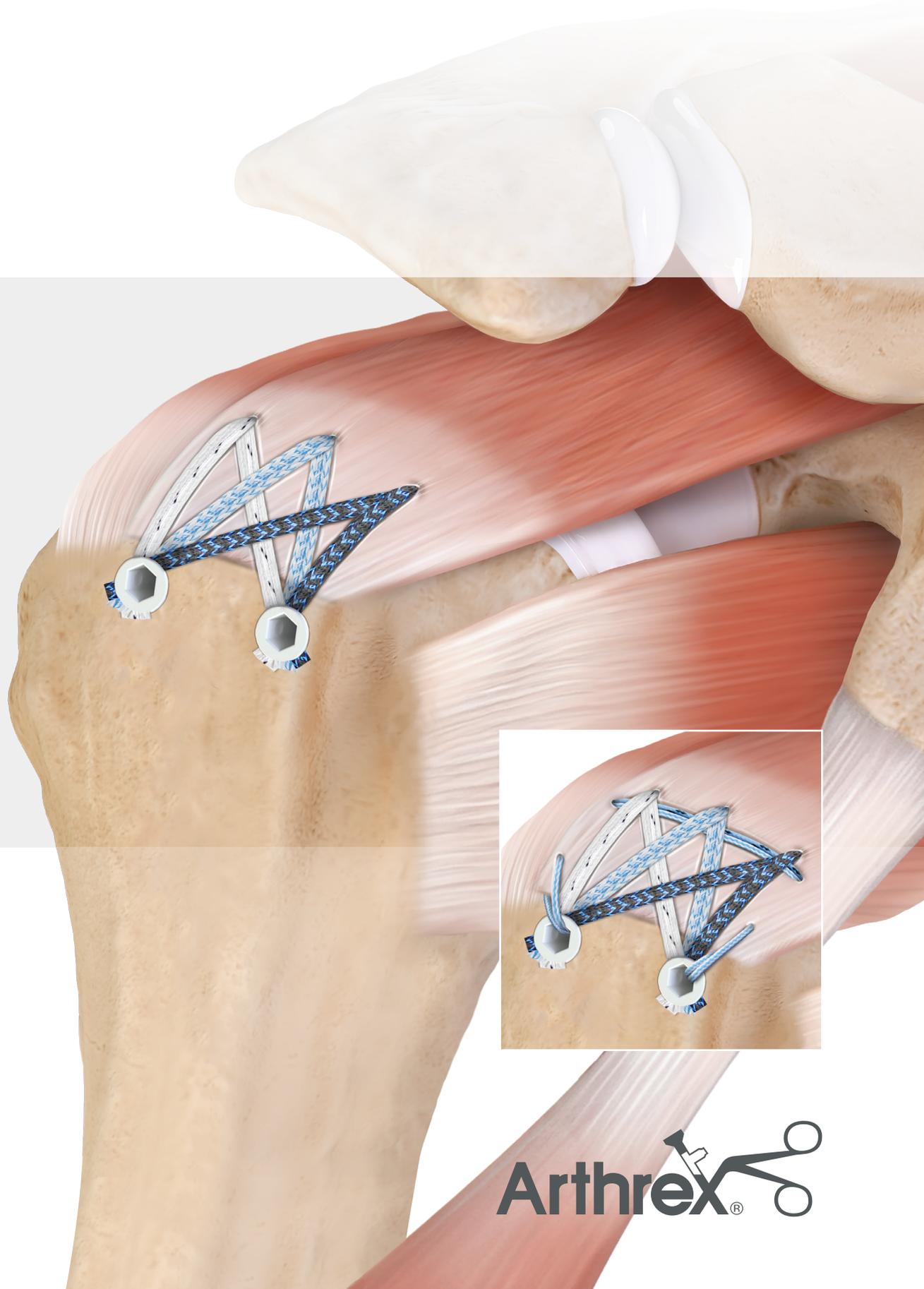
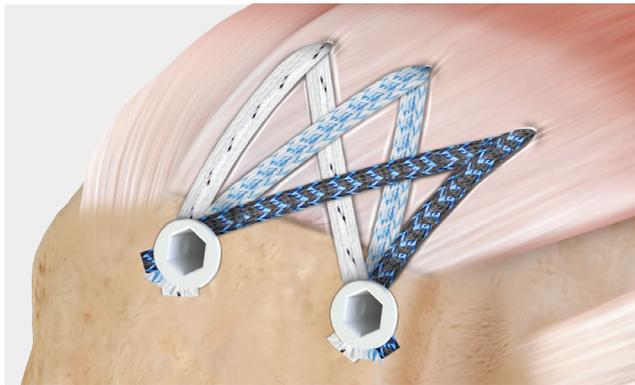


FiberTak[®] SpeedBridge[™] Rotator Cuff Repair

Surgical Technique



FiberTak® SpeedBridge™ Repair



As the next evolution of knotless rotator cuff repair, the FiberTak SpeedBridge technique is completed with 2.6 FiberTak RC soft anchors on the medial row and FiberTape® sutures fixated laterally with trusted SwiveLock® anchors. This knotless repair creates a quick, secure construct in as few as three suture-passing steps.

The small size of the 2.6 FiberTak RC anchors allows for three points of medial-row fixation where previously only two fixation points could be achieved.

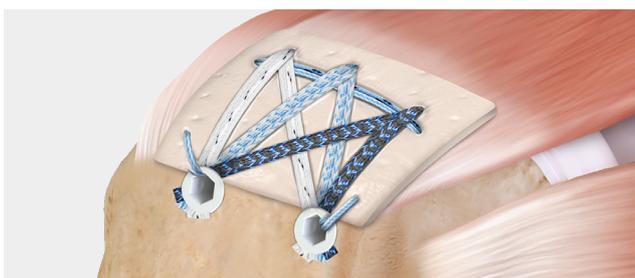
Advantages

- Biomechanical repair strength is comparable to traditional SpeedBridge repair¹
- Multiple fixation points and additional FiberTape sutures increase tendon-to-bone compression²
- Contact area of the tendon-to-footprint interface increased 14% compared to traditional hard-bodied anchors²
- Secure lateral fixation with trusted SwiveLock anchors

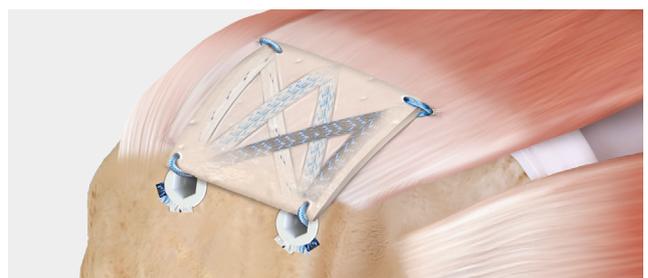


Enhancements

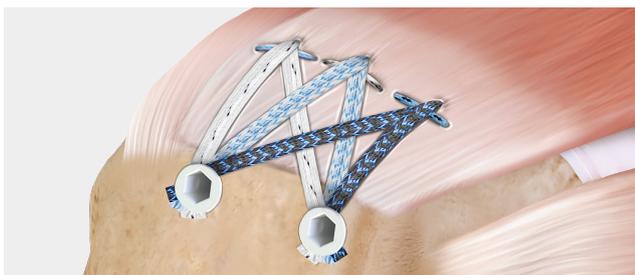
Knotless 2.6 FiberTak RC anchors are adaptable and can conform to traditional repair techniques while providing the additional benefits of tensionable knotless technology for incorporating biologics or increasing medial-row compression.



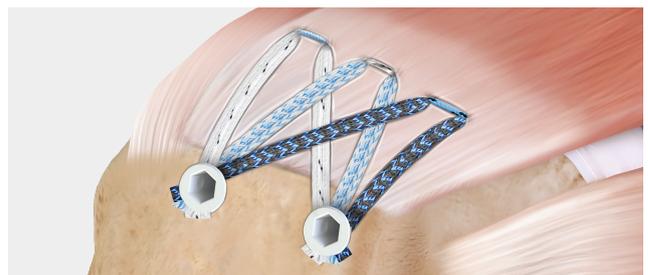
Double-Pulley Rip-Stop With ArthroFLEX® Dermal Allograft Augmentation



Canopy Augmentation With ArthroFLEX Dermal Allograft



Independent Mattress Rip-Stops



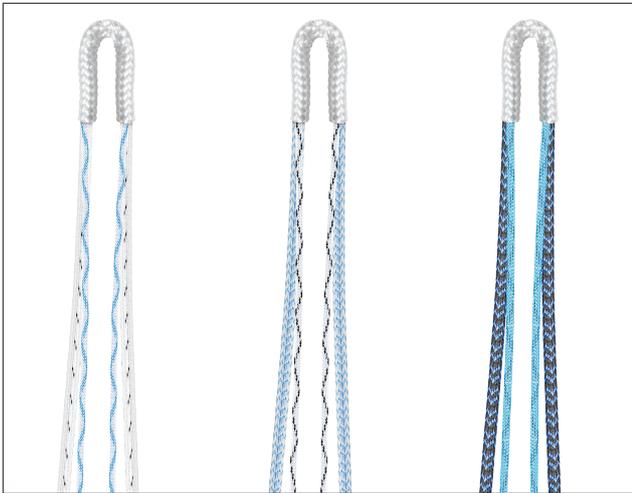
Independent Mattress Stitches

ArthroFLEX is a registered trademark of LifeNet Health.

2.6 FiberTak® RC Soft Anchors

These anchors are available with fixed 1.7 mm FiberTape® suture—with joined tails for simplified suture-passing—and the option of a sliding SutureTape or tensionable knotless mechanism.

