



THE NEXT GENERATION IN
Shoulder Repair Technology

- Rotator Cuff Repair • Bankart Repair • SLAP Repair
- Proximal Biceps Tenodesis • Distal Biceps Tenodesis
- AC Joint Repair

Arthrex® 

T H E A R T H R E X D I F F E R E N C E

Since 1984 Arthrex has been a privately held corporation committed to just one thing: providing the finest quality products and educational services to meet the special needs of orthopaedic surgeons and their patients. Arthrex has a focused dedication to creative product development and medical education with an experienced, devoted team of professionals who are truly committed to continuing this long term tradition.

New product innovation in arthroscopic surgery is the heart and soul of Arthrex, which has resulted in the development of over 2000 products for arthroscopic and minimally invasive orthopaedic surgical procedures. Our goal is to make technically demanding surgical procedures easier, safer and reproducible.

Your trust in Arthrex products means you are backed by a company committed to uncompromising quality and constant product innovation while providing you with the most competent technical customer support in the industry.

FiberWire®

An innovation that has had a significant impact on the performance of suture anchors is the availability of FiberWire suture in Arthrex anchors. FiberWire is a high strength suture manufactured with a polyester jacket and long chain polyethylene core. The high strength characteristics along with significantly increased abrasion resistance gives the surgeon confidence that during crucial knot tying stages suture breakage is virtually eliminated.

Suture Anchor Design

Suture anchor design should provide the highest strength possible in all types of indications while reducing the “fiddle factor” to make technically demanding procedures simpler, safer and reproducible. Our threaded metal anchors can be inserted in one step and do not require predrilling. All of our anchors can be inserted through a small skin incision and do not require the use of a cannula, eliminating large skin portals. In the case of poor quality bone, we offer an immediate backup solution for all anchors that provides the surgeon progressively larger diameter implants up to a 6.5 mm diameter. Additionally, our anchors are available with or without needles for open and arthroscopic procedures.

Arthroscopic Instruments & Cannulas

In addition to creating well designed bioabsorbable and titanium suture anchors for all soft tissue repair procedures, we have dedicated our design resources to solve the issue of arthroscopic suture passing. Arthrex has the most extensive offering of arthroscopic suture passing instruments available anywhere in the world. We have specifically designed the function of our instruments to work hand in hand with our anchors.

Bioabsorbable Technology

Arthrex bioabsorbable suture anchors are manufactured from either a noncrystalline copolymer: poly(L-lactide-co-D, L-lactide) commonly known as PLDLA or poly(L-lactide) PLLA. It is critical that bioabsorbable anchors exhibit favorable degradation characteristics so that their time zero pull-out strength is very high and is maintained during the critical soft tissue healing stage.

The patented suture eyelets of our bioabsorbable anchors maintain their strength throughout most of the degradation cycle and provide superior suture sliding and abrasion resistance. Our extensive clinical experience of over 150,000 anchors implanted over the past five years indicates that this material meets every requirement in shoulder reconstructions.

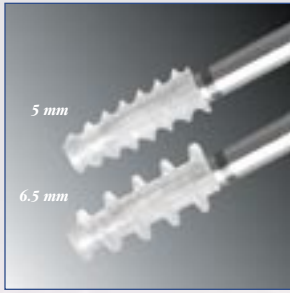
New Materials in Sports Medicine

Polyetheretherketone (PEEK-OPTIMA® polymer from Invibio®) pronounced (poly-ether-ether-ketone) is an exceptionally strong thermoplastic nonabsorbable polymer well suited for both short-term and long-term implantation. PEEK mechanical properties closely match the mechanical properties of bone: tensile yield strength, shear strength and modulus. Suture anchors produced from PEEK do not produce image scatter when viewed using MRI, and when used without additions they are radiolucent on x-ray allowing for better visibility. Extensive animal testing has shown no evidence of cytotoxicity, systemic toxicity, irritation, or macroscopic reaction. PEEK has a successful long term clinical history in medical device use including spinal cages and spacers, replacement heart valves, pulmonary artery bands, dental appliances, and orthopaedic fixation devices such as pins, screws, bone plates and ligament fixation washers.

Surgeon Education

The most important aspect to the Arthrex difference is the emphasis we place on surgeon education. We have dedicated three convenient state-of-the-art wet lab facilities in the United States exclusively for orthopaedic surgeon education in arthroscopic and open shoulder repair. In addition to our scheduled Saturday courses, we are able to accommodate the individual needs of surgeons for weekday labs in the Naples facility. These labs are equipped with the latest equipment and technical assistance to provide visiting surgeons with the best educational experience possible.

R O T A T O R C U F F R E P A I R



Bio-Corkscrew® FT Suture Eyelet

This exclusive suture eyelet is a braided FiberWire suture loop assembled into the body of the bioabsorbable anchor. The large, flexible eyelet allows slipknots to slide smoothly during knot tying and can accommodate multiple sutures for additional fixation points in soft tissue. This design creates a friction-free interface, virtually eliminating abrasion to the attached sutures.

Bio-Corkscrew FT

The Bio-Corkscrew FT (fully threaded) is a bioabsorbable suture anchor that has threads along the entire length of the suture anchor providing substantially higher pull-out strength than comparable anchors in poor quality bone. The fully threaded design also prevents anchor "pull-back" that may occur with countersunk anchors, which is especially advantageous when poor quality bone is encountered.

With 14 inch pounds of insertion torque strength, the Bio-Corkscrew FT's strong internal square drive mechanism provides double the strength of any other bioabsorbable suture anchor and substantially increases resistance to stripping during insertion into hard bone. The Bio-Corkscrew Punch is always used to prepare a pilot hole prior to insertion of the anchor. When very hard cortical bone is present, the specifically designed Tap for Bio-Corkscrew FT is used.

Bio-Corkscrew FT w/NeedlePunch Needles

The 5.5 mm Bio-Corkscrew FT with NeedlePunch Needles is a simple, cost-effective method for arthroscopic rotator cuff repair with suture anchors. The anchor comes preloaded with NeedlePunch Needles on the suture ends and is used in conjunction with the NeedlePunch instrument. These specially designed needles are housed in the shaft of the implant driver. With the driver removed, each needle is brought out the cannula with a grasper and loaded into the NeedlePunch instrument. The needle is then easily passed through the tissue.



