

# IT Band Tenodesis With The Self-Punching 2.6 mm Knotless FiberTak Soft Anchor

Surgical Technique

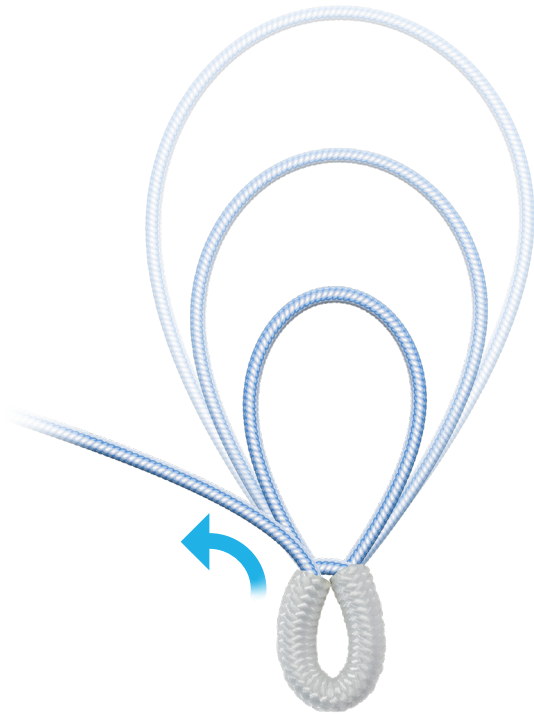


**Arthrex**® 

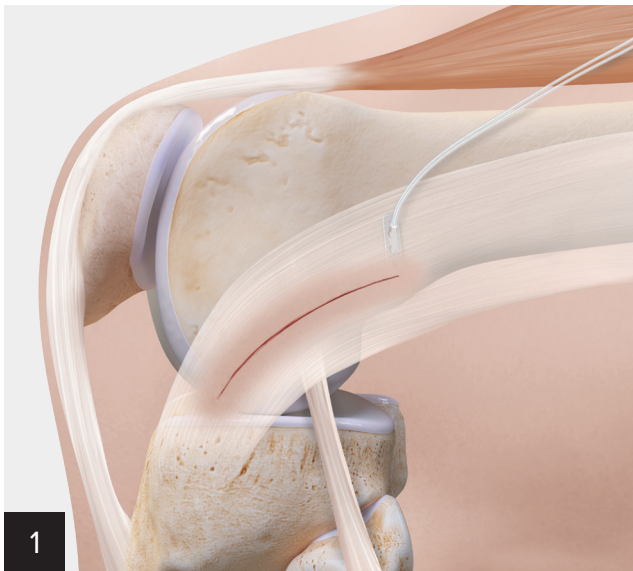
# Iliotibial Band Tenodesis Introduction

The Knotless FiberTak® IT band (ITB) tenodesis technique offers several distinct advantages when compared to other techniques for lateral extra-articular augmentation.

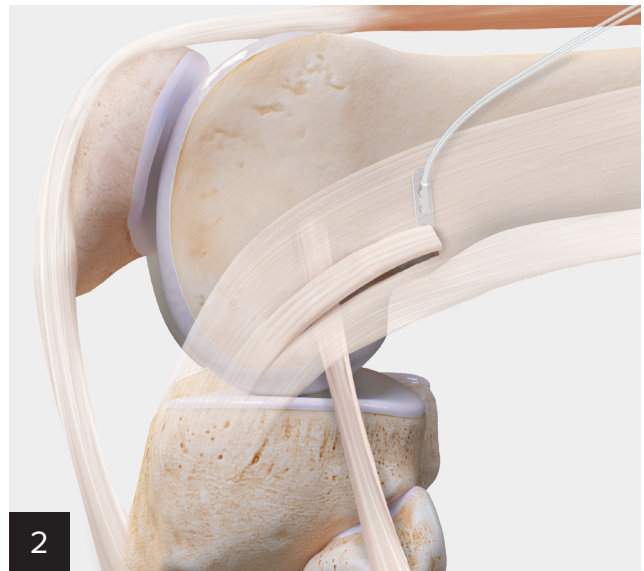
- **Simple:** Quick, easy, and reproducible technique.
- **Safe:** Reduced risk of ACL femoral tunnel convergence as anchor sets just below the cortex. The self-punching anchor technique is designed to reduce the risk of damaging ACL graft as seen with traditional techniques that require drilling. No risk of graft laceration as described with interference screw techniques.<sup>1</sup>
- **Low Profile:** Techniques using additional hardware, such as staples, may lead to pain or discomfort, warranting hardware removal. There is no prominent hardware with this soft anchor technique.<sup>1</sup>
- **Preserves Anatomy:** Onlay technique avoids the need to ream a socket. This techniques also minimizes the length of the graft required.
- **Titratable Graft Tensioning:** This technique provides the ability to provisionally tension and incrementally retension the graft after checking for isometry and no overconstraint.