2.6 FiberTak RC Soft Anchors

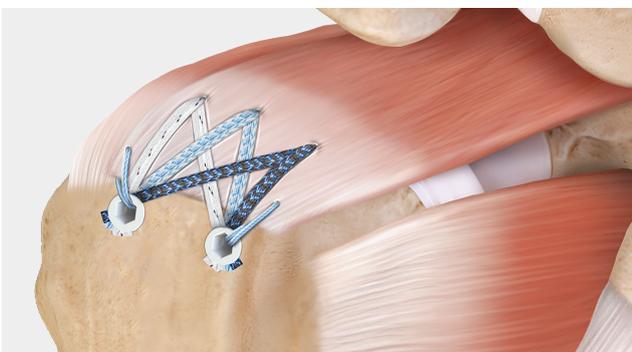
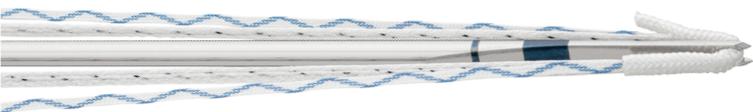


Sliding 1.3 SutureTape

Incorporate sliding SutureTape for knotted medial-row compression variations or remove if it is not needed for the repair.

Self-Punching Inserters

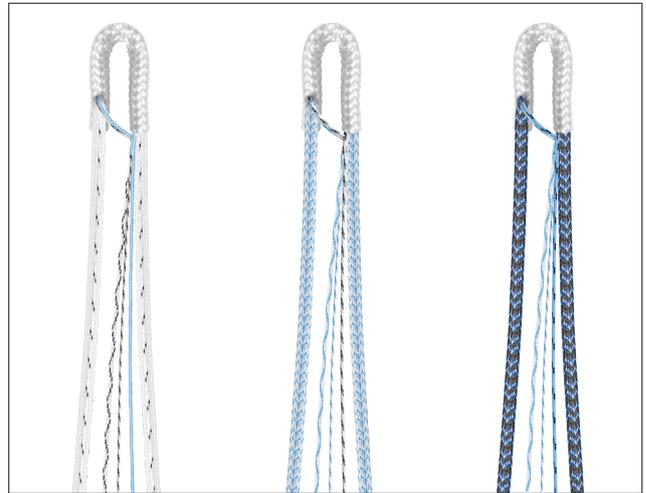
All 2.6 FiberTak anchors are loaded on self-punching inserters, which eliminate the need to predrill or prepunch a socket for anchor insertion, reducing surgical steps. Use these inserters with or without a guide; drills and punches are available for hard bone.



SwiveLock® Lateral-Row Anchors

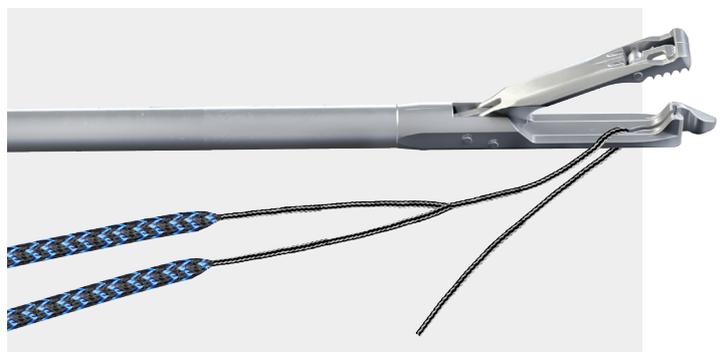
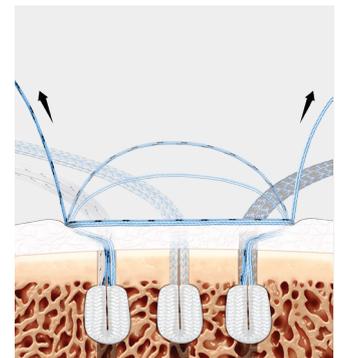
- Trusted fixation with more than 10 million anchors used since 2006³
- Available with #2 suture for tensionable knotless dog-ear or cable fixation

Knotless 2.6 FiberTak RC Soft Anchors



Tensionable Knotless Mechanism

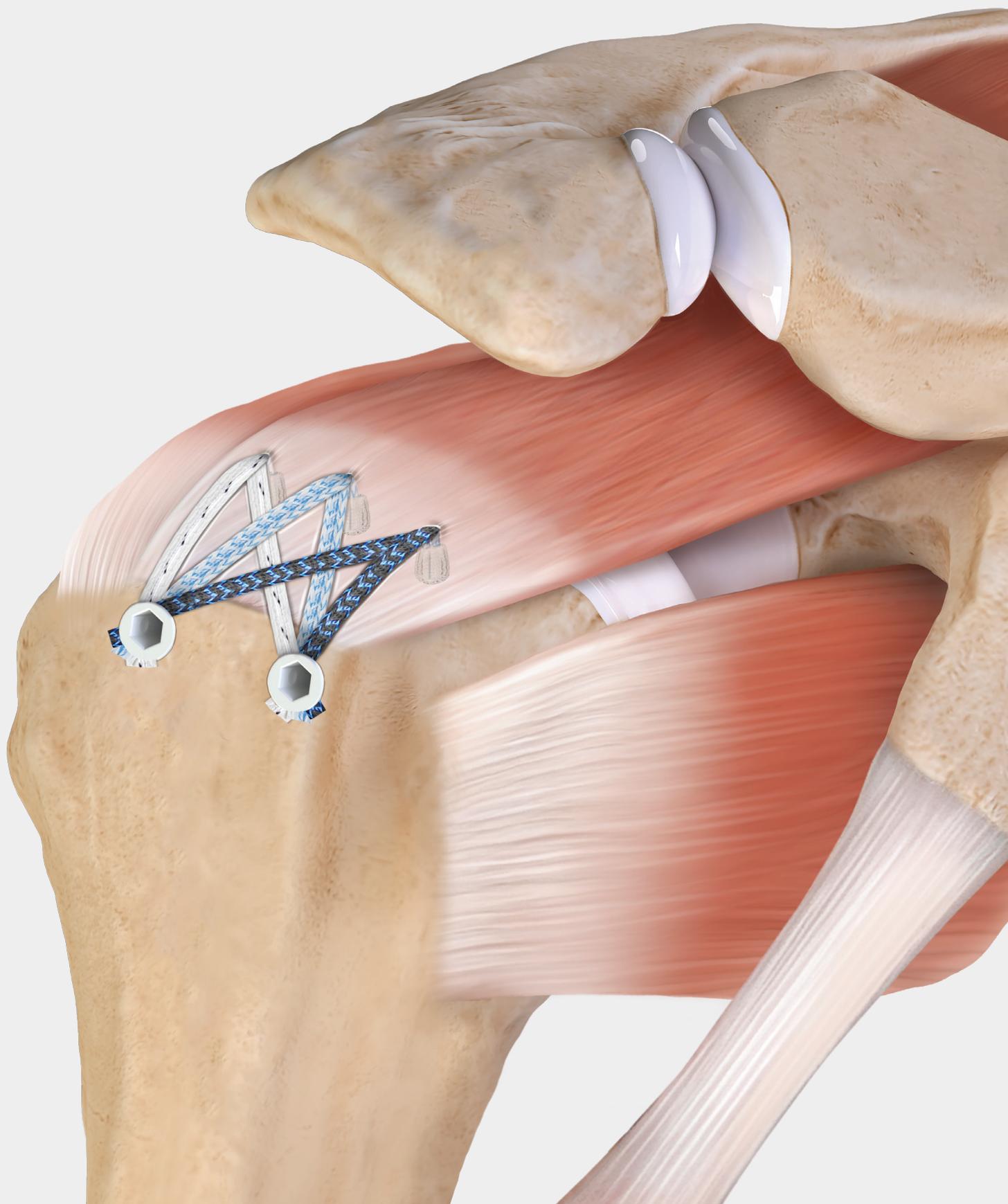
With the tensionable knotless mechanism, complete a variety of medial-row compression variations and easily incorporate biologics.

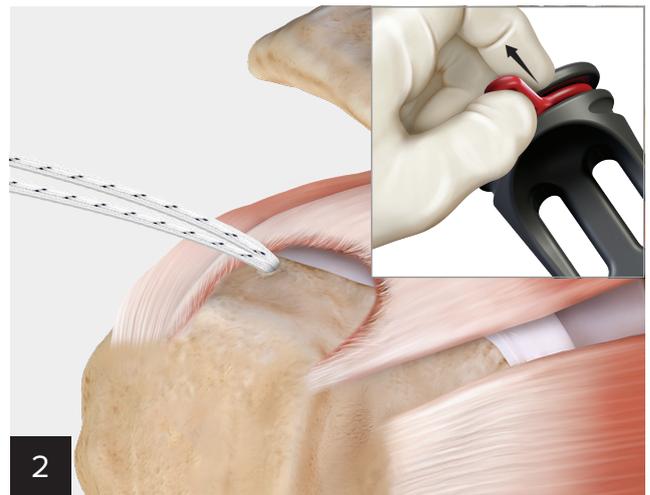
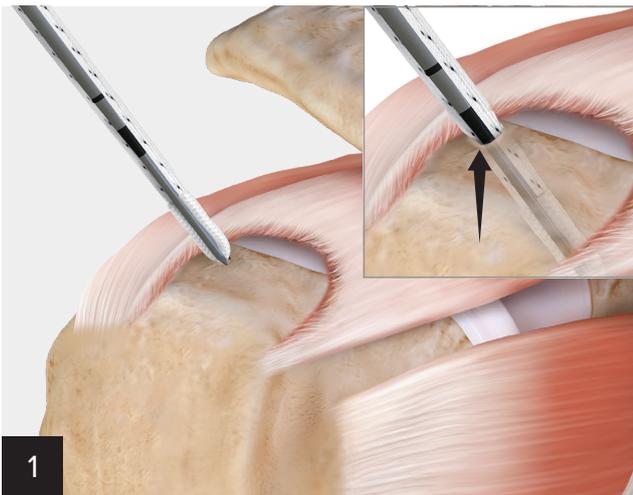


