

# Meniscal Cinch™ II Implant

Surgical Technique



## Meniscal Cinch™ II Implant

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The second-generation Meniscal Cinch II device is an all-inside meniscal repair implant delivery system designed for single-handed use. Use the system's simple deployment steps to deliver low-profile implants secured with 2-0 FiberWire® suture. Deliver implants with minimal needle exposure and eliminate the need to past-point the needle with active implant deployment technology.



## Features and Benefits

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### ■ Low-Profile Implants

Low-profile 2-0 FiberWire suture prevents tissue cut-through and minimizes friction against articular cartilage.<sup>1</sup> Small Meniscal Cinch II implants minimize perforation size through the meniscus and reduce the implant profile behind the meniscus.

### ■ One-Handed Deployment

The ergonomic handpiece facilitates true, one-handed implant deployment.

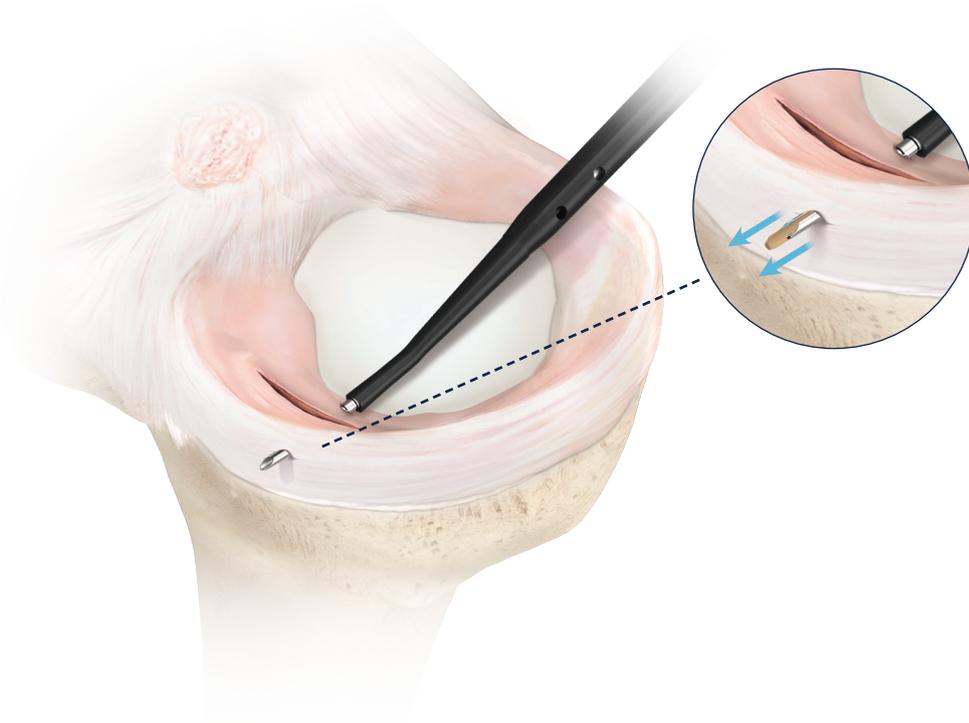


## Features and Benefits Cont'd

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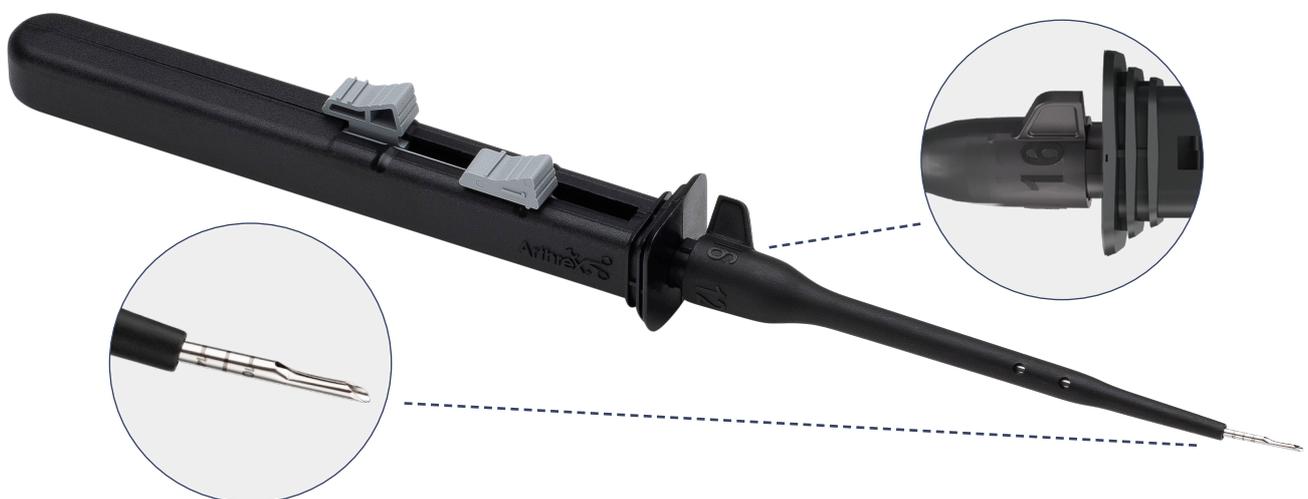
### ■ Active Implant Deployment

