

Bio-Anchor®

Ordering Information

Bio-Anchor® Implants Cat no.

Bio-Anchor Bio-Absorbable Suture Anchor, Pre-loaded on a Disposable Driver, Pre-threaded, 3.5mm (O.D.) x 10.5mm	C6121
Bio-Anchor Bio-Absorbable Suture Anchor, Pre-threaded, 3.5mm (O.D.) x 10.5mm	C6120A

Bio-Anchor® Instrument Set

Crochet Hook	C6105
Loop Handle Knot Pusher	C6112
Bio-Anchor Driver	C6150
Drill Guide	C6151
Bio-Anchor Drill, 2.7mm diameter	C6152
Bio-Anchor Locator	C6153
Bio-Anchor Instrument Tray with Lid	C6154
Bio-Anchor Master Instrument Tray with Lid	C6201
Bio-Anchor Driver Cleaner	C6155
Suture Threader	C6113
4mm dia. Slotted Jaw Suture Punch	18.1008

Accessories Cat no.

Shuttle Relay™ Suture Passer (10 per box)	C6004
Blitz® Suture Retriever, straight (6 per box)	C6111
Blitz Suture Retriever, 45° left (6 per box)	C6211
Blitz Suture Retriever, 45° right (6 per box)	C6311
Micro Scissors, 2.75mm dia., straight	2.10011
Suture Retrieval Forceps, 3.4mm dia.	16.1018
Liberator™ Knife	25.50014

WARNING: This device is not approved for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic or lumbar spine.

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Bio-Anchor®

Surgical Technique

SHOULDER INSTABILITY REPAIR SYSTEM



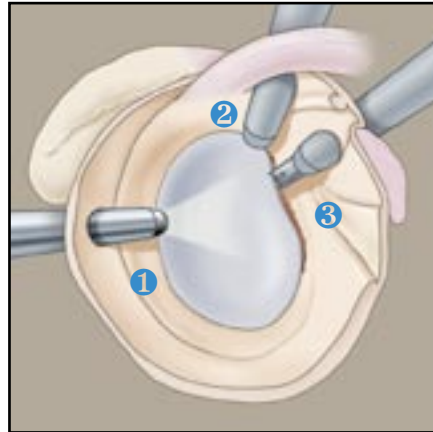
Bio-Anchor® Surgical Technique

Using standard arthroscopic maneuvers, shoulder surgeons can expect excellent results for reattaching torn labral tissue to bone with the bio-absorbable Bio-Anchor implant and permanent braided suture. The Bio-Anchor implant is molded from Poly (L-Lactic Acid) material which has a long-term absorption rate to insure secure fixation throughout the healing process. The Bio-Anchor nearly eliminates implant removal complications, because it is absorbed into the tissue or can easily be over-drilled. You will find the Bio-Anchor System provides all of the necessary instrumentation for complete and successful repairs of shoulder instability. The bio-absorbable Bio-Anchor — perhaps the only anchor making such a big impact, while leaving little trace of its existence.

1

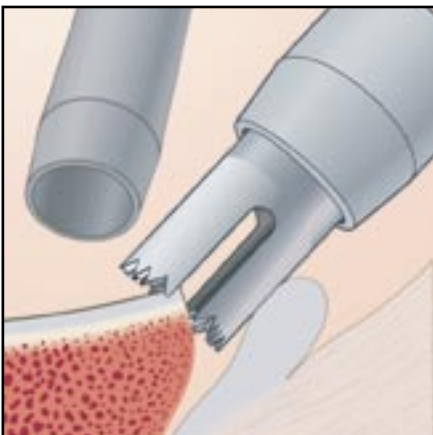
Establish three portals.

1 Posterior superior.
2 Anterior superior — located in the rotator interval area just anterior to the biceps tendon.
3 Mid-glenoid — located 2.5cm inferior to the #2-portal, lateral to the glenoid, at the superior edge of the subscapularis tendon. The anterior superior portal is used for viewing with the scope while preparing the glenoid neck, drilling pilot holes and inserting anchors. The scope can then be switched between the anterior and posterior portals (surgeon's preference) for passing the sutures and tying the knots.



