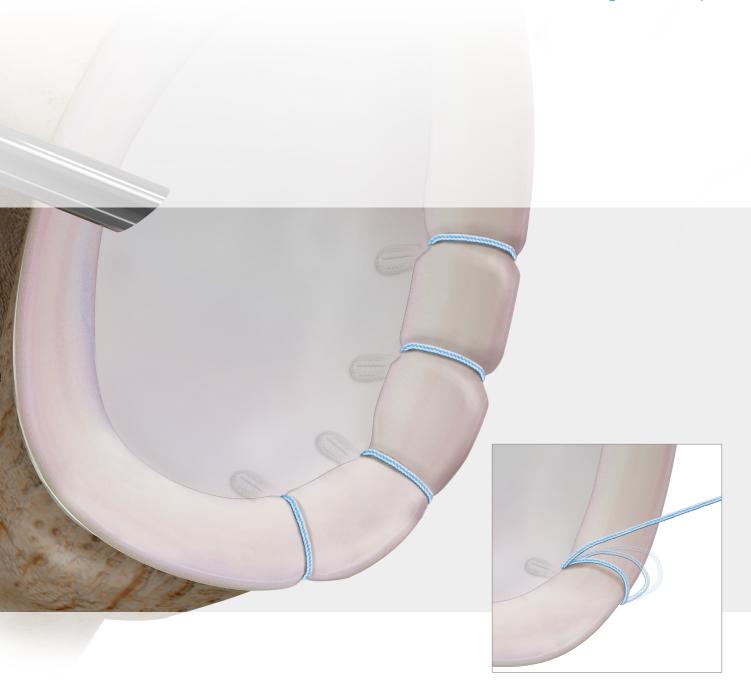
Knotless 1.8 FiberTak® Soft Anchor for Glenoid Labrum Repair

Surgical Technique





Knotless 1.8 FiberTak® Soft Anchor for Glenoid Labrum Repair

This tensionable knotless suture anchor combines the benefits of soft anchors with knotless soft-tissue fixation. Use the curved spear and 1.8 mm drill to precisely create a pilot hole on the glenoid rim. Insert the suture anchor through the spear, maintaining the same portal and drill trajectory. Once the suture is passed and shuttled into the locking mechanism, tension can be controlled and adjusted under direct visualization.

Knotless Simple Stitch

Advantages

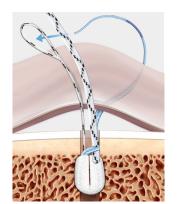
- 52 lb of secure, low-profile knotless suture fixation¹
- No risk of knot impingement or loosening
- 1.8 mm drill to minimize bone removal
- Premium instrumentation with additional stability, available in curved and straight options for full access around the glenoid.
- Simple, reproducible insertion and passing techniques similar to knot-tying anchors
- Tension and retension until repair is complete

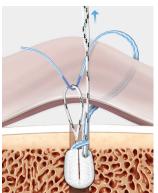


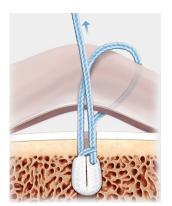
Knotless Mattress Stitch

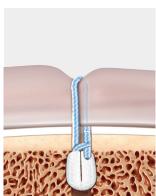


Knotless 1.8 FiberTak Soft Anchor With Self-Locking Technology









Just pass it, cinch it, cut it

Knotless 1.8 FiberTak® Soft Anchor

The Knotless 1.8 FiberTak® Soft Anchor is the latest in knotless technology for instability. This design combines trusted knotless technology with the latest in suture innovation. The implant and instrument design is optimized for consistent and reliable fixation.

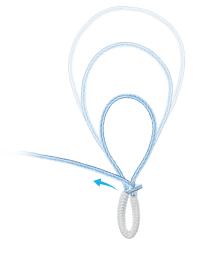
Implant Features



The implant handle features a centering, stability sleeve, which increases insertion consistency by eliminating extra movement that can occur during impaction.



The vivid, all-blue repair suture has a tapered tail.