The ultra low-profile implants are expelled from the tip of the needle, reducing the depth of penetration beyond the meniscus.

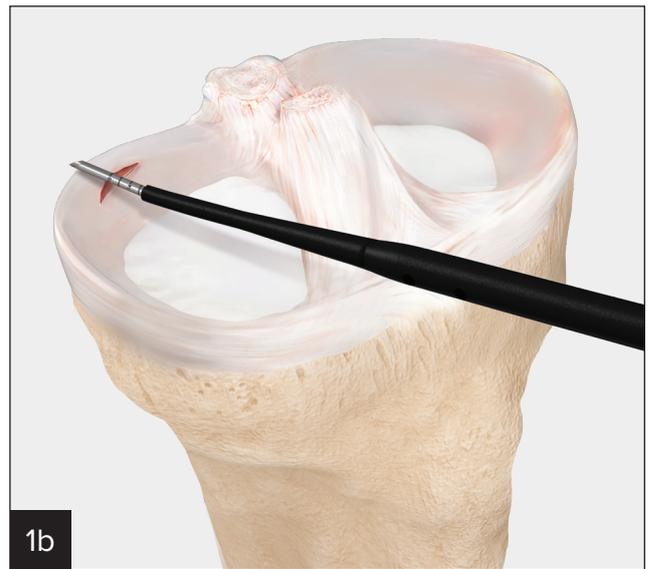


### ■ Adjustable Depth Stop

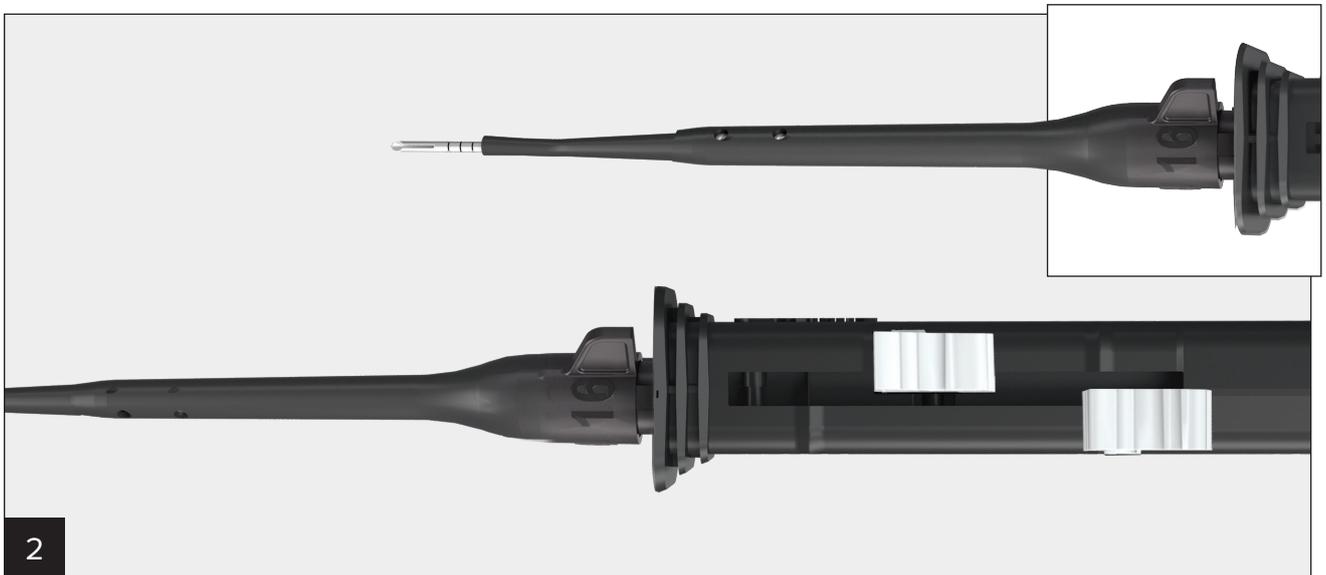
An adjustable depth stop facilitates insertion into the joint by concealing the needle in the retractable depth stop sheath. The depth stop is quickly advanced and rotated to different lengths depending on the thickness of the meniscal tissue. The 2 mm depth markings on the needle tip allow intraoperative measuring and visual feedback on the depth of needle penetration.