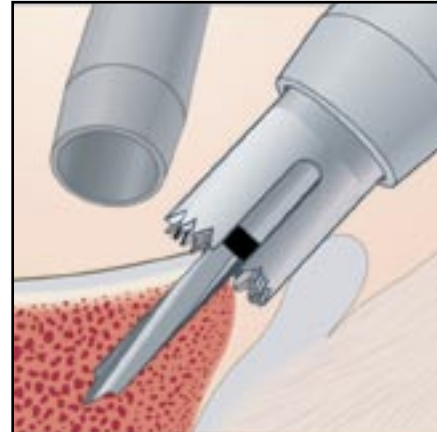
2

With the scope in the anterior superior portal and the operating instruments in the mid-glenoid portal, the frayed cartilage edge and torn labrum are carefully debrided. The Liberator™ elevator is used to elevate the capsule and labrum from the glenoid neck to the 6 o'clock position. The small bur is used to lightly decorticate the glenoid neck. A drill guide is placed through the mid-glenoid cannula on the edge of the glenoid.



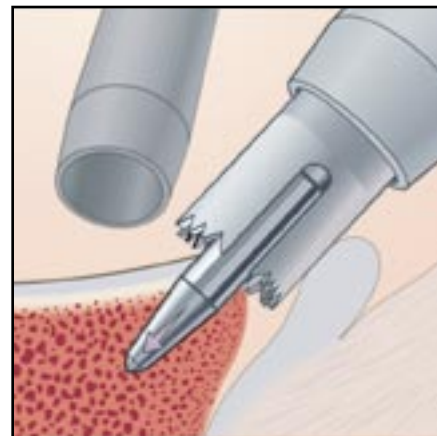
3

A 2.7mm drill bit creates 3 pilot holes on the edge of the glenoid cartilage, angling inferior and medial at 45°. Holes are placed at 5, 4 and 3 o'clock positions.



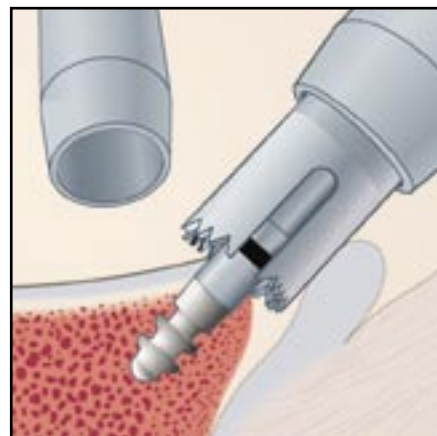
4

An optional locator alignment tool is placed through the drill guide to align the guide with a selected pilot hole. The guide is tapped lightly to seat the teeth on the edge of the bone.



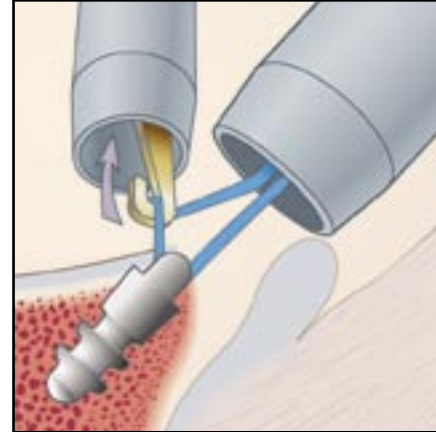
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Insert the driver into the drill guide. Tap the anchor using an 8oz. surgical mallet until the depth indicator on the driver is flush with the bone surface. This will insure that the anchor is properly countersunk.