Bio-Corkscrew FT Suture Anchor, 5.5 mm x 15 mm, w/two #2 FiberWire	AR-1927BF
Bio-Corkscrew FT Suture Anchor w/Needles, 5.5 mm x 15 mm, w/two #2 FiberWire	AR-1927BNF
Bio-Corkscrew FT Suture Anchor, 5.5 mm x 15 mm, w/two #2 TigerTail	AR-1927BFT
Bio-Corkscrew FT Suture Anchor, 6.5 mm x 15 mm, w/two #2 FiberWire	AR-1927BF-65

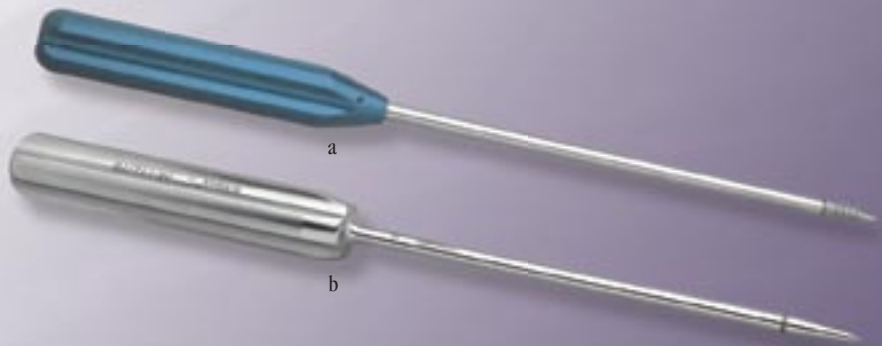
Bio-Corkscrew FT w/NeedlePunch Needles 5.5 mm x 15 mm, w/two #2 FiberWire	AR-1927BNP
Bio-Corkscrew FT w/four NeedlePunch Needles 5.5 mm x 15 mm, w/two #2 FiberWire <i>(ideal for mini open procedures)</i>	AR-1927BNP4

Bio-Corkscrew FT Required Instruments

Punch/Tap for 5.5 mm Bio-Corkscrew FT (a)	AR-1927CTB
Bio-Corkscrew FT Punch (b)	AR-1927PB

Bio-Corkscrew FT Optional Instrument

Bio-Corkscrew FT Punch, disposable	AR-1927PBS
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R O T A T O R C U F F R E P A I R



PEEK Corkscrew FT

The PEEK Corkscrew FT is a fully threaded anchor that maximizes fixation in cortical bone. The countersunk FiberWire suture eyelet prevents suture abrasion during knot tying. PEEK (polyetheretherketone) is a thermoplastic material with excellent biocompatibility and biostability characteristics. PEEK will not create an artifact on imaging studies and may be easily revised if needed.

PEEK Corkscrew FT Suture Anchor, 5.5 mm x 14 mm w/two #2 FiberWire AR-1928PSF-2

Required Instruments

PEEK Corkscrew FT Combo Punch/Tap, 5 mm (a)
Bio-Corkscrew Punch, 5 mm

AR-1928PT
AR-1920PB



Bio-Corkscrew Suture Anchor, 5 mm

The Bio-Corkscrew Suture Anchor with the unique braided suture eyelet molded into the body virtually eliminates suture abrasion during knot tying. The bioabsorbable PLDLA amorphous copolymer has the same cancellous thread design as our popular titanium Corkscrew to maximize pull-out strength in osteopenic bone. The Bio-Corkscrew also retains initial fixation strength throughout the tissue healing process. The enlarged eyelet allows passage of up to four #2 sutures, if desired, for maximum soft tissue fixation.

5 mm Corkscrew Suture Anchors:

Corkscrew Suture Anchor, w/NeedlePunch Needles, 5 mm x 17.9 mm, w/two #2 FiberWire	AR-1920BNP
Bio-Corkscrew Suture Anchor, 5 mm x 17.9 mm, w/two #2 Tevdek	AR-1920B
Bio-Corkscrew Suture Anchor, 5 mm x 17.9 mm, w/two #2 FiberWire	AR-1920BF
Bio-Corkscrew Suture Anchor, 5 mm x 17.9 mm, w/one 2 mm FiberTape	AR-1920BT
Bio-Corkscrew Suture Anchor, 5 mm x 17.9 mm, w/two #2 TigerTail	AR-1920BFT

Bio-Corkscrew Open Procedures

Bio-Corkscrew Suture Anchor w/Needles, 5 mm x 17.9 mm, w/two #2 Tevdek (b)	AR-1920BN
Bio-Corkscrew Suture Anchor w/Needles, w/two #2 FiberWire, 5 mm x 17.9 mm	AR-1920BNF



Bio-Corkscrew Suture Anchor, 6.5 mm

The 6.5 mm Bio-Corkscrew is preloaded with two #2 Tevdek or FiberWire sutures, in a disposable handled inserter for speed and convenience. Bio-Corkscrew Anchors, for open procedures, are also available w/FiberWire with 26 mm 1/2 circle tapered cutting needles. In most cases the Bio-Corkscrew Punch or Bio-Corkscrew Cutting Punch are used to create a pilot hole for the implant. In hard bone, the Combo Punch/Tap should be used.

6.5 mm Corkscrew Suture Anchors:

Bio-Corkscrew Suture Anchor, 6.5 mm x 17.9 mm, w/two #2 Tevdek	AR-1925B
Bio-Corkscrew Suture Anchor, 6.5 mm x 17.9 mm w/two #2 FiberWire	AR-1925BF
Bio-Corkscrew Suture Anchor w/NeedlePunch Needles, 6.5 mm x 17.9 mm, w/two #2 FiberWire	AR-1925BNP

Bio-Corkscrew Open Procedures

Bio-Corkscrew Suture Anchor w/Needles, 6.5 mm x 17.9 mm, w/two #2 Tevdek	AR-1925BN
Bio-Corkscrew Suture Anchor w/Needles, w/two #2 FiberWire, 6.5 mm x 17.9 mm	AR-1925BNF



Bio-Corkscrew, 3.7 mm

The 3.7 mm Bio-Corkscrew is ideal for a two row rotator cuff repair technique and comes pre-loaded with two #2 FiberWire sutures. The small diameter size combined with high pull-out strength provides maximum fixation and a broad footprint for enhanced biological healing in a double row cuff repair.

The Combination Punch/Tap is used to prepare a pilot hole prior to implant insertion.

3.7 mm Corkscrew Suture Anchors:

Bio-Corkscrew Suture Anchor, 3.7 mm x 17.9 mm, w/two #2 TigerTail	AR-1920BFT-37
Bio-Corkscrew Suture Anchor, 3.7 mm x 17.9 mm, w/two #2 FiberWire	AR-1920BF-37

Bio-Corkscrew Required Instruments

Bio-Corkscrew Punch, 5 mm	AR-1920PB
Bio-Corkscrew Combo Punch/Tap, 5 mm	AR-1920PTB
Bio-Corkscrew Punch, 3.7 mm	AR-1920PB-37
Bio-Corkscrew Combo Punch/Tap, 3.7 mm	AR-1920PTB-37

Bio-Corkscrew Optional Instruments

Cutting Punch, 5 mm	AR-1920CPB
Bio-Corkscrew Combo Punch/Tap, 6.5 mm	AR-1925PTB
Bio-Corkscrew Punch, 5 mm, single use	AR-1920PBS

ROTATOR CUFF REPAIR



Corkscrew® Suture Anchor

The Corkscrew design incorporates a cancellous thread with a very small core diameter to maximize pull-out strength in cancellous or osteopenic bone.