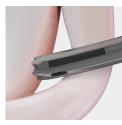


Instrument Features



- Curved guide handles have a scallop at the proximal end for identifying the convex curve direction of the distal tip
- Flexible drill has a tri-flat design for drill hub connection, a positive stop for consistent drill depth, and a centering stability sleeve for accuracy while using the drill guide
- Laser line on the distal tip of the spear indicates the convex curve direction







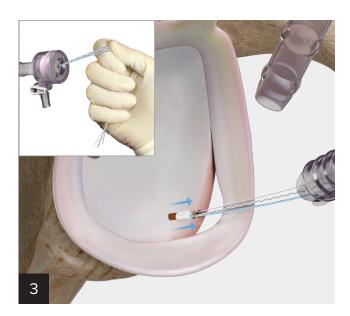
Mobilize the labrum and create a bleeding bed to enhance tissue healing to bone. Pass the spear and place it on the glenoid rim. Fully advance the drill through the spear until the drill laser line or collar contacts the spear's handle.

Note: Drilling in very hard bone may require cycling the drill while maintaining consistent alignment of the drill guide. Increased size, hard bone drills are also available for use.



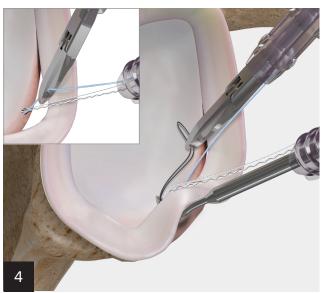
Insert the anchor through the spear and into bone by gentle impaction until the inserter handle is flush with the back of the spear.

Note: If insertion resistance is encountered, do not impact harder. Replace the implant and repeat the drilling/insertion process. Avoid excessive impaction as this could lead to inserter damage and/ or breakage. See warning note on back page for additional information.

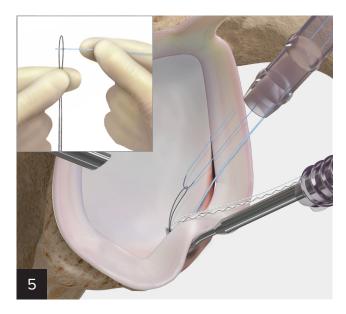


Remove the inserter handle and spear, then pull on all 3 suture tails to confirm the anchor is set in the cortical bone.

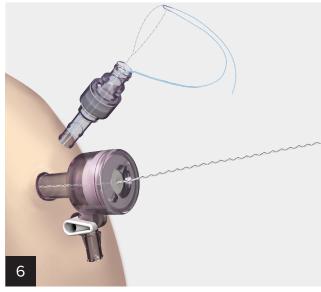
Note: A slow, steady pull is recommended to allow the anchor to properly deploy. A fast, aggressive pull could lead to improperly setting the anchor.



Retrieve the blue repair suture through the anterosuperior portal using a suture retriever. Insert a curved SutureLasso™ suture passer into the anteroinferior cannula and pass it through the capsulolabral tissue inferior to the anchor. Advance the nitinol wire loop into the joint. Retrieve the wire loop through the anterosuperior portal using the KingFisher® retriever.

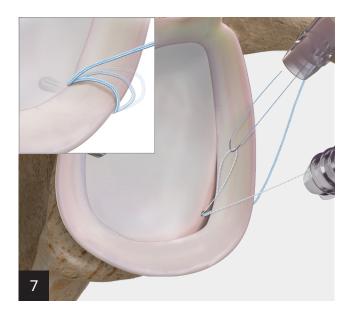


Load the blue repair suture tail through the nitinol wire loop. Retract the wire loop through the SutureLasso™ suture passer to pull the suture to the distal end of the suture passer inside the joint. Remove the suture passer and wire loop together to shuttle the repair suture through the labral tissue.



Retrieve the blue repair suture and round-looped side of the white/black shuttle suture through the anterosuperior portal.

Load the repair suture through the loop of the shuttle suture. Fold the repair suture tail at the purple mark and crease the suture with your fingers.



Pull the SutureTape side of the white/black shuttle suture to transfer the repair suture back into the anchor through the same portal where it was inserted. Advance the shuttle suture with repeated light tugs until the repair suture is passed through the suture splice locking mechanism and back out of the cannula.



