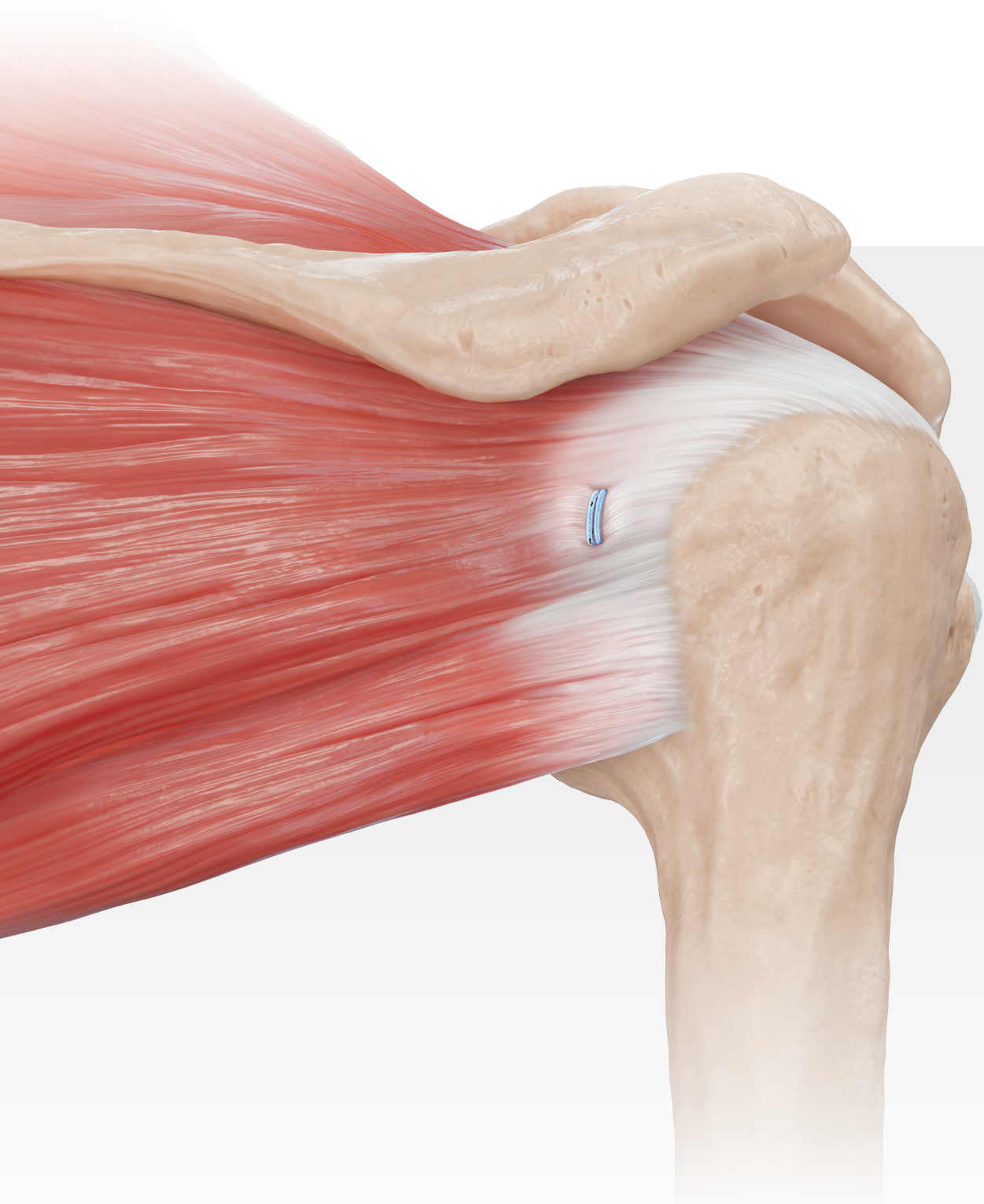
Knotless FiberTak® Soft Anchor Remplissage Repair

Surgical Technique



Arthrex®

Knotless FiberTak® Soft Anchor Remplissage Repair

During shoulder instability repairs, a remplissage technique may be added in conjunction with a Bankart repair to reduce the risk of further dislocation events in patients with bone loss.[1]

