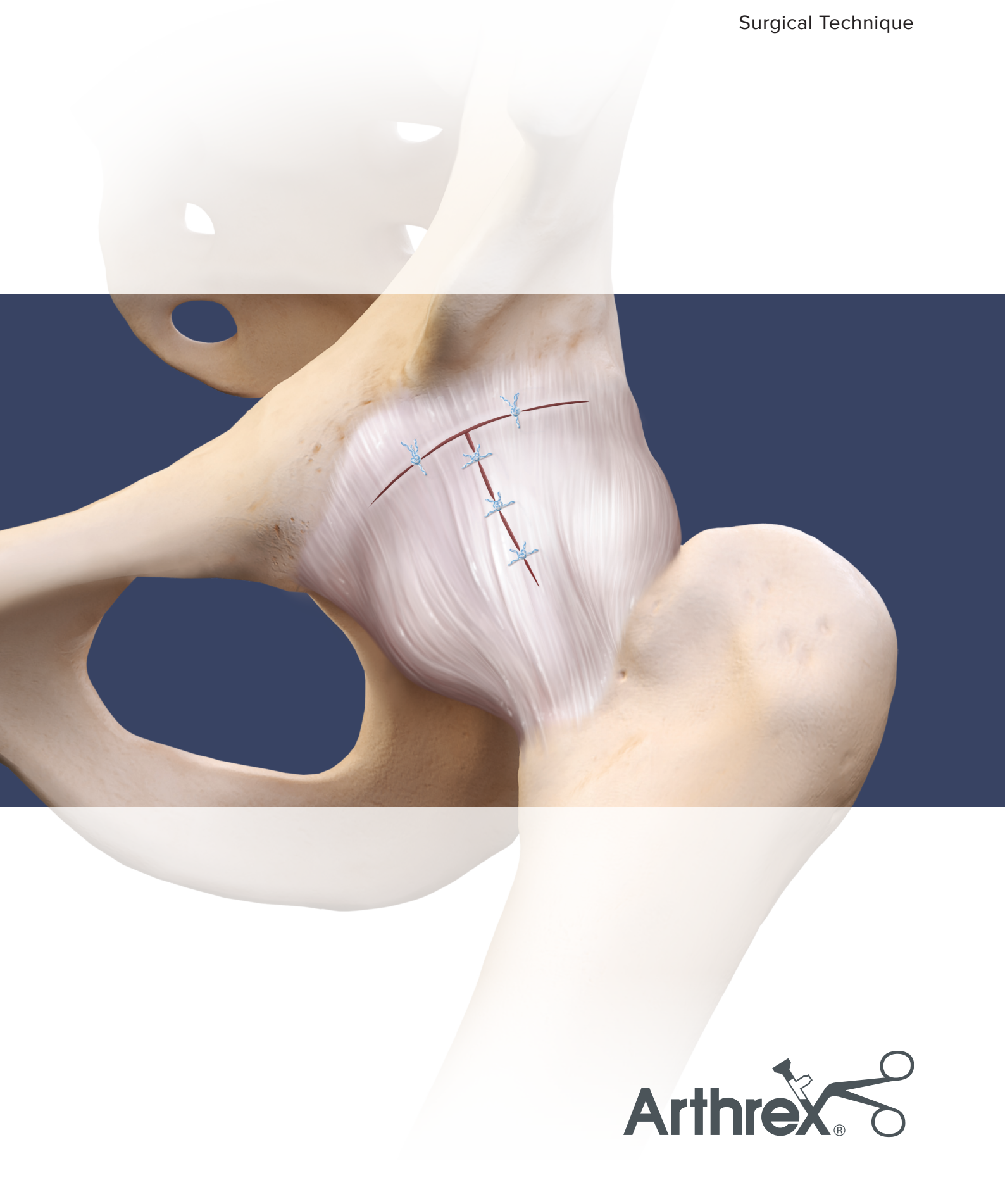


Hip Capsular Closure Using SutureCast™ Suture Passer

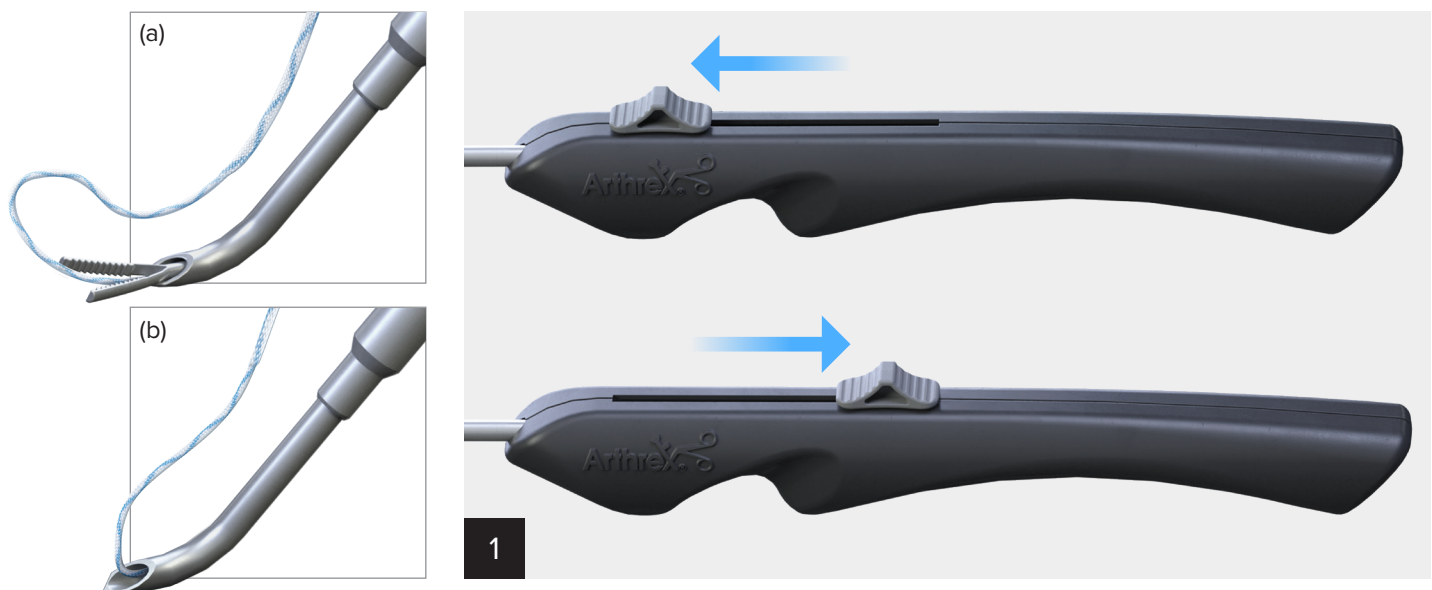
Surgical Technique



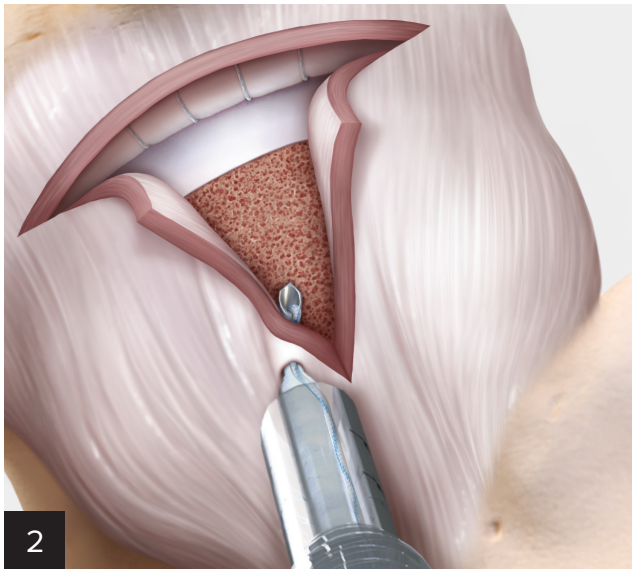
SutureCast™ Suture Passer

Simplify single-portal capsular closure during hip arthroscopy procedures with the SutureCast suture passer. Featuring a 2.1 mm diameter, this device is available in 70° and 45° angles to accommodate multiple working portals used during closure of an interportal and a T-capsulotomy. Additionally, the nitinol jaws have been uniquely designed to easily release and capture suture, allowing the device to be left inside the joint during the entire suture passing process.

