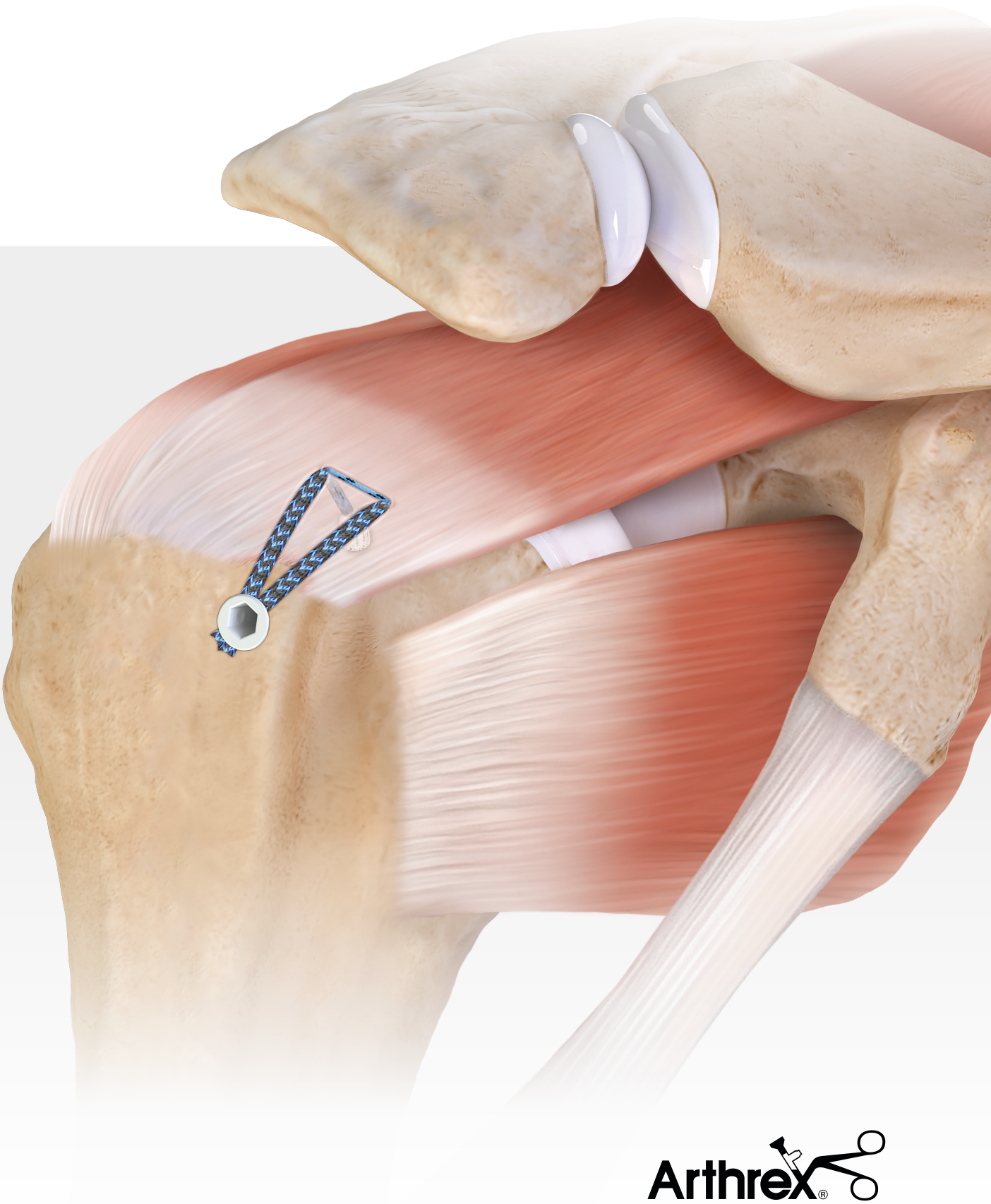
Double-Row FiberTak® SpeedFix™ Rotator Cuff Repair

