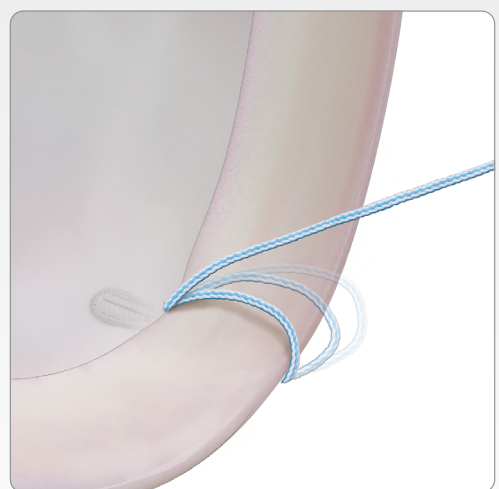


Knotless 1.8 FiberTak® Soft Anchor for Glenoid Labrum Repair

Surgical Technique

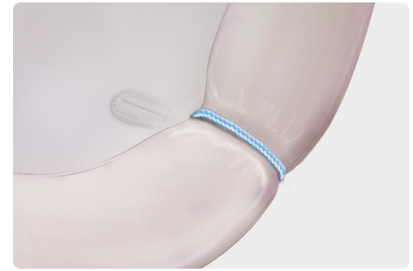


Knotless 1.8 FiberTak® Soft Anchor for Glenoid Labrum Repair

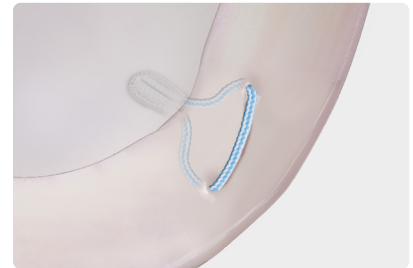
This tensionable knotless suture anchor combines the benefits of soft anchors with knotless soft-tissue fixation. Use the curved drill guide and 1.8 mm drill to precisely create a pilot hole on the glenoid rim. Insert the suture anchor through the drill guide, maintaining the same portal and drill trajectory.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

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 retention until repair is complete