Joined FiberTape Suture Tails

- Simplified suture-passing
- Shuttle both limbs of FiberTape suture with one pass

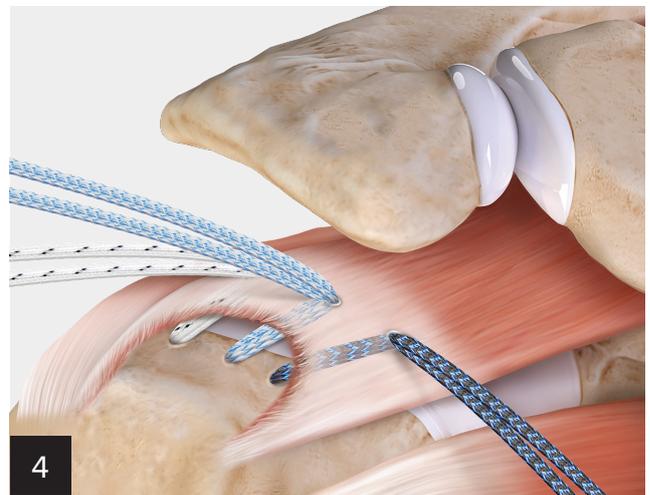
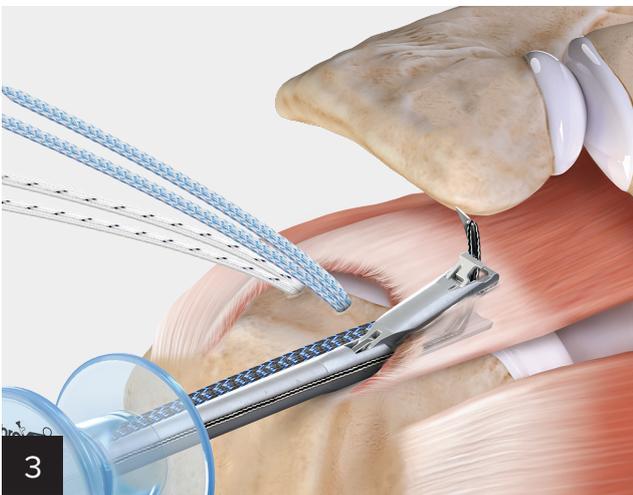
FiberTak[®] SpeedBridge[™] Technique: Medial Row





1 While viewing through a posterolateral portal, prepare the rotator cuff footprint and identify the posteromedial anchor insertion point. Using a mallet, insert and advance the 2.6 FiberTak RC anchor into bone; stop at the insertion zone laser line. If hard bone is encountered, use a punch or drill to create a socket to ease anchor insertion.

2 Once the anchor is fully inserted, remove the suture retention ring and inserter. Grasp all limbs of the suture and pull slowly to set the anchor. Repeat steps 1 and 2 for middle and anterior medial-row anchors. Once the anchors are inserted, remove the sliding SutureTape.

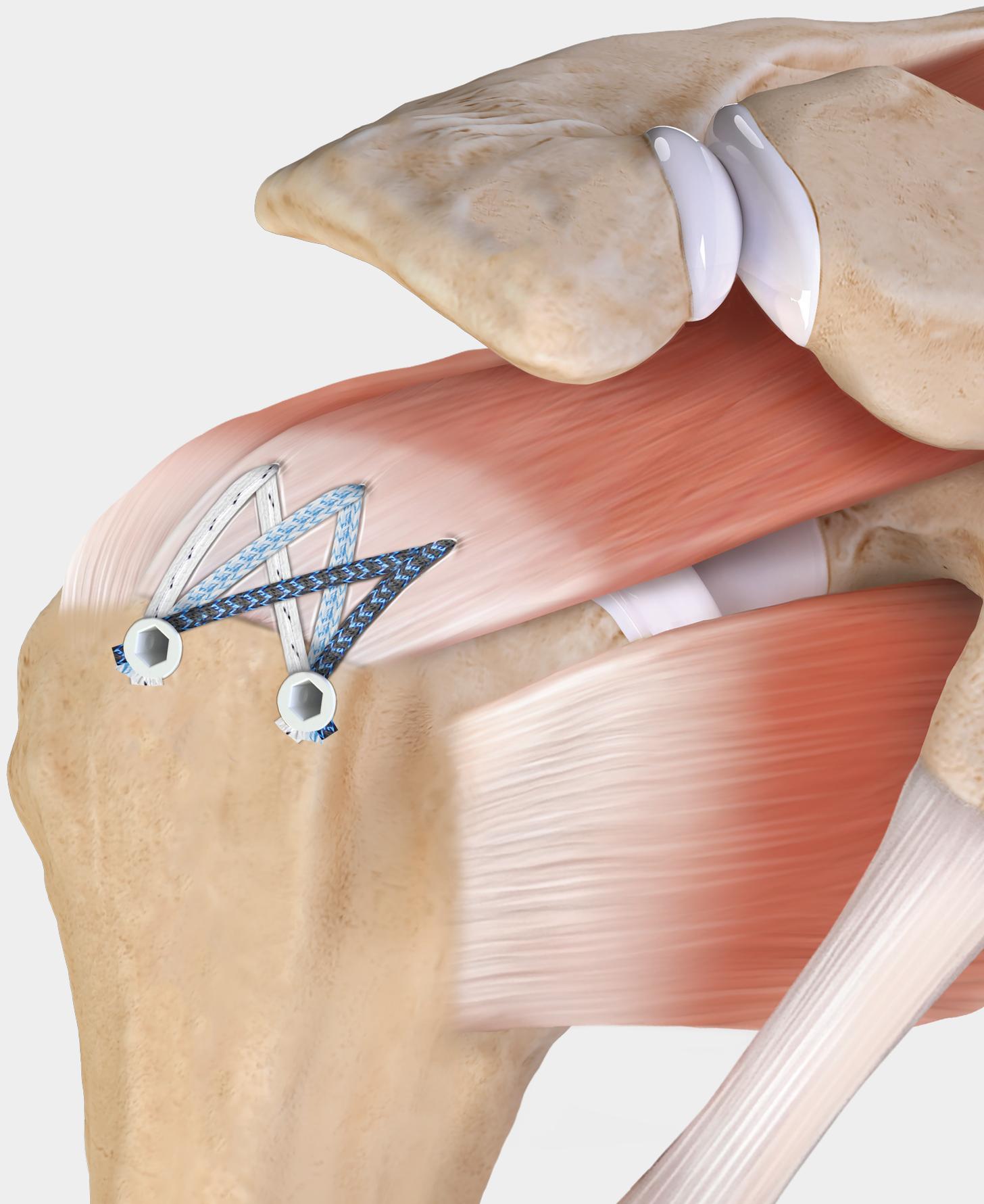


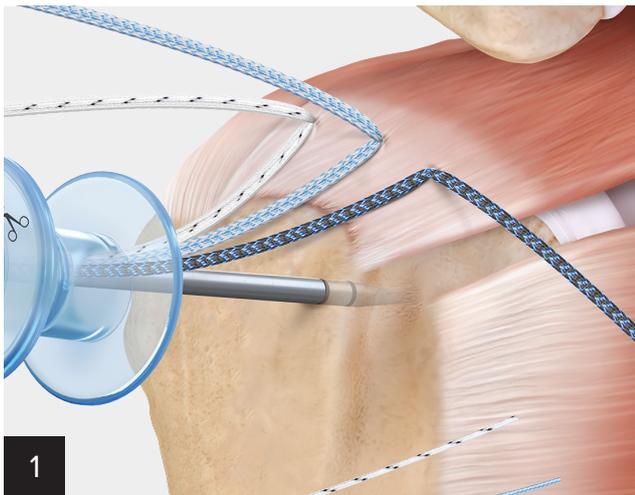
3 Load the single end of FiberTape® suture onto a Scorpion™ suture passer and advance through the rotator cuff. Pull the suture to smoothly lead both FiberTape suture limbs through the tissue.

4 Cut off the joined suture tail, allowing each suture limb to be separated for lateral fixation. Tension each suture limb independently to remove any potential slack beneath the tendon.

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.

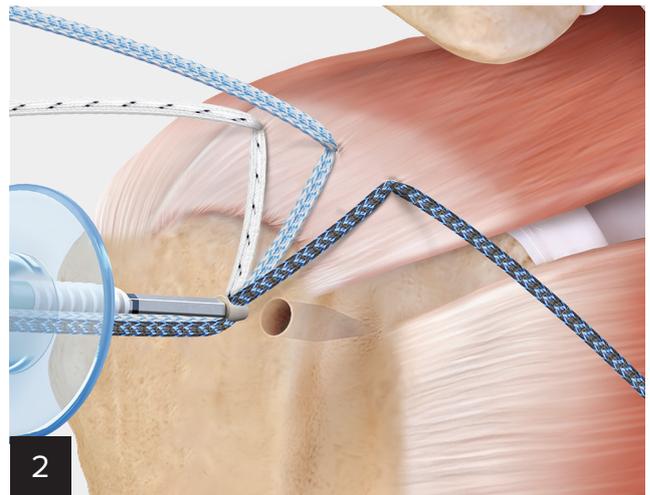
FiberTak[®] SpeedBridge[™] Technique: Lateral Row



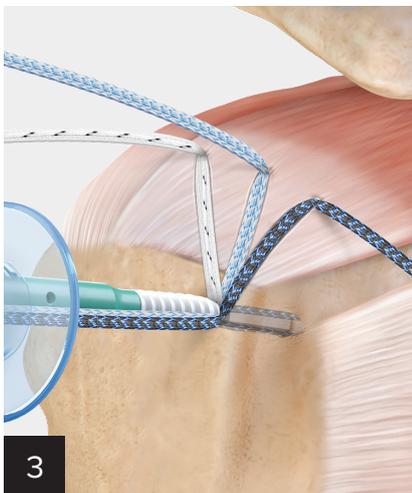


Retrieve one FiberTape® suture tail from each medial anchor and preload them through the SwiveLock® anchor eyelet. Using a punch, prepare a bone socket about 5-10 mm lateral to the edge of the tuberosity.