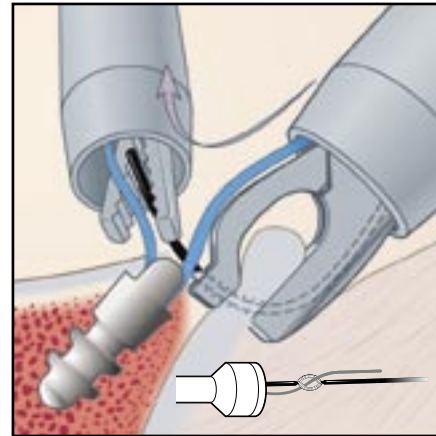
6

Insert a crochet hook from either the anterior superior or posterior superior (surgeon's preference) cannula, and retract one suture strand out of the cannula. Care must be taken to avoid pulling the suture out the anchor eyelet.



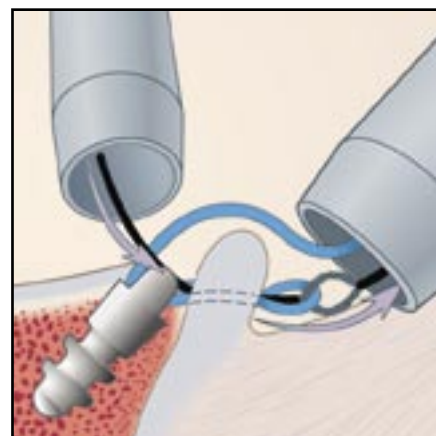
7

Use a slotted jaw suture punch (or Spectrum® curved suture hook) through the mid-glenoid cannula to pass a Shuttle-Relay™ Suture Passer through a tuck of anterior inferior capsule and below the labrum. Before passing the shuttle, be certain that the tissues can be easily advanced to the level of the anchor. Send the shuttle into the joint and retrieve it with a grasper out of the cannula that contains the suture (never pull the shuttle out from the same cannula in which it is inserted).



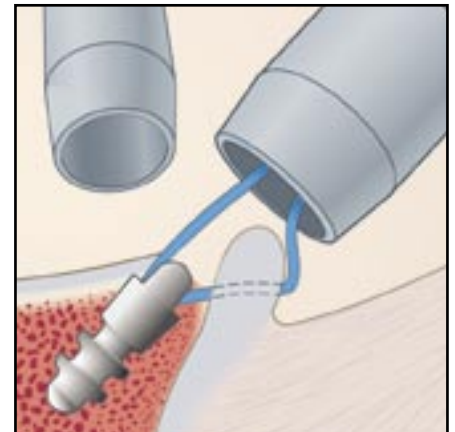
8

Load the Shuttle-Relay Suture Passer outside the alternative cannula and pull it back under the labrum through the capsular tuck and out the mid-glenoid cannula. The Shuttle-Relay Suture Passer will carry the suture strand through the tissue.



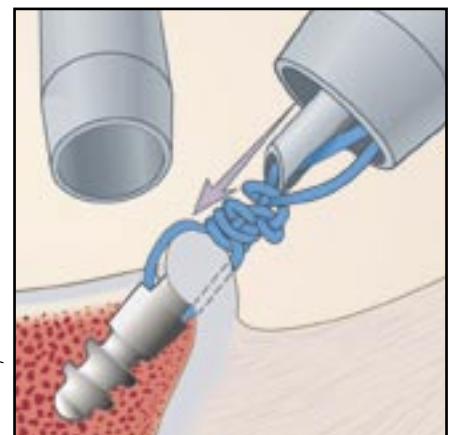
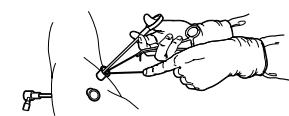
9

For a simple stitch, the #2 suture tails can be tied using a 5 throw Revo® Knot and a loop handle knot pusher. If a mattress stitch is desired, a second suture strand can be passed through the tissue in a similar manner, separating the 2 passes a minimum of 5-6mm.



10

Untangle suture strands that may have become twisted. Then, tie the Revo Knot by advancing five alternating half-hitches down to the labrum using the loop handle knot pusher.



11

To complete the repair, place a second and/or third Bio-Anchor implant in a similar manner, working from inferior to superior. It is advised that each stitch be tied, in order, once inserted to avoid confusion and twisting of the stitches. The suture tails are cut with Micro Scissors.