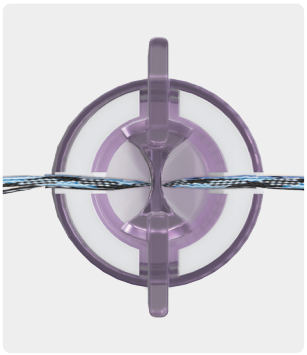
The introduction of knotless tensionable technology has made this repair faster, stronger, and more consistent compared to traditional knotted techniques.[2]



Remplissage Implant System With Knotless FiberTak Implants
The Remplissage Implant System provides implants and instruments to facilitate an efficient and knotless repair for Hill-Sachs lesions in patients with bone loss.

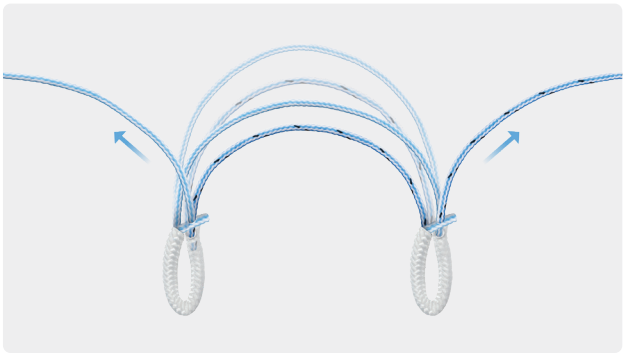
Knotless FiberTak implants are offered in two sizes. Each option includes two implants, percutaneous instruments, and a divider cannula. Implant systems are available with either 1.8 or 2.6 FiberTak anchors.

Remplissage Implant System Key Features





The divider cannula has been designed to improve efficiency during anchor insertion, shuttling, and final tensioning. Its oval shape and divider create two fully functional channels for safe implant insertion. Suture cleats are available for improved suture management.

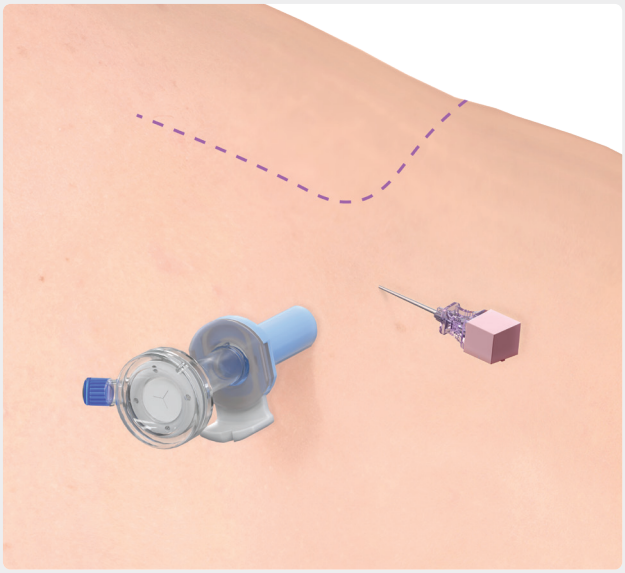


Built on Arthrex's proven tensionable knotless technology with more than a decade of clinical success, this knotless interconnected repair construct delivers reliable fixation while differentiated repair suture colors help simplify suture management and enhance procedural efficiency.

Optional Percutaneous Insertion

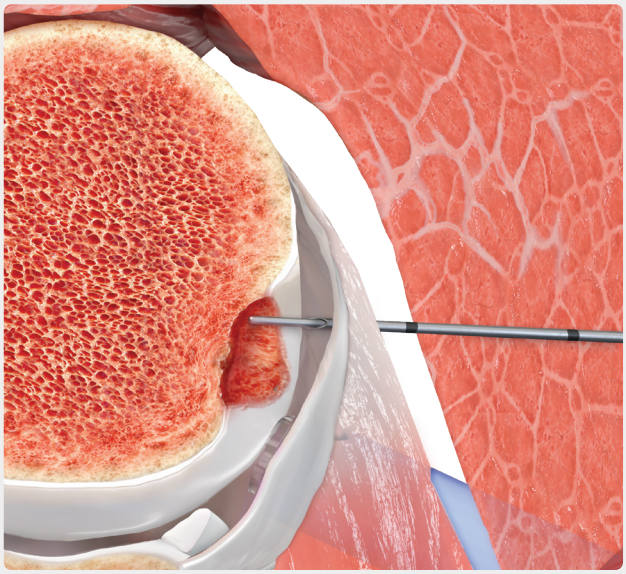


Qty	Product Description
1	Needle w/ stylet
1	1.1 mm K-wire
1	Guide w/ threaded trocar



