

# Corkscrew Parachute II Knotless Tissue Anchor

The Corkscrew Parachute II Tissue Anchor allows for direct tissue-to-bone contact and healing without knot tying and the associated knot prominence. It is an excellent option for broad footprint restoration in single and double row rotator cuff repairs as well as Achilles tendon reattachments.

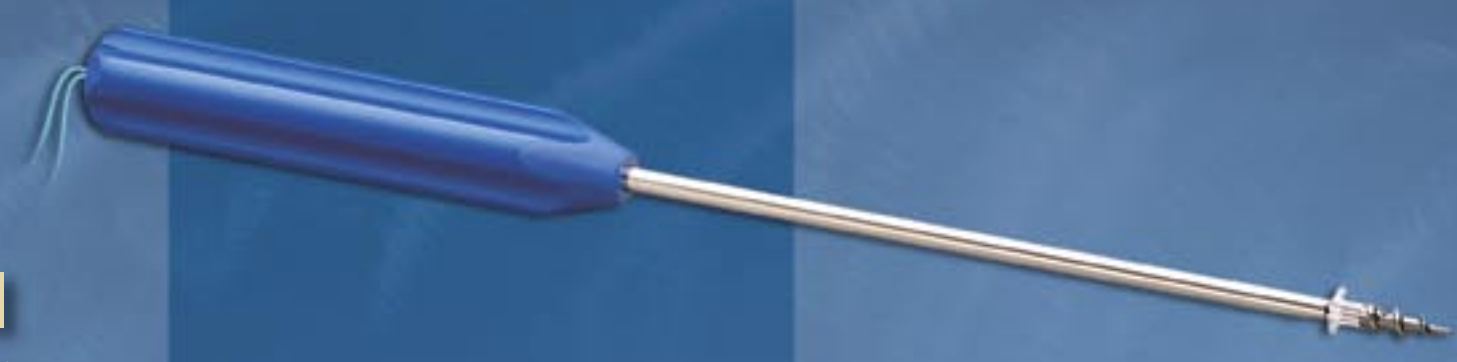


Proven bioabsorbable technology in a 1.5 mm x 8 mm PLLA disc

#2 FiberWire® composite suture with proven superior strength characteristics

Strong 5 mm x 17 mm titanium body with aggressive threads for superior holding power

The Corkscrew Parachute II is a composite knotless tissue fixation anchor comprised of a titanium threaded body with retention sutures maintaining a PLLA disc suspended 5 mm above the anchor body. The 5 mm O.D. x 19 mm length titanium anchor body has two distinct eyelets that contain and recess the pre-tied knots of the #2 FiberWire disc retention sutures. The 8 mm O.D. x 1.5 mm thin PLLA disc contains four holes allowing passage of the pre-tied FiberWire retention sutures that attach it to the anchor body. This pre-assembled anchor comes loaded on a convenient handled inserter with a traction suture to keep the anchor loaded tight against the handle until deployment.

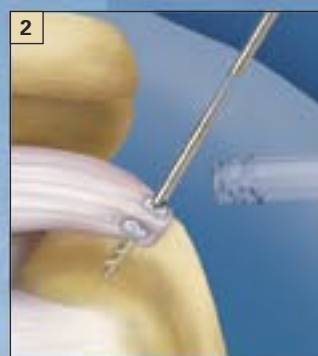


## Insertion

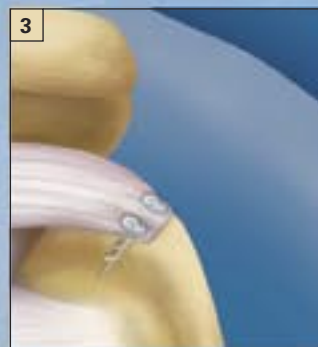
Insertion of the Corkscrew Parachute II is simple and may be performed arthroscopically or through a mini-open incision. The rotator cuff tendon is mobilized and reduced to the prepared bony attachment site. The tip of the anchor is inserted through the cuff and gently tapped with a mallet to engage the initial threads. The anchor is advanced by turning the handled inserter until the tissue is approximated to the bony attachment site and the PLLA disc begins to dimple the cuff tissue.



1 Advance the implant through the tissue and visualize its tip on the undersurface of the tissue. Once visualized, place the tip of the anchor onto the desired bony surface attachment point and lightly impact the anchor into the bone to start it.



2 Advance the anchor until the tissue starts to slightly dimple around the PLLA disc.



3 Probe the implant and the repair prior to removing the driver to ensure that tissue reapproximation and proper repair tension were achieved.

## Arthroscopic Pearls

- Use a spinal needle percutaneously to identify the area where the anchor introduction portal should be made. Make a 1 cm skin incision.
- Ensure that the implant is secure on the driver prior to insertion by tensioning and