Note: Use a hemostat to secure sutures in place while preparing a bone socket.

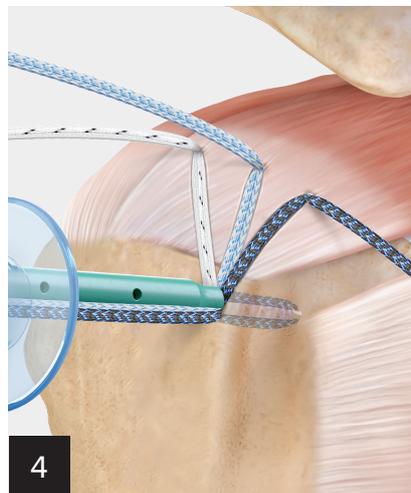


Bring the eyelet of the implant to the edge of the bone socket and remove slack from each of the FiberTape suture limbs individually. Apply tension to the FiberTape sutures so that the tissue is reduced and compressed to the bone.

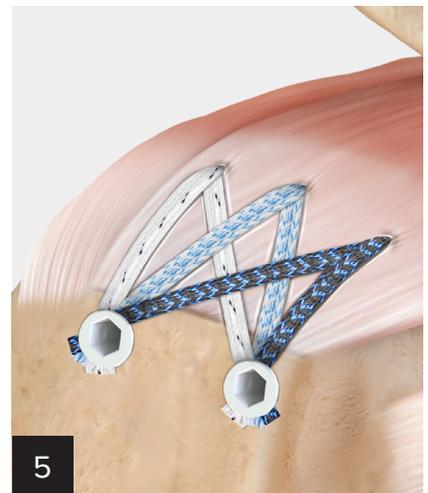


Completely advance the driver into the bone socket, beyond the first laser line and until the anchor body contacts bone. Evaluate suture tension. If tension is not adequate, back the driver out and readjust the tension.

Note: Do not attempt to apply tension to the sutures with the eyelet in the bone socket.

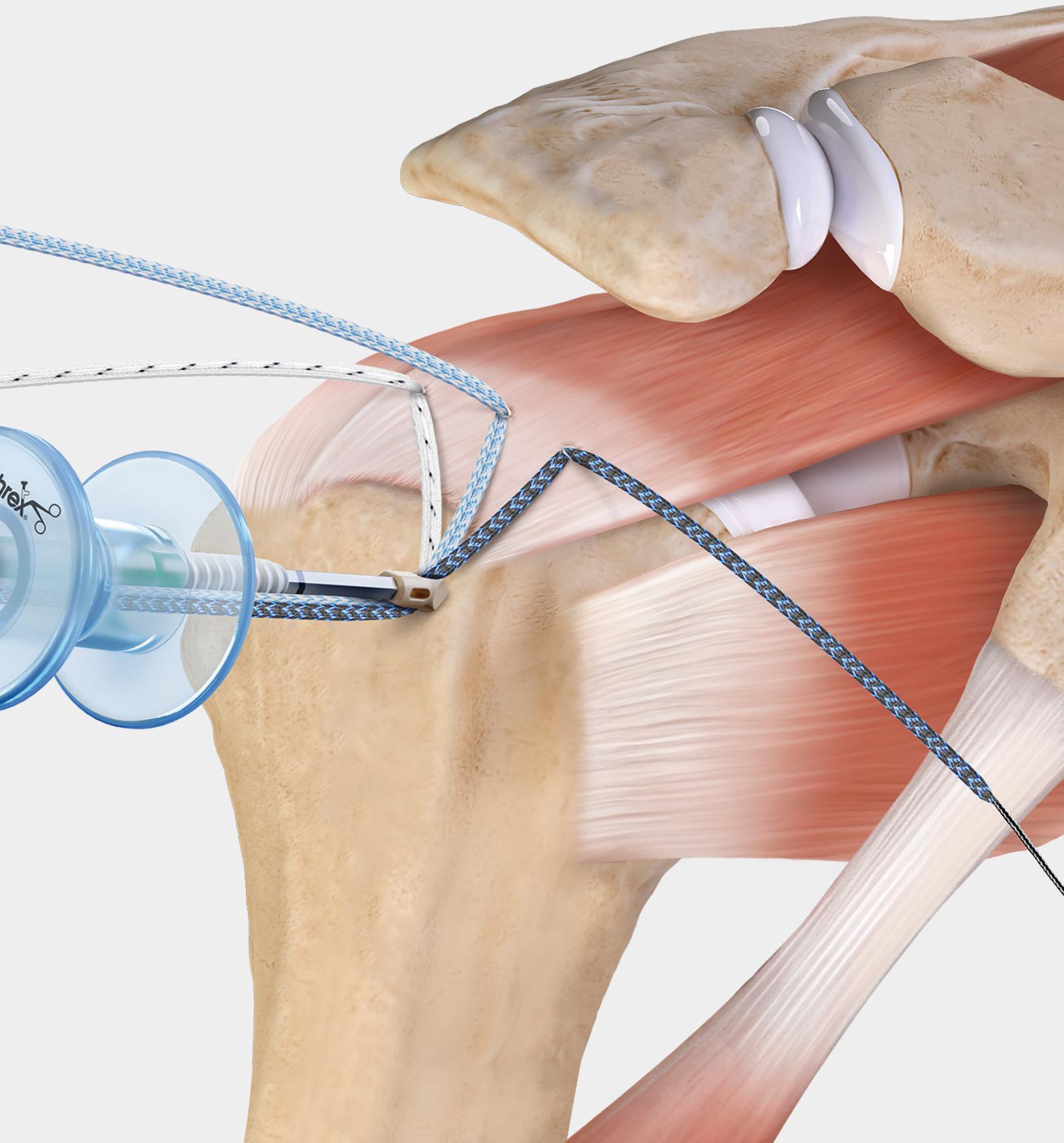


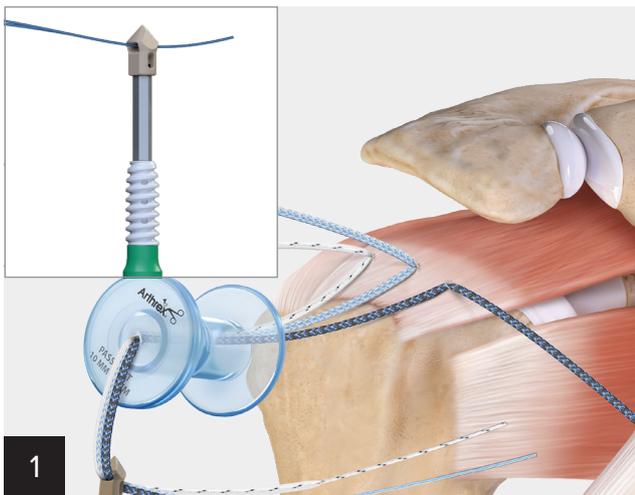
Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver handle in a clockwise direction to insert the anchor body until it is flush with the bone.



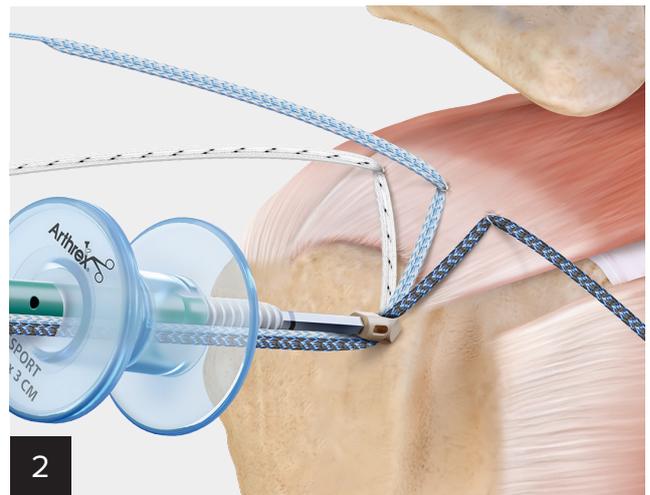
Cut the FiberTape suture tails with a FiberTape cutter. Repeat these steps for the second lateral anchor.

FiberTak[®] SpeedBridge[™] Technique: Lateral-Row SP Fixation



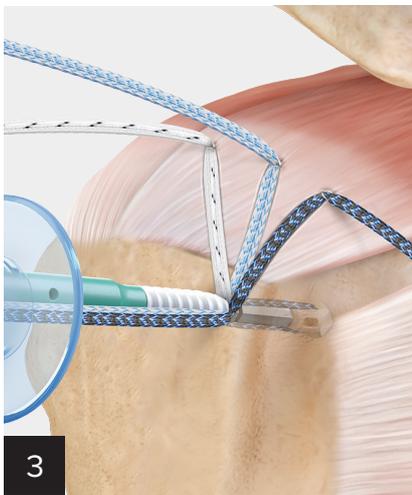


1 Retrieve one FiberTape® suture tail from each medial anchor and preload them through the self-punching SwiveLock anchor eyelet using the MegaLoader.