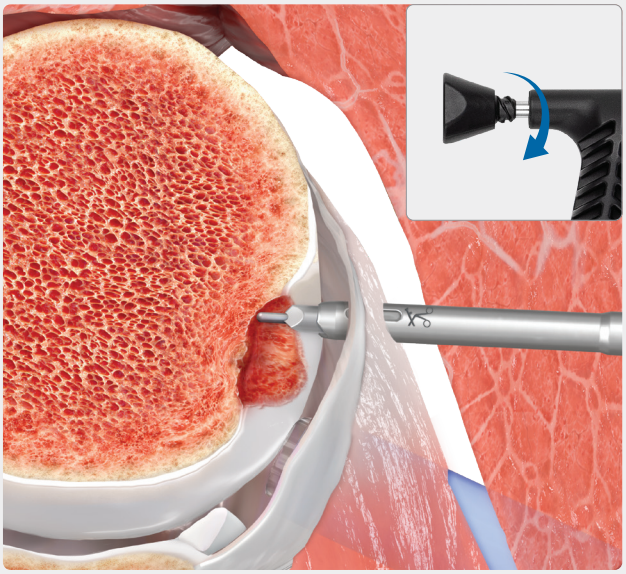
1

Establish standard anterior and posterior portals. After preparing the bone, identify the appropriate trajectory for anchor insertion using a needle.



2

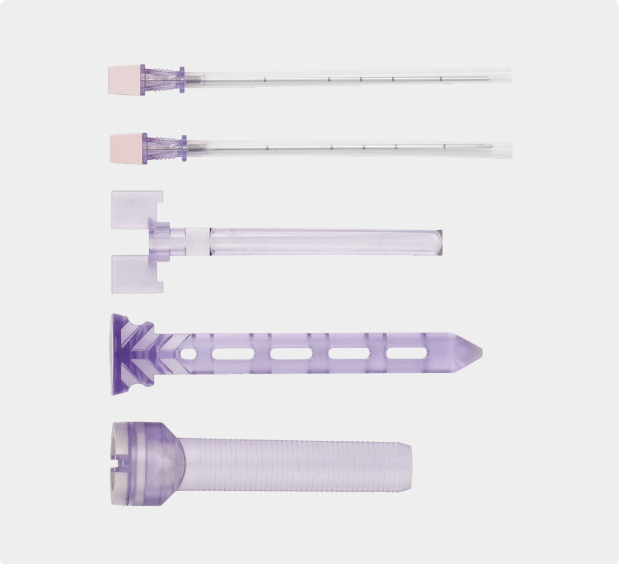
Identify the first anchor position using the needle stylet. It is recommended to insert the first anchor inferiorly to avoid obstructing visualization for the second anchor.



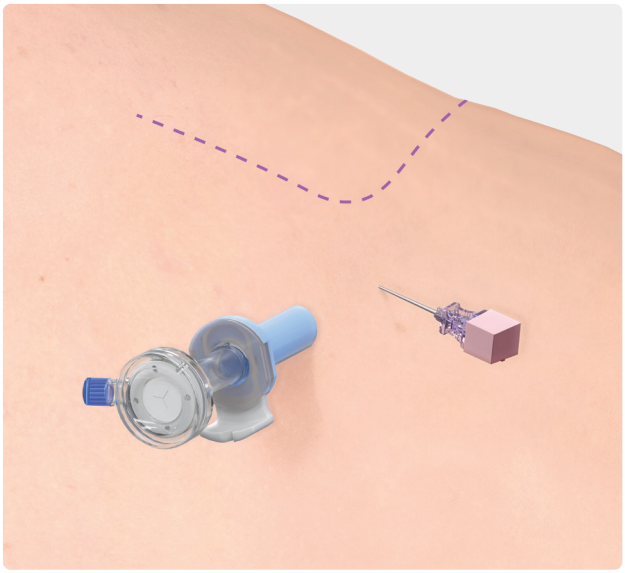
3

While holding the 1.1 mm K-wire in place, remove the needle. Thread the trocar into the back of the implant guide handle. Insert the trocar and guide over the K-wire through the posterior capsule. Direct the K-wire away from cartilage to avoid damage during insertion.

