Suprapectoral Biceps Tenodesis With the Knotless FiberTak® Biceps Anchor

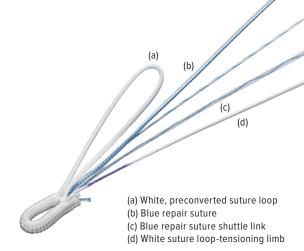
Surgical Technique





Knotless FiberTak® Biceps Implant System

The Knotless FiberTak Biceps Implant System offers a knotless, all-suture anchor solution for performing an onlay proximal biceps tenodesis at any location, depending on surgeon preference. The implant uniquely integrates two individual tensionable knotless mechanisms within a single FiberTak sheath. The blue FiberWire® repair suture passes around the biceps tendon, while the white suture loop is retrieved through the tendon. The blue repair suture is retrieved through the loop and both are tensioned to complete the tenodesis.





Retrieve the blue repair suture **(b)** under the biceps tendon.



Retrieve the white preconverted suture loop **(a)** through the biceps tendon.



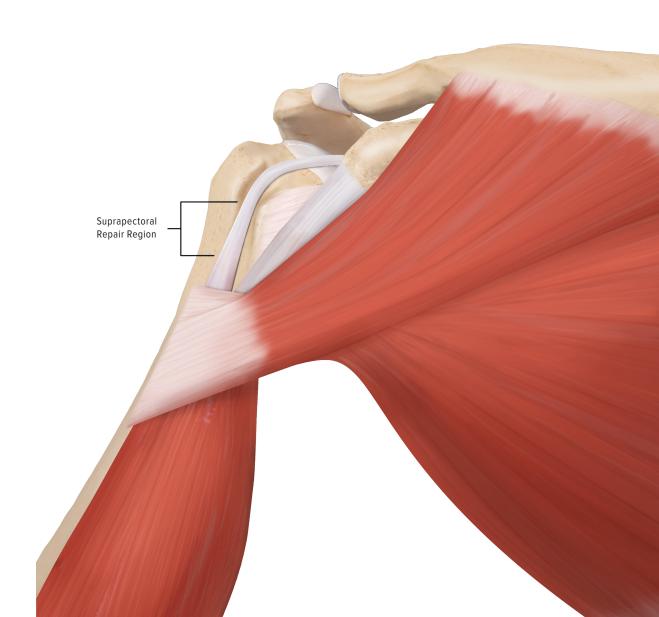
Retrieve the blue repair suture **(b)** through the white preconverted suture loop **(a)**.



Load the blue repair suture **(b)** into the blue repair shuttle link **(c)**. Shuttle the tail through the anchor and tension around the biceps. Tighten the white suture loop-tensioning limb **(d)** to compress the tendon.

Surgical Technique

The biceps can be cut or left intact before tenodesis is completed depending on the surgeon's preference. The Knotless FiberTak® biceps anchor can be used in any traditional location for proximal biceps tenodesis, also based on surgeon preference. Technique steps are presented for suprapectoral biceps tenodesis.

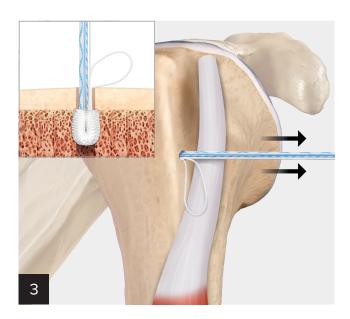




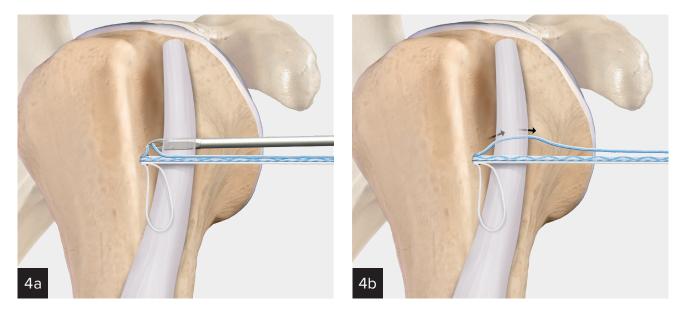
Place the drill guide at the desired tenodesis location and drill the pilot hole using the 3 mm drill.