Surgical Technique



Arthrex®

Double-Row FiberTak® SpeedFix™ Rotator Cuff Repair

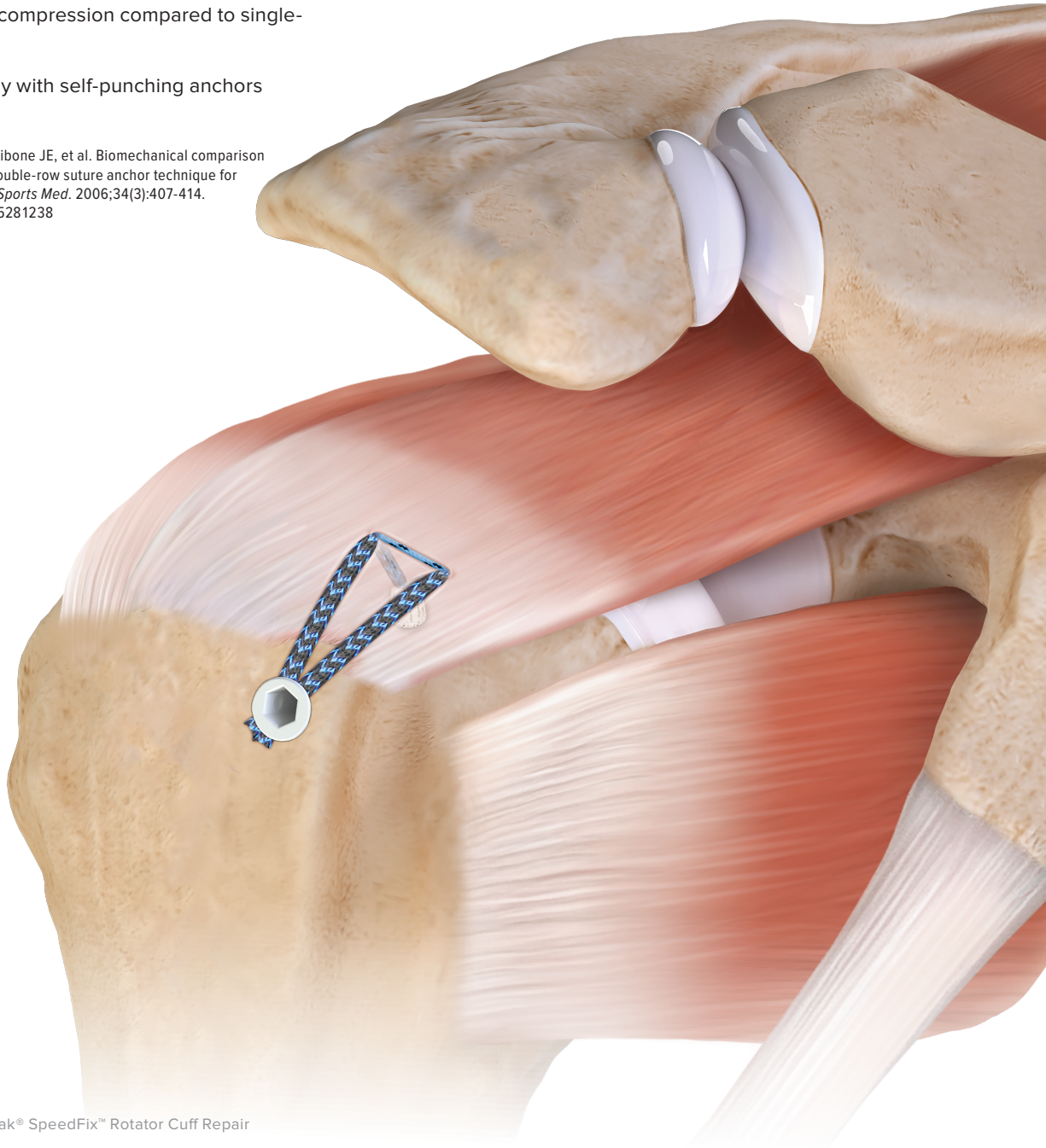
The FiberTak SpeedFix technique using Knotless 2.6 FiberTak RC soft anchors offers an effective solution for increasing footprint compression in small rotator cuff tears. This repair construct allows for double-row fixation in cases where larger anchors cannot be used for medial fixation. The smaller 2.6 FiberTak anchor is used for the medial row, with FiberTape® sutures taken laterally and secured with a self-punching SwiveLock® anchor.