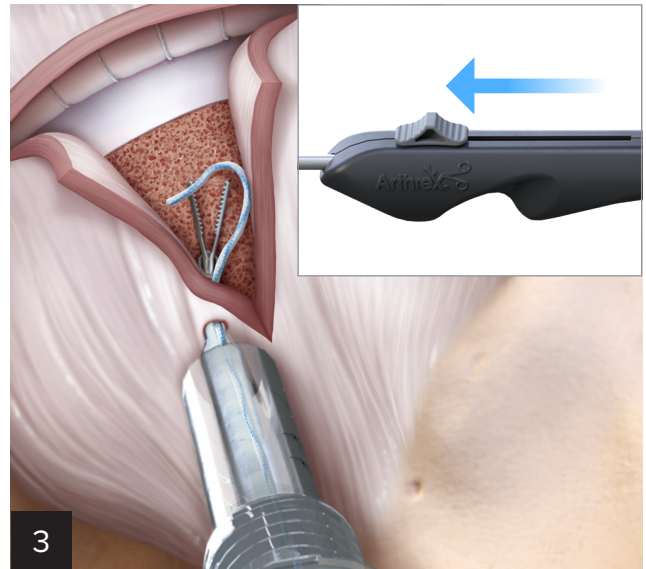
Surgical Technique



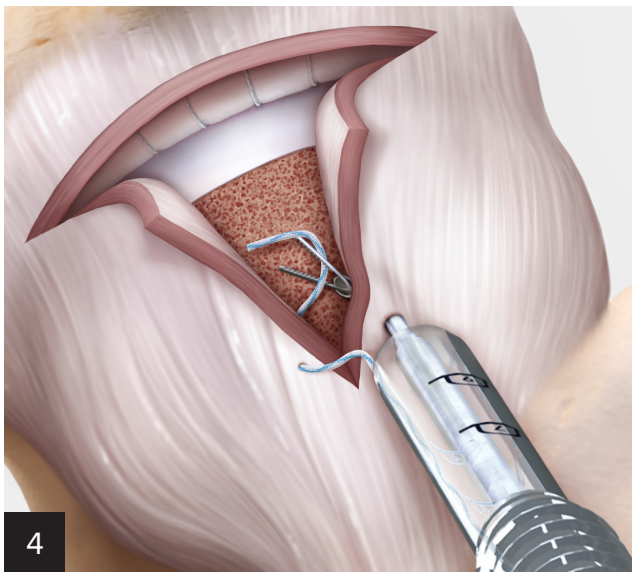
Outside the arthroscopic cannula, expose the nitinol jaws of the SutureCast suture passer by pushing the actuator down toward the shaft of the device **(a)**. Once the jaws are exposed, load approximately 2 mm of the end of a suture into the jaws of the suture passer and pull the actuator backward until it hits the back of the cutout on the handle **(b)**.



Viewing from an anterior (A), a midanterior (MAP), or an anterolateral (AL) portal, place the SutureCast™ suture passer through the distal anterior lateral accessory (DALA) portal to pass suture through the most distal medial aspect of the T-capsulotomy.

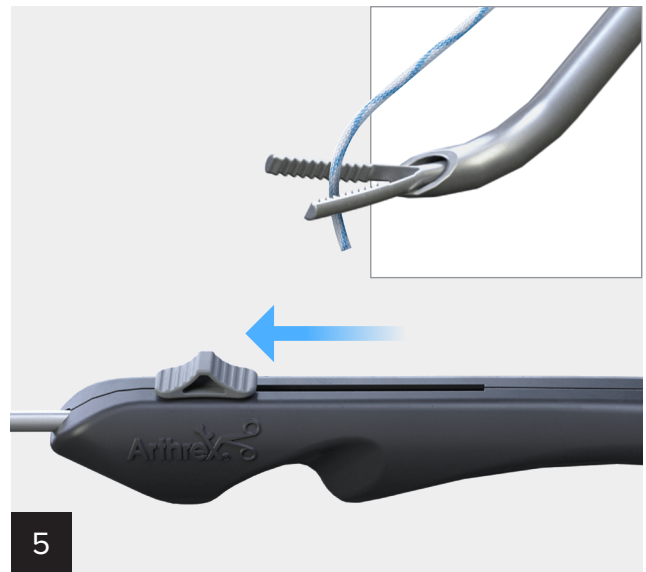


Release the suture underneath the capsule by pushing the actuator forward. Once the suture has been released from the nitinol jaws, slide the actuator backward toward the back of the device to retract the jaws into the outer needle and remove it from the capsule.

