Arthrex®

# Mini TightRope® FT

## Surgical Technique

Mini TightRope FT

# Mini TightRope FT Fixation

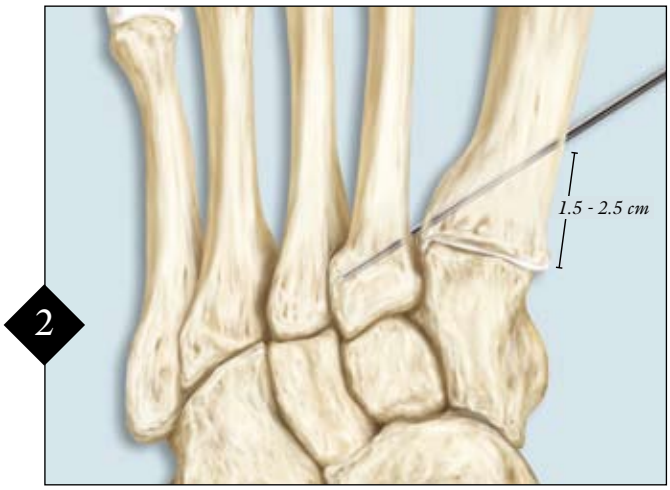
The Mini TightRope FT was developed to offer surgeons a new technique for the correction of the intermetatarsal angle (IMA) for hallux valgus. As is with the standard Mini TightRope placed distally, the Mini TightRope FT can support correction of the IMA if used proximally along the 1st metatarsal. The Mini TightRope FT utilizes a 4.5 mm (fully threaded) Bio-Corkscrew FT, #2 FiberWire and a cupped stainless steel button. The proximally placed anchor/suture button construct will support reduction of the intermetatarsal angle while allowing soft tissue remodeling and stabilization.

The Mini TightRope FT has other applications such as Lisfranc ligament repair and syndesmotic trauma fixation of the dorsal distal radioulnar ligament (DRUL) disruptions.

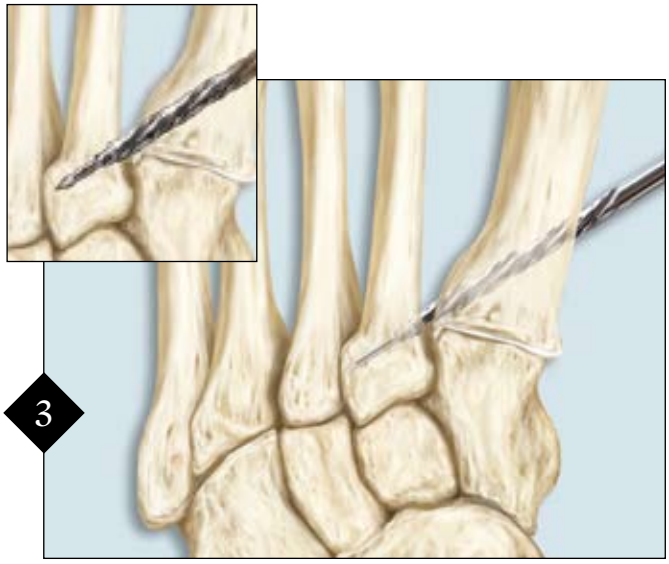
**Advantages:**

- IM angle correction without osteotomy
- Minimally invasive one single incision approach
- Can be used in combination with a distal Mini TightRope or distal osteotomy in cases where large IM angles or semi-rigid deformities exist
- The Mini TightRope FT construct enables soft tissue remodeling and stabilization