Using the tensionable knotless mechanism of the 2.6 FiberTak RC anchor on the medial row allows for controlled reduction of the rotator cuff across the articular margin.

Construct Benefits:

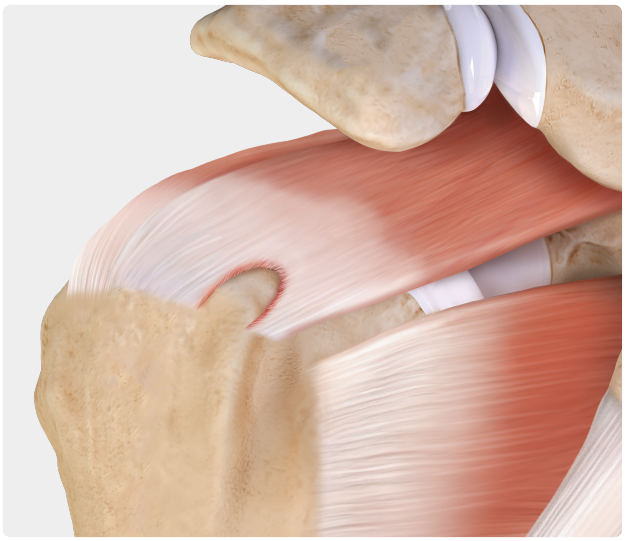
- Double-row construct for small rotator cuff tears maximizes the tendon-to-footprint interface
- Increased tendon compression compared to single-row techniques[1]
- Improved efficiency with self-punching anchors





Reference

1. Kim DH, Elattrache NS, Tibone JE, et al. Biomechanical comparison of a single-row versus double-row suture anchor technique for rotator cuff repair. *Am J Sports Med*. 2006;34(3):407-414. doi:10.1177/0363546505281238



1

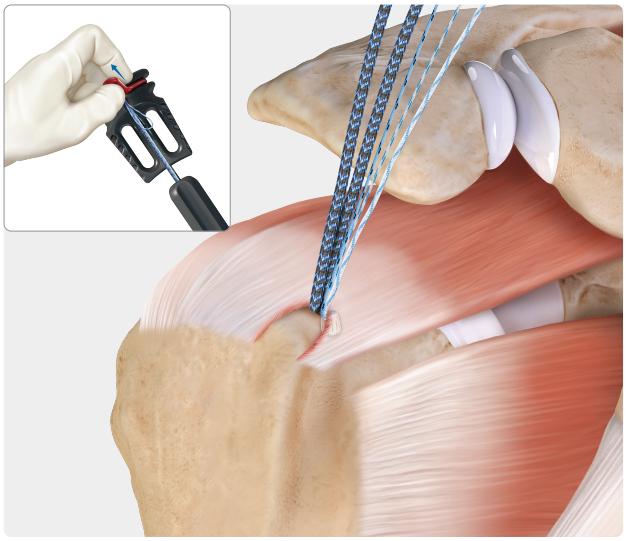
Using a standard viewing portal, assess the size and mobility of the cuff tear. Use a preferred technique to prepare the soft tissue and footprint. For small tears, the Double-Row FiberTak® SpeedFix™ technique can be used to achieve compression of the rotator cuff back to the footprint.



2

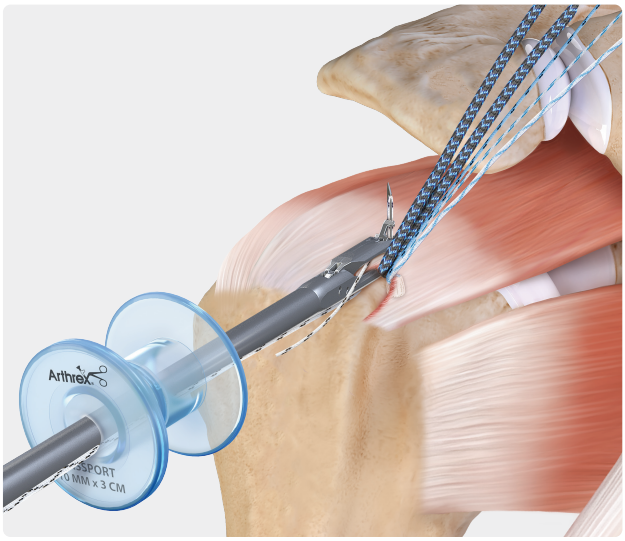
Align the guide against the articular margin to aid in insertion of the Knotless 2.6 FiberTak RC anchor. Insert the anchor using light taps with the mallet. Stop when the laser line on the back of the inserter has reached the handle of the guide. Do not mallet the inserter into the back of the guide.

