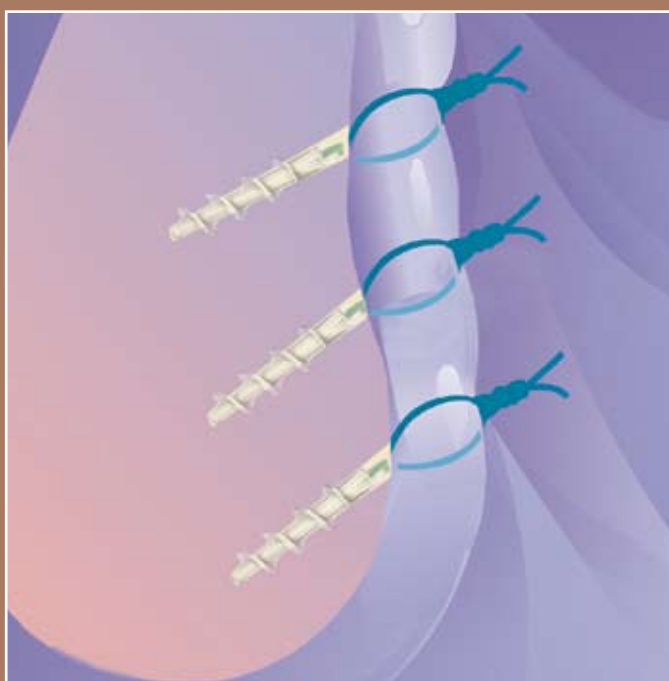




Bio-FASTak<sup>®</sup> Bankart Repair

Surgical Technique



# Bio-FASTak Bankart Repair



The Bio-FASTak is a 3 mm x 14 mm bioabsorbable threaded suture anchor. The exclusive braided suture eyelet loop is molded into the body of the anchor. This unique eyelet design allows the attached suture to slide smoothly enhancing the performance of arthroscopic sliding-knots. The Bio-FASTak is available with either one or two #2 FiberWire sutures or with one polyester Tevdek suture. A needle version is also available. All of the Bio-FASTaks are sterile and preloaded on a disposable handled inserter for speed and convenience. Bio-FASTak implants are inserted using the instruments in the standard instrument set (AR-1327S). It is recommended that the optional short tap and optional short guide be used with the Bio-FASTak w/Needles.

The Spear with trocar is used for percutaneous insertion or through a cannula. The Conical Point Obturator is then used to make a small pilot hole. Two other cannulated inserters are available: the Offset Guide and the Cannulated Bio-FASTak Guide. The optional pin for the Portal Dilatation Set is used through a percutaneous approach followed by the Portal Dilator for Bio-FASTak and then by the Bio-FASTak Spear.



Patient positioning in the lateral decubitus position is facilitated with the 3-Point Shoulder Distraction System and STaR™ Sleeve. Alternatively, the beach chair position is facilitated with the Beach Chair Lateral Traction Device. Both systems distract the humeral head laterally away from the glenoid face which, in turn, greatly enhances visualization of the glenohumeral ligament labral complex.

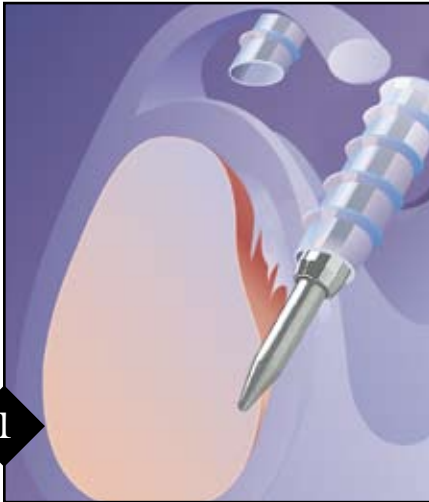
**Portal Placement:**

Posterior/Viewing Portal: Located approximately 2 cm inferior and 1 cm medial to the posterolateral corner of the acromion at the soft spot.

Anterior, Inferior Portal: Located as close as possible to the superior edge of the subscapularis tendon.

Anterior, Superior Portal: Located just superior and anterior to the biceps tendon.