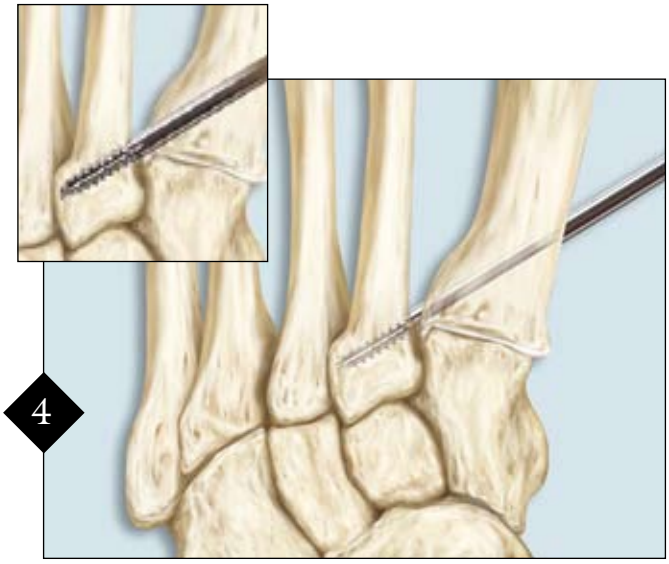

Release the lateral soft tissue structures and reduce the bunion deformity.




Insert a K-wire, starting on the medial cortex of the 1st metatarsal, at least 1.5 to 2.5 cm distal to aim for the base of the 2nd metatarsal.

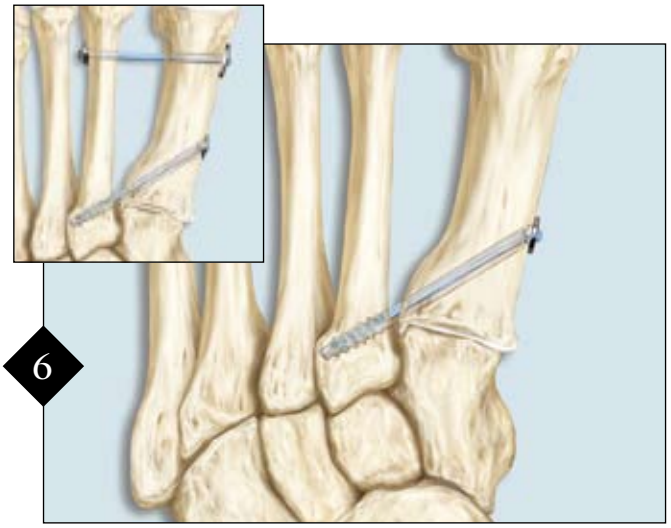



Pass the step drill over the K-wire until the pin tip of the drill penetrates the medial cortex of the 2nd metatarsal. Confirm proper alignment with fluoroscopy. Remove the drill bit and the K-wire. Note: Do not penetrate the medial cortex of the 2nd metatarsal farther than 3 mm (length of the step drill).
*Optional: For hard bone, advance the 4.5 mm drill through the 1st metatarsal and complete drilling with the 2.7 mm drill, through the 2nd metatarsal.*




Pass the cutting punch/tap through the 1st metatarsal and the 2nd metatarsal, making sure you do not advance the instrument beyond the lateral wall of the 2nd metatarsal base. Confirm on fluoroscopy.