> **Note:** If hard bone is encountered, use a drill (AR-3657) or a punch (AR-3656) before anchor insertion.



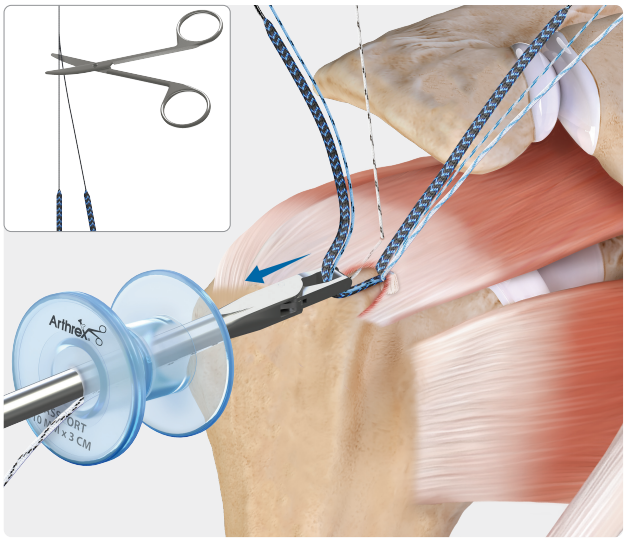
3

Once the anchor has been inserted, remove the red suture retention ring. Remove the inserter from the bone by pulling straight back; do not attempt to twist the inserter. Grasp all limbs of the anchor and slowly pull back to set the anchor.



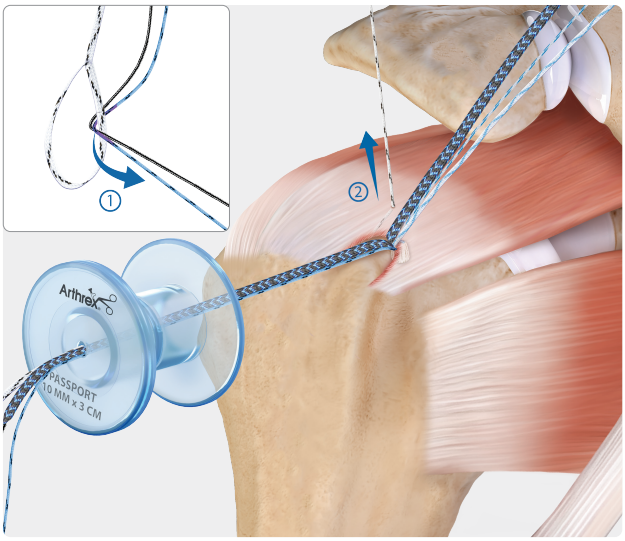
4

Once the anchor has been set, use a Scorpion™ suture passer to pass a FiberLink™ SutureTape. Retrieve the tail of the FiberLink suture from the percutaneous portal used for anchor insertion.



