

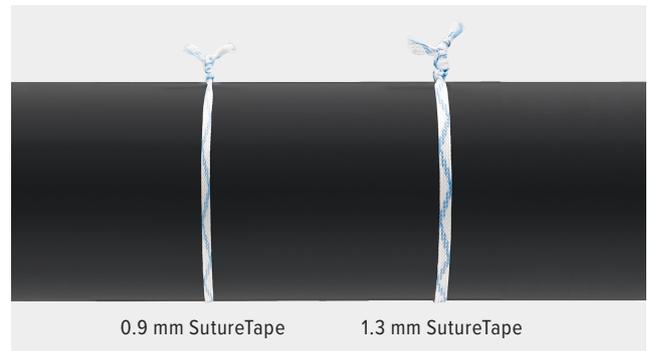
DX FiberTak[®] Anchor Double-Loaded With 0.9 mm SutureTape

Product and Technique Highlights



Product Overview

- Anchor sheath, 15 mm
- Double-loaded with 0.9 mm SutureTape
- Needles attached
- K-wire drill, 1.35 mm (recommended)
- K-wire drill, 1.6 mm
- Drill depth, 15 mm



Key Features and Benefits

- **Minimal Bone Removal**—Means less morbidity and more room for other anchors, including *InternalBrace*[™] ligament repair for lateral ankle ligament instability.
- **Tremendous Pull-Out Strength**—Equivalent to 3.0 mm BioComposite SutureTak[®] anchor.^{1,2,5} Surgeons can be confident in the ability of this anchor even though it is a smaller diameter.
- **Smaller Knot Stack**³—Coreless SutureTape suture allows surgeons to make tighter and smaller knots.
- **More Resistant to Tissue Tear-Through**—compared to standard FiberWire[®] suture.⁴

Technical Pearls

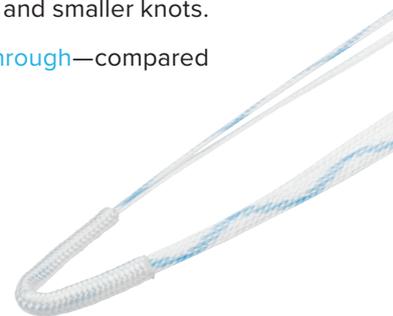
- **RECOMMENDED** to use the 1.35 mm K-wire drill, and reserving the 1.6 mm K-wire drill for hard bone
- **IMPORTANT** to ensure you insert the anchor at the same angle that is drilled.
- **DO NOT** attempt to push-start these anchors. Slide the anchor until it contacts the bone and use gentle taps with a **MALLET** to insert the anchor until the handle is flush with the drill guide.
- **IMPORTANT:** After insertion, pull back anchor inserter while holding counterpressure on guide to bone. Next, remove needles, rubber stopper, inserter, and drill guide, and give anchor final pull to set.

Ordering Information

Product Description	Item Number
DX FiberTak SutureTape Suture Anchor With 1.3 mm SutureTape, and tapered point needles, 26.2 mm ½ circle	AR-8990ST
DX FiberTak Suture Anchor, double-loaded with white/blue and white 0.9 mm SutureTape, and tapered point needles, 26.2 mm ½ circle	AR-8990ST-2
DX FiberTak Disposables Kit	
Guidewire With AO Quick Connect, 1.35 mm Guidewire With AO Quick Connect, 1.6 mm FiberTak Drill Guide	AR-8990DS

References

1. Arthrex, Inc. Data on file (APT-03508). Naples, FL; 2018.
2. Arthrex, Inc. Data on file (APT-03296). Naples, FL; 2017.
3. Arthrex, Inc. Data on file (APT-03175). Naples, FL; 2017.
4. Arthrex, Inc. Data on file (APT-02800). Naples, FL; 2018.
5. Arthrex, Inc. Data on file (APT-05068). Naples, FL; 2021.



Surgical Technique Overview for a Primary Brostrom Repair



Measuring about 1 cm from the distal tip of the fibula, use the DX FiberTak® drill guide and a 1.35 mm K-wire to create a bone tunnel. The drill should be inserted to the automatic stop at the back of the drill guide.



Keeping the drill guide in place, insert the DX FiberTak anchor and impact until the handle is flush with the guide.



Pull back on the anchor handle about 5 mm to 8 mm behind the drill guide to seat the anchor against the cortical bone. After removing the drill guide, set the anchor in the bone by pulling back on the sutures.



Repeat steps with the second DX FiberTak double-loaded anchor, placed about 2 cm from the distal tip of the fibula.



With the foot in maximum dorsiflexion and eversion, using the 0.9 mm SutureTape and needles from the DX FiberTak double-loaded anchors, proceed to pass the sutures through the soft tissue and tie them down to the fibula to complete the Brostrom repair.



Final fixation of the Brostrom repair.

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.