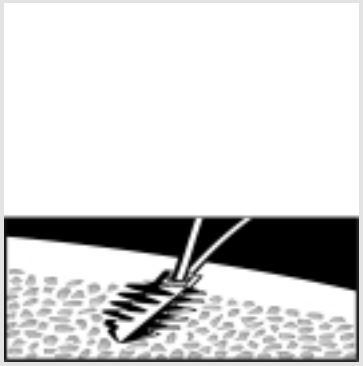


# LABRAL REPAIR WITH STATAK® SUTURE ANCHORS

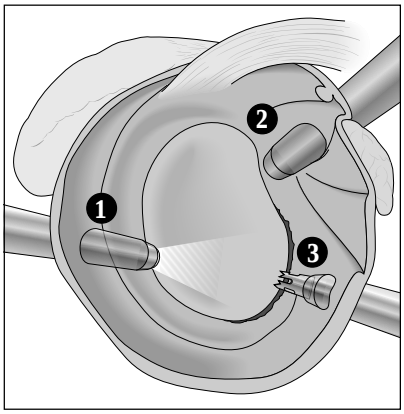
SURGICAL TECHNIQUES

ARTHROSCOPIC & OPEN

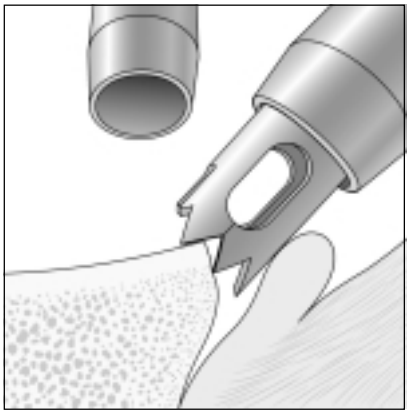
## *Arthroscopic Technique*

### 1 CANNULA PLACEMENT

1. Posterior cannula
2. Superior cannula
3. Anterior cannula




### 2 POSITION DRILL GUIDE

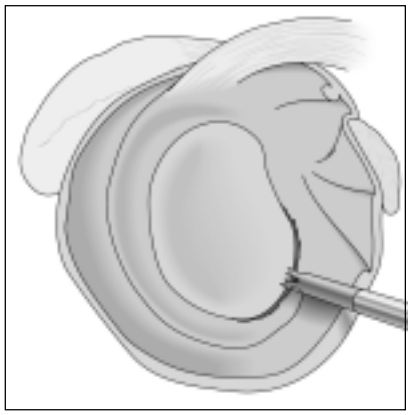


Debride the frayed edge of the labrum. Decorticate the glenoid neck to expose bleeding bone. Use a 2.5mm or 3.5mm *Statak*® Suture Anchor as an obturator to pass the Drill Guide through the cannula dam. Insert the 2.5/3.5mm *Statak* Drill Guide through the anterior cannula and position the pronged tip on the glenoid rim. (The 5.0/5.2mm *Statak* Drill Guide will not pass through the 8.4mm *Cannuloc*.™) Angle the Drill Guide 20 - 40° to the articular surface of the glenoid.

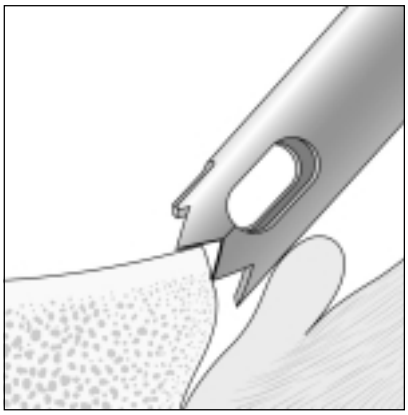
## *Open Technique*

### 1 EVALUATE GLENOID RIM

Evaluate the glenoid rim to determine the size and location of the tear, as well as potential insertion sites for *Statak* Suture Anchors.



### 2 POSITION DRILL GUIDE



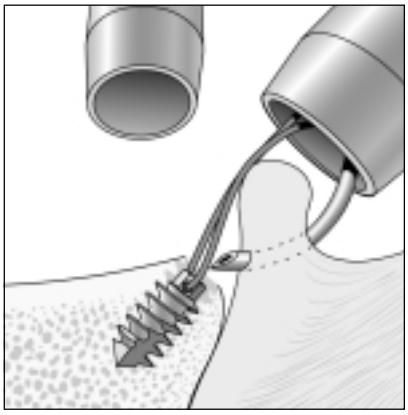
Debride the frayed edge of the labrum and decorticate the glenoid neck to expose bleeding bone. Position the pronged tip of the Drill Guide on the glenoid rim. Angle the Drill Guide 20 - 40° to the articular surface of the glenoid.

Surgical techniques described by James P. Bradley, M.D., Pittsburgh, PA.