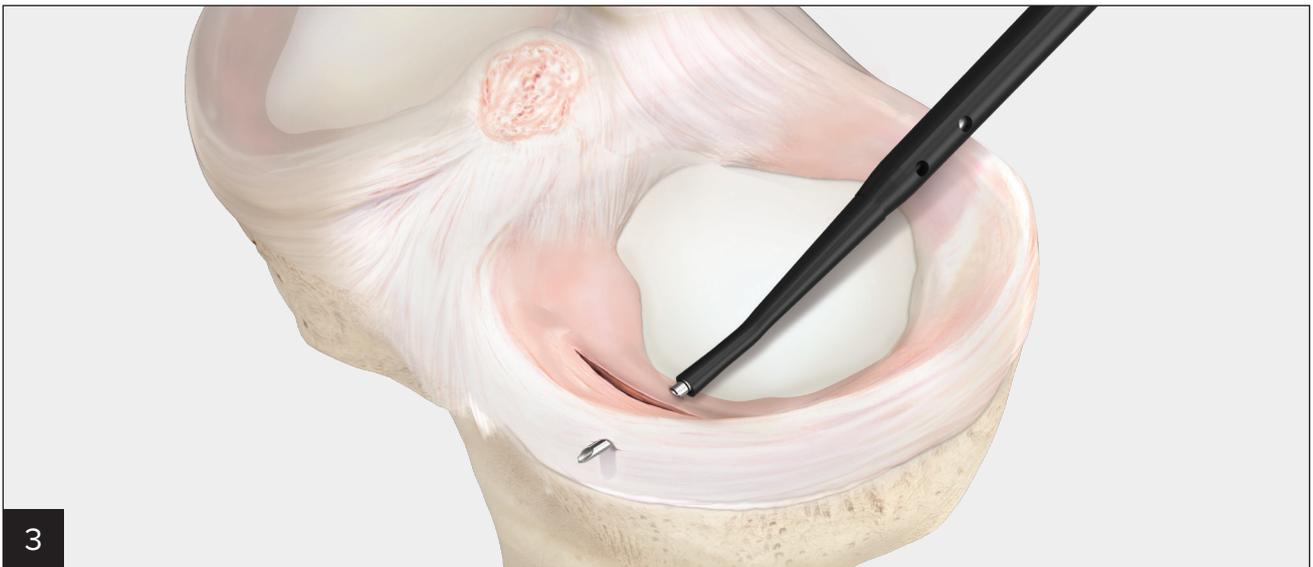
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Measure the meniscus using a meniscal measurement probe (1a) or the laser lines on the tip of the Meniscal Cinch II needle (1b). Set the depth stop at a length 2 mm longer than the meniscus to ensure the implant is fully deployed behind the meniscus. For example, if the meniscus measures 12 mm, set the depth stop to 14 mm.



