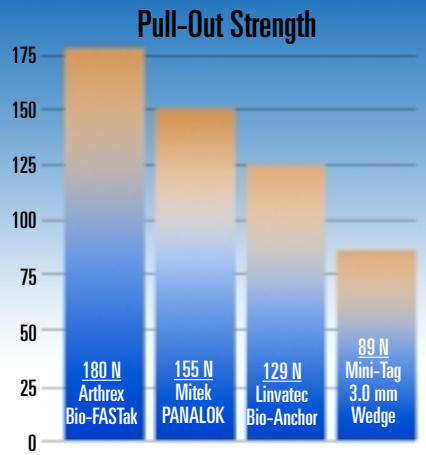
IN THE L&P...



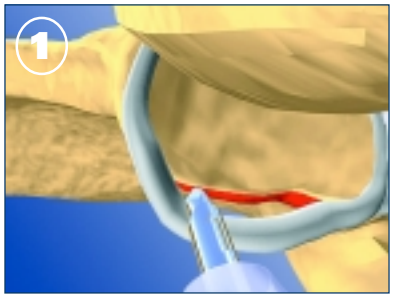
(Data as published by F. Alan Barber, M.D., in Winter/Spring, 1997 Orthopedic Special Edition. Bio-FASTak tested in 20 lb foam block.)

Bio-FASTak Offers Superior Pull-Out Strength for Shoulder Repair

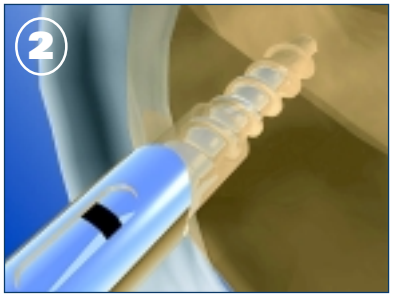
The Bio-FASTak is the latest, bioabsorbable, threaded anchor designed for the treatment of shoulder instability and SLAP lesions and is an excellent option to consider for repair of smaller joint soft tissue to bone repairs. The Bio-FASTak, made of bioabsorbable PLDLA, has a unique suture eyelet of #2 braided polyester suture molded into the body of the implant. The #2 suture eyelet virtually eliminates suture drag to significantly improve the performance of sliding knots.

Superior pull-out strength (180 Newtons) of the radiolucent threaded anchor is maintained once inserted into the pretapped pilot hole. The pilot hole is slightly undersized with respect to the anchor. The accuracy of this two-step process is simplified by the Bio-FASTak Spear, which has a unique fish mouth design. The spear is rested firmly on the glenoid rim during hole preparation and anchor placement.

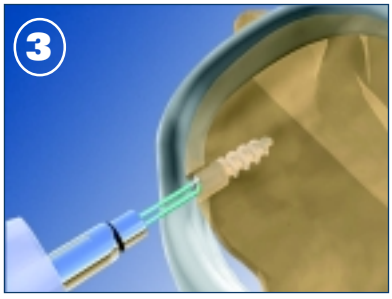
Once the Bio-FASTak is firmly seated in bone, a SutureLasso, Penetrator or BirdBeak are useful instruments to pass the suture through tissue prior to knot tying.



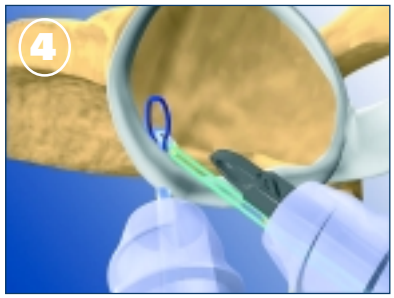
The Bio-FASTak Spear w/Trocar is inserted through the translucent cannula and positioned on the glenoid rim. The Conical Point Obturator may be used to create a pilot hole for the tap. The trocar is removed allowing the fish-mouth design of the Bio-FASTak Spear to remain securely on the glenoid rim.



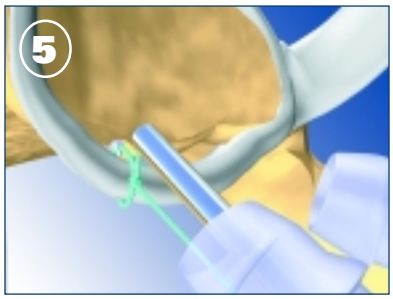
The Bio-FASTak Tap is attached to the Ratcheting Screwdriver Handle and is advanced through the spear and into the pilot hole. The tap is rotated until the laser line is flush with the bone surface. The tap is rotated counterclockwise and removed. This leaves a threaded pilot hole for the implant.



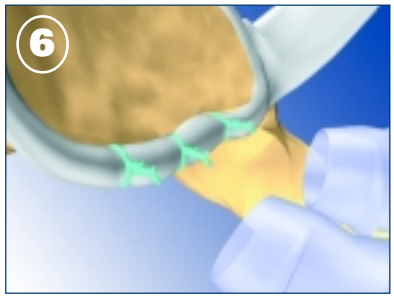
While maintaining pressure and position on the glenoid rim with the spear, the Bio-FASTak is inserted into the back of the spear with a driver and is gently threaded into the pre-tapped pilot hole. The implant is fully seated when the driver handle firmly contacts the spear handle proximally.



Via the inferior cannula, the sharp, hollow tip of a 45˚ or 90˚ SutureLasso is inserted through the most inferiorly detached labral tissue. The nylon suture loop is delivered into the joint and retrieved through the superior cannula with a Suture Retriever or Crochet Hook. While holding the loop, the SutureLasso handle is removed from the inferior cannula leaving two free suture ends. A free end of suture is then fed into the nylon suture loop outside the cannula and pulled back through the tissue, relaying the Bio-FASTak suture through the labrum.



Once the sutures are cleared to the inferior cannula, the 6th Finger Knot Pusher's unique double tube design allows the surgeon to maintain tension on the first throw while advancing subsequent half hitches with a sliding plastic outer tube. The Arthroscopic Knot Cutter is used to precisely cut a 3 mm tail at the conclusion of knot tying.



Additional implants are placed as determined by the extent of the defect to further repair a SLAP and/or Bankart lesion.