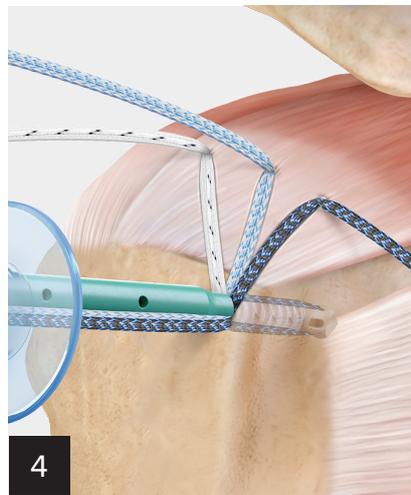
2 With the eyelet of the implant above bone, remove slack and tension each suture to reduce the tissue and compress it to bone.

Note: If hard bone is encountered, use a punch to break the cortex before inserting the anchor. Be sure the eyelet and driver are perpendicular to the bone prior to malleting.

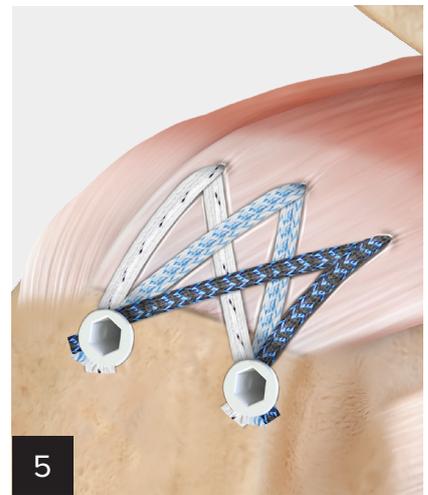


3 With the eyelet perpendicular to the bone, completely advance the driver into the bone socket, beyond the first laser line and until the anchor body contacts bone. Evaluate suture tension. If tension is not adequate, back the driver out and readjust the tension.

Note: Do not attempt to apply tension to the sutures with the eyelet in the bone socket.

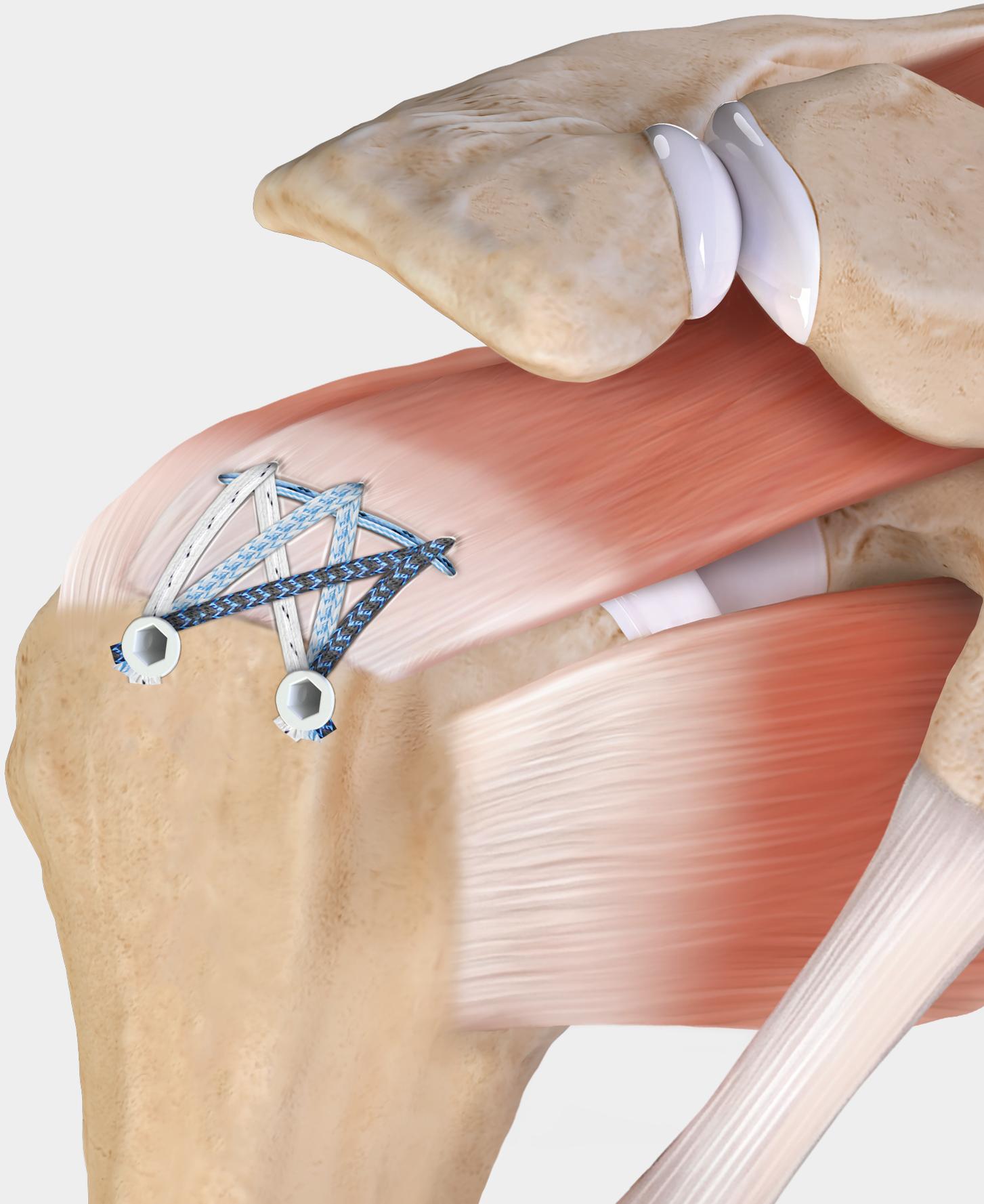


4 Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver handle in a clockwise direction to insert the anchor body until it is flush with the bone.



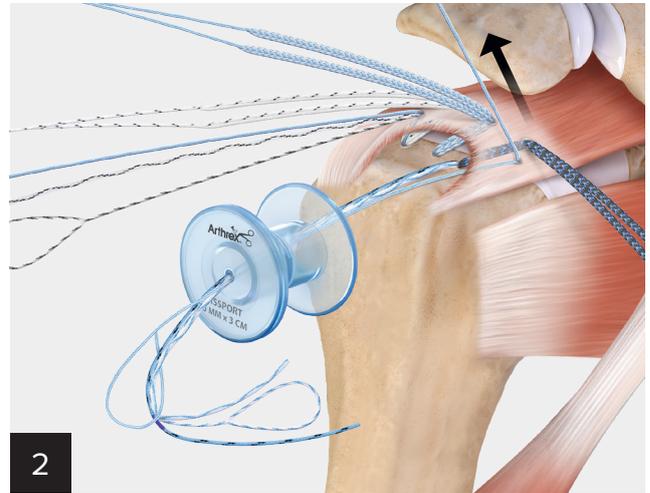
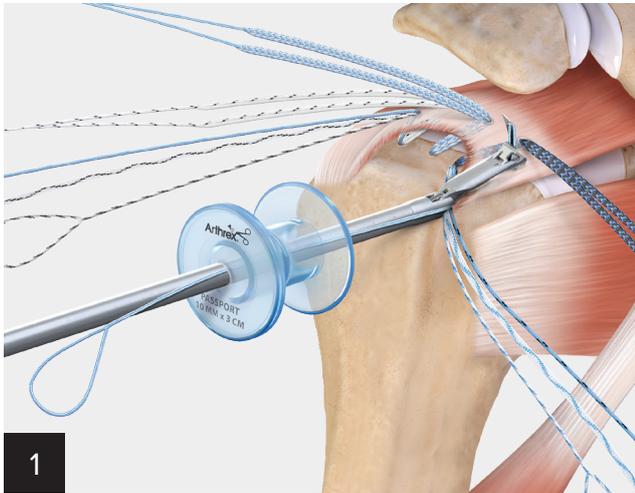
5 Cut the FiberTape suture tails with a FiberTape cutter. Repeat these steps for the second lateral anchor.