Pull the free end of the repair suture until the desired repair tension is achieved. A tissue grasper can be used to position the labrum in its desired location while applying tension on the repair. Cut the suture flush using a mini suture cutter.

Ordering Information

Implant

Product Description	Item Number
Knotless 1.8 FiberTak® Soft Anchor, #2 Suture	AR- 3636





Disposable Instruments

Product Description	Item Number
Percutaneous Instrument Kit for Knotless FiberTak Soft Anchor, w/ 1.8 mm rigid drill	AR- 3610PK-3
Knotless FiberTak Disposable Kit, w/ tapered curved spear, 1.8 mm flexible drill, and blunt obturator	AR- 3610DC-3
Knotless FiberTak Disposable Kit, w/ curved spear, 1.8 mm flexible drill, and blunt obturator	AR- 3638DC
Knotless FiberTak Disposable Kit, w/ straight spear, 1.8 mm rigid drill, and blunt obturator	AR- 3638DS
1.8 mm Flexible drill w/ hub, trocar obturator, sterile	AR- 3610ND-2
1.9 mm Flexible drill w/ hub, trocar obturator, sterile, hard bone	AR- 3610ND-4
1.8 mm rigid drill, sterile	AR- 3600D-2
1.8 mm flexible ShaverDrill™ device	AR- 3610NSD-2

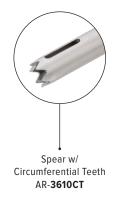
Reusable Curved Spear Options

Product Description	Item Number
Curved Spear for FiberTak soft anchor, w/ trocar obturator	AR- 3610CTC
Tight Curved Spear for FiberTak soft anchor, w/ trocar obturator	AR- 3610CTC-2

Reusable Straight Spear Options

Product Description	Item Numbe
Fishmouth spear	AR- 3610F
Spear w/ circumferential teeth	AR- 3610CT
Slotted spear	AR- 3610ST







Knotless 2.6 FiberTak® Soft Anchor

With the same tensionable knotless technology as the smaller Knotless 1.8 FiberTak soft anchor, the Knotless 2.6 FiberTak soft anchor includes a #5 repair suture. This anchor option combines the benefits of a soft anchor with a broader soft-tissue repair option. Using a drill guide and 2.6 mm drill, create a pilot hole and insert the anchor through the drill guide. Once the repair suture is passed through tissue, shuttle it into the knotless suture mechanism. Suture repair tension can be controlled and adjusted under direct visualization.





Implant

Product Description	Item Number
Knotless 2.6 FiberTak soft anchor, w/ #5 suture	AR- 3641

Disposable Instruments

Product Description	Item Number
Disposables Kit, w/ spear, obturator, and 2.6 mm drill	AR- 3650DS
2.6 mm drill	AR- 3657
2.6 mm ShaverDrill™ device	AR- 3657SD

Reusable Instruments

Product Description	Item Number
Punch for Knotless 2.6 FiberTak soft anchor	AR- 3656
Blunt-Tip Obturator for Spear	AR- 3658B
Trocar-Tip Obturator for Spear	AR- 3658T
Angled Spear w/ circumferential teeth	AR- 3655
Circumferential teeth Spear, 2.6 FiberTak soft anchor	AR- 1941CT
Fishmouth Spear, 2.6 FiberTak soft anchor	AR- 1941DGF



FiberTak Soft Anchor AR-3656



Blunt-Tip Obturator AR-**3658B**



Trocar-Tip Obturator AR-**3658T**



Angled Spear w/ Circumferential Teeth AR-3655



Spear w/ Circumferential Teeth AR-1941CT



Fishmouth Spear AR-**1941DGF**

1. Arthrex, Inc. Data on file (APT 3531). Naples, FL; 2017.



TO HELP AVOID INSERTER BREAKAGE AND POTENTIAL PATIENT INJURY:

- Avoid excessive impaction as this could lead to inserter damage and/or breakage.
- If insertion resistance is encountered, do not impact harder. Replace the implant and repeat the drilling/insertion process.
- Visually inspect the inserter for potential breakage after each implantation. See image below for reference (a).

(a)



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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