## Iliotibial Band Tenodesis Surgical Technique

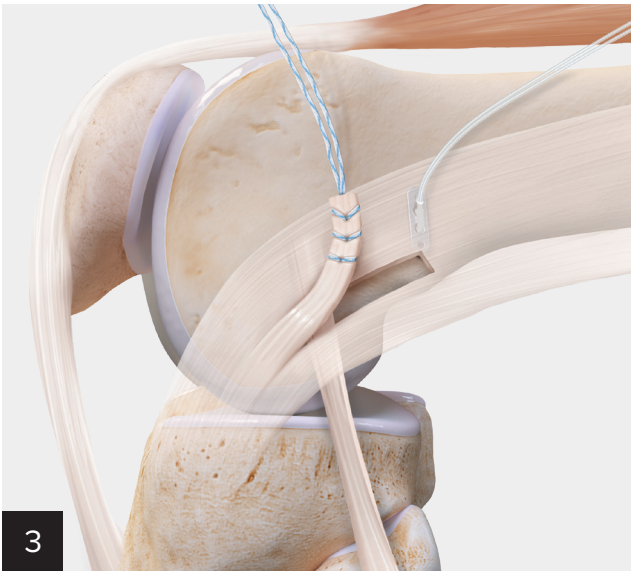


Perform a lateral extra-articular approach by making a 4 cm incision starting just proximal to Gerdy's tubercle and extending to the lateral femoral epicondyle. Expose and identify the ITB and leave it intact distally at Gerdy's tubercle.

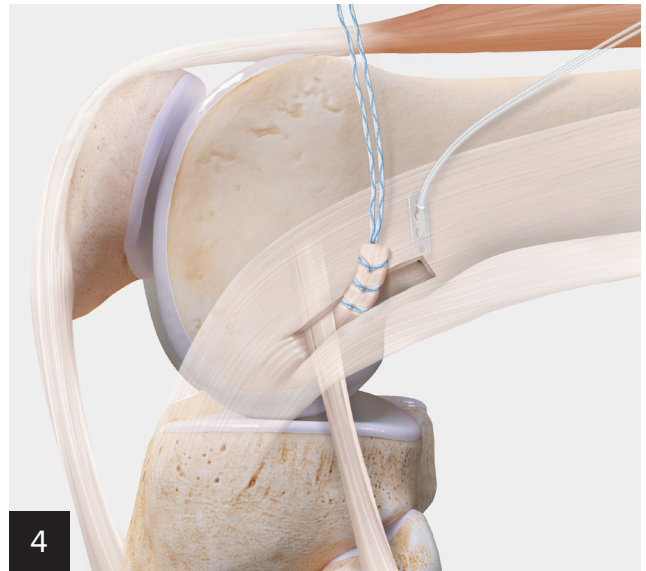


Obtain a distally based ITB graft measuring 10 mm × 60 mm. Avoid the proximal and distal Kaplan fibers posteriorly. These fibers provide anterolateral knee rotatory stability and should be preserved.

**Note: Identify the lateral collateral ligament (LCL).**



Whipstitch the proximal ITB graft with a SutureTape FiberLoop® suture.