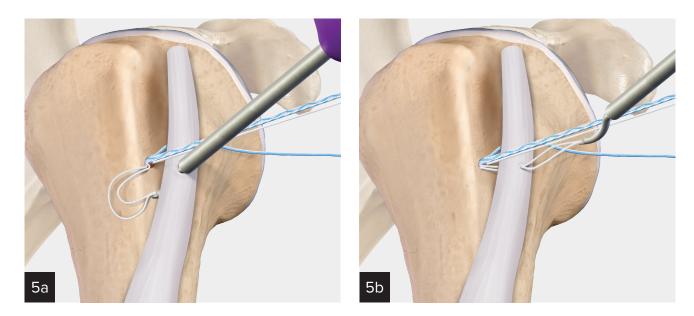
Leave the guide in place and insert the knotless FiberTak® biceps anchor through the guide. Tap on the handle until the inserter is flush with the drill guide. Remove the tab to release the sutures.



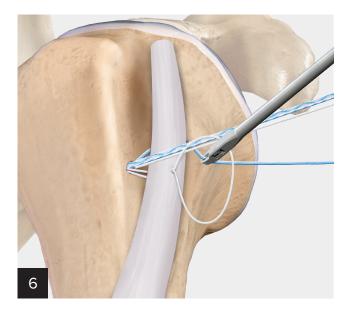
Remove the inserter and guide. Gently pull on the suture limbs to set the anchor in the bone.



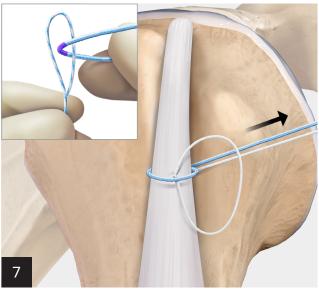
Using the suture retriever, shuttle the solid blue FiberWire® suture under the biceps to the opposite side.



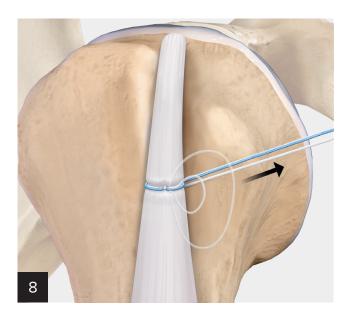
Insert the Loop 'N' Tack™ SwiftStitch™ suture passer through the biceps at the location of desired tenodesis and retrieve the white tensionable suture loop through the tendon.



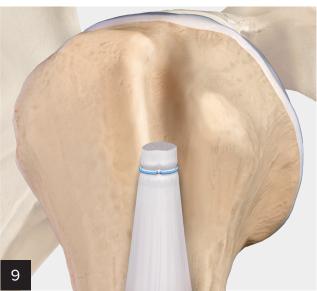
Retrieve the blue FiberWire® suture through the white tensionable suture loop on top of the biceps tendon.



Load the blue FiberWire suture tail into the shuttle link and fold at the purple mark. Shuttle the tail through the anchor and tighten the suture around the biceps.



Tighten the white tensionable suture loop to lock the blue suture to the tendon and provide additional compression. Pull each limb sequentially to ensure both sutures are secure.



Once secured, cut both suture limbs flush to complete the repair. (Make sure to cut and remove the marked portion of the white suture.) Excise and remove the excess tendon.

Ordering Information

Knotless FiberTak® Biceps Implant System

Product Description	Item Number
Knotless FiberTak Biceps Implant System	AR- 3688
Drill, 3 mm	
Drill Guide	
Loop 'N' Tack™ SwiftStitch™ Suture Passer	
Knotless FiberTak Biceps Implant	AR- 3687
3 mm Drill for 2.9 mm PushLock Anchor, hard bone, reusable	AR- 1923DT
Blunt Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR- 3658B
Sharp Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR- 3658T
Circumferential Teeth Spear	AR- 1941CT
Fishmouth Spear	AR- 1941DGF



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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