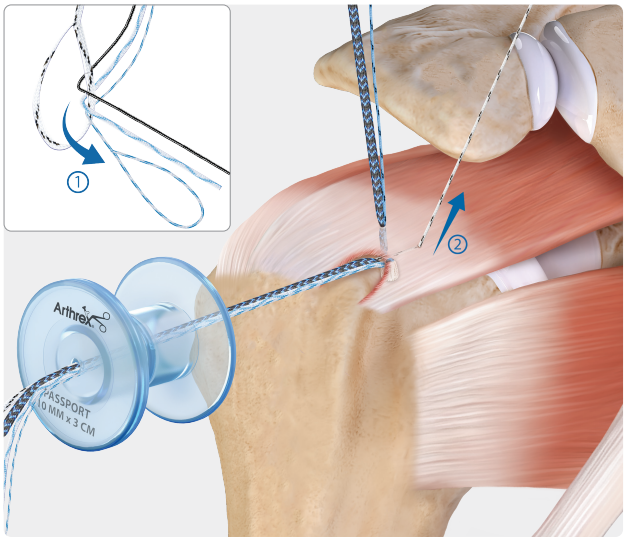
5

Cut the joined tail to separate the FiberTape® limbs. Retrieve one limb of FiberTape suture and the repair suture of the knotless mechanism.



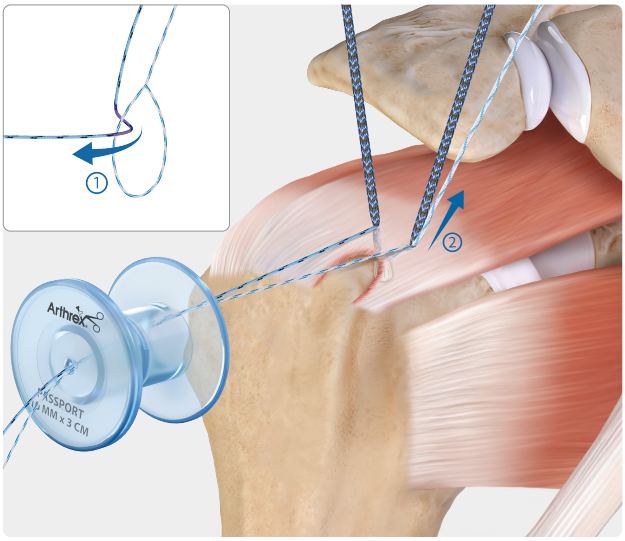
6

Load the FiberTape and the repair suture into the FiberLink™ suture shuttle and pass the sutures through the rotator cuff.



7

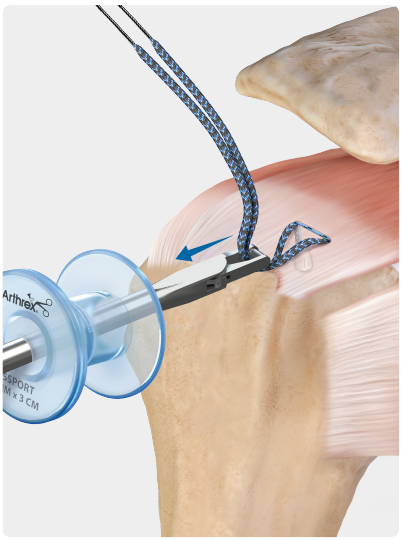
Repeat these steps using the FiberLink suture shuttle to pass the remaining sutures through the cuff.



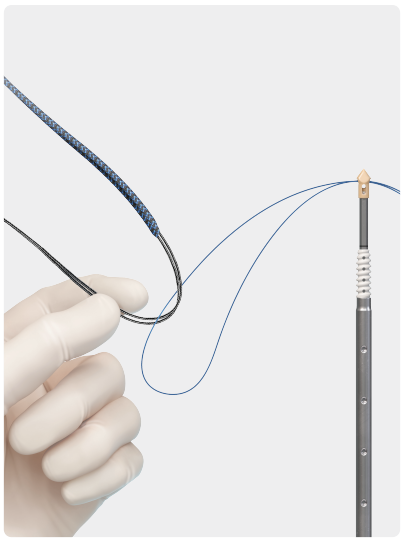
8

To convert the knotless mechanism, retrieve the repair suture and the loop of the shuttle suture out the lateral cannula. Load the repair suture into the shuttle link. Pull the SutureTape end of the shuttle suture to pass the repair suture through the knotless mechanism. Pull the repair suture to approximate tissue on the medial row. Cut the repair suture.