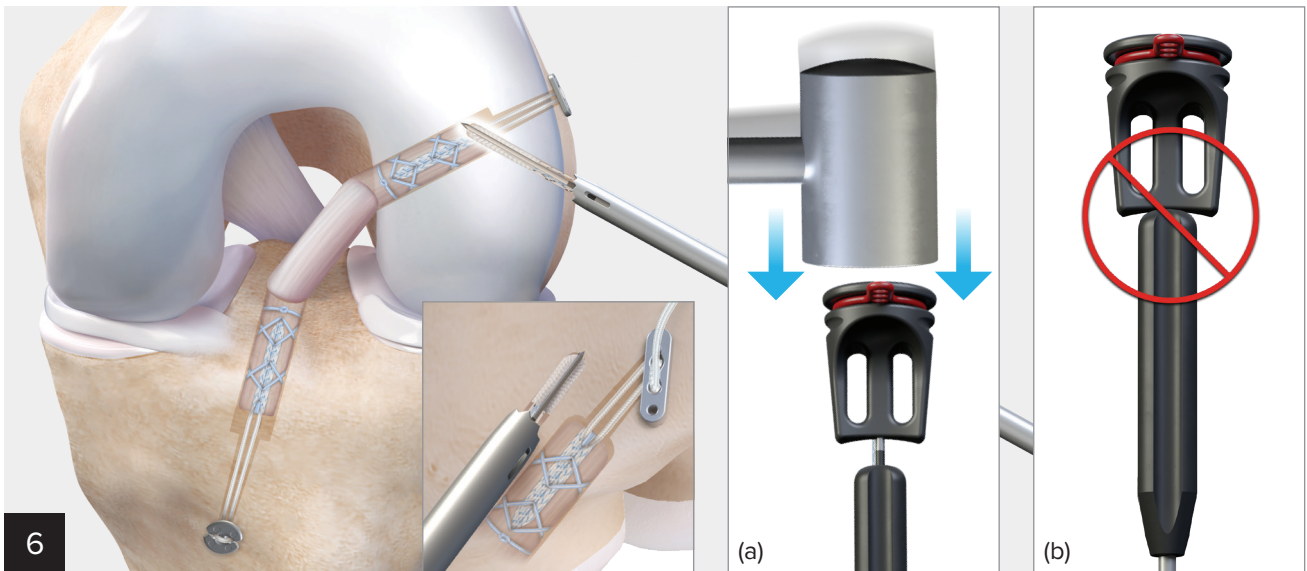


Pass the ITB graft deep (medial) to the LCL. Alternatively, some surgeons prefer to pass the graft over the LCL.



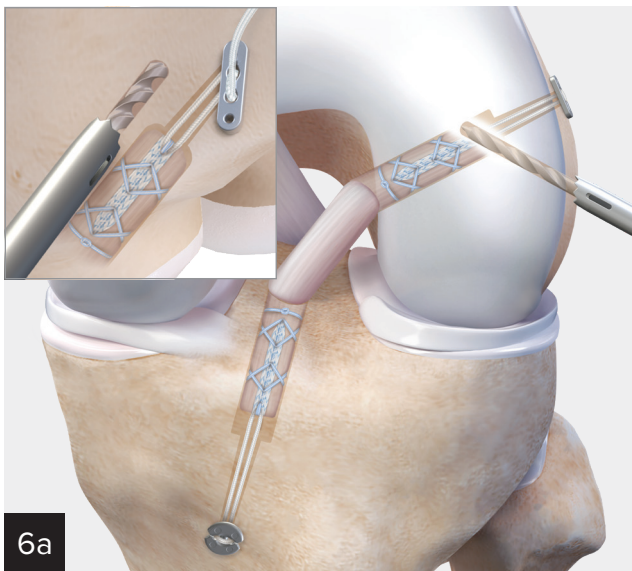
Identify the fixation site posterior and proximal to the femoral origin of the LCL.



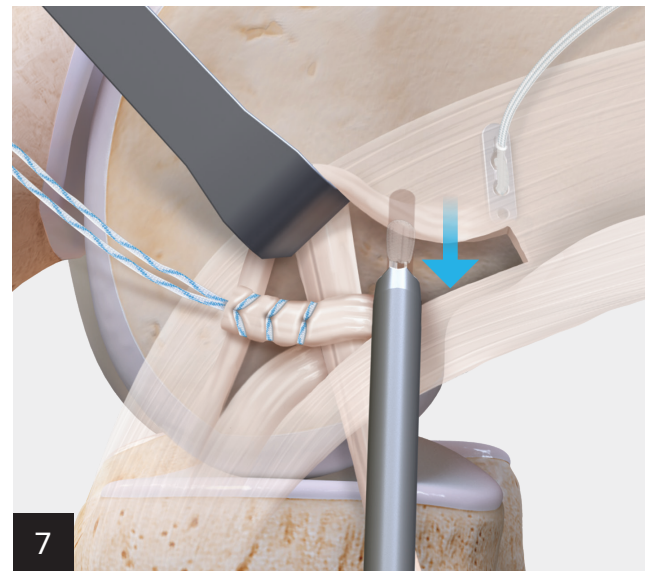


Direct the FiberTak® drill guide anteriorly and proximally, taking care to avoid the femoral socket of the ACL reconstruction. Insert the Knotless FiberTak soft anchor through the drill guide and mallet the inserter until the proximal insertion zone reaches the back of the guide handle **(a)**.