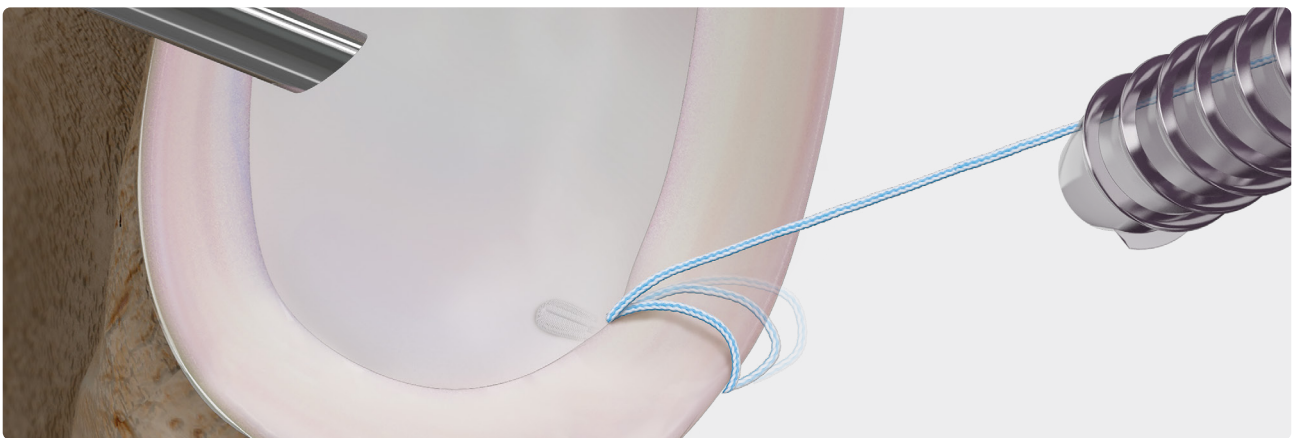


Knotless Simple Stitch

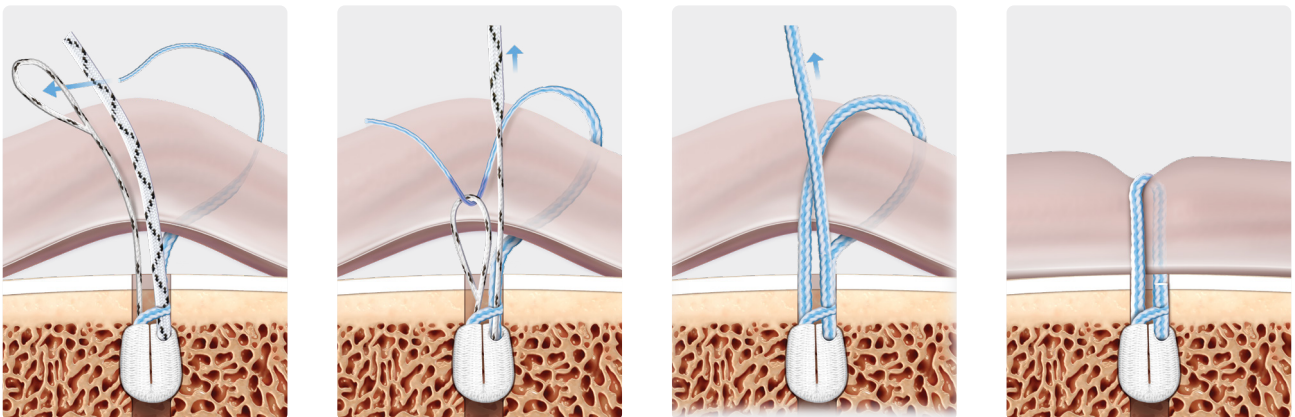


Knotless Mattress Stitch

Precise Tension Control



Knotless 1.8 FiberTak Soft Anchor With Self-Locking Technology

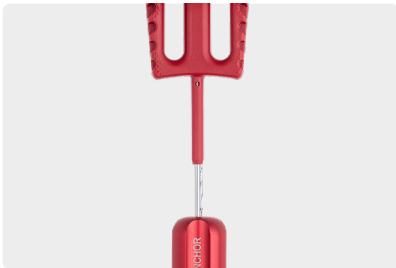


Just pass it, cinch it, cut it

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, optimized for consistent and reliable fixation.

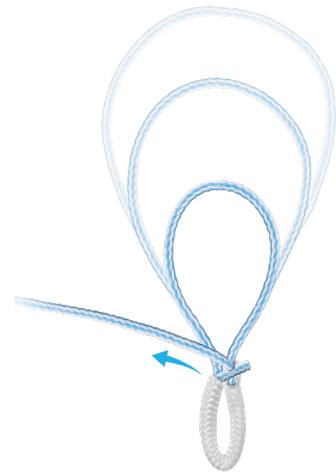
Implant Features



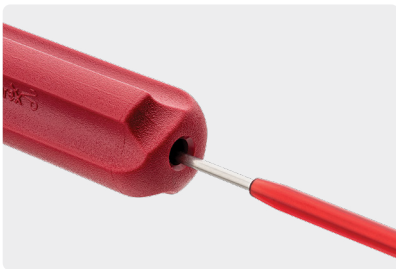
The implant handle features a centering stability sleeve, which increases insertion consistency by eliminating extra movement that can occur during impaction.



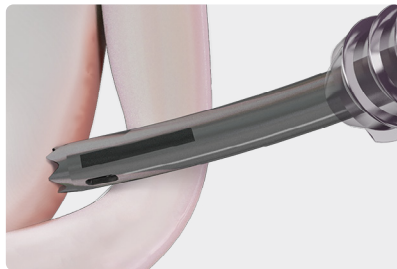
The repair suture has a tapered tail.



Instrument Features



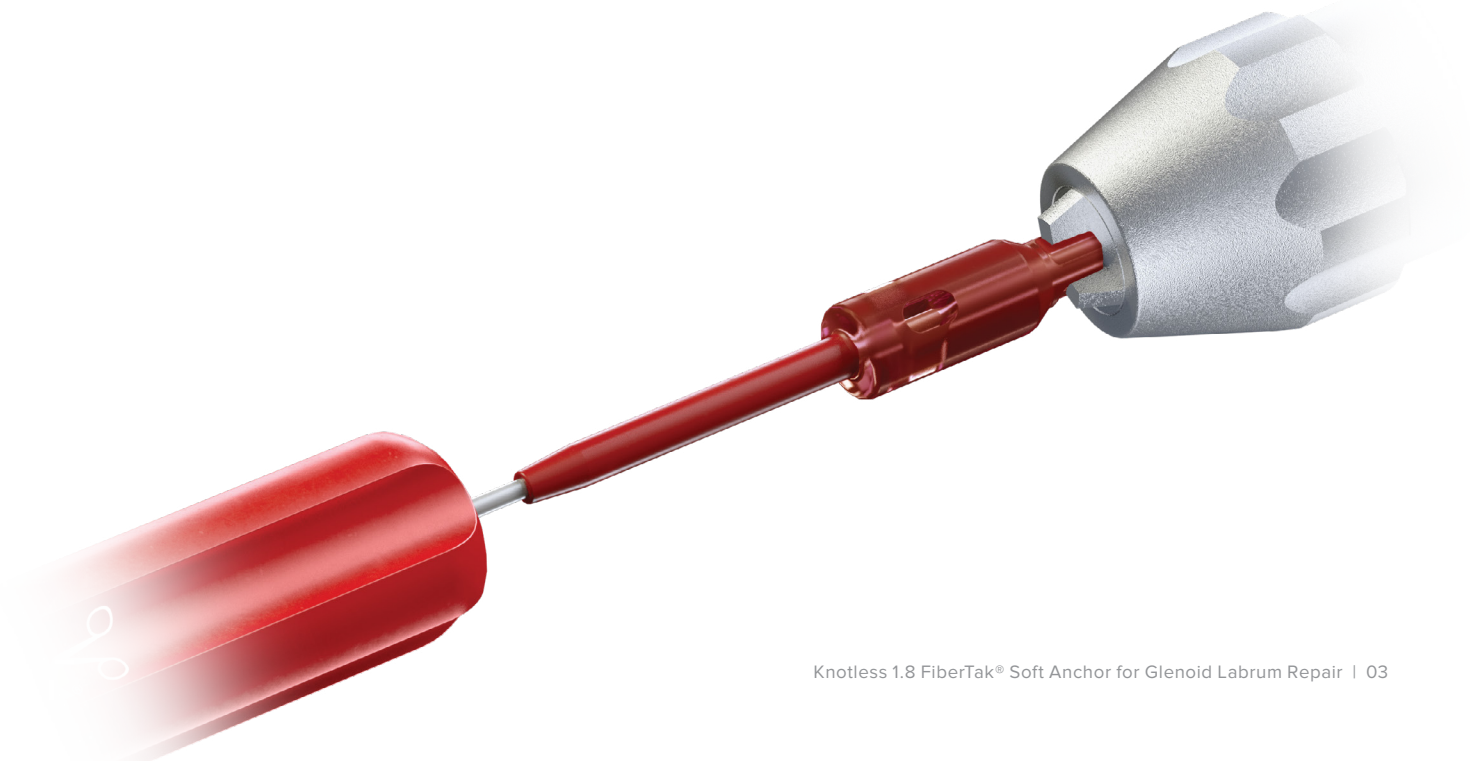
The scallop on the handle of the curved guide identifies the concavity of the distal end.



