## Subpectoral Biceps Tenodesis Using the FiberTak® Button With SutureTag Looping Stitch

Surgical Technique





### Subpectoral Biceps Tenodesis Using the FiberTak® Button

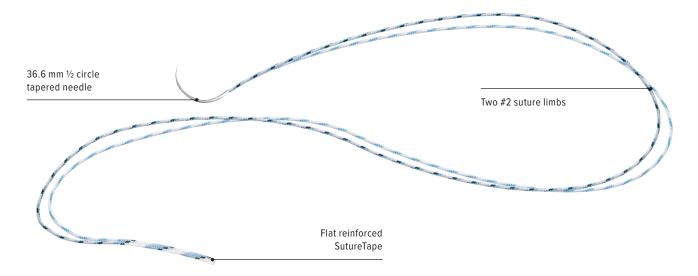


Subpectoral biceps tenodesis using the FiberTak button with SutureTag looping stitch allows for a secure construct in a unicortical onlay fixation technique.

- Radiolucent all-suture button in lieu of traditional metal cortical buttons
- Simple and strong SutureTag looping stitch allows tendon fixation with the familiar tension-slide reduction technique
- Button-first technique eliminates the need to find the tunnel after drilling

### SutureTag Looping Stitch

The SutureTag looping stitch creates a running rip stop to reinforce the tendon with minimal passes through the tissue. This novel stitch is lower profile, faster to complete, and stronger than a typical Krackow repair stitch. The SutureTag splits into two #2 sutures that can be easily incorporated into the FiberTak button repair technique.<sup>1</sup>



### **SutureTag Looping Stitch Features and Benefits**

- Reinforced looping stitch reduces the chance of tissue pull through
- Looping sutures compress and taper the tendon to reduce the profile of the repair
- Adaptable for multiple tendon repair configurations and button repair techniques



SutureTag Looping Stitch

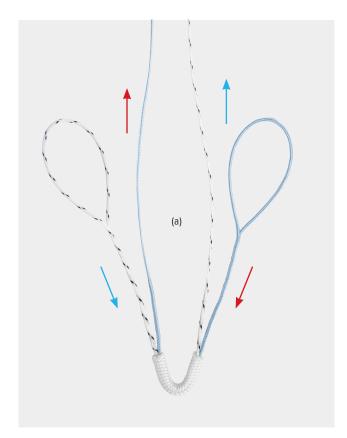
# ### Ultimate Load<sup>1</sup> P = .002 350.0 300.0 250.0 100.0 50.0 0.0 Krackow 223.7 SutureTag 223.7 312.7

Higher load to failure and increased resistance to tissue pull-through when compared to a traditional Krackow stitch.<sup>1</sup>



FiberTak button with 2-0 FiberLink™ shuttling suture

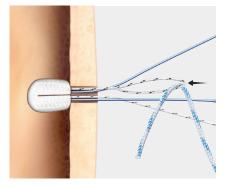
The all-suture FiberTak button is preloaded with two 2-0 FiberLink™ sutures loaded in opposite directions that are used to shuttle the SutureTag limbs through the button, allowing for a tension-slide reduction technique. (a)

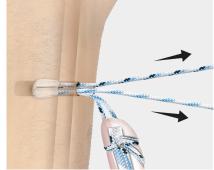


### **Features and Benefits Compared to Metal Buttons**

- Button-first technique eliminates the need to find the drill hole
- 2-0 FiberLink sutures in blue and white/black for suture management
- 2.6 mm drill is 19% smaller than traditional metal button drills
- 17% stronger than metal buttons²
- All-suture construct does not show on x-ray

### Metal Button vs FiberTak Button<sup>2</sup> 550 500 450 Ultimate Load (N) 400 350 300 250 200 150 Metal Button FiberTak Button



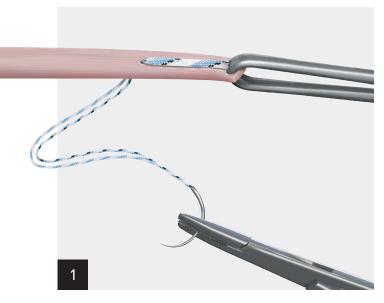




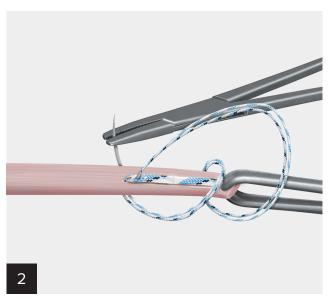
Shuttle Reduce Tie

### Surgical Technique

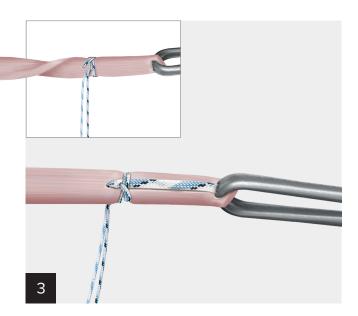
Place the patient in the beach chair or lateral decubitus position with the arm in 90° of abduction and 60° to 90° of external rotation. Make a 2 cm to 3 cm incision in the axilla at the inferior border of the pectoralis major. Bluntly dissect to identify the pectoralis major and the long head of the biceps. After externalizing the biceps tendon, follow the steps below to complete the looping stitch with the SutureTag suture.