Each Corkscrew comes with two #2 Tevdek or FiberWire sutures of contrasting colors (except 3.5 mm anchor), to maximize soft tissue fixation and allow suture identification. The Corkscrew II has two suture eyelets to minimize the possibility of having the second suture lock after the first suture is tied. All Corkscrews are available with FiberWire.

- Corkscrew II Suture Anchor, 5 mm x 15.5 mm, w/two #2 FiberWire (2 eyelets) AR-1902SF
- Corkscrew Suture Anchor, 3.5 mm x 12 mm, w/two #2 Tevdek AR-1915S
- Corkscrew Suture Anchor, 5 mm x 15.5 mm, w/two #2 Tevdek (a) AR-1920S
- Corkscrew Suture Anchor, 6.5 mm x 15.5 mm, w/two #2 Tevdek AR-1925S
- Corkscrew Suture Anchor, 3.5 mm x 12 mm, w/#2 FiberWire AR-1915SF
- Corkscrew Suture Anchor, 5 mm x 15.5 mm, w/two #2 FiberWire AR-1920SF
- Corkscrew Suture Anchor, 5 mm x 15.5 mm w/two #2 TigerTail AR-1920SFT
- Corkscrew Suture Anchor w/two #2 FiberWire, 6.5 mm x 15.5 mm AR-1925SF
- Corkscrew Suture Anchor w/Needles, 5 mm x 15.5 mm, w/two #2 FiberWire AR-1920NSF

Optional Instruments

(for the Corkscrew and Corkscrew FT)

- Reusable Corkscrew Handle AR-1927
- Corkscrew Starter Awl, 3.5 mm x 5 mm AR-1915T
- Tear Drop Handle AR-2001
(required for Starter Awl)

Corkscrew FT II Suture Anchor

The Corkscrew FT II Suture Anchor is a full thread titanium anchor that maximizes fixation in cortical bone. A countersunk FiberWire suture eyelet prevents abrasion of two #2 FiberWire sutures during knot tying.

- Corkscrew FT II Suture Anchor, 5.5 mm x 16 mm, w/two #2 FiberWire, (b) AR-1928SF-2
- Corkscrew FT II Suture Anchor w/Needles, 5.5 mm x 16 mm, w/two #2 FiberWire, AR-1928SNF-2
- Corkscrew FT II Suture Anchor w/NeedlePunch Needles, 5.5 mm x 16 mm, w/two #2 FiberWire AR-1928NP-2
- Corkscrew FT II Suture Anchor, 5.5 mm x 16 mm, w/two #2 TigerTail AR-1928SFT-2

Corkscrew Parachute II Tissue Anchor

The "Parachute" allows one step arthroscopic fixation of soft tissue-to-bone without arthroscopic knot tying. The Parachute II is ideal for knotless rotator cuff repair and proximal biceps tenodesis, performed arthroscopically or open. The titanium suture anchor has a 5 mm outside thread diameter and a small 2 mm core diameter. The anchor is inserted through soft tissue and directly into bone.

A #2 FiberWire suture with pre-tied knots, in the core of the anchor, securely holds a thin, bioabsorbable PLLA disc for firm apposition of soft tissue to bone.

- Corkscrew Parachute II Tissue Anchor, 5 mm x 21 mm (5 mm gap) (c) AR-2226S

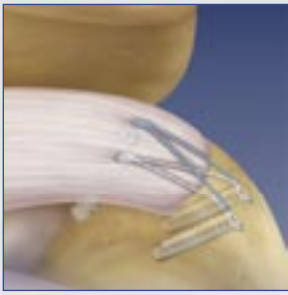
SwiveLock™

The SwiveLock is a bioabsorbable 5.5 mm knotless anchor for rotator cuff repair. The distal cleat is designed to engage a segment of FiberChain, providing secure fixation.

- SwiveLock AR-2323BSL
- FiberChain, #2 FiberWire w/ten, 7 mm long loops (required w/SwiveLock) AR-7270



R O T A T O R C U F F R E P A I R



SutureBridge™

A transosseous equivalent SutureBridge that enhances footprint compression and allows for accelerated tendon healing to bone can be achieved with minimal knot tying. The repair consists of a tied medial row constructed with two 5.5 mm Bio-Corkscrew FT anchors, combined with knotless lateral fixation using two 3.5 mm PushLocks. The result is a quick, secure and low profile repair with maximized contact between tendon and bone.

Biomechanical testing of the SutureBridge construct in cadavers showed that the average yield strength of the repair was 460N (103.3lb) and averaged only 2.2 mm of gap formation under cyclic loading. (*data on file*)

Implants & Disposables

Bio-Corkscrew FT, 5.5 mm x 15 mm w/two #2 FiberWire	AR-1927BF
Corkscrew FT, 5.5 mm x 15 mm w/two #2 FiberWire	AR-1928SF-2
PEEK Corkscrew FT, 5.5 mm x 15 mm w/two #2 FiberWire	AR-1928PSF-2
Bio-PushLock, 3.5 mm x 14 mm	AR-1926B
PEEK PushLock, 3.5 mm x 14 mm	AR-1926PS
Scorpion Needle	AR-13990N
Crystal Cannula, 5.75 mm I.D. x 7 cm	AR-6560

Accessory Instruments

Chondro Pick, straight, 40° tip	AR-8670
Punch/Tap for Bio-Corkscrew FT	AR-1927CTB
Bio-Corkscrew FT Punch, reusable	AR-1927PB
Bio-Corkscrew FT Punch, disposable	AR-1927PBS
PushLock Punch	AR-1926P
PEEK Corkscrew FT Punch/Tap	AR-1928PT
Scorpion Suture Passer	AR-13990
KingFisher Suture Retriever/Tissue Grasper	AR-13970SR
KingFisher Suture Retriever/Tissue Grasper (WishBone handle)	AR-13970W
Suture Cutter, open ended	AR-11794L
Suture Cutter, open ended (WishBone handle)	AR-11794LW

S L A P & B A N K A R T R E P A I R



PEEK and Bio-PushLock™

The 3.5 mm PushLock is a knotless anchor designed to be used in arthroscopic stability procedures in the glenohumeral joint. The unique PushLock design allows the surgeon to adjust the amount of tension on the tissue intraoperatively allowing for precise tissue reduction. The tissue is securely held in a knotless fashion allowing for soft tissue healing to bone. Suture passage through tissue is performed with a variety of instruments including the SutureLassos (of various terminal designs), BirdBeaks, Penetrator, SutureDock and the Bankart Viper. Using an insertion guide, a pilot hole is precisely placed on the glenoid rim. The anchor is available in both a bioabsorbable material (PLLA) and PEEK (polyetheretherketone). PEEK is a nonabsorbable thermoplastic material with outstanding biocompatibility and biostability characteristics.