## 3 INSERT ANCHOR

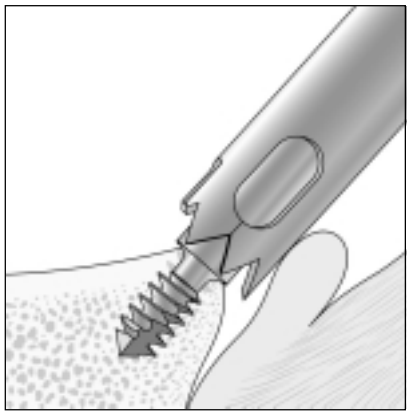
Connect the driver to a drill, and insert the driver into the guide. With the drill in "ream" mode, advance the anchor into the glenoid.* When the shoulder of the driver contacts bone, continue to insert for at least two more revolutions to countersink the anchor. The driver will automatically separate from the anchor to avoid overdrilling or stripping of bone. Pull the drill straight back to expose the enclosed suture. Pull firmly on the suture to test anchor security.

## 4 ADVANCE SUTURE RETRIEVER



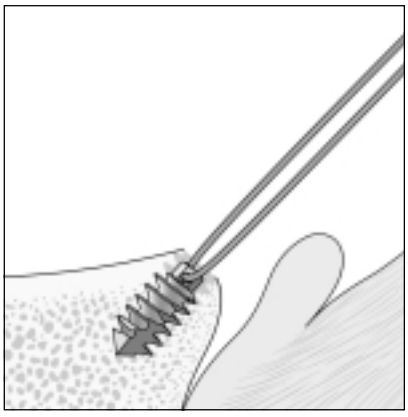
Using a *Blitz*™ Suture Retriever in the anterior cannula, advance the curved tip through the capsule and labrum.

## 3 INSERT ANCHOR



Connect the driver to a drill, and insert the driver into the guide. With the drill in "ream" mode, advance the anchor into the glenoid.* When the shoulder of the driver contacts bone, continue to insert for at least two more revolutions to countersink the anchor. The driver will automatically separate from the anchor to avoid overdrilling or stripping of bone.

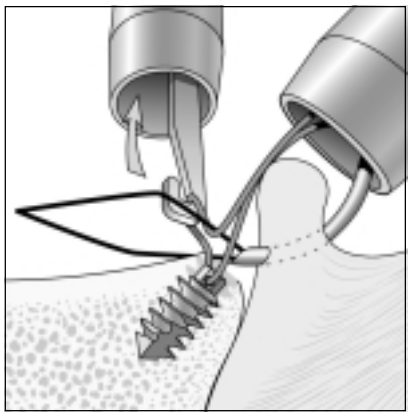
## 4 PLACE ADDITIONAL ANCHORS



Pull the drill straight back to expose the enclosed suture. Pull firmly on the suture to test anchor security. In a similar manner, place two or three additional anchors along the glenoid rim.

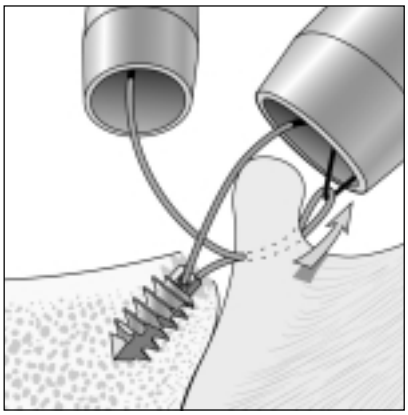
*In thick cortical bone, predrilling a pilot hole is recommended.
1.5mm drill bit: 2.5mm *Statak*
2.5mm drill bit: 3.5mm *Statak*
3.5mm drill bit: 5.0mm *Statak*
2.5mm drill bit: 5.2mm *Statak*

## 5 RETRACT SUTURE



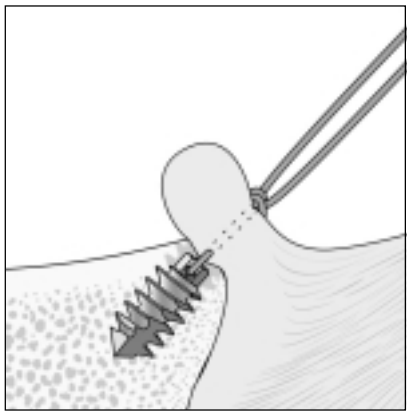
Deploy the wire loop of the *Blitz*. From the superior cannula, insert the Crochet Hook or the Suture Retrieval Forceps through the wire loop and retract one suture strand. Care must be taken to avoid pulling the suture out of the anchor eyelet.