The laser line on the distal tip of the spear indicates the concave curve direction.



The 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.



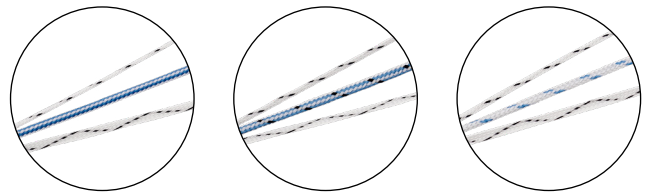
Knotless FiberTak® Instability System

The instability repair convenience system provides an all-in-one option to treat shoulder instability. This option provides three Knotless 1.8 FiberTak implants and instrumentation for secure, reproducible repairs.

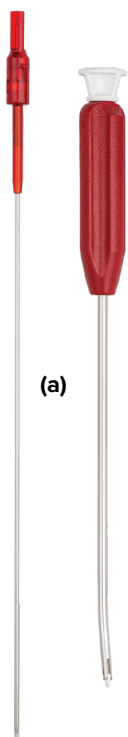


Implant Features

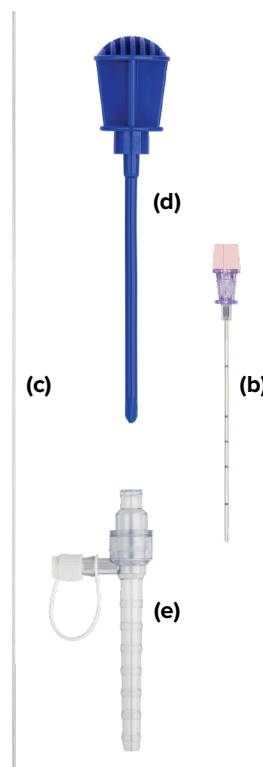
- › Three unique repair suture color options are available. The shuttle link for each anchor is the same.
- › Having three distinct suture colors simplifies suture management for final tensioning, especially during complex procedures.



Instrument Features



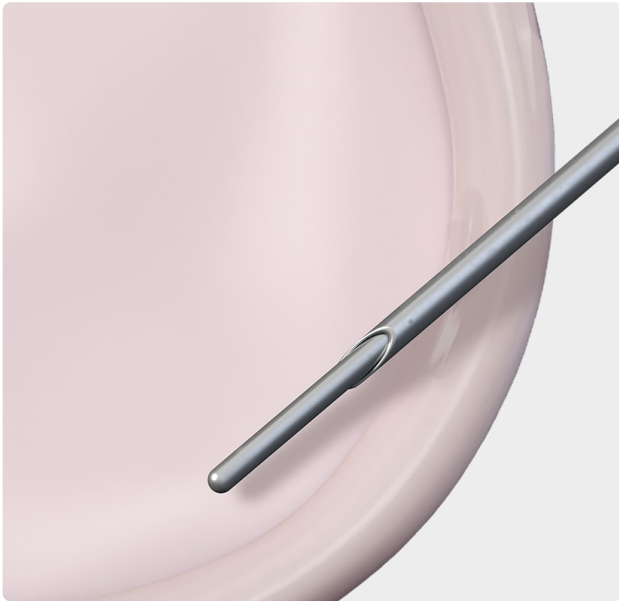
- › A tapered curved guide disposable instrument set **(a)** is provided.
- › The curved guide provides easier access around the glenoid.
- › The tapered opening of the drill guide centralizes the drill and implant for consistent insertion alignment.