PEEK PushLock, 3.5 mm x 14 mm (a)	AR-1926PS
Bio-PushLock, 3.5 mm x 14 mm	AR-1926B
#2 FiberWire, 38 inches (<i>required w/PushLock</i>)	AR-7233

Required Instruments

Bio-SutureTak Spear, 3.7 mm	AR-1907
Step Drill for 3.5 mm PushLock	AR-1910

Optional Instrument

Metal Offset Guide	AR-1909R
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S L A P & B A N K A R T R E P A I R



Bio-SutureTak® and PEEK SutureTak

The Bio-SutureTak is a 3 mm diameter bioabsorbable suture anchor with a molded-in suture eyelet. A 3.7 mm Bio-SutureTak is available for revisions or when soft bone is encountered. The unique suture eyelet maintains its strength throughout most of the degradation cycle and eliminates suture abrasion during knot tying.

The flexible eyelet eliminates the need to orientate the eyelet during insertion to optimize suture sliding.

The PEEK SutureTak is a 3 mm nonabsorbable suture anchor with a material eyelet which provides superior abrasion resistance due to PEEK's low coefficient of friction.

Simple predrilling with a small 2.4 mm diameter drill and the mallet insertion significantly reduces surgery time and preserves bone stock versus other bioabsorbable implants.

The Bio-SutureTak is manufactured from PLDLA, a non-crystalline, bioabsorbable copolymer that completely degrades within 16 months.

The Bio-SutureTak is available with or without needles and #2 Tevdek, FiberWire or TigerTail suture.

3 mm Implants:

Bio-SutureTak Suture Anchor, 3 mm x 14 mm, w/#2 Tevdek	AR-1934B
Bio-SutureTak Suture Anchor, 3 mm x 14 mm, w/#2 FiberWire (b)	AR-1934BF
Bio-SutureTak Suture Anchor, 3 mm x 14 mm, w/two #2 FiberWire	AR-1934BF-2
Bio-SutureTak Suture Anchor, 3 mm x 14 mm, w/#2 TigerTail	AR-1934BFT
Bio-SutureTak Suture Anchor, 3 mm x 14 mm, w/two #2 TigerTail	AR-1934BFT-2
PEEK SutureTak, 3 mm x 12 mm w/#2 FiberWire	AR-1934PS

3.7 mm Implants:

Bio-SutureTak Suture Anchor, 3.7 mm x 14 mm, w/#2 FiberWire (a)	AR-1934BLF
Bio-SutureTak Suture Anchor, 3.7 mm x 14 mm, w/#2 TigerTail	AR-1934BLFT

Bio-SutureTak Instrumentation Set (AR-1934S) for 3 mm implants includes:

FasTak II Spear with Trocar, reusable	AR-1949
Spear with Trocar and Blunt Obturator	AR-1949-02
Bio-SutureTak Punch	AR-1934P
Bio-SutureTak Instrumentation Case	AR-1934C

Bio-SutureTak Instrumentation Set (AR-1934LS) (c) 3.7 mm implants includes:

Bio-SutureTak Spear, 3.7 mm	AR-1907
Bio-SutureTak Instrumentation Case	AR-1934C

Required Drills

Step Drill, 2.4 mm (for 3 mm Bio-SutureTak)
Step Drill, 2.7 mm (for 3.7 mm Bio-SutureTak)

AR-1250LT
AR-1908

Optional Instruments

Plication Driver (for 3 mm implants only)
Bio-SutureTak Disposables Kit (clear guide and drill)
Bio-SutureTak Disposables Kit w/metal Spear (drill)
Clear Guide for Bio-SutureTak, FASTak II and FASTak
Offset Clear Guide for Bio-SutureTak, FASTak II and FASTak
Spade Tip Drill, thick shaft
Spade Tip Drill
Portal Dilator for Bio-SutureTak Spear
Needle for Portal Dilator
Metal Offset Guide
Metal Offset Guide, disposable

AR-1934DBS
AR-1934DS
AR-1934DS-2
AR-1934CG
AR-1934G
AR-1252
AR-1257
AR-1949PD
AR-6521
AR-1934R
AR-1934GS

Bio-SutureTak Open Procedures

Bio-SutureTak Suture Anchor w/Needles, w/FiberWire, 3 mm x 14 mm
Short Spear, for Bio-FASTak w/Needles and Bio-SutureTak w/Needles
Short Spade Tip Drill

AR-1934BNF
AR-1326G
AR-1256



SLAP & BANKART REPAIR



Bio-FASTak® Suture Anchor

The Bio-FASTak is a 3 mm diameter bioabsorbable suture anchor designed for cortical bone, incorporating a suture eyelet molded into the implant body, which virtually eliminates suture drag and suture abrasion. The suture eyelet significantly improves the performance of sliding knots and maintains its strength throughout most of the degradation cycle. The implant thread design provides maximum pull-out strength in cortical bone and is ideal for arthroscopic or open repairs. The Bio-FASTak is molded from PLDIA, a noncrystalline, bioabsorbable copolymer. Complete degradation of the implant occurs within 16 months.

The Bio-FASTak Tap, with the convenient Ratcheting Screwdriver Handle, is used to create a pilot hole. The Bio-FASTak is inserted through the Spear. No power tools are required.

Bio-FASTaks come with or without needles and are available with #2 Tevdek or FiberWire suture. Both styles are sterile and come preloaded with suture in a disposable handled inserter for speed and convenience.

Implants:

Bio-FASTak Suture Anchor, 3 mm x 14 mm, w/#2 Tevdek	AR-1324B
Bio-FASTak Suture Anchor, 3 mm x 14 mm, w/#2 FiberWire	AR-1324BF
Bio-FASTak Suture Anchor, 3 mm x 14 mm, w/two #2 FiberWire	AR-1324BF-2

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

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

Optional Instruments

Bio-FASTak Tap, Fluted (Instrument set includes a non-fluted tap)	AR-1324TBF
Portal Dilator for Bio-FASTak Spear	AR-1325PD
Needle for Portal Dilator	AR-6521

Bio-FASTak Open Procedures (w/needles)

Open procedures can be performed using specialized instrumentation including the short Bio-FASTak Tap, Cannulated Bio-FASTak Guide and the Short Spear.