Posterior Lateral Portal Placement Using the Divider Cannula



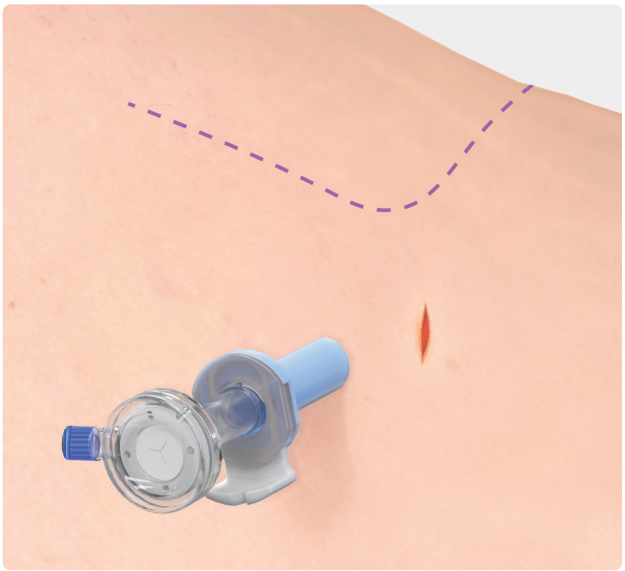
Qty	Product Description
2	Needle w/ stylet
1	Remplissage cannula
1	Cannula obturator
1	Cannula divider



1

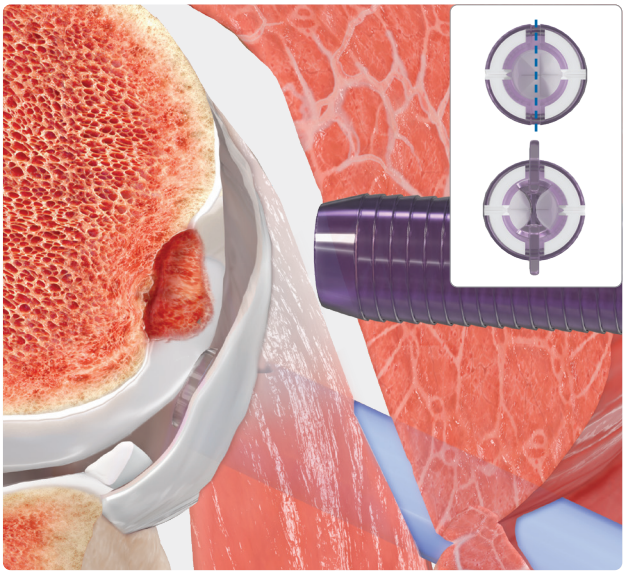
Establish standard anterior and posterior portals. After preparing the bone, identify the appropriate trajectory for anchor insertion using a needle.

> **Note:** Two needles are included to identify both anchor locations prior to the cannula incision to verify the appropriate cannula position.



2

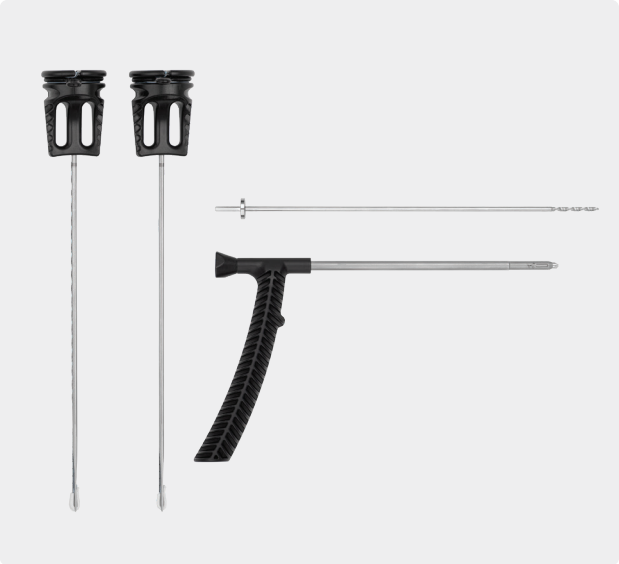
Make an appropriately sized skin incision for the cannula size. An oversized incision may reduce cannula fixation after placement.