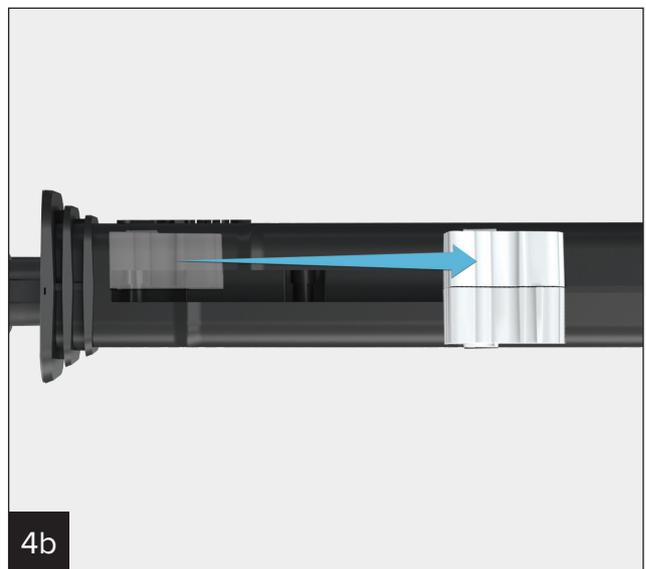
Place the depth stop over the needle with the desired depth facing upwards as shown.



Place the needle over the desired entry point for the first implant. Advance the needle through the meniscus by pushing the entire handpiece forward until the desired depth is reached.



Advance the button completely to deploy the first implant.



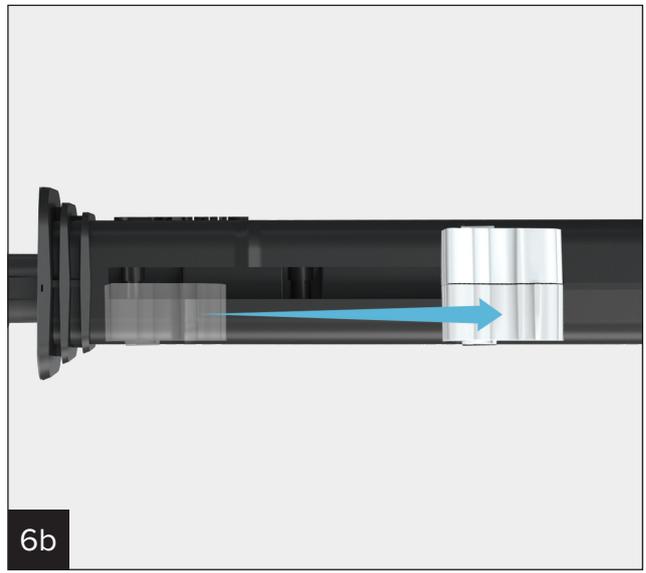
Retract the button until it locks in place flush with the adjacent button.



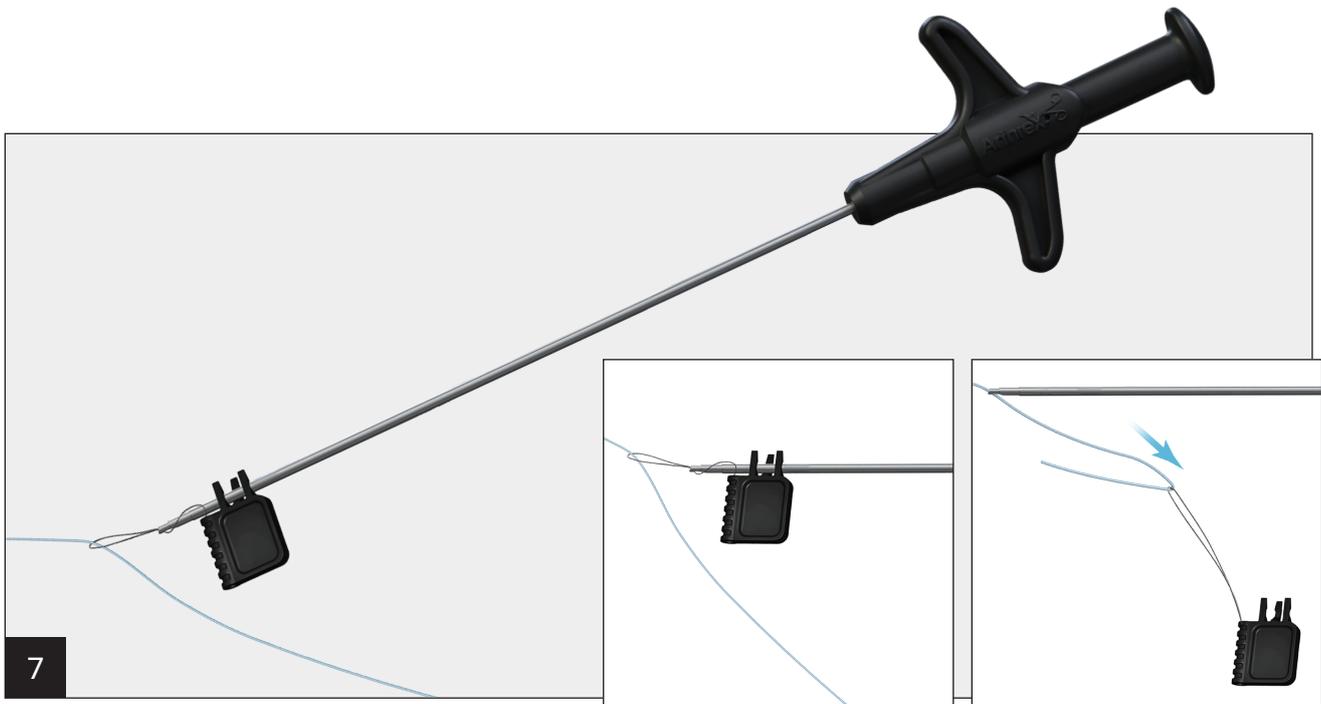
Advance the second implant into the needle tip by pushing the second button forward to the raised indicator.  
**Note: Rotating the needle slot away from the first implant and penetrating the meniscus can sever the suture.**



