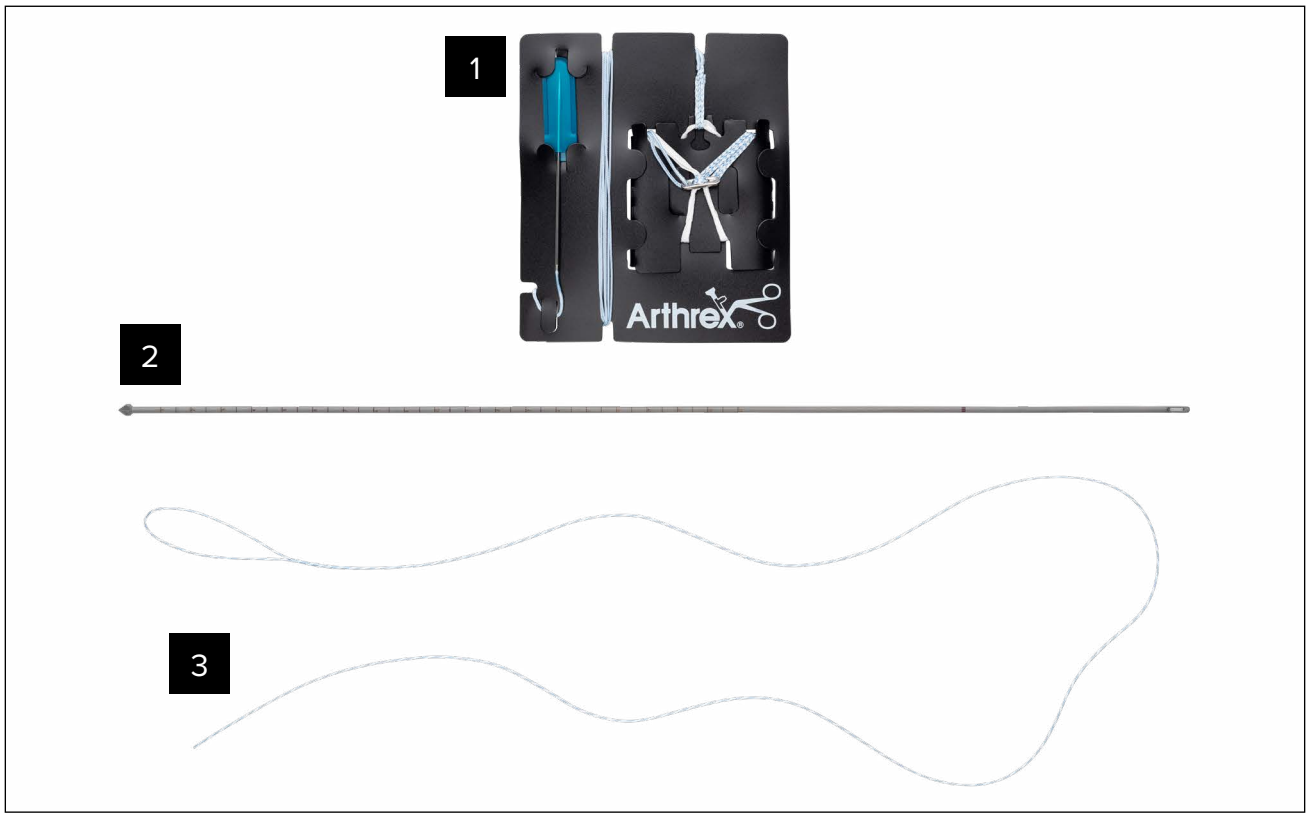
FiberTag® TightRope® II Implant System With Flexible TightRope Drill Pin and FiberLink™ Suture

Kit Card (AR-**1288RTT2-IBSF**)



Pic.	Qty.	Description
1	1	FiberTag TightRope II implant w/ FiberTape® suture for the *Internal*Brace™ technique
2	1	Flexible TightRope drill pin
3	1	#2 FiberLink suture, 26 in length w/ 2 in closed loop (white/blue)

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FiberTag® TightRope® II Suture

The FiberTag TightRope II implant adds optimized features to the revolutionary FiberTag TightRope implant design. New shorter locking splices create a shorter minimum loop length to maximize the amount of graft in the socket. A flat-tape loop and tensioning strands improve strength, fell, and handling.[1]

The FiberTag TightRope II implant comes preloaded with FiberTape® suture for the *Internal*Brace™ technique, which peer-reviewed research associates with lower graft retear rates,[2] less pain, improved patient-reported outcomes, and a faster and higher rate of return to preinjury level of activity.[3]

The redesigned cortical button includes a proprietary knotless fifth locking mechanism for increased strength and resistance to cyclic displacement, allowing for precise, incremental retentioning of the construct after final fixation.[4] Finally, the enhanced design of the packaging card improves suture management during implant assembly.