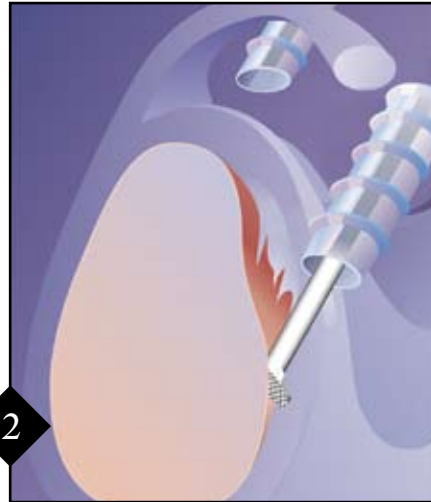
## Bio-FASTak Bankart Repair



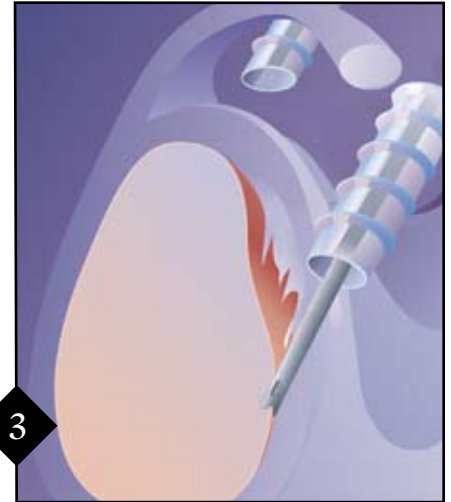
1 A 30° arthroscope inserted into the posterior portal provides visualization of the labral complex. Anterior cannulas are placed by an inside/out or outside/in technique.

The cannulated Reusable Obturator is passed over a Switching Stick to dilate the portal.

A Twist-In or Instrument Cannula attached to the Obturator is then passed over the Switching Stick to ensure controlled atraumatic placement in the glenohumeral joint.



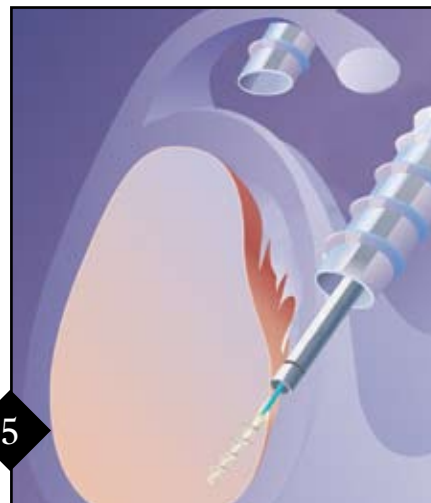
2 A series of Shoulder Tissue Elevators is used to free the lesion. A Glenoid Rasp is introduced to remove fibrous tissue and create a bleeding bone surface.



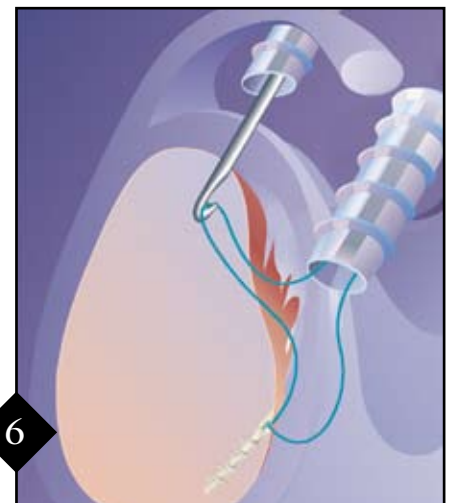
3 The Bio-FASTak Spear w/conical point obturator is inserted through the translucent cannula and positioned on the glenoid rim. The conical point obturator may be used to create a pilot hole for the tap. Tapping on the conical point obturator creates a shallow pilot hole for the tap. The conical point obturator is removed allowing the fish-mouth design of the Bio-FASTak Spear to remain securely on the glenoid rim.