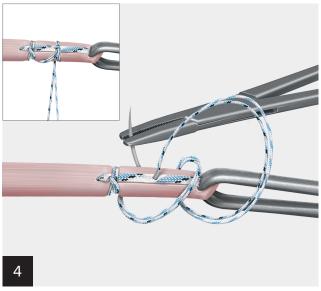
Prepare the tendon at the desired length and pierce the tendon at the proximal end of the SutureTag to secure the suture in place while securing the other end in place with an Allis clamp. In this technique, the Allis clamp does not need to be released, which saves time over more traditional stitching techniques.



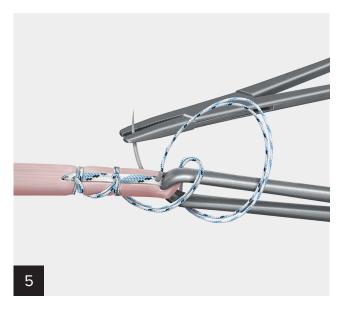
With the SutureTag secured to the tendon, wrap the suture around the tendon and then pass the needle through the SutureTag and tendon at the proximal starting point.



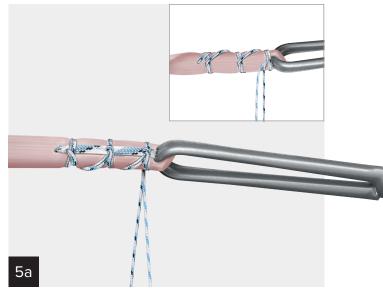
Take care to pass the needle proximal to the wrapped suture loop to create a rip stop. Pull each of the suture tails through and tighten accordingly.



For each subsequent throw, wrap the suture around the tendon and then secure it in place by penetrating through the SutureTag and tendon. The needle should be passed proximal to the wrapped suture tails to create a rip stop.



A third throw around the tendon and through the SutureTag and tendon is recommended following the same steps as illustrated. The final needle pass should be at the distal end of the tendon.



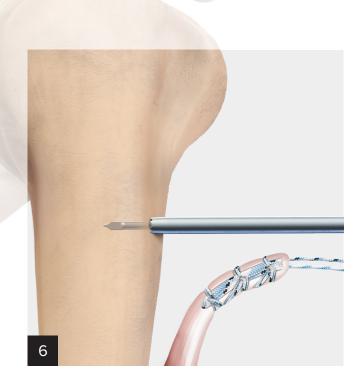
Completed SutureTag looping stitch ready to be incorporated into a FiberTak® button, viewed from the topside and bottom of the tendon.



Completed SutureTag looping stitch, viewed from the topside of the tendon. Next, cut the needle and swage off at the transition, leaving the suture limbs long for shuttling.



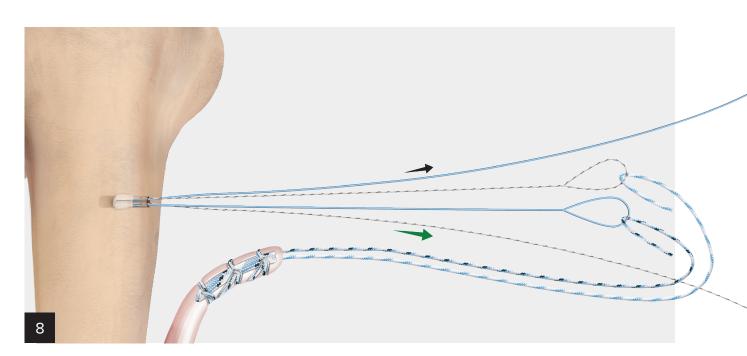
View from the bottom showing three passes completed with the needle passed proximal to the suture tails to create a running rip stop.



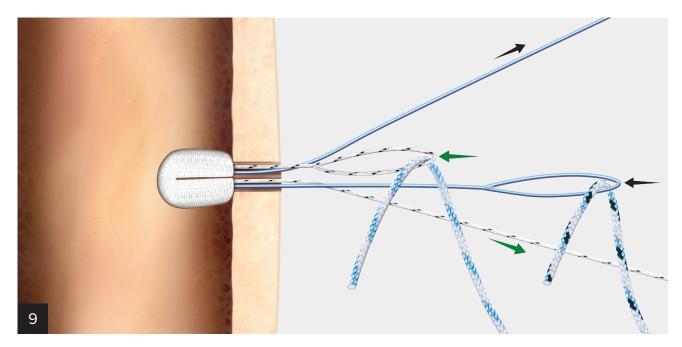
Place the drill guide at the desired location and drill the first cortex using the 2.6 mm drill. Chucking the drill pin at the black line allows the drill to extend 20 mm out of the drill guide.