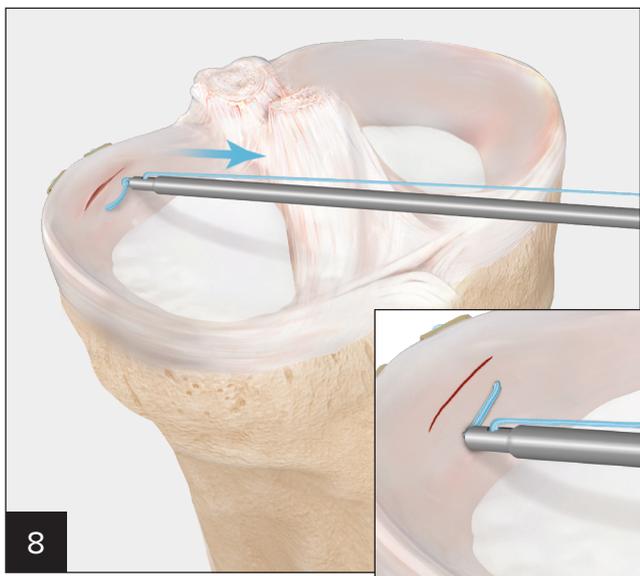
Advance the needle through the meniscus by pushing the entire handpiece forward until the desired depth is reached. Advance the button past the indicator to the end point to deploy the second implant.



Retract the button until it locks in place flush with the adjacent button.



7 Remove the Meniscal Cinch™ II device from the knee. Load the tail of suture into the loading wire and pull the tab attached to the wire to load the knot pusher.



8 Advance the knot pusher into the meniscus keeping it parallel to the suture tail. While applying gentle pressure on the implant knot, apply tension to the suture to tighten the construct. The knot will migrate from the second implant toward the first implant. The repair is complete once the knot has been tightened back to the first implant.



9 After the desired tension is obtained and the tear is reduced, pull tension on the suture and depress the black plunger to cut the suture tail.

## Ordering Information

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| Product Description                  | Item Number |
|--------------------------------------|-------------|
| Meniscal Cinch™ II Device            | AR-4501     |
| Portal Skid                          | AR-4505     |
| Suture Tensioner w/ Cutter for Knees | AR-5815     |
| Suture Cutter, 2.75 mm STR SFT       | AR-11790    |
| Meniscal Viper Sizing Probe          | AR-13920P   |

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 Arthrex if you have questions about the availability of products in your area.

## Reference

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1. Leslie J. Bisson, MD, Leslie M. Manohar, MD, Ryan D. Wilkins, et al. Influence of Suture Material on the Biomechanical Behavior of Suture-Tendon Specimens. *American Journal of Sports Medicine*. Vol:36, Issue 5, 2008. doi.org/10.1177/0363546508314793



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.

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