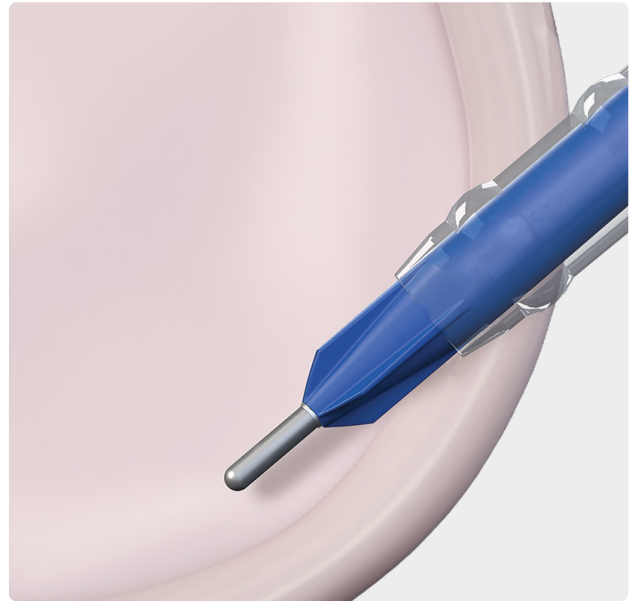
- › A complete percutaneous solution, including a needle **(b)**, K-wire **(c)**, cannula obturator **(d)**, and cannula **(e)**, is provided.
- › The 5 mm, low-profile, tapered cannula can be inserted with a cutting-tipped obturator for easier percutaneous insertion.

Percutaneous Cannula Kit: Portal Placement

Percutaneous implant insertion enables precise anchor placement in hard-to-reach areas of the inferior glenoid, ensuring optimal fixation even in challenging anatomies.



Insert a 17-gauge needle to precisely localize the portal trajectory. Remove the needle trocar and insert a 1.1 mm K-wire through the needle. Once the K-wire is inserted, remove the needle.

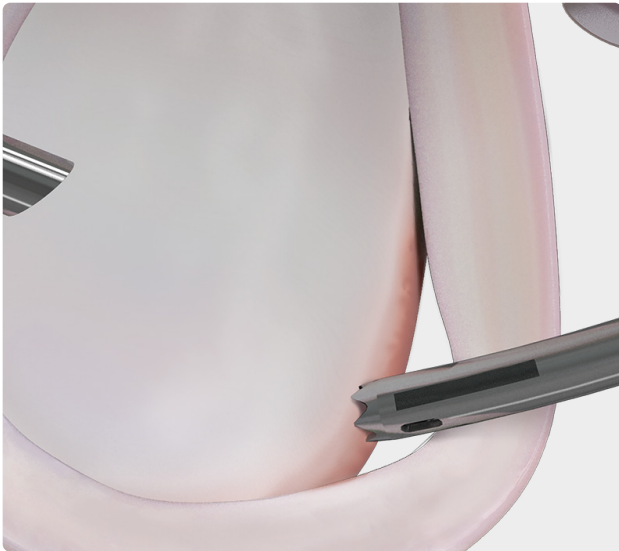


Make a small 4 mm skin incision to introduce the cannula. With the low-profile cannula on the obturator, insert the cannula obturator over the K-wire. Rotate clockwise and advance the obturator until the cannula is fully inserted to the desired depth.

The low-profile, 5 mm percutaneous cannula is compatible with multiple instruments critical to completing instability repairs:

- > Straight and curved FiberTak® instrumentation (not compatible with tight-curved drill guide)
- > Crescent SutureLasso™ suture passer
- > Mini-suture cutter
- > Suture retriever
- > Mini KingFisher® suture retriever