Bio-FASTak Suture Anchor w/Needles, 3 mm x 14 mm, w/FiberWire	AR-1324BNF
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Required Instruments (Open Procedures)

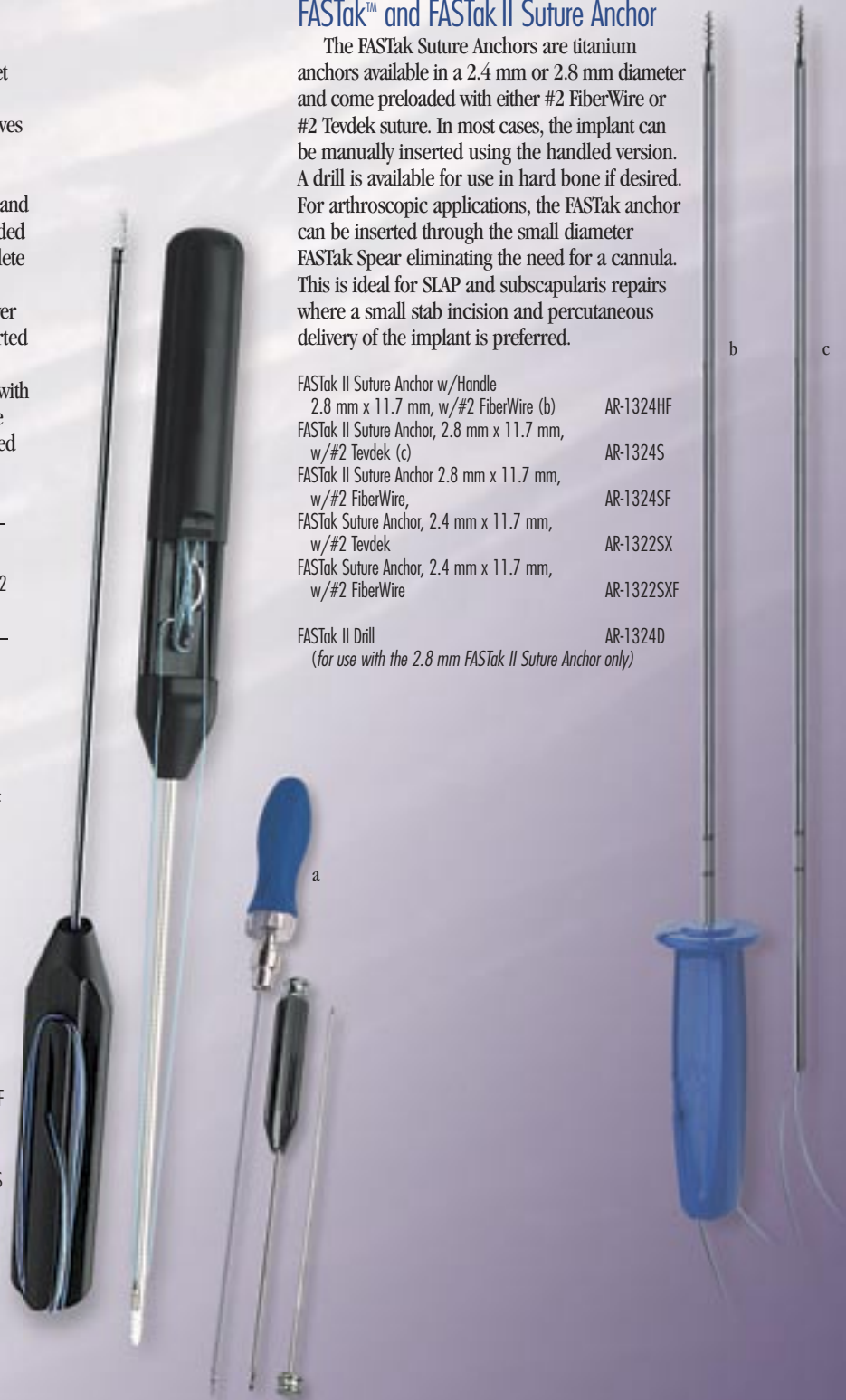
Bio-FASTak Tap, short	AR-1324TBS
Short Spear, for Bio-FASTak w/Needles and Bio-SutureTak w/Needles	AR-1326G

FASTak™ and FASTak II Suture Anchor

The FASTak Suture Anchors are titanium anchors available in a 2.4 mm or 2.8 mm diameter and come preloaded with either #2 FiberWire or #2 Tevdek suture. In most cases, the implant can be manually inserted using the handled version. A drill is available for use in hard bone if desired. For arthroscopic applications, the FASTak anchor can be inserted through the small diameter FASTak Spear eliminating the need for a cannula. This is ideal for SLAP and subscapularis repairs where a small stab incision and percutaneous delivery of the implant is preferred.

FASTak II Suture Anchor w/Handle 2.8 mm x 11.7 mm, w/#2 FiberWire (b)	AR-1324HF
FASTak II Suture Anchor, 2.8 mm x 11.7 mm, w/#2 Tevdek (c)	AR-1324S
FASTak II Suture Anchor 2.8 mm x 11.7 mm, w/#2 FiberWire,	AR-1324SF
FASTak Suture Anchor, 2.4 mm x 11.7 mm, w/#2 Tevdek	AR-1322SX
FASTak Suture Anchor, 2.4 mm x 11.7 mm, w/#2 FiberWire	AR-1322SXF

FASTak II Drill (for use with the 2.8 mm FASTak II Suture Anchor only)	AR-1324D
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FASTAK SPEARS AND GUIDES



FASTak Spear

The FASTak Spear with removable trocar and V-shaped tip allows precise control and accurate anatomical placement of FASTak Suture Anchors on the glenoid rim, in one simple step. The small diameter shaft with trocar facilitates percutaneous placement of anchors without the use of a cannula for SLAP repairs or a direct approach through the subscapularis.

FASTak II Spear, w/Trocar and Blunt Obturators (a) AR-1949

(used w/FASTak II Suture Anchors: AR-1324S, AR-1324SF, AR-1324H and AR-1324HF Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF, AR-1934BF-2 and AR-1934PS)

FASTak II Spear, w/Trocar Obturator (single use) AR-1949S

(used w/FASTak II Suture Anchors: AR-1324S, AR-1324SF, AR-1324H and AR-1324HF Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF, AR-1934BF-2 and AR-1934PS)

FASTak Spear, w/Trocar Obturator (single use) AR-1945S

(used w/FASTak Suture Anchors: AR-1322SX and AR-1322SXF)

FASTak Spear, w/Trocar & Blunt Obturator AR-1948

(used w/FASTak Suture Anchors: AR-1322SX and AR-1322SXF)

Blunt Tip Obturator for FASTak II Spear, optional AR-1949-02

Blunt Tip Obturator for FASTak Spear, optional AR-1947

Cannulated FASTak Guide

The Cannulated FASTak Guide is designed for insertion of the FASTak Suture Anchor during open or arthroscopic Bankart repairs. These guides have a larger wall thickness than the spears resulting in a very strong instrument with a larger dovetail tip.