## 6 RETRIEVE SUTURE



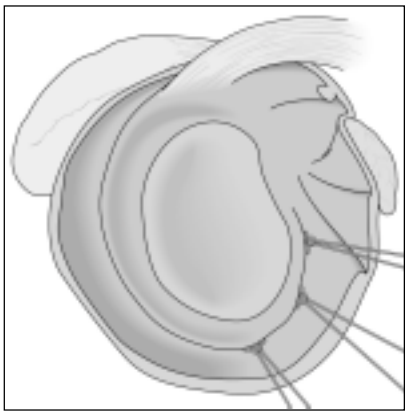
With the wire loop still deployed, pull the *Blitz* back through the labrum and capsule, and out the cannula. The *Blitz* will carry the suture strand through the tissue.

## 5 SECURE TISSUE TO GLENOID RIM



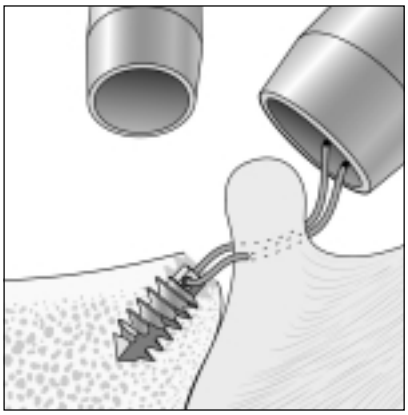
Using a free needle, pass the suture through the tissue from inferior to superior. Secure the lateral capsule flap to the glenoid rim using either simple or mattress stitches.

## 6 SECURE MEDIAL FLAP TO LATERAL CAPSULE FLAP



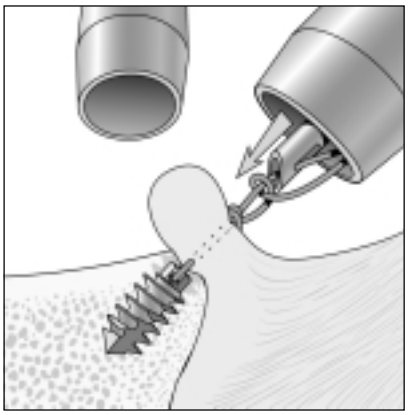
Using the same sutures, secure the medial flap to the lateral capsule flap. Cycle the arm through a full range of motion to test the repair. Then, re-approximate and close all tissues.

## 7 TIE KNOT



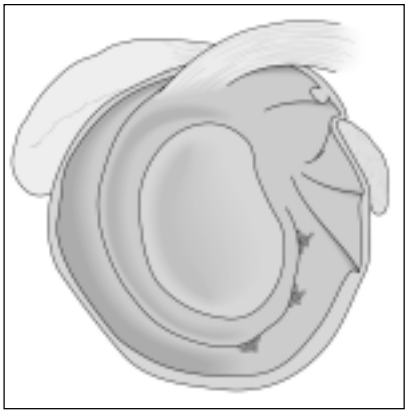
A simple or mattress stitch can be used to secure the lateral capsule flap to the glenoid rim. If a mattress stitch is desired, the second suture strand can be passed in a similar manner using the *Blitz*.

## 8 ADVANCE KNOTS



Untangle suture strands that may have become twisted. Then, advance four or five alternating half-hitches down to the capsule flap using a knot pusher.

## 9 PLACE ADDITIONAL ANCHORS



To complete the repair, place two or three additional anchors in a similar manner, working from inferior to superior. Surgeon preference dictates whether to complete each stitch in turn or perform all stitches in succession. Cycle the arm through a full range of motion to test the repair. Then, reapproximate and close all tissues.

| **Statak Suture Anchors** | **Cat. No.** |
|---|---|
| 2.5 x 7.6mm, with #0 braided suture | 2344-50 |
| 3.5 x 9.0mm, with #2 braided suture | 2344-72 |
| 5.0 x 10.9mm, with #2 braided suture | 2344-62 |
| 5.2 x 11.2mm, with #2 braided suture | 2344-75 |

| **Accessories** | |
|---|---|
| Loop Handle Knot Pusher | 2344-36 |
| Crochet Hook | 2344-37 |
| Suture Retrieval Forceps | 2344-49 |
| 2.75mm Micro-Scissors, straight | 2344-53 |
| 5.5 x 70mm Shoulder Cannula Kit | 2344-54 |
| 8.4 x 75mm *Cannuloc*™ Threaded Cannula | 2344-59 |
| 8.4 x 75mm *Cannuloc* Reusable Obturator | 2344-60 |
| *Blitz* Suture Retriever (sterile, single-use) | 2344-79 |
| *Blitz* Suture Retriever 45° left (sterile, single-use) | 2344-89 |
| *Blitz* Suture Retriever 45° right (sterile, single-use) | 2344-99 |
| 2.5/3.5mm *Statak* Drill Guide | 2344-97 |
| 5.0/5.2mm *Statak* Drill Guide | 2344-98 |

97-2344-03 15MZ Printed in USA. 