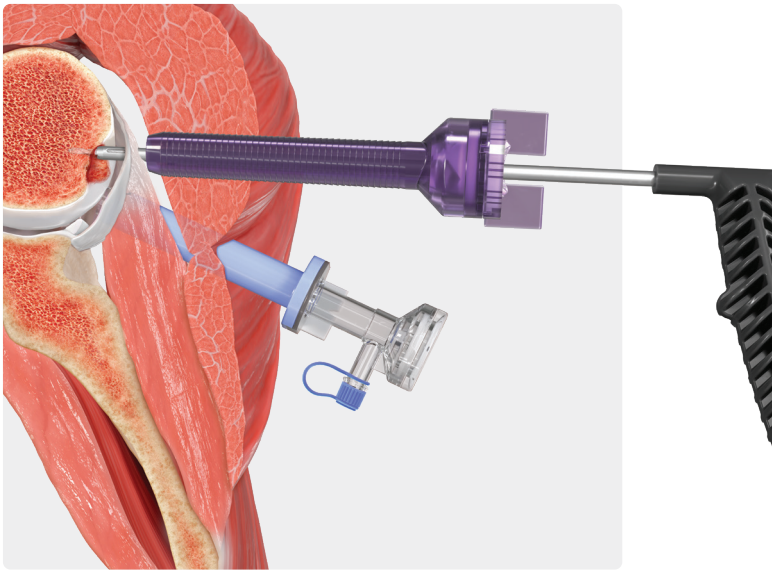
3

Insert the cannula through the skin and deltoid. Once in position, sweep the cannula to disrupt bursal tissue between the infraspinatus and deltoid. Remove the cannula obturator, and insert the divider into the divider channel until fully seated.

Implant Insertion

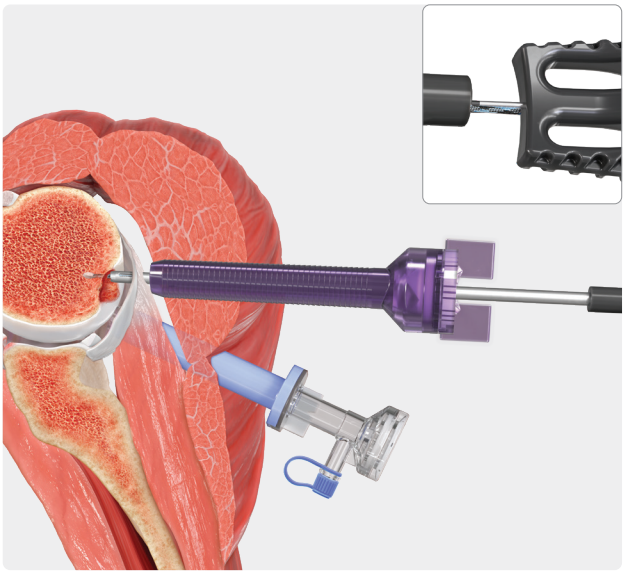


Qty	Product Description
2	2.6 Knotless FiberTak® implant
1	2.6 mm Drill for FiberTak implant
1	Guide w/ threaded trocar