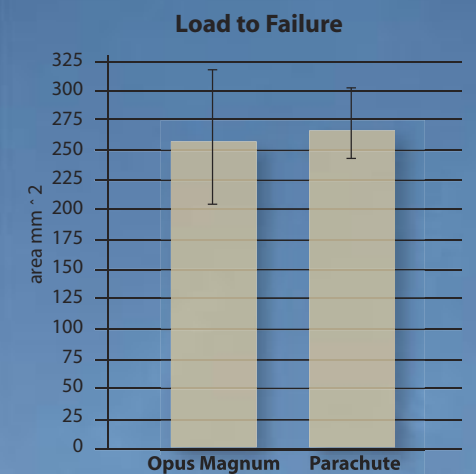
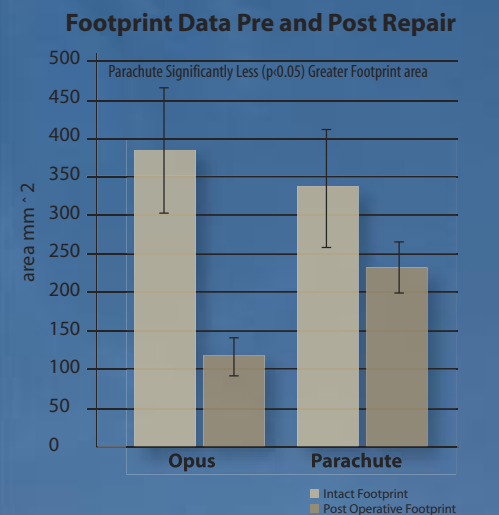
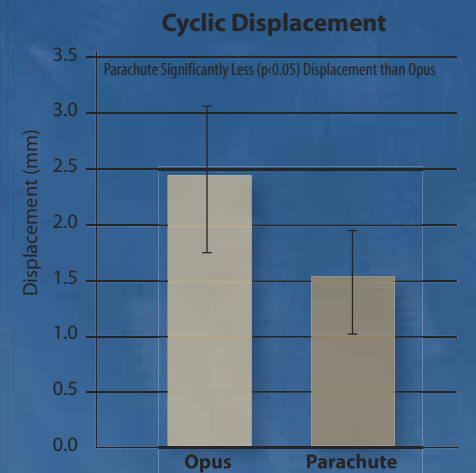
- securing the stay sutures to the slots on the handle.
- Reduce the tissue to the desired bony attachment site with a grasper, not the implant/driver combination, to assess mobility.

## Biomechanical Testing: Superior Footprint Surface Area Restoration, Cyclic Displacement with Equivalent Load to Failure

Independent testing\* performed at the University of Connecticut compared the Corkscrew Parachute II to the Opus Medical Magnum Anchor. Rotator cuff footprint surface area restoration, cyclic displacement and equivalent load to failure were compared.

### Results:

- The Corkscrew Parachute II had a significantly greater area of footprint restoration (38% greater) than the Magnum Anchor
- The Corkscrew Parachute II had less cyclic displacement (1.5 +/- 0.5 mm) than the Magnum anchor (2.4 +/- 0.7 mm)
- The Corkscrew Parachute II had an average load to failure of 264 +/- 32 Newtons compared to the Magnum anchors 254 +/- 57 Newtons



\*Data on file

## Ordering Information

### Implant:

Corkscrew Parachute II Tissue Anchor, w/ 5 mm spacing  
5 mm x 19 mm w/ handled inserter, sterile, qty. 5, SU

AR-2226S

### Recommended Arthroscopic Instrumentation:

Shoulder Repair Set

AR-8402S

### Surgical Technique (Video/DVD):

Rotator Cuff Repair Featuring the Corkscrew Parachute Suture Anchor

DVD-1071 (DVD)  
VCD-1071 (Video CD)





Arthrex, Inc.  
1370 Creekside Boulevard, Naples, Florida 34108-1945 • USA  
Tel: 239-643-5553 • Fax: 239-598-5534 • Website: www.arthrex.com

Arthrex GmbH  
Liebigstrasse 13, D-85757 Karlsfeld/München • Germany  
Tel: +49-8131-59570 • Fax: +49-8131-5957-565

Arthrex Latin América  
3750 NW 87th Avenue, Suite 620, Miami, Florida 33178 • USA  
Tel: 954-447-6815 • Fax: 954-447-6814

Arthrex S.A.S.  
5 Avenue Pierre et Marie Curie, 59260 Lezennes • France  
Tel: +33-3-20-05-72-72 • Fax: +33-3-20-05-72-70

Arthrex Canada  
Lasswell Medical Co., Ltd., 405 Industrial Drive, Unit 21, Milton, Ontario • Canada L9T 5B1  
Tel: 905-876-4604 • Fax: 905-876-1004 • Toll-Free: 1-800-224-0302

Arthrex GesmbH  
Triesterstrasse 10/1 • 2351 Wiener Neudorf • Austria  
Tel: +43-2236-89-33-50-0 • Fax: +43-2236-89-33-50-10

Arthrex Bvba  
Mechelsesteenweg 23, 2540 Hove • Belgium  
Tel: +32-3-2169199 • Fax: +32-3-2162059

Arthrex Ltd.  
Unit 16, President Buildings, Savile Street East, Sheffield S4 7UQ • England  
Tel: +44-114-2767788 • Fax: +44-114-2767744

Arthrex Hellas - Medical Instruments SA  
43, Argous Str. - N. Kifissia, 145 64 Athens • Greece  
Tel: +30-210-8079980 • Fax: +30-210-8000379

Arthrex Sverige AB  
Turbinvägen 9, 131 60 Nacka • Sweden  
Tel: +46-8-556 744 40 • Fax: +46-8-556 744 41

Arthrex Korea  
Rosedale Building #1904, 724 Sooseo-dong, Gangnam-gu, Seoul 135-744 • Korea  
Tel: +82-2-3413-3033 • Fax: +82-2-3413-3035

*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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U.S. PATENT NO. 6,027,523 and PATENT PENDING



# Corkscrew™ Parachute II

## Knotless Soft Tissue Repair Anchor

*A quick and reproducible soft tissue repair anchor for a variety of soft tissue injuries*