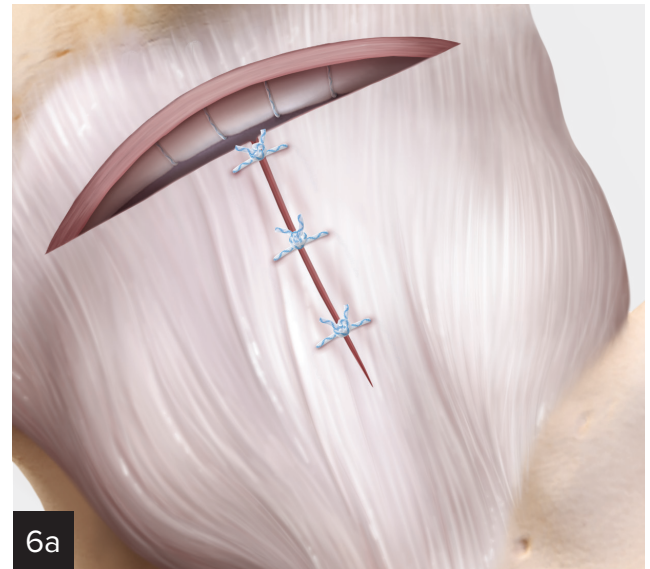
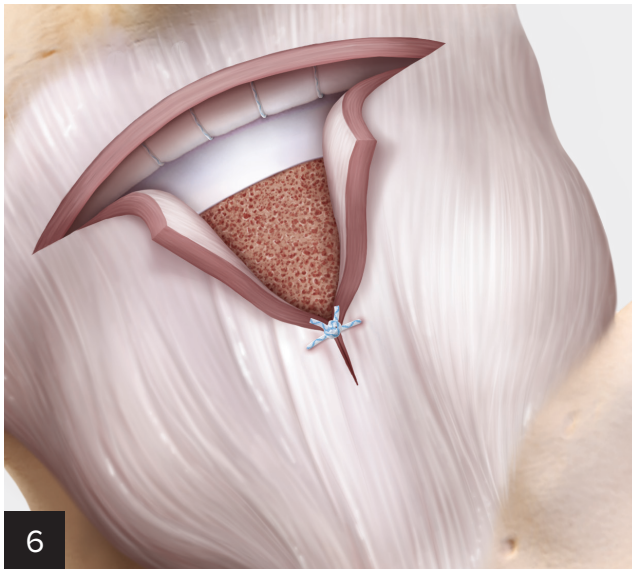


With the device still in the pericapsular space, push it through the distal lateral capsular leaflet and retrieve the passed suture. Once the suture passer is through the capsule, push the actuator forward to expose the nitinol jaws, grasp the suture, and pull backward to remove it from the joint.

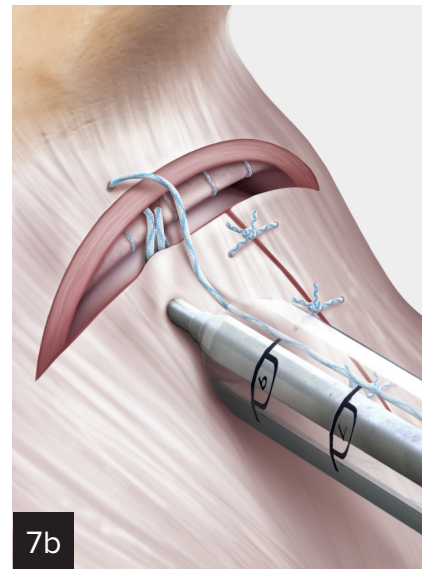
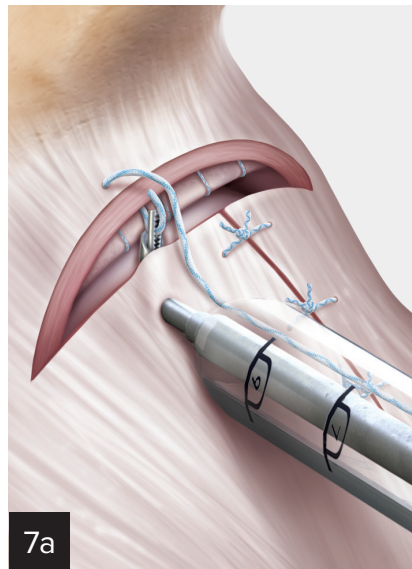
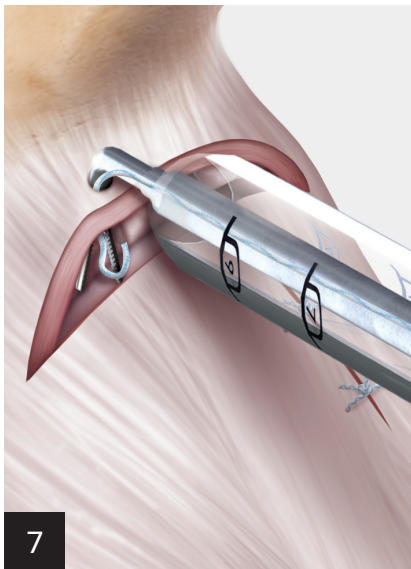
Note: Keep pressure on the actuator as you pull the suture out of the cannula to ensure it remains contained in the nitinol jaws.