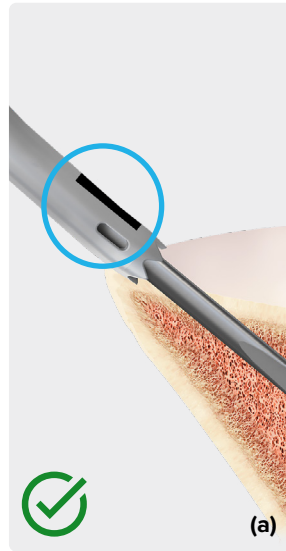




01a

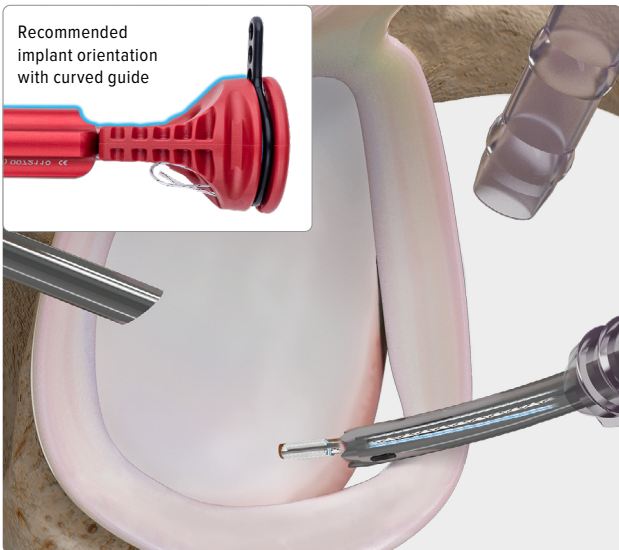
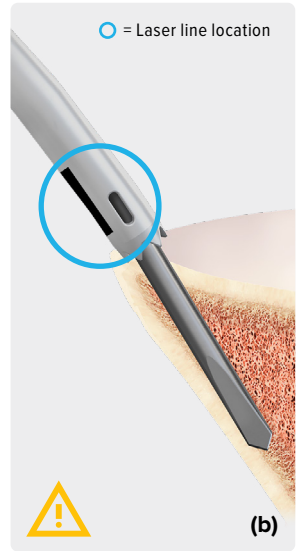
Mobilize the labrum and create a bleeding bed to enhance tissue healing to bone. Pass the drill guide and place it on the glenoid rim. Fully advance the drill through the spear until the drill or collar contacts the spear's handle.

Note: Drilling in very hard bone may require cycling the drill while maintaining consistent alignment of the spear. 1.9 mm hard-bone drills are also available for use.



01b

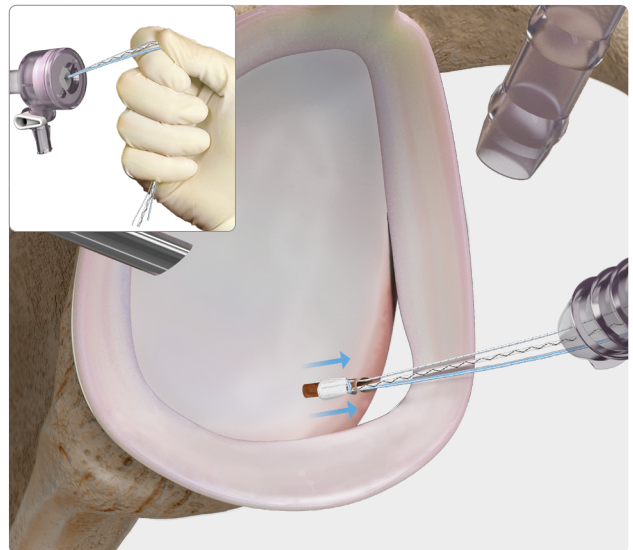
It is recommended that the laser line aim toward the center of the glenoid **(a)** to avoid intersecting drill holes or perforating the glenoid medially **(b)**.



02

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

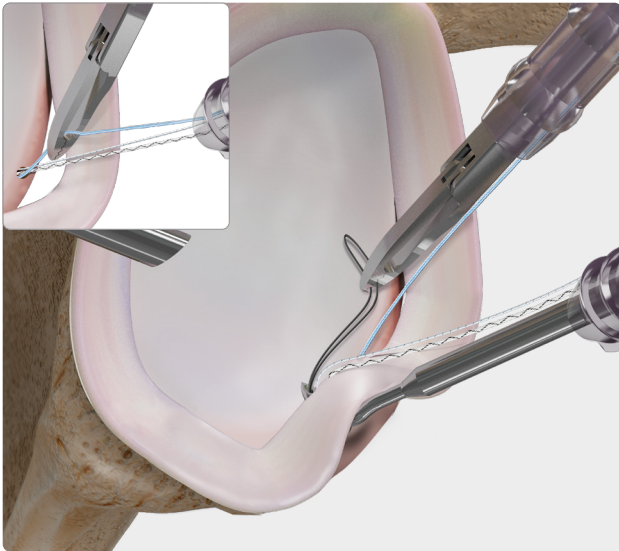
Note: If insertion resistance is encountered, do not impact harder. Remove the implant and repeat the drilling/insertion process. Avoid excessive impaction as this could lead to inserter damage and/or breakage. See WARNING NOTE on back page for additional information.



03

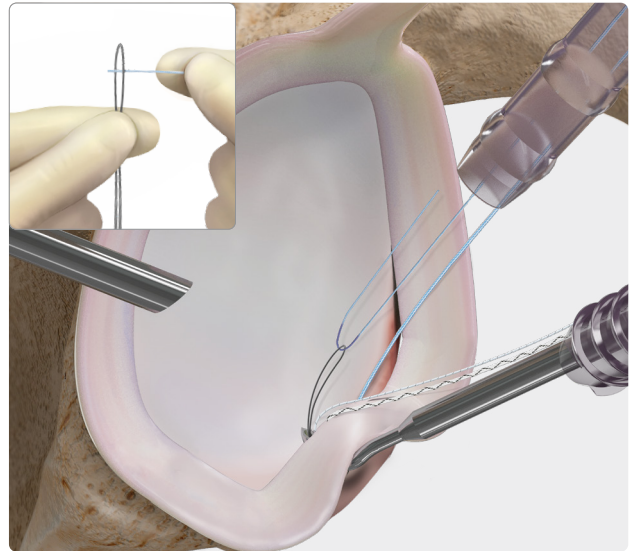
Remove the inserter handle and spear, then pull on all three suture tails to confirm the anchor is set in the cortical bone.