Leave the guide in place and insert the button through the guide. Tap on the handle until the inserter is flush with the drill guide. Remove the orange tab and remove the inserter and guide.

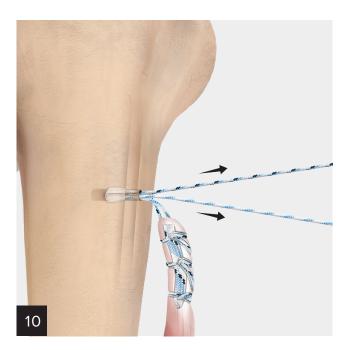


Lightly pull on the FiberLink™ sutures to ensure that the button is deployed. Separate the FiberLink sutures (blue and white/black on each side) and pull on each link to ensure it slides easily. Load one suture limb from the SutureTag into one of the FiberLink sutures from the FiberTak® button.



Shuttle one SutureTag limb through the button using one of the FiberLink™ sutures while holding tension on the opposite FiberLink suture tails. Use slight tugs once the suture meets the button sheath. Discard the FiberLink shuttle suture once the SutureTag limb has been passed through the button.

Shuttle the second SutureTag limb through the sheath in the opposite direction using the remaining FiberLink suture while holding tension on the previously passed suture limb. Holding tension on the opposite suture limbs ensures that the FiberTak® button stays seated against the cortical bone.



Use the tension-slide technique to reduce the tendon onto the bone.



Pass one limb back through the tendon using a free needle and tie a knot to complete the repair.

## Ordering Information

### Sutures

Product Description	Item Number
SutureTag w/ Double 14" Tails and 36.6 mm ½ Circle Tapered Needle (white/black)	AR- <b>7274T</b>
SutureTag w/ Double 14" Tails and 36.6 mm ½ Circle Tapered Needle (white/blue/black)	AR- <b>7274TT</b>

### FiberTak® Button Implant System

Product Description	Item Nu	mber
FiberTak Button	AR- <b>3680</b>	)
Drill Guide		
Spade-Tip Drill, 2.6 mm		
FiberLoop® Suture		
Free Needle		

### Implant

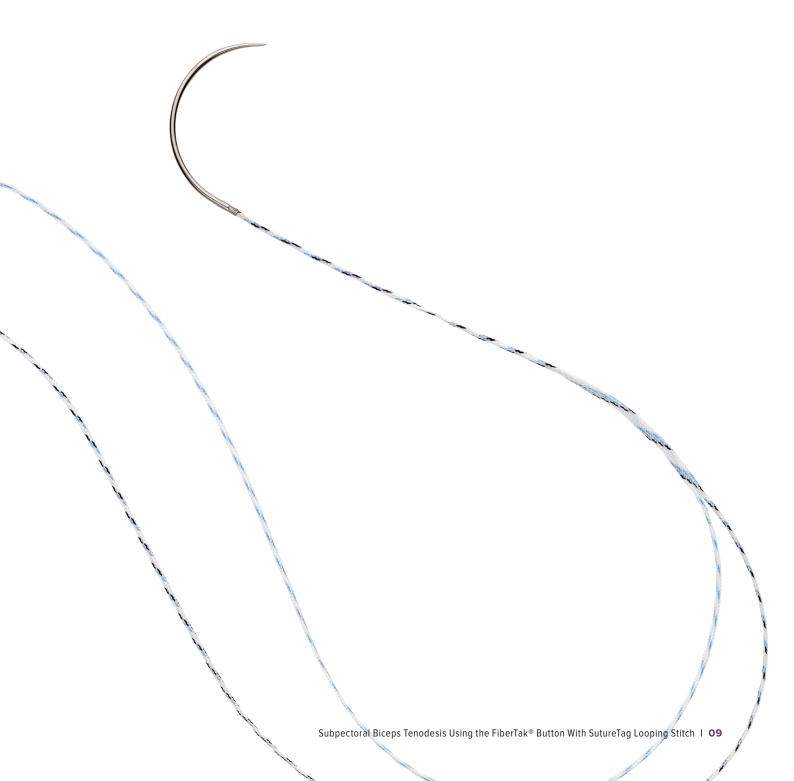
Product Description	Item Number
FiberTak Button	AR- <b>3681</b>

### Miscellaneous

Product Description	Item Number
Spade-Tip Drill, 2.6 mm	AR- <b>3682</b>
Drill Guide	AR- <b>3683</b>
Free Needle, tapered 26 mm ½ circle, w/ loop	AR- <b>7281</b>

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.

- 1. Long C, Nakla A, Chung N, et al. Biomechanical characteristics of a new "looping stitch" versus the classic Krackow stitch for distal biceps fixation. *J Shoulder Elbow Surg*. Forthcoming 2022.
- 2. Arthrex, Inc. Data on file (APT-04066). Naples, FL; 2019.



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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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