Technique Pearl to Minimize Needle "Pop-Off"
During graft suturing, pass the needle using a needle driver. Once the needle is through the graft tissue, gently pull until approximately 1 cm of suture is visible between the needle and graft or until resistance is felt. Transition to pulling the suture to drag remaining slack through the graft rather than pulling by the needle.

The *Internal*Brace surgical technique is intended only to augment the primary repair/reconstruction by expanding the area of tissue approximation during the healing period and is not intended as a replacement for the native ligament. The *Internal*Brace technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.

Supporting Resources

Taxonomy Page
FiberTag® TightRope® II Implant

Animation
FiberTag® TightRope® II Graft Preparation

Video
Walter R. Lowe, MD: QuadLink™ ACL Reconstruction Using FiberTag® TightRope® II Implants and *Internal*Brace™ Technique (VID1-003951-en-US)

Harris Slone, MD: QuadLink™ ACL Reconstruction With LET Using Knee FiberTak® FiberStaple™ Technique (VID1-004026-en-US)

John Xerogeanes, MD: QuadLink™ ACL Reconstruction With a Lateral Extra-articular Tenodesis Using Knee FiberTak® Anchors (VID1-004027-en-US)

Paul Saluan, MD: All-Inside, All-Epiphyseal QuadLink™ ACLR: FiberTag® TightRope® II Implant and Pediatric Guides (VID1-003807-en-US)

Playsheet
New Product Release: FiberTag® TightRope® II Implant

Surgical Technique Guide
QuadLink™ Graft Preparation Using the FiberTag® TightRope® II Implant

Scientific Update
Quadriceps Tendon (QT) ACL Reconstruction Scientific Update

*Internal*Brace™ Technique: Knee Applications

Arthrex®

Product Demonstration
Justin Boyle (Arthrex Group Product Manager): FiberTag® TightRope® II Implant With *Internal*Brace™ Technique Tips and Pearls (VID1-004022-en-US)

Surgeon's Corner Quad ACL Series With John Xerogeanes, MD
Surgeon's Corner: Episode 1 – Quadriceps Tendon ACL Grafts: Anatomy 101

Surgeon's Corner: Episode 2 – Quadriceps Tendon ACL Grafts: Biomechanics

Surgeon's Corner: Episode 3 – ACL Reconstruction: History of Quad Tendon

Surgeon's Corner: Episode 4 – Quadriceps Tendon ACL Grafts: Clinical Outcomes in 2021

Surgeon's Corner: Episode 5 – Common Questions About and Objections to the Quad Tendon ACL

BreakThrough Series
BreakThrough™ With Christopher Adams—Quad ACL Episode 1: Innovative Solutions

BreakThrough™ With Christopher Adams—Quad ACL Episode 2: Technique Play-by-Play

BreakThrough™ With Christopher Adams—Quad ACL Episode 3: Making the Case

BreakThrough™ With Christopher Adams—Quad ACL Episode 4: Lessons Learned

Flex TightRope® Drill Pin

The included flexible TightRope drill pin is made of nitinol and features a 4 mm conical tip and a closed eyelet with suture recesses for easy passage. The shaft diameter is 2.2 mm. The pin features laser markings in 5 mm increments up to 20 cm. The laser marking are calibrated off the trailing edge of conical tip **(a)**. (Hook the back of the spade on the cortex to measure).

The overall pin length 354 mm (13.9 in).

FiberLink™ Suture

AR-**1288RTT2-IBS** and AR-**1288RTT2-IBSF** each contain a new FiberLink suture specifically engineered for convenience and ease of use when shuttling sutures during ligament reconstruction and repair procedures. The FiberLink suture has an overall working length of 26 in and the construct consists of a #2 FiberWire® suture with a 2 in loop on one end. This FiberLink suture is used for antegrade (inside-out) drilling techniques as a shuttling suture to be loaded in the eyelet of the TightRope pin. The unique color pattern allows for easier suture identification and management.

AR-**1588RTT2-IBS** contains the same FiberLink shuttle suture found in ACL TightRope II implant systems (AR-**1588RT2-IBS**, AR-**1588RT2-IBSF**, AR-**1588BTB2-IBS**, and AR-**1588BTB2-IBSF**).

References

1. Arthrex, Inc. Data on file (LA1-00038-EN_B). Naples, FL; 2017.
2. Daniel AV, Wijdicks CA, Smith PA. Reduced incidence of revision anterior cruciate ligament reconstruction with internal brace augmentation. *Orthop J Sports Med*. 2023;11(7):23259671231178026. doi:10.1177/23259671231178026
3. Bodendorfer BM, Michaelson EM, Shu HT, et al. Suture augmented versus standard anterior cruciate ligament reconstruction: a matched comparative analysis. *Arthroscopy*. 2019;35(7):2114-2122. doi:10.1016/j.arthro.2019.01.054
4. Arthrex, Inc. Data on file (APT-G01155). Munich, Germany; 2020.