Cannulated FASTak Guide (b) AR-1313

(used w/FASTak Suture Anchors: AR-1322SX and AR-1322SXF)

Cannulated FASTak Guide II AR-1317

(used w/FASTak Suture Anchors: AR-1324S, AR-1324SF, AR-1324H and AR-1324HF Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF and AR-1934BF-2 and AR-1934PS)

Cannulated Bio-FASTak Guide AR-1325CG

(used w/Bio-FASTaks: AR-1324B, AR-1324BF, AR-1324BNF, AR-1324BF-2 and AR-1934BF-2)

Offset Guides

The cannulated Clear Guide allows the surgeon to accurately position suture anchor implants on the glenoid for anatomic reconstruction of glenohumeral ligament structures during Bankart and SLAP repairs. The instrument tip provides unsurpassed visualization of instruments and implants during the procedure so that the surgeon has precise control of instrument and implant placement. The Clear Guides come in a standard straight tip configuration and in an offset position. All Offset Guides enable the surgeon to easily reproduce a 1.5 mm medial offset position relative to the glenoid rim to complete an anatomic reconstruction of the labral tissue.

Clear Guide AR-1934CG

(used w/FASTak Suture Anchors: AR-1322SX, AR-1322SXF, AR-1324S, AR-1324SF and AR-1324HF Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF, AR-1934BF-2 and AR-1934PS)

Offset Clear Guide (d) AR-1934G

(used w/FASTak Suture Anchors: AR-1322SX, AR-1322SXF, AR-1324S, AR-1324SF, AR-1324HF, AR-1324B, AR-1324BF and AR-1324BF-2 Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF, AR-1934BF-2 and AR-1934PS)

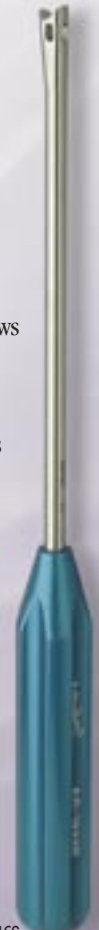
Metal Offset Guide, large, reusable AR-1909R

(used w/Bio-SutureTaks and PushLocks: AR-1934BLF, AR-1934BLFT, AR-1926PS and AR-1926B)

Metal Offset Guide, reusable (c) AR-1934R

Metal Offset Guide, disposable AR-1934GS

(used w/Bio-SutureTaks and PEEK SutureTak: AR-1934B, AR-1934BF, AR-1934BF-2 and AR-1934PS)



SPECIALTY RECONSTRUCTION SYSTEMS

Acute AC Joint Reconstruction Using TightRope™

The TightRope enables surgeons to easily reconstruct acute AC joint separations in a minimally invasive manner, either open or arthroscopic. The four-stranded continuous loop of #5 FiberWire interlaced between two titanium buttons provides strong mechanical fixation while the coracoclavicular and acromioclavicular ligament disruptions heal. Precise bone tunnels are made through the clavicle and coracoid using the specialized instrumentation in the Acromioclavicular Joint Reconstruction System, allowing for simplified passing of the distal button through the transosseous tunnels. Fixation is achieved by cinching down the proximal button over the clavicle and tying a knot over the button.

AC TightRope Kit (AR-2257) includes:

- AC TightRope Implant
- 18" Nitinol Suture Passing Wire

Acromioclavicular Joint Reconstruction System (AR-2255S) includes:

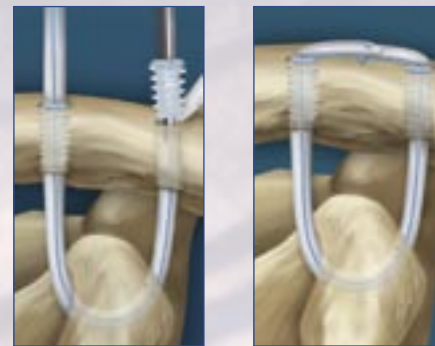
- | | |
|---|------------|
| AC Joint Tenodesis Screw Driver | AR-2255D |
| Adapteur Drill Guide C-Ring (b) | AR-1875 |
| Graduated Guide Pin Sleeve for 2.4 mm pins | AR-1876 |
| Coracoid Drill Stop | AR-2251 |
| Coracoid Drill Stop Adapter | AR-2251H |
| Cannulated Drill, 4 mm (a) | AR-1204L |
| Cannulated Drill, 4.5 mm | AR-1204.5L |
| AC Joint Reconstruction System Instrumentation Case | AR-2255C |

Optional Instruments

- | | |
|--|---------|
| Tear Drop Handle | AR-2001 |
| Drill Stop for Adapteur Drill Guide C-Ring | AR-1877 |

Required Disposable

- | | |
|--|----------|
| Drill Tip Guide Pin, 2.4 mm, sterile, single use | AR-1250L |
|--|----------|



Chronic AC Joint Reconstruction Kit

The Chronic AC Repair Kit enables surgeons to reconstruct chronic AC joint separations anatomically using a tendon graft with backup mechanical fixation. The implant kit includes Bio-Tenodesis Screws and FiberWire to achieve strong graft fixation in the clavicle to recreate the coracoclavicular ligament bundles, the conoid and the trapezoid. The screws are implanted using the simplified instrumentation included in the Bio-Tenodesis Master Instrumentation Set. The graft is protected during the healing process by utilizing a separate strand of FiberWire as backup mechanical fixation. The pigtail shaped Coracoid Graft Passing Instruments simplify graft passing around the base of the coracoid by deploying a wire to capture the grafts whipstitch free ends.

Chronic AC Repair Kit (AR-2256) includes:

- | | |
|---|----------|
| Bio-Tenodesis Screws, 5.5 mm x 15 mm, qty. 2 | AR-1555B |
| #2 FiberWire, 38 inches w/Tapered Needle, qty. 3 | AR-7200 |
| Anatomic Coracoclavicular Reconstruction Surgical Technique | LT0510 |

Optional Implant

- | | |
|-------------------------------------|----------|
| PEEK Tenodesis Screw, 5.5 mm x 8 mm | AR-1655P |
|-------------------------------------|----------|

Required Instruments

- | | |
|---|----------|
| Bio-Tenodesis Master Set | AR-1675S |
| AC Joint Coracoid Graft Passing Instrument, left | AR-2256L |
| AC Joint Coracoid Graft Passing Instrument, right | AR-2256R |

Required Disposables

- | | |
|---|-----------|
| Bio-Tenodesis Disposable Kit, sterile, single use | AR-1675DS |
| Drill Tip Guide Pin, 2.4 mm, sterile, single use | AR-1250L |

Acromioclavicular Joint Reconstruction System

The Acromioclavicular Joint Reconstruction System enables surgeons to easily reconstruct grade III or higher AC joint separations in an arthroscopically assisted or open manner. Two strands of #5 FiberWire or a tendon graft are fixed between the clavicle and coracoid with a Tenodesis Screw, resulting in a minimally invasive and strong repair.*

It is recommended that soft tissue augmentation is used in conjunction with this reconstruction system.