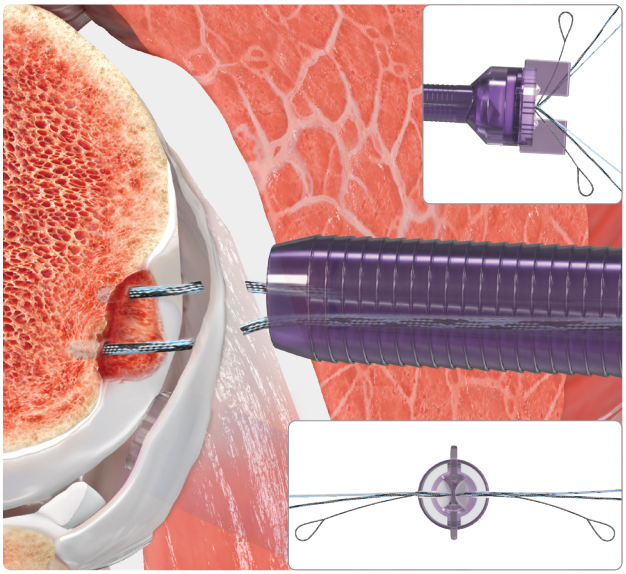
1

Insert and thread the sharp trocar into the guide handle. Insert the guide through the divider cannula channel that aligns with the inferior anchor position on the Hill-Sachs lesion. Penetrate through capsule tissue with the trocar and guide. Remove the trocar, position the guide against bone, and insert the drill. Continue drilling until the drill hub meets the guide, indicating full depth.



2

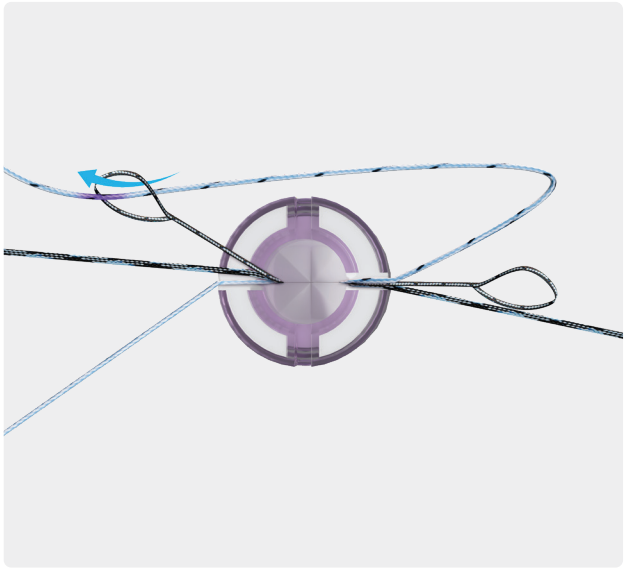
Insert the first implant through the guide until resistance is met against bone. Gently impact the implant until the laser-line depth indicator is aligned with guide handle. Remove the O-ring followed by the implant handle. Grasp the implant sutures and pull slowly to provisionally set the anchor.



3

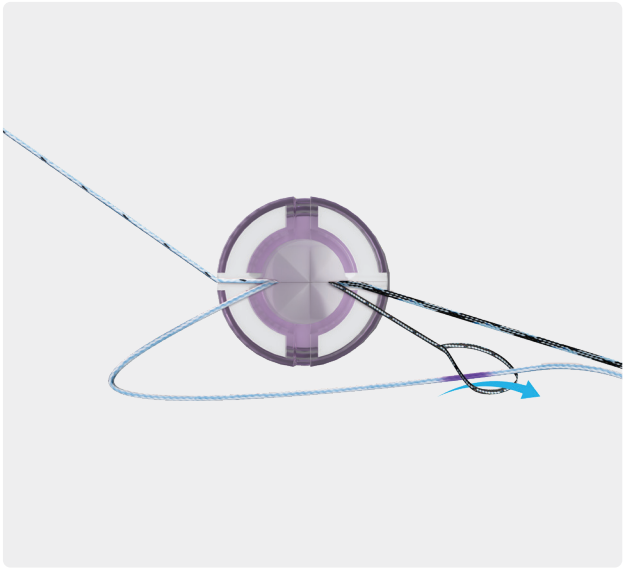
Repeat anchor insertion steps through the superior division of the divider cannula. Each set of implant sutures can be cleated within the cannula to maintain position.