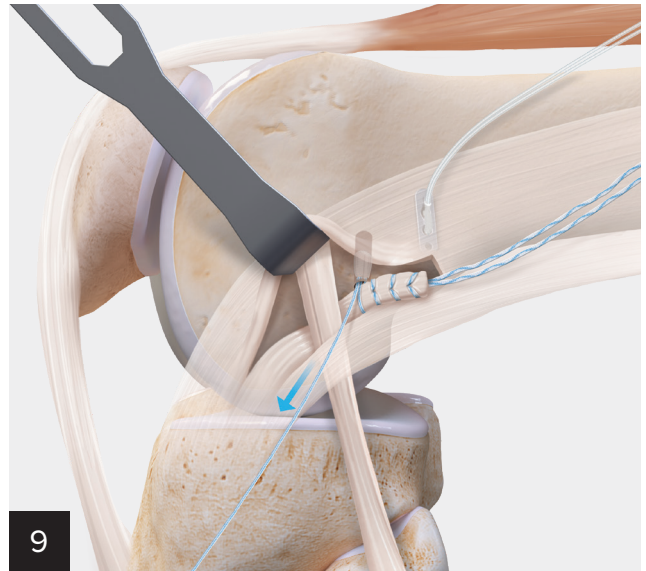
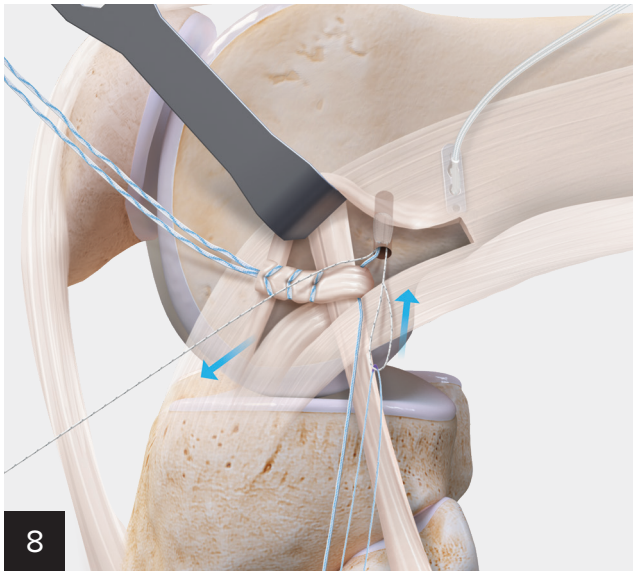
**Note: Do not impact the inserter body into the back of the guide. This could inadvertently advance the guide into bone, compromising the cortex and potentially impacting fixation strength (b).**



If hard bone is expected, use a 2.6 mm FiberTak fluted drill to prepare a pilot hole.

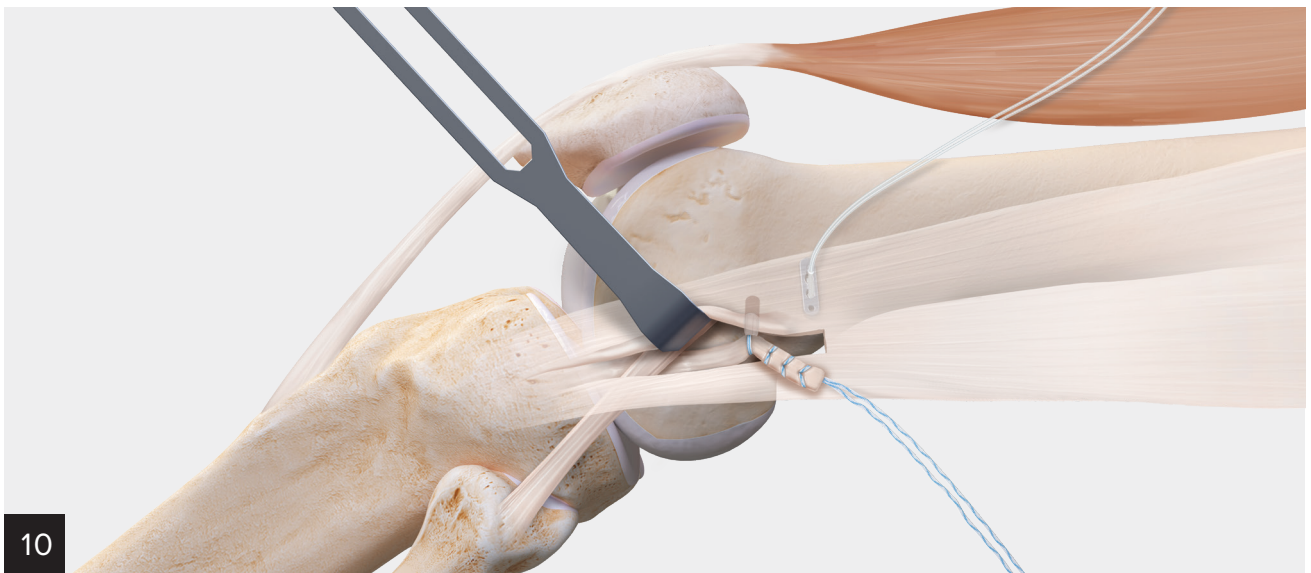


Pull the red suture release tab and remove the inserter. Lightly pull on the sutures to set the anchor. Remove the drill guide. Additional tension can be applied to sutures to further set the anchor.

