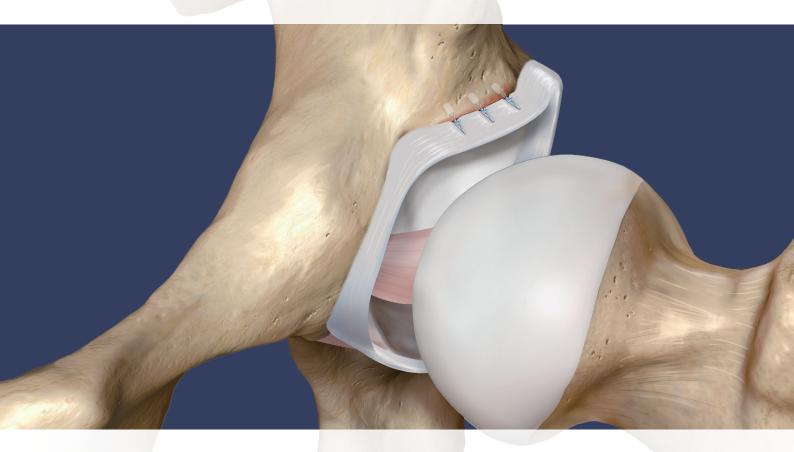
Acetabular Labral Repair With the Hip FiberTak® Anchor

Surgical Technique





Acetabular Labral Repair With the Hip FiberTak® Anchor

Diagnosis of an acetabular labral tear is mostly clinical and presents in a similar manner as meniscal pathology in the knee. Patients can present with complaints of mechanical symptoms such as popping and painful clicking and catching, and may demonstrate reduced range of motion of the hip.

Prior treatment guidelines suggested that debridement and resection of the torn labral tissue was appropriate for pain relief. Though effective, this often compromised the function of the acetabular labrum.

Longitudinal, peripheral, and intrasubstance tears are amenable to repair. By repairing the torn labrum, the following physiological functions can be preserved:

- Joint compressive forces
- Cartilage continuity and extension
- Suction-sealing mechanism
- Joint stability and congruity

Patient Positioning

Acetabular labral repair is performed in the central compartment of the hip joint, requiring appropriate distraction to allow adequate space for performing the operation. Proper distraction in the supine position can be achieved using the Arthrex Hip Distraction System (HDS) to facilitate the desired lower extremity positioning.



Hip FiberTak® soft anchors are available singleand double-loaded and, each with innovative suture options. These anchors are complemented by curved and straight guide delivery systems and 1.6 mm drills to minimize bone removal.

Hip FiberTak soft anchors offer the benefits, clinical experience, and product support surgeons have come to appreciate from Arthrex

Suture Innovation

SutureTape (a) is a flat-braided, 1.3 mm suture that is 21% more resistant to tissue pull-through than #2 suture.¹ It offers improved handling and knot security and smaller comparable knot stacks.

Braided, coreless #2 FiberWire® CL suture (b) has a soft suture feel, while maintaining strength and knot security.

Quick Set and Release Handle Design

This new ergonomic handle allows surgeons to easily insert and set the FiberTak suture anchor.

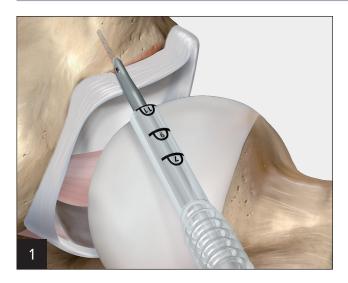
The suture release tab pulls easy off the handle, releasing the sutures to effortlessly remove the inserter.