Acromioclavicular Joint Reconstruction Implant Kit (AR-2255DS) includes:

- #5 FiberWire, 38 inches, two strands
- Coracoid Tenodesis Screw
- Clavicle Tenodesis Screw

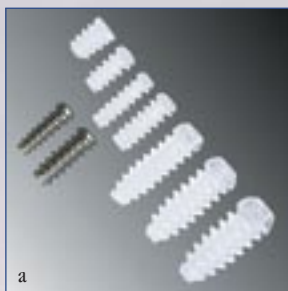
Required Instrument

- | | |
|---|----------|
| Acromioclavicular Joint Reconstruction System | AR-2255S |
|---|----------|

* "Arthroscopic Reconstruction for Acromioclavicular Joint Dislocation" in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*, Vol 17, No 5(May-June), 2001: pp 558-563, for surgical technique.



SPECIALTY RECONSTRUCTION SYSTEMS



Bio-Tenodesis™ Screw System

The Bio-Tenodesis Screw System was designed specifically for the reattachment of soft tissue, both ligament and tendon, to bone. The Bio-Tenodesis Driver facilitates accurate graft tensioning into a bony socket in a simple “push-in” method. The interference fit provided by the Tenodesis Screw and FiberWire virtually eliminates graft separation from the bone. Because of the strength of the repair achieved with the system, patients are generally allowed to begin postoperative rehab earlier than previously permitted. The Bio-Tenodesis Screws are composed of PLLA and are available in numerous sizes to fit all applications. There are also titanium Tenodesis Screws available for use with the system, if desired. The system is ideal for the reattachment of soft tissue to bone in upper extremity procedures including rotator cuff repairs, proximal/distal biceps tenodesis and acromioclavicular joint reconstruction.

Bio-Tenodesis Master Set (AR-1675S) (b) includes:

Cannulated Drill, 4 mm	AR-1204L
Cannulated Drill, 4.5 mm	AR-1204.5L
Cannulated Headed Reamers, 5 - 10 mm	AR-1405 - AR-1410
Tear Drop Handle w/Suture Cleat (c)	AR-2001BT
Driver for Bio-Tenodesis Screws (AR-1540B)	AR-1540DB
Driver for Bio-Tenodesis Screws (AR-1670B, AR-1680B)	AR-1670DB
Driver for Bio-Tenodesis Screws (AR-1547B, AR-1555B, AR-1562B, AR-1350-475 and AR-1350-55)	AR-1350D
Extended Length Driver for Bio-Tenodesis Screws (AR-1547B, AR-1555B, AR-1562B, AR-1350-475 and AR-1350-55)	AR-1350DL
Driver for Bio-Tenodesis Screws (AR-1570B, AR-1580B and AR-1590B)	AR-1570DB
Bio-Tenodesis Screw Instrumentation Case	AR-1675C

Implants (sterile, single use) (a):

Tenodesis Screw, 4.75 mm x 15 mm, titanium	AR-1350-475
Tenodesis Screw, 5.5 mm x 15 mm, titanium	AR-1350-55
Bio-Tenodesis Screw w/handled inserter, 3 mm x 8 mm (d)	AR-1530B
Bio-Tenodesis Screw, 4 mm x 10 mm	AR-1540B
Bio-Tenodesis Screw, 4.75 mm x 15 mm	AR-1547B
Bio-Tenodesis Screw, 5.5 mm x 15 mm	AR-1555B
Bio-Tenodesis Screw, 6.25 mm x 15 mm	AR-1562B
Bio-Tenodesis Screw, 7 mm x 23 mm	AR-1570B
Bio-Tenodesis Screw, 8 mm x 23 mm	AR-1580B
Bio-Tenodesis Screw, 9 mm x 23 mm	AR-1590B
Bio-Tenodesis Screw, 7 mm x 10 mm	AR-1670B
Bio-Tenodesis Screw, 8 mm x 12 mm	AR-1680B

Disposables (sterile, single use):

Bio-Tenodesis Disposables Kit for 3 mm screw	AR-1530DS
Bio-Tenodesis Disposables Kit	AR-1675DS
#2 FiberSnare, #2 FiberWire, 26 inches w/closed loop, one end stiffened, 12 inches	AR-7209SN



ARTHROSCOPIC SUTURE PASSING



SutureLasso™

The SutureLasso has various curved tip configurations for arthroscopic Bankart, SLAP & rotator cuff repairs. The SutureLasso has a 2.3 mm outer diameter tip. Each SutureLasso comes preloaded with a Nitinol loop to accomplish a simple shuttle step to pass suture through the tissue. The Corkscrew SutureLasso is ideal for reaching the low five o'clock position for anterior labral reconstruction or for capsulolabral tissue plication. Additionally, the #2 FiberStick, a #2 FiberWire with a twelve inch stiffened end, will pass directly through all SutureLassos and is helpful for side-to-side cuff repairs.

The Banana SutureLasso is designed for passing sutures through the rotator cuff via a superior, percutaneous approach (Modified Neviaser Portal) or along the acromial border.

Banana SutureLasso (a)	AR-4065B
SutureLasso, 45° w/Wire Loop (e)	AR-4065W
SutureLasso, 90°, w/Wire Loop	AR-4065-90W
Corkscrew SutureLasso, 45°, curve right (d)	AR-4065-45R
Corkscrew SutureLasso, 45°, curve left	AR-4065-45L
SutureLasso, 90° w/PDS (f)	AR-4065-90S

SutureLasso SD

The small diameter SutureLassos have an outer diameter of 1.8 mm and feature a thumb pad for one hand wire advancement. These are available in various tip configurations.

SutureLasso SD, 90° up	AR-4068-90
SutureLasso SD, 25° right curve left (c)	AR-4068-25TL
SutureLasso SD, 25° right curve right	AR-4068-25TR
SutureLasso SD, 45° curve left	AR-4068-45L
SutureLasso SD, 45° curve right	AR-4068-45R
SutureLasso SD, crescent	AR-4068C

SutureDock®

The SutureDock is a uniquely designed suture passing instrument intended to pass suture through soft tissue. The SutureDock's driver handle is loaded with a #2 FiberWire suture with a closed loop end that functions as a suture shuttling device. The SutureDock is available in three distal tip configurations to facilitate suture passing even in hard-to-reach spaces.

SutureDock, straight (g)	AR-4066ST
SutureDock, curve right	AR-4066R
SutureDock, curve left	AR-4066L

Micro SutureLasso

These 1.25 mm diameter instruments work well for percutaneous suture passing for rotator cuff repairs and glenoid labrum repairs.

Micro SutureLasso, minor bend	AR-8701
Micro SutureLasso, major bend (b)	AR-8702
Micro SutureLasso, straight	AR-8703
Micro SutureLasso Retriever	AR-8701SR



ARTHROSCOPIC SUTURE PASSING



Viper™ Suture Passer

The Viper Suture Passer is a simple solution for passing suture through soft tissue in a single step while having complete control of the soft tissue. It is ideal for both open and arthroscopic suture passing in the rotator cuff allowing passage of sutures for side-to-side repairs and traction sutures. For arthroscopic repairs, the Viper can pass the suture limbs from a previously implanted suture anchor in a simple or mattress stitch fashion.

