Indications

- Bankart procedures
- SLAP lesion repairs
- Acromio-clavicular separation repairs
- Rotator cuff repair
- Capsular shift and capsular reconstruction
- Biceps tenodesis
- Deltoid repair

Advantages

- No knot tying
- Tremendous pull-out
- Spiked head provides great tissue stability
- Implant size allows for multiple implant placement

LactoSorb® copolymer maintains almost all its mechanical strength throughout the healing process with complete mass loss in 9–15 months.

References


LactoSorb® is a registered trademark of Biomet, Inc.
ArthroRivet™ is a trademark of Arthrotek, Inc.
Surgical Technique

**Loading the ArthroRivet™**
The surgeon loads the ArthroRivet™ Implant (905800) by sliding the “T” bar section of the implant into the end of the ArthroRivet™ Gun (905806).

**Secure the Implant**
After the implant is placed into the tip of the gun, the ArthroRivet™ gun sleeve must be twisted up until implant is secure. Be careful not to tighten the implant to the point that the flanges flare out. This is accomplished by watching the pin during tightening. The best way to determine if the implant is tight enough is to touch the tip of the rivet. It should feel secure and not wobble.

**Insertion of Drill Guide**
To pass the drill guide (905815) into the glenohumeral joint, the ArthroRivet™ obturator (905811) first must be passed through the tissue. This will obturate through the tissue and allow the serrated edges of the drill guide to be easily placed through the portal. The drill guide should then be moved to the labrum, pulling it into position.

**Drilling the Pilot Hole**
At this time, the ArthroRivet™ drill (905810) or punch (905820) should be used to create a pilot hole for the implant through both the tissue and bone. The drill or punch should be inserted through the drill guide until the depth stop is fully seated, as visualized through the drill guide window. Extreme care must be taken when removing the drill or punch to maintain precise position over pilot hole. Holding the drill guide between the thumb and forefinger while making an OK sign will assist the surgeon in holding the guide very stable. The surgeon should be able to stabilize the guide by placing the other three fingers on the shoulder. An assistant holding the scapula for the remainder of the procedure will stabilize the glenoid.

**Inserting the ArthroRivet™**
Prior to insertion, verify stability of implant on the gun. While maintaining drill guide position, insert ArthroRivet™ through drill guide, tissue and into the pilot hole. Firmly push the gun to fully seat implant. Squeeze the trigger. If the drill guide has moved prior to insertion of the implant, the punch may be reinserted to regain position.

**Deploying the ArthroRivet™**
The trigger pulls the tapered pin into the body, expanding the flanges of the ArthroRivet™ providing fixation. The tapered pin will break off flush with the head and be contained in the gun. The repair site should be evaluated with a probe to verify stability. Additional implants may be added as needed.

This brochure demonstrates the surgical technique utilized by Thomas Branch, M.D., Atlanta, Georgia. Arthrotek, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate techniques and devices for each individual patient. Arthrotek is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.

### Ordering Information

**Implant Material: LactoSorb® (82% PLLA, 18% PGA) Copolymer**

<table>
<thead>
<tr>
<th>ArthroRivet™</th>
<th>ArthroRivet™ Drill</th>
<th>ArthroRivet™ Obturator</th>
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<tbody>
<tr>
<td>905800</td>
<td>10mm</td>
<td>905811A</td>
</tr>
<tr>
<td>905802</td>
<td>15mm (RC)</td>
<td>905812A Cannulated</td>
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<tr>
<td>ArthroRivet™ Inserter</td>
<td>905806</td>
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<tr>
<td>ArthroRivet™ Drill Guide</td>
<td>905820A</td>
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<tr>
<td>ArthroRivet™ Instrument Case</td>
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