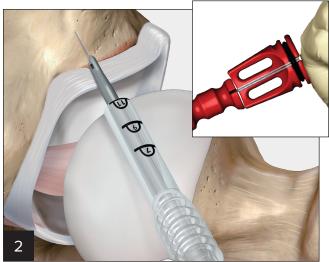


Reference 1. Arthrex, Inc. LA1-00038-EN_B. Naples, FL; 2017. (a)

(b)

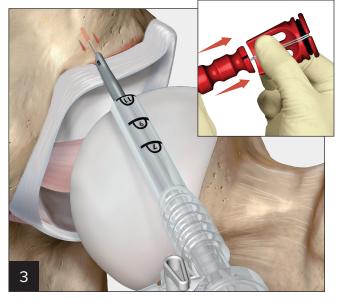
Simple Stitch Configuration



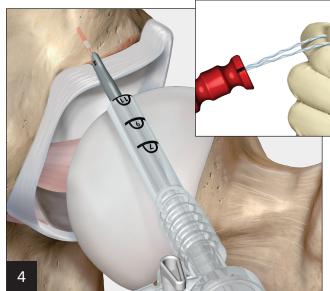


After performing an acetabuloplasty, create a bone socket by sliding the appropriate drill guide down the cannula and placing it on the acetabular rim near the articular surface. Advance the drill bit on power through the drill guide until the collar contacts the handle. Cycle the drill bit 2-3 times in hard bone to clear bone debris from the prepared socket and subsequently remove the drill bit.

Insert the implant down the drill guide and impact the back of the handle by hand to the positive stop at the end of the inserter.



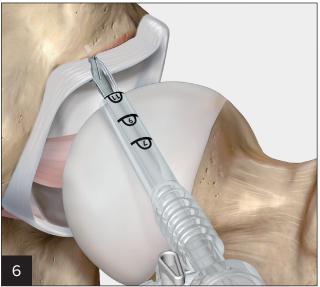
Grasp the handle and sutures and lightly pull on them to set the anchor in the bone. Remove the suture release tab to release the sutures from the handle.



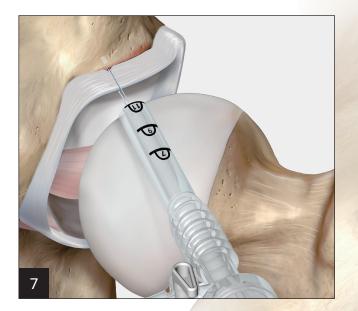
Remove the inserter handle and pull on the sutures to confirm the anchor is set in the bone. Remove the drill guide.



Create a loop with one limb of SutureTape and load it through the Hip Labral Scorpion[™] suture passer. Pull slight tension on the suture towards the left side of the suture passer shaft and gently squeeze the back handle to expose the Nitinol Scorpion needle. The suture will load into the notch of the needle.

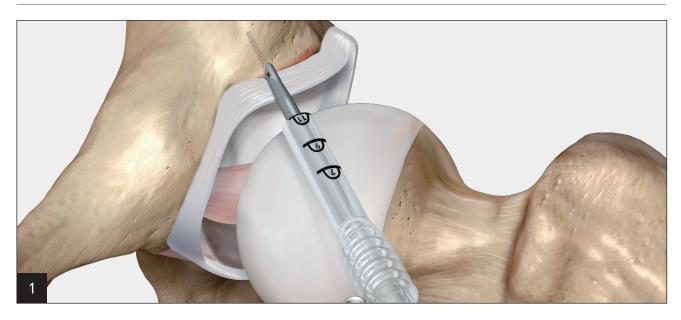


Slide the Hip Labral Scorpion suture passer into the joint space and place the articulating jaw underneath the labrum as close as possible to the transitional zone of cartilage. Squeeze the front trigger to engage the tissue and compress the back of the handle to push the needle through the labral tissue. Remove the suture passer from the joint and release the suture.

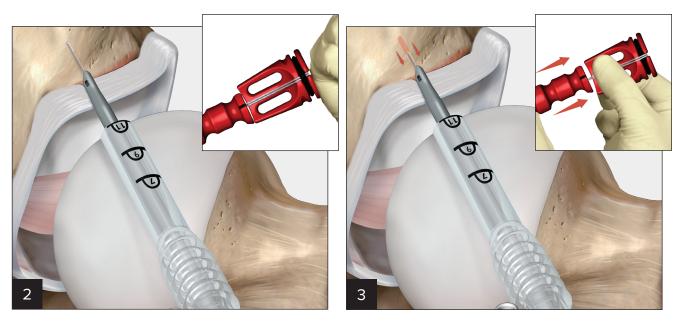


Tie and advance an arthroscopic sliding knot followed by 3 alternating half-hitches using a knot pusher to complete the repair. Cut the suture strands with a FiberWire® suture cutter. Note: Use the suture limb that is farthest away from the acetabular face as the post to avoid a prominent knot stack near the acetabulum. Insert subsequent implants until the repair construct is complete.