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.



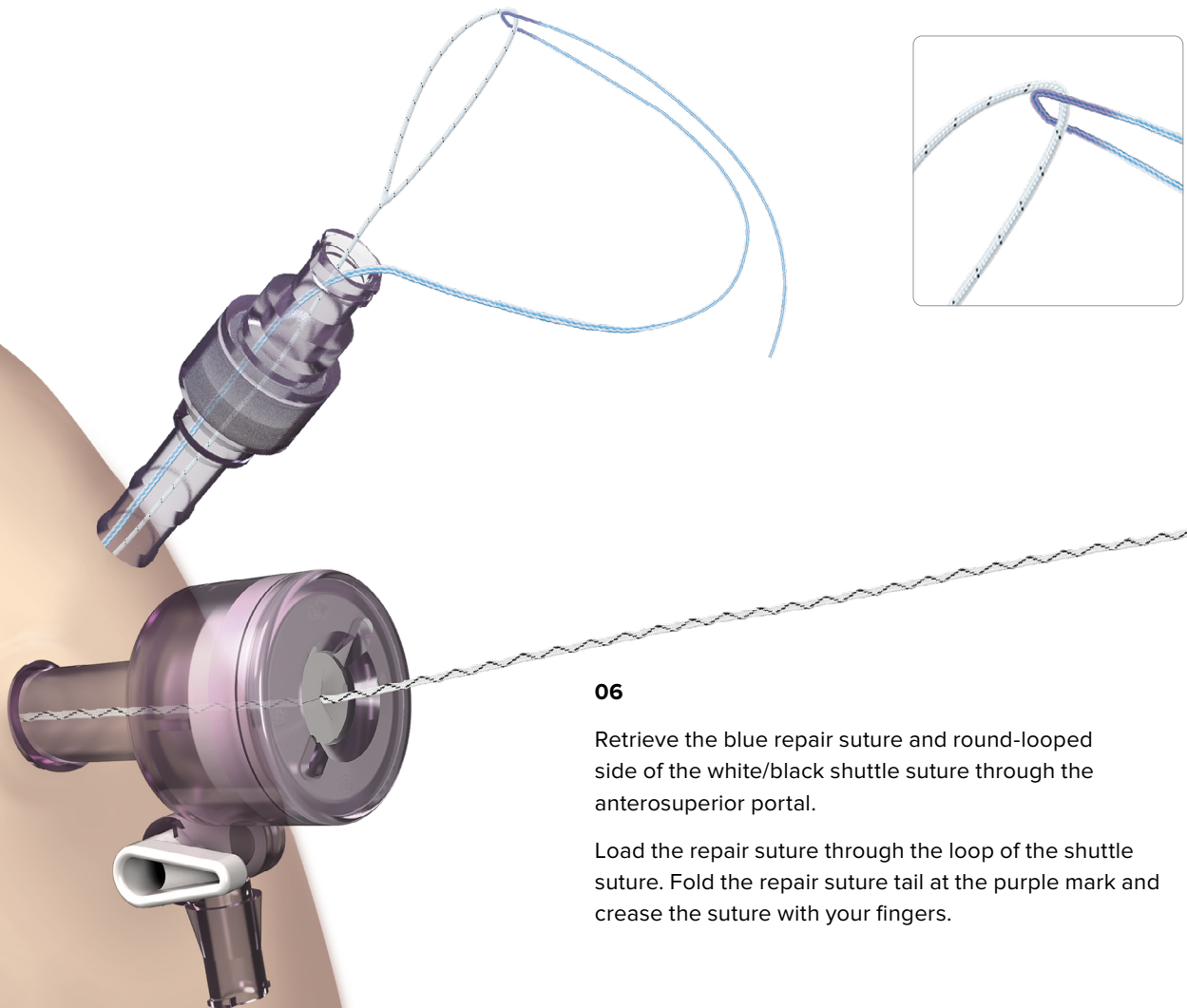
04

Retrieve the blue repair suture through the anterosuperior cannula 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 cannula using the KingFisher® retriever.



05

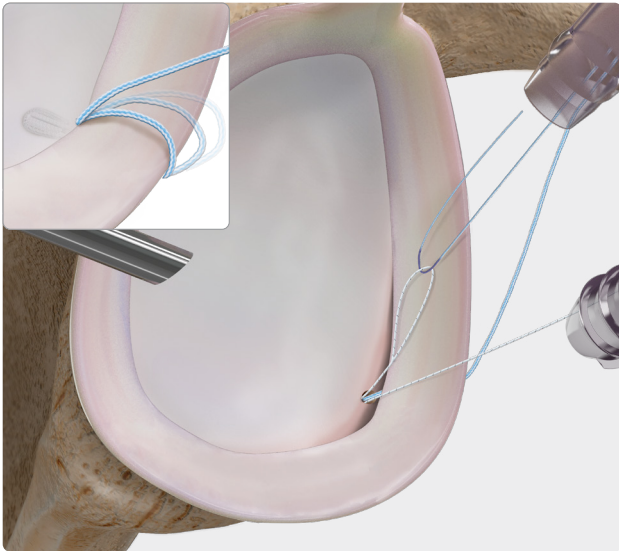
Load the blue repair suture tail through the nitinol wire loop. Retract the wire loop through the SutureLasso suture passer to pull the suture to the distal end of the suture passer inside the joint. Remove the suture passer and wire loop together to shuttle the repair suture through the labral tissue.