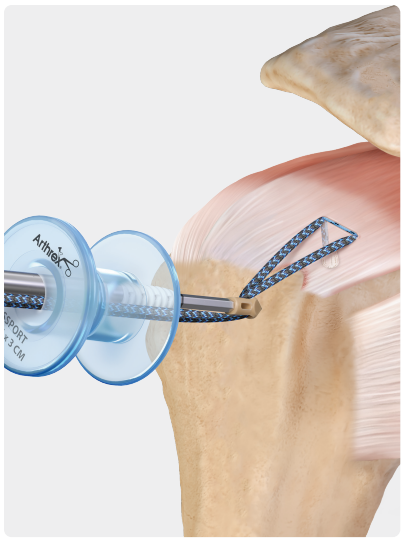
> **Note:** After anchor conversion, the shuttle link can be used through the loop of the repair suture to act as a countertension during repair suture reduction.



9a



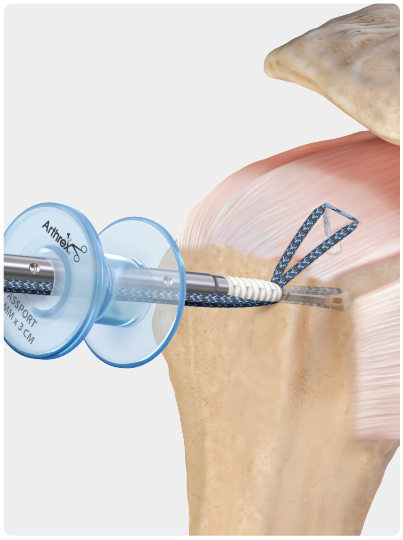
9b



9c

Retrieve the FiberTape® suture tails from the medial anchor and load them through the self-punching SwiveLock® anchor eyelet using the MegaLoader. With the eyelet of the implant above bone, remove slack and tension each suture to reduce the tissue and compress it to bone.

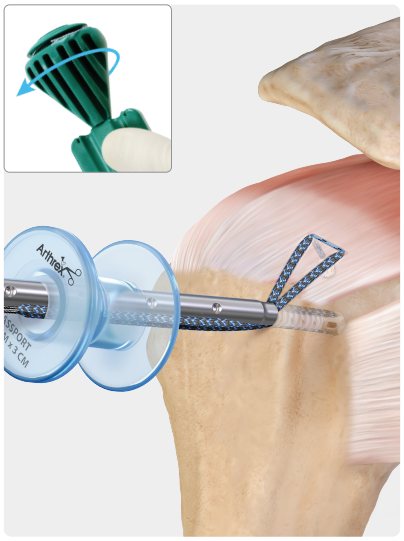
> **Note:** If hard bone is anticipated, use a punch to penetrate the cortex before inserting the anchor. Be sure the eyelet and driver are perpendicular to the bone prior to malleting.



10

With the eyelet perpendicular to the bone, use light mallet taps to advance the eyelet into bone, beyond the laser line and until the anchor body contacts bone.

> **Note:** Do not attempt to apply tension to the sutures with the eyelet in the bone socket. If tension is not adequate, back the driver out and readjust the tension.



11

With the tip of the anchor body contacting bone, 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.



12

Cut the FiberTape suture tails with a FiberTape cutter.

Ordering Information

Tensionable Knotless FiberTak® SP SpeedFix™ Implant System	AR-2600FSF-1

- 2.6 Tensionable Knotless FiberTak RC SP anchor w/ 1.7 mm FiberTape loop (black/blue) and repair suture (blue/black)
- Knotless 4.75 mm BioComposite SP SwiveLock® anchor
- 1.3 mm TigerLink™ SutureTape (white/black)
- HD Scorpion™ needle
- MegaLoader
- Crowntooth guide
- Obturator
- 2.6 Drill

FiberTak SP SpeedFix Implant System	AR-2600FSF-2

- 2.6 Knotless FiberTak RC SP anchor w/ 1.7 mm FiberTape loop (black/blue) and 1.3 mm SutureTape (blue)
- 4.75 mm BioComposite SP SwiveLock anchor
- 1.3 mm TigerLink SutureTape (white/black)
- HD Scorpion needle
- MegaLoader
- Crowntooth guide
- Obturator
- 2.6 Drill

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.

Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)

US patent information

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