

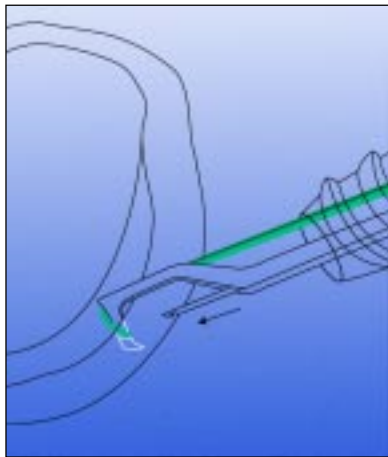
# IN THE Loop...



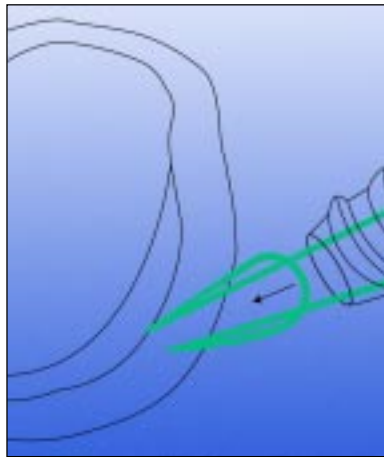
Plication Viper

## Plication Viper and Bio-SutureTak for Arthroscopic Shoulder Instability

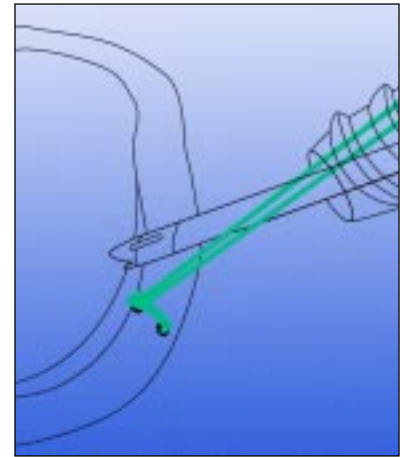
The Plication Viper and Bio-SutureTak combination provide an excellent option when performing soft tissue advancement superiorly from the inferior glenoid region. This technique avoids the unpredictable results of thermal capsulorrhaphy. Using the Plication Viper, the capsule or labrum is sutured prior to placing the anchor. With this technique, the amount of capsular mobility can be predetermined or tested for ideal anchor placement along the glenoid rim, prior to pilot hole placement.



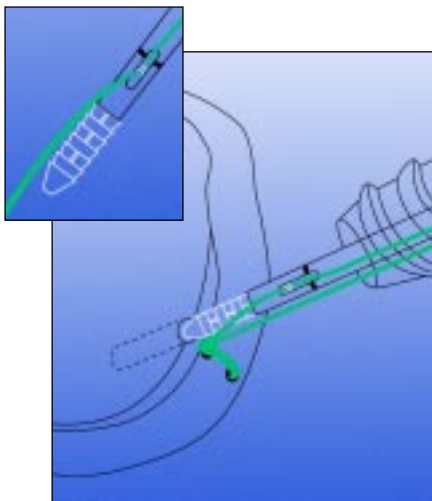
1) The Plication Viper is loaded with #2 FiberWire and inserted through an 8.25 mm cannula. The retrograde hook can be used to capture a larger "bite" of capsular or labral tissue.



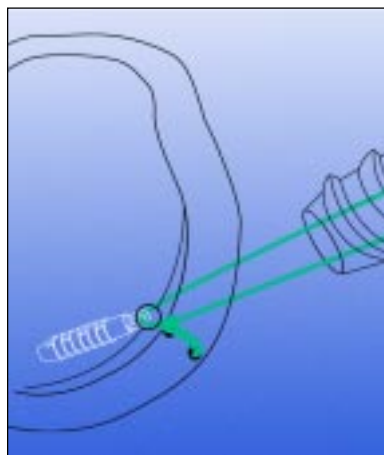
2) A cut-out resistant double suture stitch is created by inserting the free suture ends through the retrieved suture loop in opposite directions and pulling the free ends to advance the loop into the joint against tissue. The knot is secured with alternating half hitches.



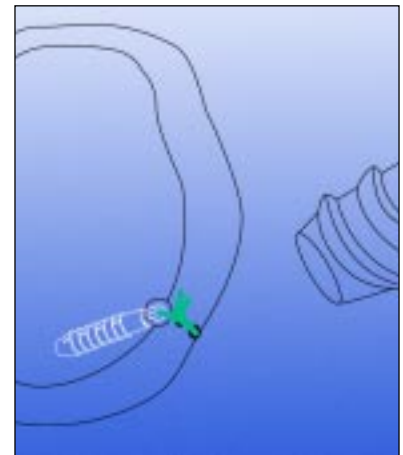
3) A 2.4 mm diameter pilot hole is prepared in the glenoid rim for the Bio-SutureTak.



4) A single limb of plicated suture is inserted through the eyelet of the implant and the implant loaded on the optional slotted Plication Driver.



5) The implant is inserted until the eyelet is countersunk slightly in the pilot hole.



6) Suture tails are pulled to advance tissue superiorly and secure to bone. Suture tails are then tied and cut in routine fashion.