06

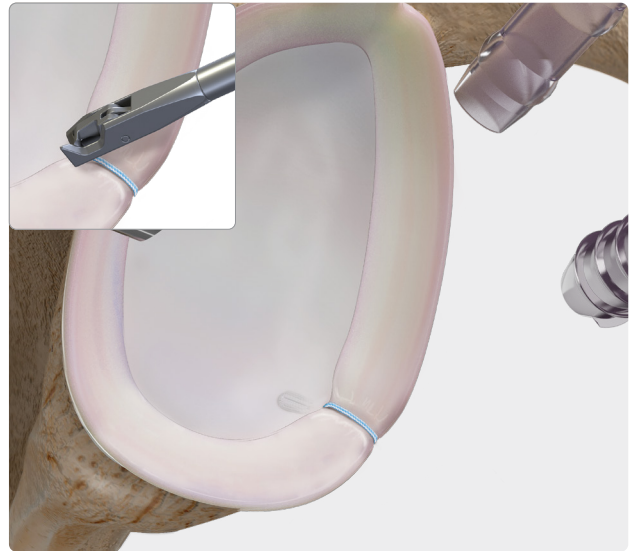
Retrieve the blue repair suture and round-looped side of the white/black shuttle suture through the anterosuperior portal.

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.



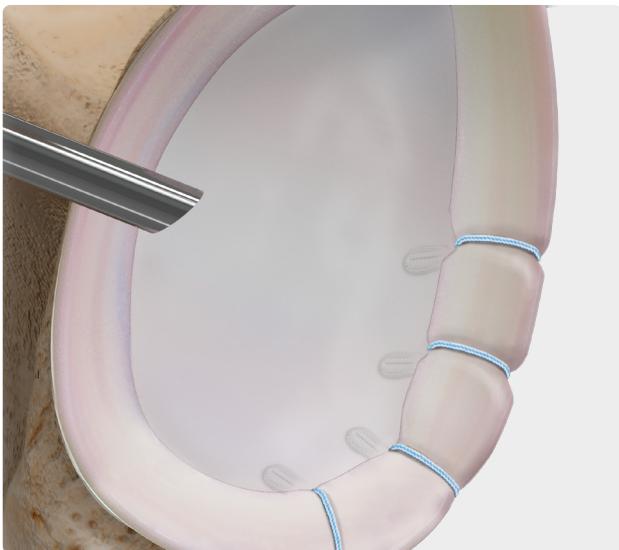
07

Pull the SutureTape side of the white/black shuttle suture to transfer the repair suture back into the anchor **through the same portal where the anchor 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.



08

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 while applying tension on the repair. Cut the suture flush using an open-end suture cutter.



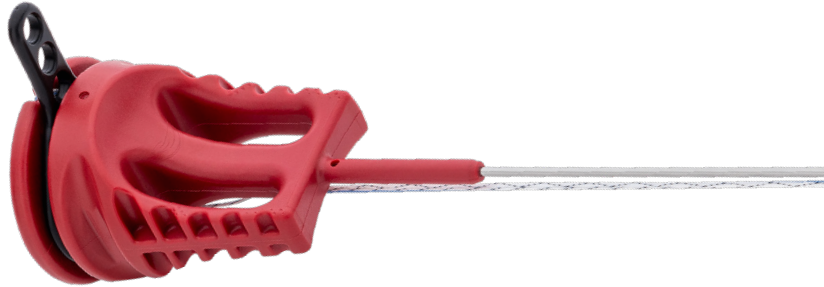
09

Repeat steps to insert additional anchors to complete the final repair construct.

Ordering Information

Implant

Knotless 1.8 FiberTak® soft anchor, blue repair suture	AR-3636
Knotless 1.8 FiberTak implant system	AR-3637



Disposable Instruments

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 sharp 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
1.9 mm rigid drill, sterile, hard bone	AR-3600D-4
1.8 mm flexible ShaverDrill™ device	AR-3610NSD-2
Low-profile cannula percutaneous kit	AR-6548PK

Reusable Curved Spear Options

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

Fishmouth spear	AR-3610F
Spear w/ circumferential teeth	AR-3610CT
Slotted spear	AR-3610ST



Fishmouth Spear
AR-3610F



Spear With
Circumferential Teeth
AR-3610CT



Slotted Spear
AR-3610ST

Ordering Information

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 larger blue 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 straight 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