Once the suture passer is outside the arthroscopic cannula, release the suture by pushing the actuator forward to expose the nitinol jaws and the suture.

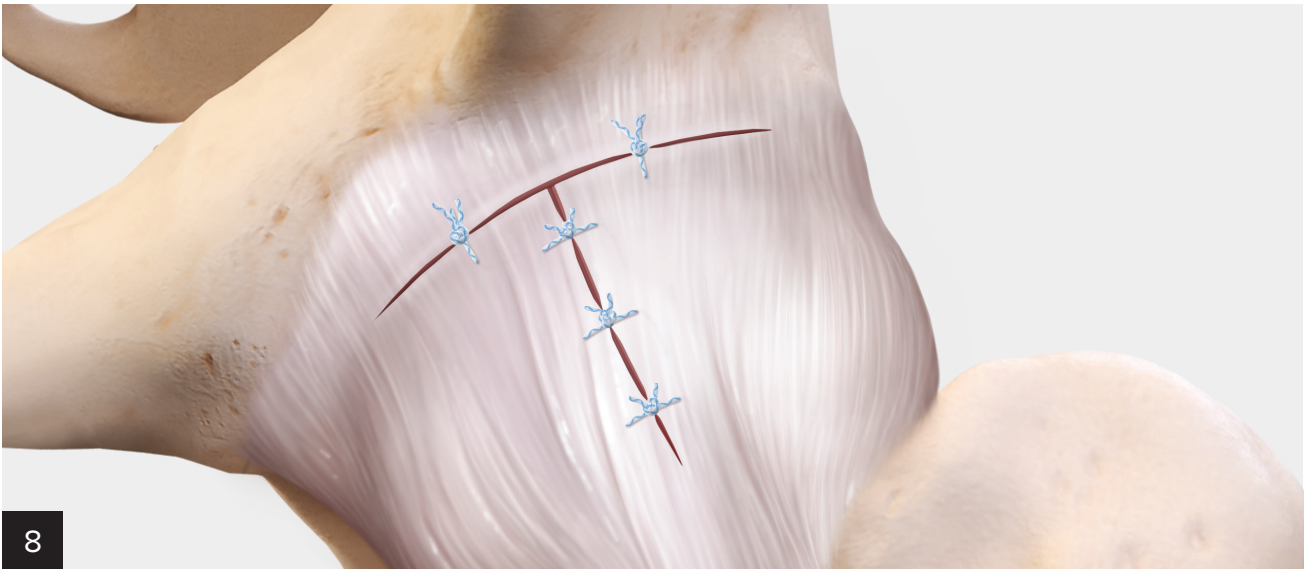


Tie and cut the suture tails and repeat these steps for the additional stitches working in a distal to proximal direction until the interportal capsulotomy is reached **(6a)**.



To close the interportal portion of the capsulotomy, move the arthroscope to the anterolateral portal and place the SutureCast™ suture passer through either the anterior or the midanterior portal to engage the proximal medial capsular flap first, followed by the distal medial flap, using the same steps outlined earlier in this technique guide.

It may be necessary to switch the working portal to the anterolateral portal and view through the anterior or mid-anterior portal to close the lateral aspect of the interportal capsulotomy.



Final fixation: Tie and cut the suture tails and repeat these steps for the additional stitches, working in a medial to lateral direction.

Ordering Information

SutureCast™ Suture Passer	
Product Description	Item Number
SutureCast Suture Passer, 45° angled tip, XL	AR-7068-45XL
SutureCast Suture Passer, 70° angled tip, XL	AR-7068-70XL
Suture	
SutureTape, x-pattern, 1.3 mm, 2 each 40 in strands (1 white/blue, 1 white/black)	AR-7501

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact your Arthrex representative if you have questions about the availability of products in your area.

Notes

[illegible]

Notes



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 and/or outcomes.

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