Knotless Mechanism Shuttle and Tension



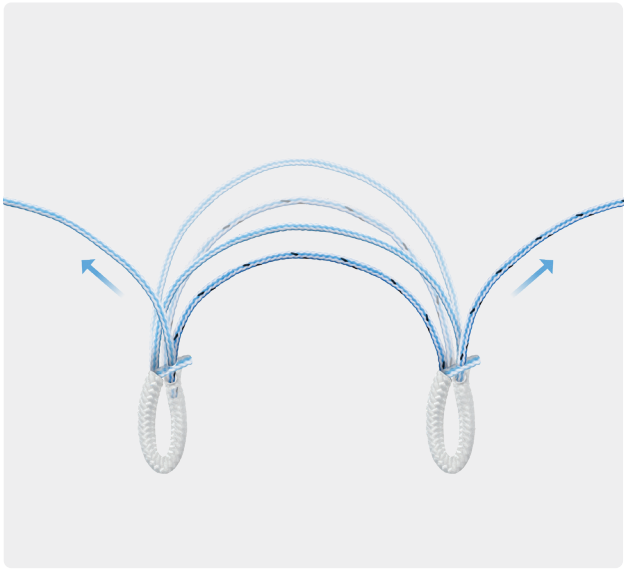
1

Remove the divider and load the repair suture from the first anchor into the shuttle loop of the opposite anchor. Fold the repair suture tail at the purple suture mark. Pull the shuttle suture tail to slide the shuttle loop into the cannula and convert through the anchor's knotless mechanism. Cleat the repair suture tail after conversion.



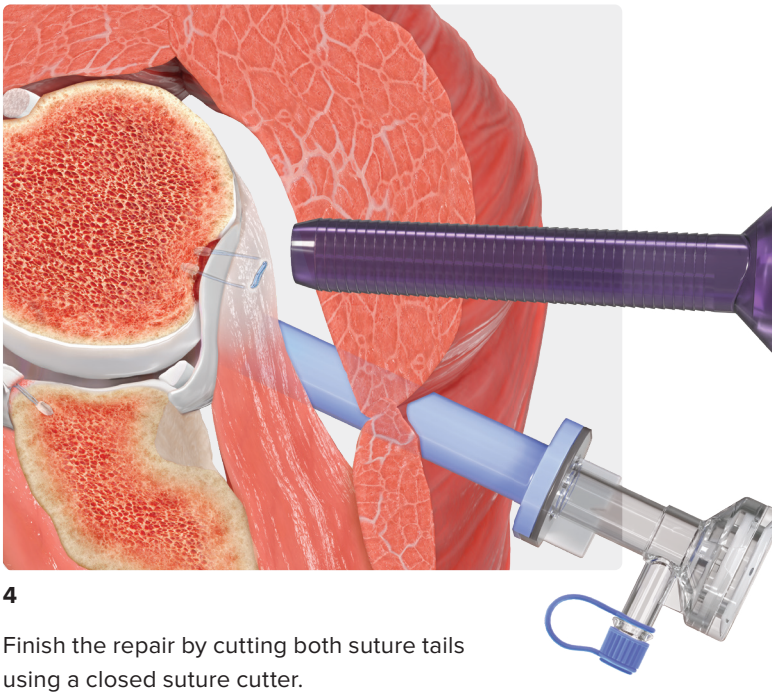
2

Load the repair suture of the second anchor into the remaining shuttle loop from the opposite anchor. Fold the repair suture tail at the purple suture mark and pull the shuttle suture tail to convert through the anchor's knotless mechanism.



3

Alternate tensioning each repair suture until adequate soft-tissue reduction is applied.



4

Finish the repair by cutting both suture tails using a closed suture cutter.

Ordering Information

Remplissage Implant System, Knotless 2.6 FiberTak® Implants	AR-3641SP-REMP
Remplissage Implant System, Knotless 1.8 FiberTak Implants	AR-3636-REMP
Gemini™ cannula	AR-6572
Gemini switching stick	AR-6572S

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

References

1. Woodmass JM, McRae S, Lapner P, et al. Arthroscopic Bankart repair with remplissage in anterior shoulder instability results in fewer redislocations than Bankart repair alone at medium-term follow-up of a randomized controlled trial. *Am J Sports Med.* 2024;52(8):2055-2062. doi:10.1177/03635465241254063
2. Arthrex, Inc. LA1-00066-EN_A. Naples, FL; 2017.

Knotless 2.6 FiberTak Anchor
Remplissage Implant System





Knotless 1.8 FiberTak Anchor
Remplissage Implant System

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

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