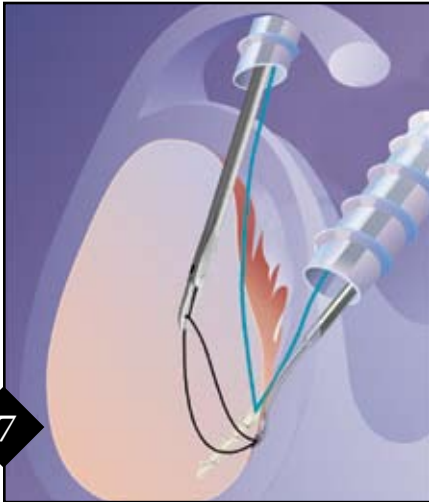
4 The Bio-FASTak Tap is attached to the Ratcheting Screwdriver Handle and advanced through the spear and into the pilot hole. The tap is advanced until the distal laser line is flush with the bone surface. Alternatively, the tap is advanced until the proximal laser line is flush with back of the spear.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



5 While maintaining pressure and position on the glenoid rim with the spear, the Bio-FASTak Suture Anchor is inserted into the back of the spear and is gently threaded into the pretapped pilot hole. The implant is inserted into the hole with a light touch to avoid over-torquing the implant. It is advanced until the distal laser line is flush at the bone surface.

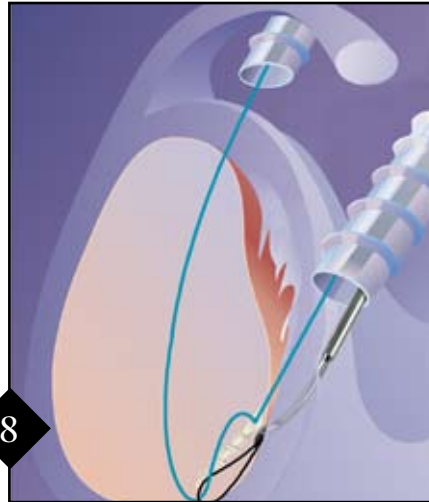


6 Once the implant is seated in bone, remove the driver handle first and then the spear. Confirm that the implant is secure in bone. A Crochet Hook may be used to retrieve one suture limb through the superior cannula, leaving the other suture limb in the inferior cannula.



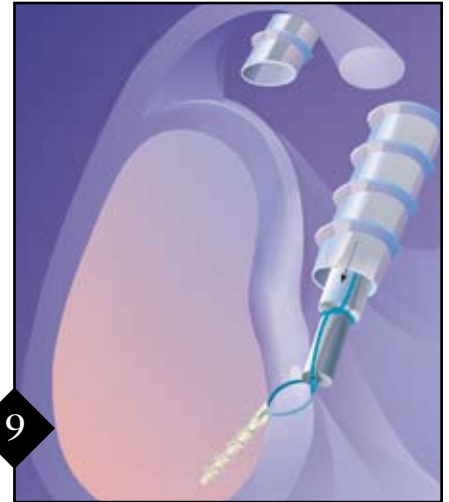
7

The sharp tip of the Corkscrew SutureLasso™ is passed through labral tissue below the Bio-FASTak Suture Anchor. A varied amount of tissue can be incorporated in the stitch depending on the laxity or degree of plication required. The shuttle loop is pushed through the SutureLasso tip and retrieved out the superior portal with a Crochet Hook or KingFisher®.



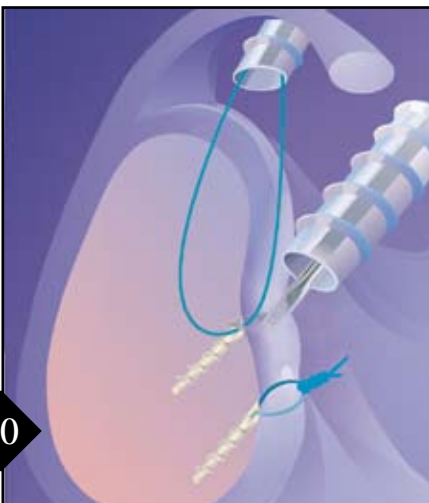
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Place the suture limb in the superior cannula in the loop of the SutureLasso. Retrieve the loop back to the distal end of the lasso and remove the lasso with the loop out of the inferior cannula shuttling the suture down the superior cannula, through the tissue and out of the inferior cannula.