Knotless 2.6 FiberTak soft anchor, w/ blue repair suture	AR-3641SP
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Disposable Instruments

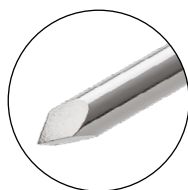
Disposables kit, w/ spear, obturator, and 2.6 mm drill	AR-3650DS
2.6 mm drill	AR-3657
2.6 mm ShaverDrill™ device	AR-3657SD

Reusable Instruments

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



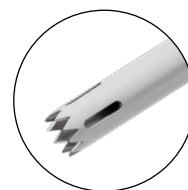
Blunt-Tip Obturator
AR-3658B



Trocar-Tip Obturator
AR-3658T



Angled Spear With
Circumferential Teeth
AR-3655



Spear With
Circumferential Teeth
AR-1941CT



Fishmouth Spear
AR-1941DGF

Instability Express Instrument System



- **Efficient**—Just the instruments needed for a given procedure. The instrument layout has been carefully considered to allow maximum flexibility with a minimal footprint.
- **Customizable**—Accommodates individual preferences and needs
- **Light and Compact**—Half the height of the full-size Shoulder Arthroscopy Instrument System case

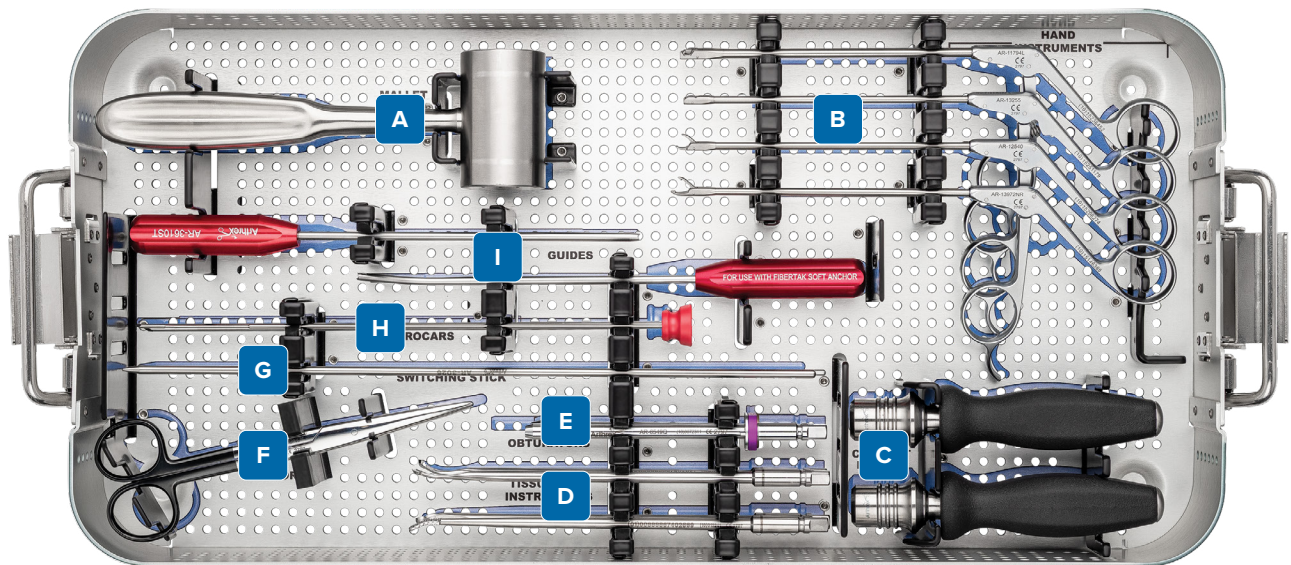
System Layout

Pic.	Description	Max Qty.
A	Mallet	1
B	Hand instruments*	4
C	Quick-connect handles	2
D	Tissue prep attachments	4
E	Cannula obturators	2
F	Scissors	1
G	Switching sticks	2
H	Trocars	2
I	Guides	4

Instability Instrument System (Instrumentation Recommendations)

Case	AR-8405CIN
Extra-long switching stick, 4 mm, qty. 2	AR-3026
Kirk mallet	AR-2966
Quick-connect handle, qty. 2	AR-2005NR
Elevator, 15°	AR-1345SE-15
Elevator, 30°	AR-1345SE-30
Debridement rasp	AR-1345-DR
Ring curette	AR-1345-RC
Obturator for 8.25 mm cannulas, yellow	AR-6531Q
Obturator for 7 mm cannulas, purple	AR-6549Q
Suture retriever, 3.4 mm, straight	AR-12540
Mini suture cutter, 3.4 mm, straight	AR-13255
Open cutter	AR-11794L
Mini KingFisher® suture retriever/tissue grasper	AR-13972NR
Curved FiberTak® guide w/ trocar	AR-3610CTC
Slotted FiberTak guide	AR-3610ST
FiberWire® scissor	AR-11796

*Optional: Labral Scorpion™ suture passer + 3 instruments



Reference

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

WARNING!

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)**.



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