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 realignments.

**CorkscREW Parachute II**

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 fraction 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.

Advances 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 bone surface attachment point and lightly impact the anchor into the bone to start it.

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

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 3 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 ($1.5 \pm 0.5$ mm) than the Magnum anchor ($2.4 \pm 0.7$ mm)
- The Corkscrew Parachute II had an average load to failure of 264 +/- 32 Newtons compared to the Magnum anchors 254 +/- 57 Newtons

**Ordering Information**

**Implant:**
Corkscrew Parachute II Tissue Anchor, w/ 5 mm spacing 5 mm x 10 mm w/handled inserter, sterile, qty: 5, EU

**Recommended Arthroscopic Instrumentation:**
Shoulder Repair Set

**Surgical Technique (Video/DVD):**
Rotator Cuff Repair Featuring the Corkscrew Parachute Suture Anchor

**VCD-1071 (Video CD)***
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.