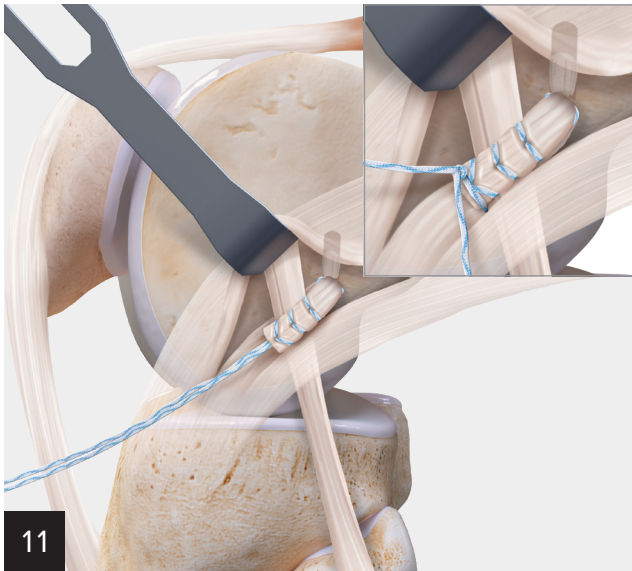


8 Load the blue repair suture into the loop of the white/black TigerLink™ shuttle suture. Convert the blue repair suture by pulling the SutureTape side of the white/black shuttle suture until light resistance is felt. Complete a series of light tugs until the repair suture passes through the Knotless FiberTak® anchor mechanism.

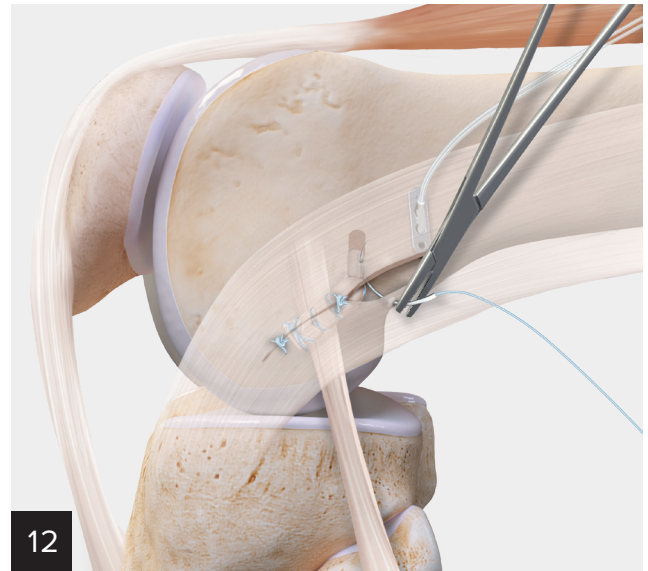
9 Use the blue tensioning strand of the repair suture to begin cinching the repair loop down around the graft.



10 Set the leg to the preferred position, typically neutral rotation and 30° of flexion, and provisionally tension the construct. Check internal rotation after tensioning to make sure there is no overconstraint. The isometry of the tenodesis can be confirmed by moving the leg through full range of motion. Additional tension can be applied by pulling the blue repair suture if desired.



11 Fold the excess ITB autograft over the LCL and suture it to itself using the SutureTape suture.



12 Repair the ITB defect with #2 FiberWire® and TigerWire® sutures.

## Ordering Information

Product Description	Item Number
Self-Punching 2.6 mm Knotless FiberTak® Soft Anchor	AR-3641SP
Disposables Kit for 2.6 mm Knotless FiberTak Anchors	AR-3650DS
Punch for 2.6 mm Knotless FiberTak Anchors	AR-3656
FiberLoop® SutureTape, 1.3 mm, 20 in loop (white/blue) w/ straight needle	AR-7534
#2 FiberWire® Suture w/ tapered needles, 38 in (blue, white, and black)	AR-7208

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.

## Reference

1. Muller B, Willinge GJA, Zijl JAC. Minimally invasive modified Lemaire tenodesis. *Arthrosc Tech.* 2020;10(1):e29-e36. doi:10.1016/j.eats.2020.09.006



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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