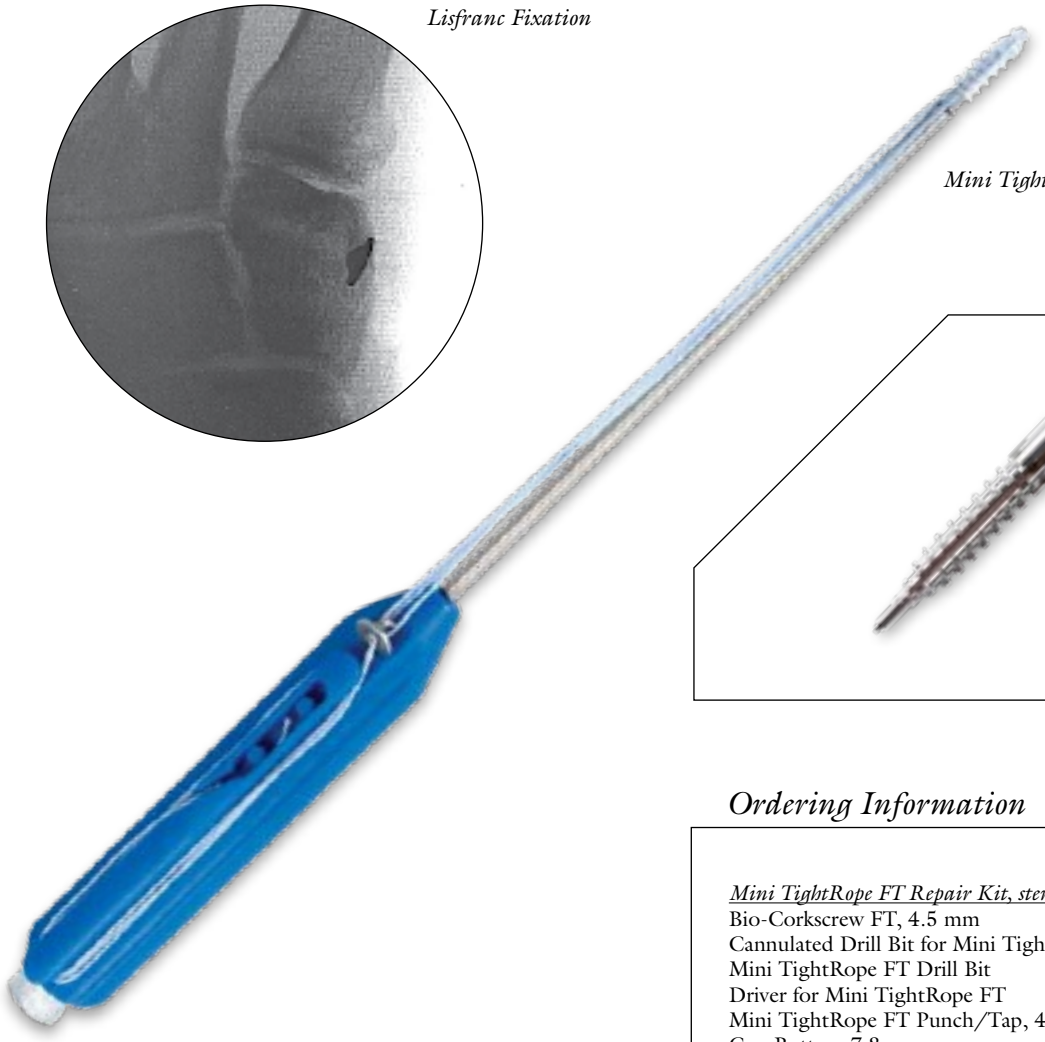

Advance the Mini Tightrope FT on the driver through the 1st metatarsal and thread the anchor into the 2nd metatarsal. Confirm on fluoroscopy. Note: You can visualize the anchor only by observing the metal tip. The bioabsorbable anchor is 6 mm past the metal driver tip. *Optional: Prior to cinching down, pack the 1st metatarsal with medial eminence from the bunion.*




Tighten the trailing medial button over the 1st metatarsal. Use at least three half-hitches to tie off suture and lock button in place medially. Cut the suture ends long enough to allow the knot and suture to lay down, reducing knot prominence. *Optional: Distal Mini TightRope Fixation.*

*Lisfranc Fixation*





*Mini TightRope FT*

*Mini TightRope FT Punch/Tap*

## *Ordering Information*

| *Mini TightRope FT Repair Kit, sterile, includes:* | *AR-8912DS* |
|---|---|
| Bio-Corkscrew FT, 4.5 mm | AR-1927B-45 |
| Cannulated Drill Bit for Mini TightRope | AR-8911DC |
| Mini TightRope FT Drill Bit | AR-8912DC |
| Driver for Mini TightRope FT | AR-8912D |
| Mini TightRope FT Punch/Tap, 4.5 mm | AR-8912T |
| Cup Button, 7.8 mm | AR-8912 |
| Guidewire, TightRope Syndesmosis Repair Kit | AR-8920P |

*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.*

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