve and the superior margin of the peroneal tendons. The inferior extensor retinaculum (IER) can be found 1.5 cm distal to the tip of the fibula. Mark the four proposed exit points for the sutures to incorporate the IER into the repair.

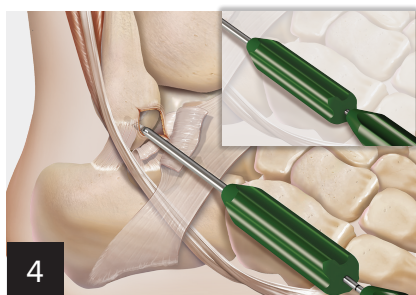


Create a 1.5 cm incision at the distal tip of the fibula in line with the standard course of the ATFL. Complete the dissection to properly expose the anterior aspect of the fibula where the native ATFL would insert.

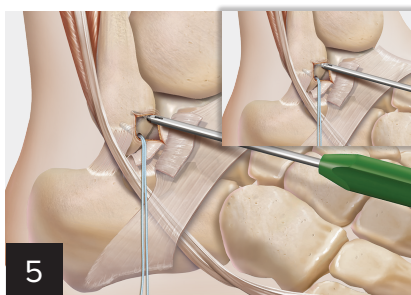


Using the SutureTak drill guide and drill bit, create a bone tunnel 5 mm proximal to the distal tip of the fibula. Drill to the positive stop.

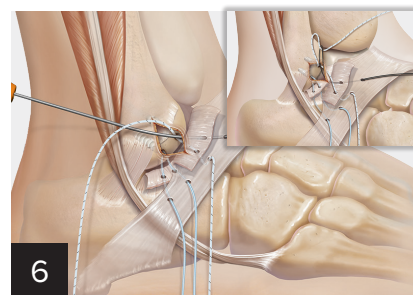
Surgical Technique (Cont.)



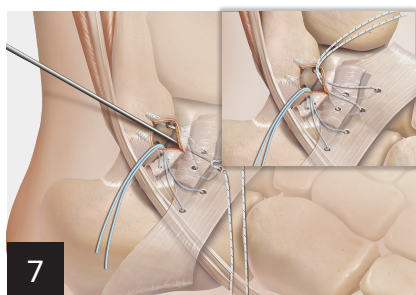
4 Keeping the drill guide in place, insert the 3 mm BioComposite SutureTak® anchor through the guide and bury the anchor into the bone just past the laser line on the driver.



5 In a similar fashion, create another bone tunnel in the fibula approximately 1 cm proximal to the first anchor. Insert the second BioComposite SutureTak anchor into the bone tunnel until flush with the laser line on the driver.



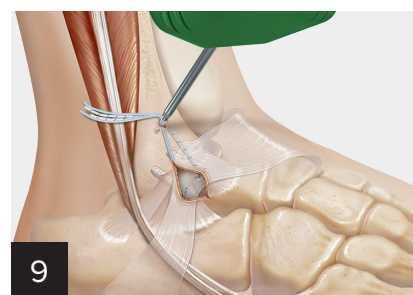
6 Using the Micro SutureLasso™ suture passer, shuttle all four sutures from the anchors through the ATFL and IER via an inside-out approach at the previously designated exit points through the skin.



7 After all four sutures have been passed through the ATFL and extensor retinaculum, subcutaneously retrieve the sutures through the mini-open incision using a probe or hemostat.



8 While holding the foot in neutral and slight eversion, tie the sutures tightly down to the fibula.



9 **Optional:** Insert a 2.9 mm DEX PushLock® anchor to create a SutureBridge™ construct to further enhance the strength and stiffness of the repair.

Ordering Information

Product Description	Item Number
Arthrex Brostrom Repair Implant System	AR-8936BC-CP
Arthroscopic Drill Guide	
Obturator	
Step Drill, cannulated, 2.4 mm	
Step Drill, solid, 2.4 mm	
Guidewire, 1.2 mm, qty. 2	
Micro SutureLasso Suture Passer, lateral ankle	

Product Description	Item Number
Micro SutureLasso Suture Passer, small curve	
BioComposite SutureTak Anchor, 3 mm × 14 mm, one #1 FiberWire® suture, blue	
BioComposite SutureTak Anchor, 3 mm × 14 mm, one #1 TigerWire® suture, white/black	
Optional	
BioComposite PushLock Suture Anchor, 2.9 mm	AR-8923BC
2.9 mm BioComposite PushLock Anchor Diposables Kit	AR-8923DSC

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.