FiberTak[®] SpeedBridge[™] Technique: Knotless Double-Pulley Rip-Stop



FiberTak® SpeedBridge™ Technique: Knotless Double-Pulley Rip-stop

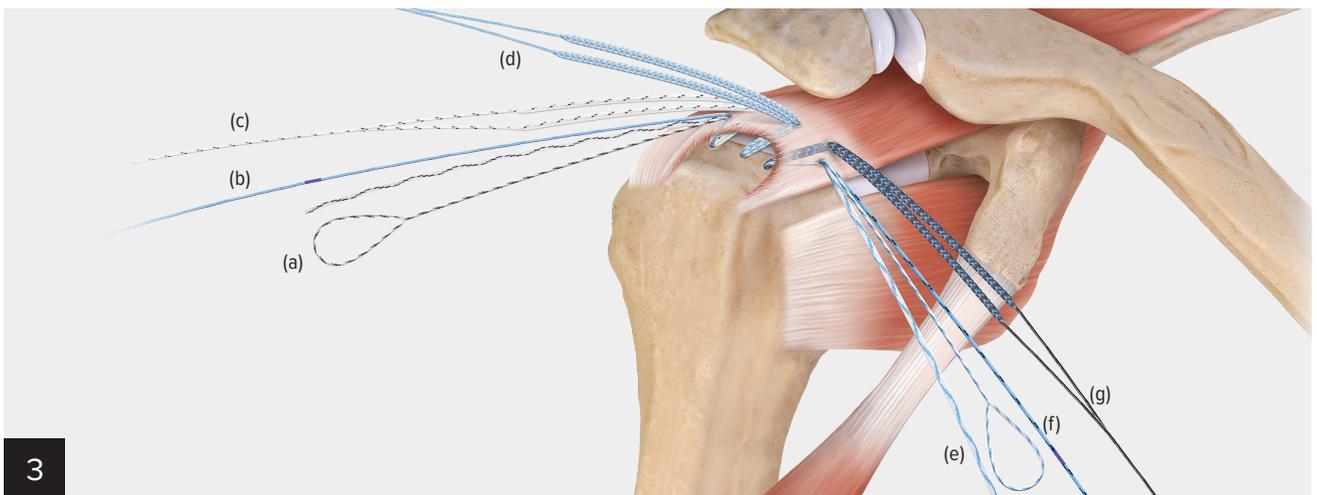
Tendon reduction under direct visualization and tensionable knotless medial fixation can be achieved with the knotless double-pulley. Shuttle the tensionable knotless sutures through the cuff with a separate pass to help prevent the construct from twisting beneath the rotator cuff.



Once the FiberTape® sutures are passed, use a FiberLink™ shuttle suture to pass the knotless sutures. Using the Scorpion™ suture passer, load the single end of a FiberLink suture and pass it lateral and outside of the anterior and posterior 2.6 FiberTak RC anchors to form the double-pulley rip-stop.

Retrieve the tail of the FiberLink suture from a superior portal to improve the shuttling angle through the tissue. Retrieve the sutures of the knotless mechanism, load them into the loop of the FiberLink shuttle suture, and pass the FiberLink suture through the rotator cuff. Repeat the same steps for the posterior anchor.

Note: For this technique, cut out the middle anchor's knotless mechanism; the tensionable knotless mechanisms of the anterior and posterior anchors will be linked together in steps 4 and 5.



Posterior Anchor

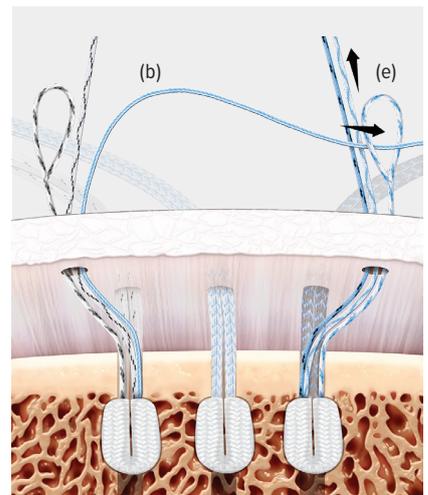
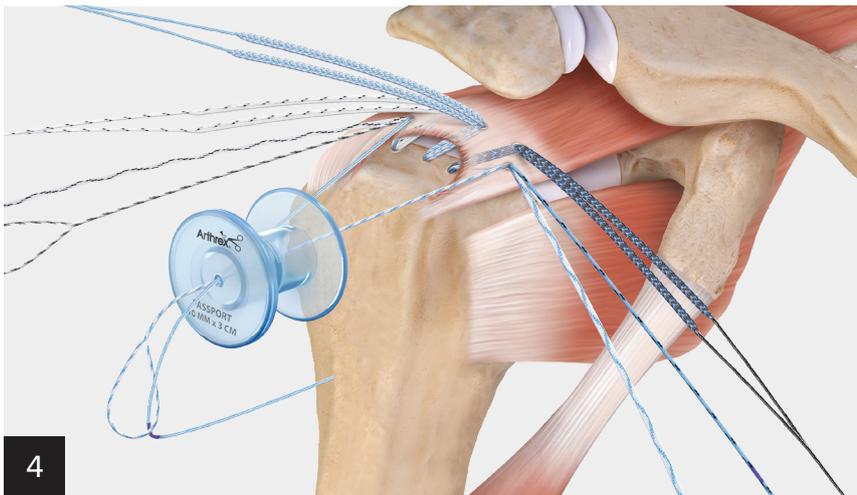
- a. TigerLink™ shuttle stitch
- b. Blue repair stitch
- c. 1.7 mm TigerTape™ sutures

Middle Anchor

- d. 1.7 mm FiberTape sutures

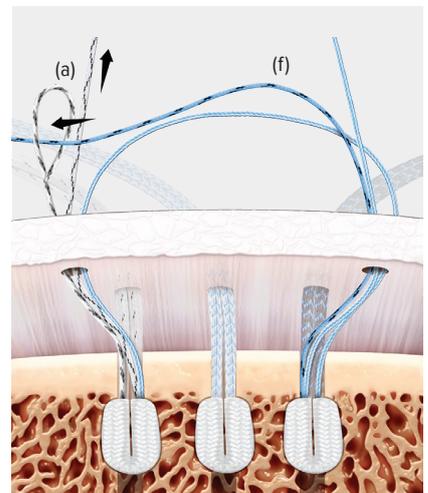
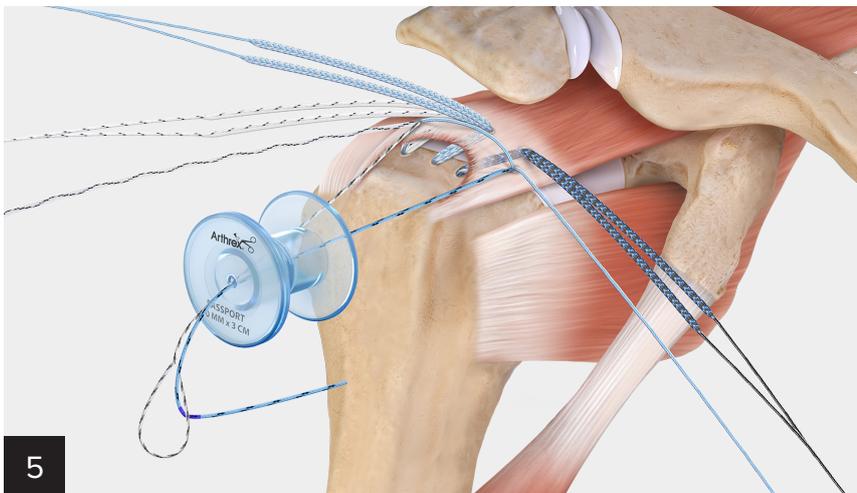
Anterior Anchor

- e. FiberLink shuttle stitch
- f. Blue/black repair stitch
- g. 1.7 mm black FiberTape sutures

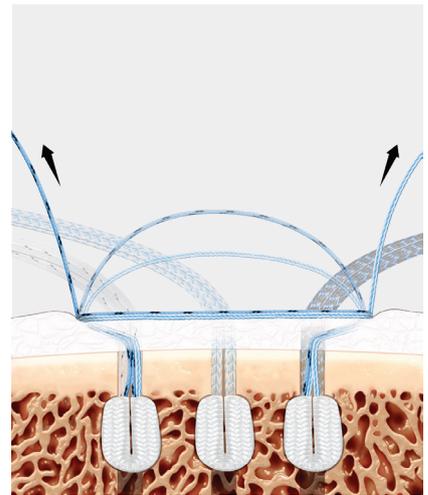
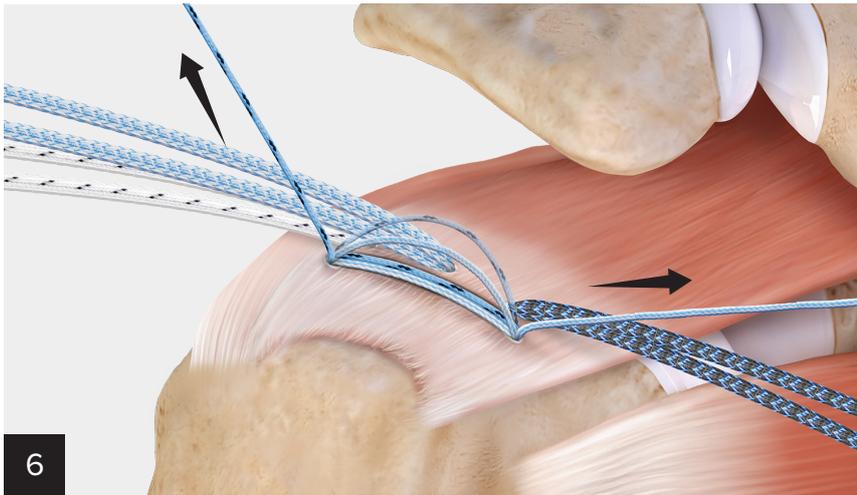


Retrieve the posterior blue repair suture **(b)** and the anterior looped end of the white/blue shuttle suture **(e)** from the lateral cannula. Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape suture tail of the white/blue shuttle suture **(e)** to shuttle the repair suture into the knotless mechanism.

Note: Tension the repair suture, but do not tighten it completely until the second repair suture is shuttled.