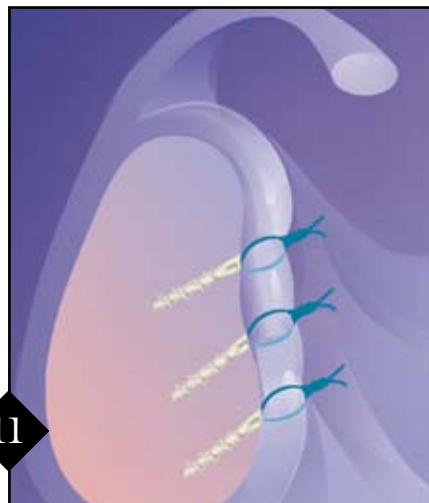
9

A sliding knot with three reversing half hitches/alternating posts is tied in the majority of situations when the suture freely slides through the anchor eyelet. Otherwise, a surgeon's knot with three reversing half hitches/alternating posts can be tied. Knot tying can be facilitated with use of the 6<sup>th</sup> Finger Knot Pusher.



10

Alternative suture passing option: Both suture limbs are passed from the working cannula to the superior cannula. The BirdBeak® is passed down the inferior cannula. The tip of the BirdBeak is pushed through the tissue and the jaws are opened to retrieve one suture limb.



11

The technique is repeated for each anchor required to complete the repair.

**Bio-FASTak Implants:**

Bio-FASTak Suture Anchor, 3 mm x 14 mm, w/braided suture eyelet, w/one #2 braided suture	AR-1324B
Bio-FASTak Suture Anchor w/#2 FiberWire, 3 mm x 14 mm, w/braided suture eyelet	AR-1324BF
Bio-FASTak Suture Anchor w/two #2 FiberWire, 3 mm x 14 mm, w/braided suture eyelet	AR-1324BF-2
Bio-FASTak Suture Anchor w/Needles, 3 mm x 14 mm, w/braided suture eyelet, w/one #2 braided suture	AR-1324BN
Bio-FASTak Suture Anchor w/Needles, 3 mm x 14 mm, w/braided suture eyelet, w/one #2 FiberWire	AR-1324BNF

*All implants are sterile and single use.*

**Bio-FASTak Instrumentation Set (AR-1327S) includes:**

Bio-FASTak Tap	AR-1324TB
Bio-FASTak Spear w/Trocar & Conical Point Obturator	AR-1325
Ratcheting Screwdriver Handle	AR-1999
Bio-FASTak Instrumentation Case	AR-1327

**Bio-FASTak Optional Instrumentation:**

Cannulated Bio-FASTak Guide	AR-1325C
Short Spear for Bio-FASTak, w/needles ( <i>for needle version</i> )	AR-1326G
Offset Guide, large, reusable	AR-1909R
Bio-FASTak Tap, short ( <i>for needle version</i> )	AR-1324TBS
Portal Dilator for Bio-FASTak	AR-1325PD
Replacement Pin for Portal Dilator Set, sterile	AR-6521

**Accessories:**

Shoulder Tissue Elevator, 15°	AR-1342-15
Shoulder Tissue Elevator, 30°	AR-1342-30
Glenoid Rasp	AR-1312
KingFisher Suture Retriever/Tissue Grasper, 4.2 mm, straight	AR-13970SR
Crochet Hook	AR-5008H
Banana SutureLasso	AR-4065B
SutureLasso SD, 90°, curve right	AR-4068-90R
SutureLasso SD, 90°, curve left	AR-4068-90L
SutureLasso SD, 25°, tight curve right	AR-4068-25TR
SutureLasso SD, 25°, tight curve left	AR-4068-25TL
SutureLasso SD, 90°, curve right	AR-4068-45R
SutureLasso SD, 90°, curve left	AR-4068-45L
SutureLasso SD, crescent	AR-4068C
SutureLasso SD, 90°	AR-4068-90
6th Finger Knot Pusher	AR-1930S
BirdBeak, 45° up tip	AR-11800
BirdBeak, straight	AR-11880
BirdBeak, 22° up tip	AR-11890
BirdBeak Evolution, 45° up tip	AR-11800E
BirdBeak Evolution, 22° up tip	AR-11890E
BirdBeak Evolution, straight	AR-11880E
BirdBeak Evolution, 15° up curved	AR-11881E



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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.*

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and PATENT PENDING