Labral Base Stitch Configuration

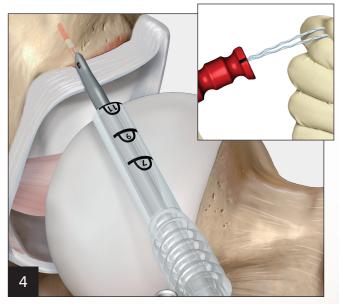


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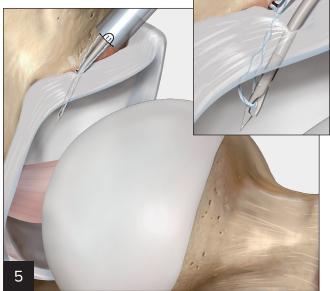


Insert the implant down the drill guide and impact the back of the handle by hand to the positive stop at the end of the inserter.

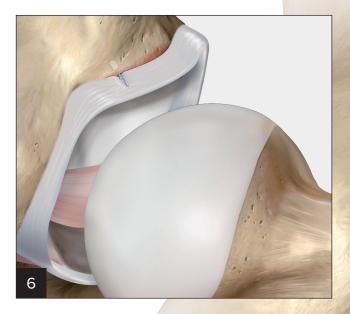
Grasp the handle and sutures and lightly pull on them to set the anchor in the bone. Remove the suture release tab to release the sutures from the handle.



Remove the inserter handle and pull on the sutures to confirm the anchor is set in the bone. Remove the drill guide.



Use a BirdBeak[®] suture retriever to grab and pass the suture limb that is closest to the labrum. Push it through the base of the labrum and release it from the jaws. Remove the suture retriever from the labrum and pierce the tissue again through the substance of the labrum, closer to the femoral head. Retrieve the loop of suture and pull it out of the cannula.



Tie and advance an arthroscopic sliding knot followed by 3 alternating half-hitches using a knot pusher complete the repair. Cut the suture strands with a FiberWire® suture cutter. Note: Use the suture limb that is farthest away from the acetabular face as the post to avoid a prominent knot stack near the acetabular Insert subsequent implants until the repair constructs complete.

Ordering Information

Hip FiberTak® Implants

| Product Description | Item Number |
|---|--------------------|
| Hip FiberTak Suture Anchor w/ Coreless #2 FiberWire® Suture | AR- 3600H |
| Hip FiberTak Suture Anchor w/ 1.3 mm SutureTape | AR- 3602H |
| Hip FiberTak Suture Anchor w/ two 1.3 mm SutureTapes | AR- 3602-2H |

Disposables Kit

| Product Description | Item Number |
|--|--------------------|
| Hip FiberTak Disposables Kit, straight | AR-3600DHS |
| Hip FiberTak Disposables Kit, curved | AR- 3600DHC |

Reusable Drills

| Product Description | Item Number |
|--------------------------------|---------------------|
| Hip FiberTak Drill Bit, 1.6 mm | AR- 3600D-1H |
| Hip FiberTak Drill Bit, 1.7 mm | AR- 3600D-3H |
| Hip FiberTak Drill Bit, 1.8 mm | AR- 3600D-2H |

Sterile, Single-Use Disposables Drills

| Product Description | Item Number |
|--|----------------------|
| Hip FiberTak Drill Bit, flexible, 1.7 mm | AR- 3600ND-3H |
| Hip FiberTak Drill Bit, flexible, 1.8 mm | AR- 3600ND-2H |

Reusable Drill Guides

| Product Description | Item Number |
|---|--------------------|
| Hip FiberTak Drill Guide, crown tip | AR- 3600DG |
| Hip FiberTak Drill Guide, fork tip | AR- 3600DGF |
| Hip FiberTak Drill Guide, curved, crown tip | AR- 3600DGC |

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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 or outcomes.

View U.S. patent information at www.arthrex.com/corporate/virtual-patent-marking

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