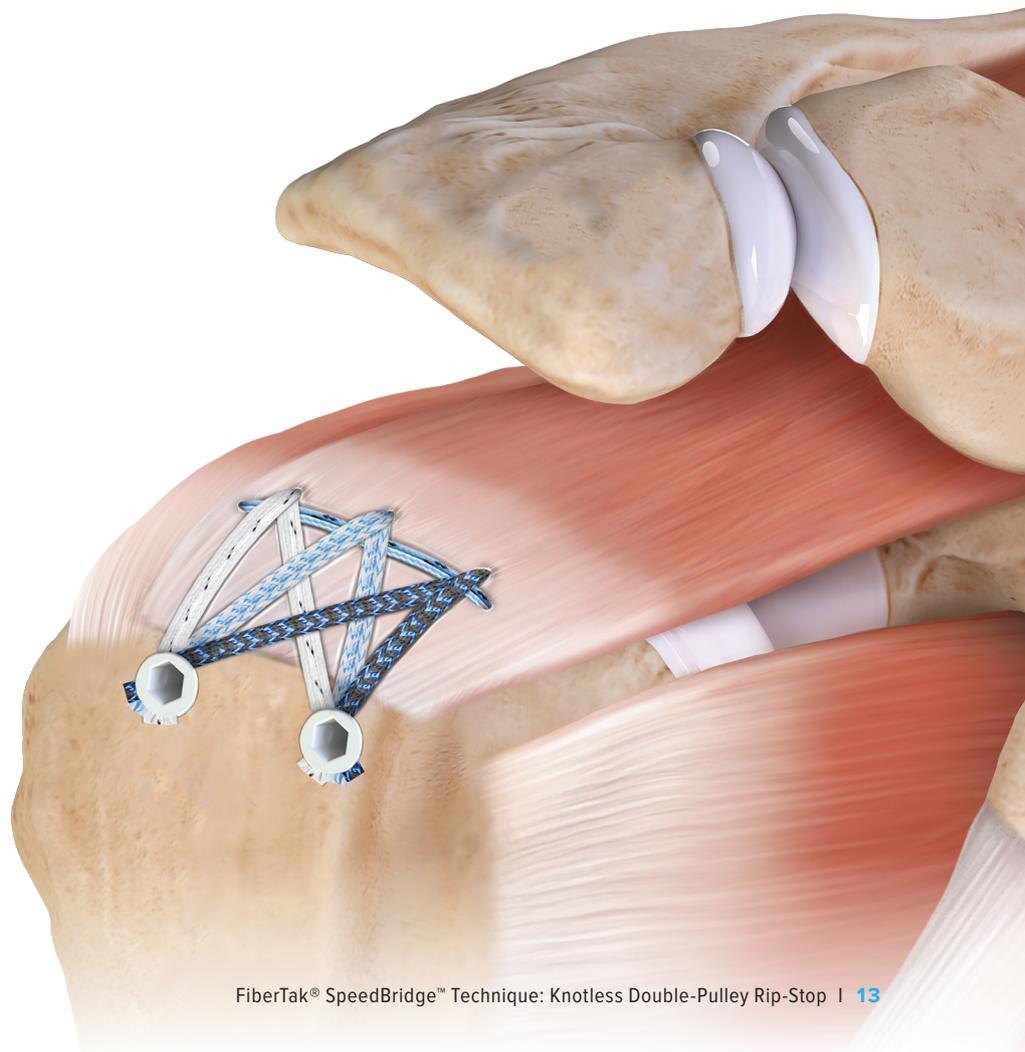


Repeat the previous steps using the anterior blue/black repair suture **(f)** and the posterior looped end of the white/black shuttle suture **(a)**.

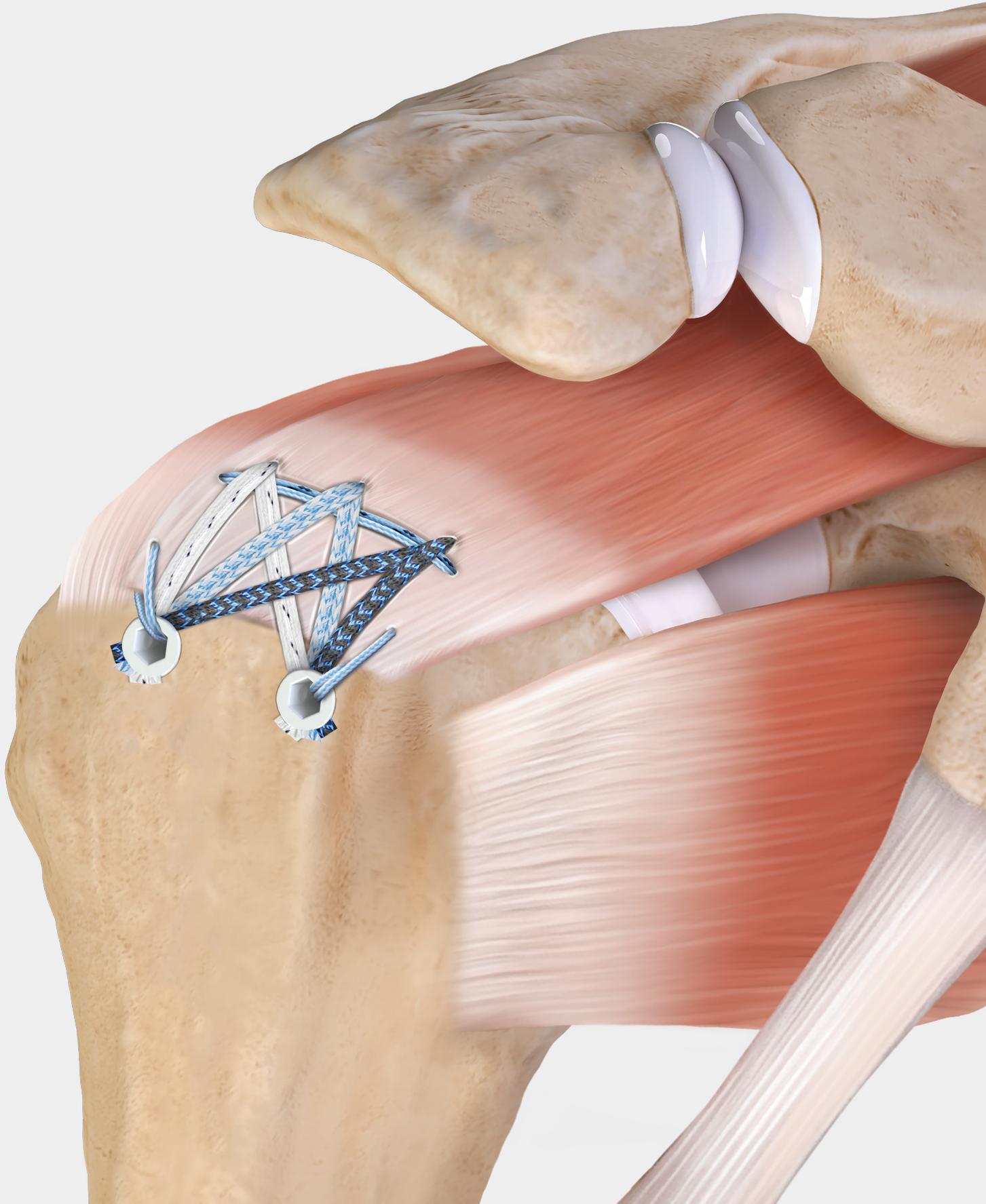


Tension the two repair sutures, reducing and fixating the tendon to the bone. Tension the FiberTape® suture limbs independently to remove any potential slack beneath the tendon. Cut the repair sutures flush once adequate fixation is achieved.

Note: Refer back to the lateral-row fixation technique to complete repair.

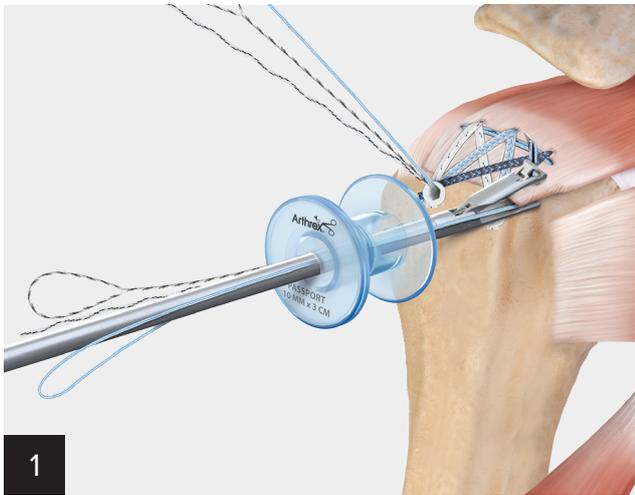


FiberTak[®] SpeedBridge[™] Technique: Dog-Ear or Cable Fixation

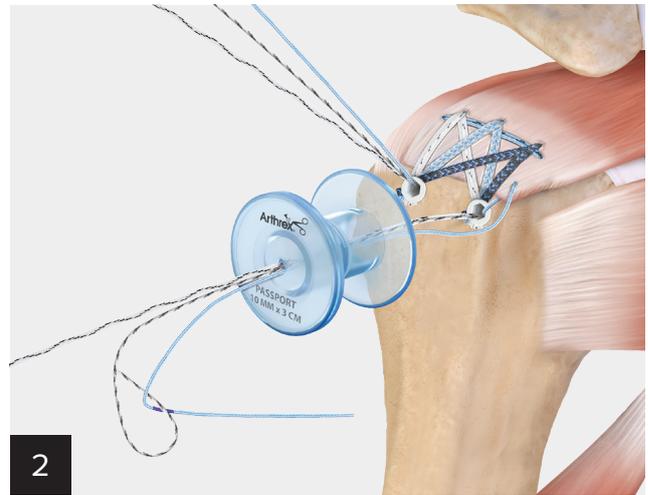


FiberTak® SpeedBridge™ Technique: Dog-Ear Reduction Suture

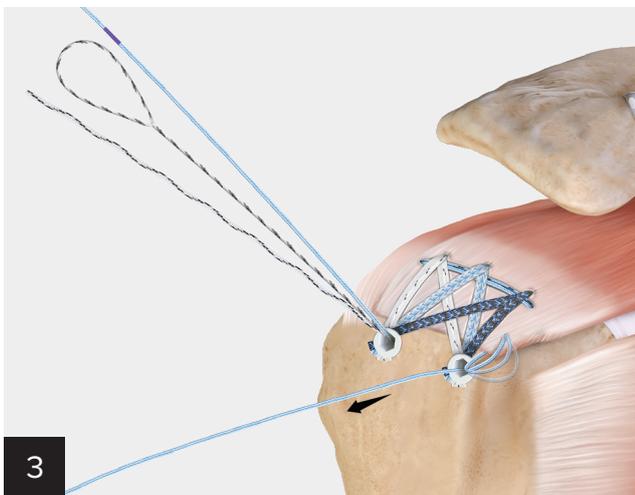
Achieve anterior and posterior lateral tissue fixation with the repair stitches from Knotless SwiveLock® anchors.



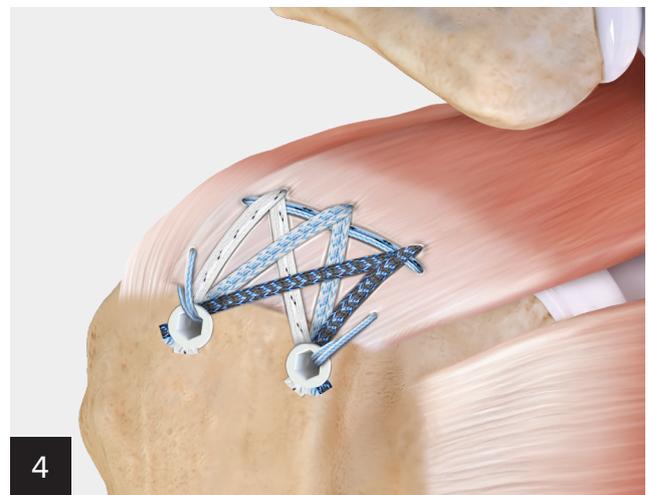
Retrieve the knotless sutures from the lateral cannula. Load the blue repair suture onto a Scorpion™ suture passer and advance through tissue.



Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape shuttle suture tail to shuttle the repair suture into the tensionable knotless mechanism.



Tension the repair suture, reducing and fixating the tendon to the bone. A suture cutter can be used to hold the anchor steady during tensioning. Cut the repair suture once adequate fixation is achieved.



Double-Pulley Rip-stop With Dog-Ear or Cable Fixation

Note: If using Knotless SwiveLock anchors and additional lateral fixation is not required, pull one end of the shuttle stitch to remove and cut the repair stitch and FiberTape® sutures with a FiberTape suture cutter.

Ordering Information

Biocomposite

Product Description	Item Number
Knotless, 4.75 mm × 24.5 mm w/ #2 suture (blue), SP PEEK eyelet	AR-2324KBCSP
4.75 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2324BCSP
4.75 mm × 24.5 mm, SP titanium eyelet	AR-2324BCM
Knotless, 5.5 mm × 24.5 mm w/ #2 suture (blue), SP PEEK eyelet	AR-2323KBCSP
5.5 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2323BCSP
5.5 mm × 24.5 mm, SP titanium eyelet	AR-2323BCM

PEEK

Product Description	Item Number
Knotless, 4.75 mm × 24.5 mm w/ #2 suture (blue), SP PEEK eyelet	AR-2324KPSP
4.75 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2324PSP
4.75 mm × 24.5 mm, SP titanium eyelet	AR-2324PSLM
Knotless, 5.5 mm × 24.5 mm w/ #2 suture (blue), SP PEEK eyelet	AR-2323KPSP
5.5 mm × 24.5 mm w/ 1.3 mm SutureTape (white/blue), SP PEEK eyelet	AR-2323PSP
5.5 mm × 24.5 mm, SP titanium eyelet	AR-2323PSLM

Titanium

Product Description	Item Number
4.75 mm × 19.1 mm, SP titanium eyelet	AR-2324SLM
5.5 mm × 19.1 mm, SP titanium eyelet	AR-2323SLM

Product Description	Item Number
Recommended FiberTape® Suture Options for SwiveLock® C and SP Anchors	
36 in (blue) tape, w/ each end tapered to #2 FiberWire® suture, 54 in	AR-7237
7 in (blue) tape, w/ each end tapered to #2 FiberWire suture, 30 in	AR-7237-7
7 in (blue) tape, w/ each end tapered to #2 FiberWire suture, collagen-coated	AR-7237-7B
7 in (white/black) tape, w/ each end tapered to #2 TigerWire® suture, 30 in	AR-7237-7T
17 in (blue) tape, w/ each end tapered to #2 FiberWire suture w/ tapered needle, 26.5 mm, ½ circle	AR-7237-17N

FiberTape® Suture Instruments	
Mini FiberTape suture retriever w/ self-release (SR) handle	AR-12974SR
Mini FiberTape suture retriever w/ nonratcheting (NR) handle	AR-12974NR
Mini FiberTape suture retriever w/ WishBone™ handle	AR-12974W
FiberTape suture retriever w/ SR handle	AR-13974SR
FiberTape suture retriever w/ NR handle	AR-13974NR
FiberTape suture retriever w/ WishBone handle	AR-13974W
KingFisher® FiberTape suture retriever/grasper w/ SR handle	AR-13971SR
KingFisher FiberTape suture retriever/grasper w/ NR handle	AR-13971NR
KingFisher FiberTape suture retriever/grasper w/ WishBone handle	AR-13971W
Penetrator™ FiberTape suture retriever, 15° up curved	AR-2167-3
Penetrator FiberTape suture retriever, straight	AR-2167ST-3
Penetrator FiberTape suture retriever w/ WishBone handle, 15° up curved	AR-2167W-3
Penetrator FiberTape suture retriever w/ WishBone handle, straight	AR-2167STW-3
FiberTape suture cutter	AR-13250
FiberTape suture cutter w/ WishBone handle	AR-13250W

2.6 FiberTak RC Soft Anchor

Product Description	Item Number
With 1.7 mm TigerTape™ Loop (white/black) and 1.3 mm SutureTape (white/blue), self-punching, qty 5	AR-3652SP
With 1.7 mm FiberTape Loop (blue) and 1.3 mm SutureTape (white/black), self-punching, qty 5	AR-3652TSP
With 1.7 mm FiberTape Loop (black/blue) and 1.3 mm SutureTape (blue), self-punching, qty 5	AR-3652TTSP
Knotless with 1.7 mm TigerTape Loop (white/black) and #2 Suture (blue), self-punching, qty 5	AR-3653SP
Knotless with 1.7 mm FiberTape Loop (blue) and #2 Suture (white/black), self-punching, qty 5	AR-3653TSP
Knotless with 1.7 mm FiberTape Loop (black/blue) and #2 Suture (blue/black), self-punching, qty 5	AR-3653TTSP

2.6 FiberTak Soft Anchor

Product Description	Item Number
Knotless w/ #5 suture, self-punching, qty. 5	AR-3641SP
Knotless w/ #5 suture, qty. 5	AR-3641
With two 1.3 mm SutureTapes (white/blue, white/black), self-punching, qty. 5	AR-3632SP
With three 1.3 mm SutureTapes (white/blue, black/white, blue), self-punching, qty. 5	AR-3633SP

Product Description	Item Number
Disposables for 2.6 FiberTak® Anchors	
Disposable kit Includes angled circumferential teeth spear, sharp obturator, and drill	AR-3650DS
Instruments for 2.6 FiberTak Anchors	
Angled spear w/ circumferential teeth	AR-3655
Blunt obturator for AR-3655	AR-3658B
Sharp obturator for AR-3655	AR-3658T
Circumferential teeth spear w/ sharp obturator	AR-1941CT
Fishmouth spear w/ sharp obturator	AR-1941DGF
Drill, 2.6 mm	AR-3657
2.6 mm shaver drill	AR-3657SD
Punch	AR-3656

SpeedBridge™ Implant Systems

Product Description	Item Number
FiberTak SpeedBridge Implant System Three 2.6 FiberTak RC Self-Punching anchors w/1.7 FiberTape® loop and 1.3 mm SutureTape (1 white/black, white/blue, 1 blue, white/black, and 1 black/blue, blue), two 4.75 Knotless BioComposite SwiveLock® SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-1
Knotless FiberTak SpeedBridge Implant System Three 2.6 Knotless FiberTak RC Self-Punching anchors w/ 1.7 mm FiberTape loop and #2 suture (1 white/black, blue, 1 blue, white/black, and 1 black/blue, blue/black), two 4.75 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-2
FiberTak SpeedBridge Implant System Three 2.6 FiberTak RC Self-Punching anchors w/1.7 FiberTape loop and 1.3 mm SutureTape (1 white/black, white/blue, 1 blue, white/black, and 1 black/blue, blue), two 5.5 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-3
Knotless FiberTak SpeedBridge Implant System Three 2.6 Knotless FiberTak RC Self-Punching anchors w/ 1.7 mm FiberTape loop and #2 Suture (1 white/black, blue, 1 blue, white/black, and 1 black/blue, blue/black), two 5.5 Knotless BioComposite SwiveLock SP anchors, SCORPION-multifire needle, and MegaLoader	AR-2600FSB-4

References

1. Arthrex, Inc. Data on file (APT-05242). Naples, FL; 2021.
2. Arthrex, Inc. Data on file (APT-05350). Naples, FL; 2021.
3. Arthrex, Inc. Sales Data. Naples, FL; 2024.



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. 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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Arthrex manufacturer,
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