Viper Suture Passer AR-13900

Bankart Viper™

The Bankart Viper is designed primarily to pass a suture limb from a previously implanted suture anchor in the hard-to-reach anterior/inferior five o'clock position for shoulder labral reconstruction. The Bankart Viper is 25% smaller than the Viper allowing access to this inferior recess of the shoulder joint.

Bankart Viper AR-13905

BirdBeak®

The BirdBeak has an extremely sharp tip to penetrate soft tissue easily and a stiff shaft that resists bending during tissue shifting procedures. The BirdBeaks are an essential tool for arthroscopic labral, SLAP or rotator cuff repair.

The BirdBeak Evolution has a uniquely designed handle that allows for easy operation from virtually any hand position.

- | | |
|--------------------------------------|-----------|
| BirdBeak, 45° up tip (a) | AR-11800 |
| BirdBeak, 22° up tip | AR-11890 |
| BirdBeak, straight | AR-11880 |
| Straight BirdBeak, right, 45° handle | AR-11886 |
| Straight BirdBeak, left, 45° handle | AR-11887 |
| BirdBeak Evolution, 45° up tip | AR-11800E |
| BirdBeak Evolution, 22° up tip | AR-11890E |
| BirdBeak Evolution, straight (b) | AR-11880E |
| BirdBeak Evolution, 15° up curve | AR-11881E |

Penetrator™ Suture Retriever

This unique instrument combines a needle with a grasper to allow soft tissue suture delivery or extraction in one step. The 2.5 mm diameter tip allows the suture to slide easily with the jaws closed. The locking trigger secures the closed jaw during insertion and extraction. Ideal for instability and rotator cuff repairs.

- | | |
|--|-----------|
| Penetrator Suture Retriever, 15° up curved (c) | AR-2167 |
| Penetrator Suture Retriever, straight | AR-2167ST |



ARTHROSCOPIC SUTURE PASSING



SutureSnare™

The deployable hooked tip of the SutureSnare allows for fast tissue penetration and suture retrieval during arthroscopic Bankart, SLAP and rotator cuff repairs. It can also be preloaded with suture and used as a shuttle which is helpful during side-to-side rotator cuff repairs. The hooked tip remains recessed and locked into the shaft until deployed, reducing tissue hang-up.

The Banana SutureSnare is designed for passing sutures via a superior percutaneous approach (Modified Neviaser Portal) or along the acromial border.

Banana SutureSnare	AR-4064B
SutureSnare, 15°	AR-4064-15
SutureSnare, 60°	AR-4064-60



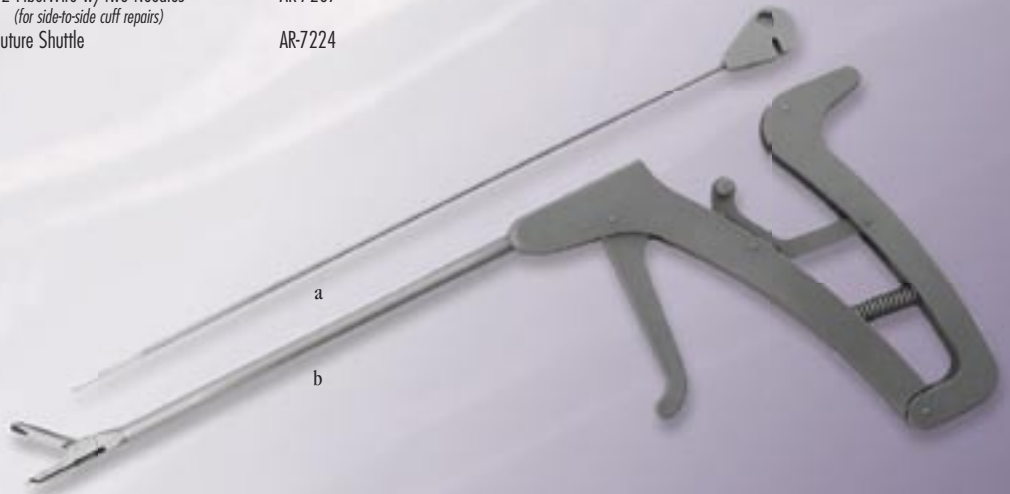
NeedlePunch™ II

The NeedlePunch II is a simple, versatile and effective suture passing instrument with a newly designed ergonomic handle and push rod. The low profile allows it to fit through a 7 mm diameter cannula. The lower jaw has more taper for easier placement under the rotator cuff tissue enabling the surgeon to reduce soft tissue and place a stitch up to 1 cm medial to the edge of the tissue.

The needle is available in multiple configurations for shuttling suture through tissue and for side-to-side cuff repairs.

NeedlePunch II (b)	AR-13981S
NeedlePunch II Push Rod Replacement (a)	AR-13981P

FiberWire Loop w/Needle for NeedlePunch	AR-7204
#2 FiberWire w/two Needles <i>(for side-to-side cuff repairs)</i>	AR-7207
Suture Shuttle	AR-7224

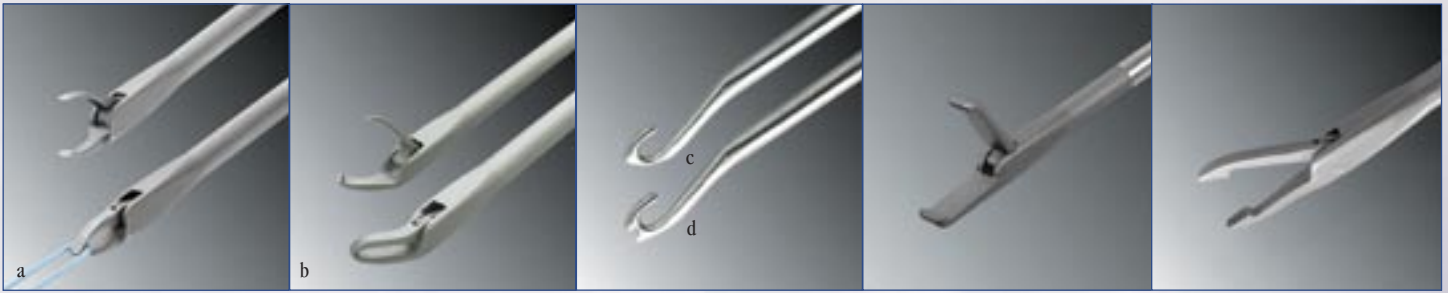


Scorpion™

The Scorpion is the most simplified arthroscopic suture passing instrument ever designed. The simplistic design allows for one-hand operation with no shuttle step. The tissue bite is up to 16 mm allowing for two row cuff repair techniques if desired. The multi-functional instrument grasps tissue and retrieves suture. The low profile design fits down a 5.75 mm cannula.

Scorpion Suture Passer (c)	AR-13990
Scorpion Needle (d)	AR-13990N

S U T U R E M A N A G E M E N T



Suture Retriever

The Suture Retriever is designed for atraumatic suture retrieval and manipulation during arthroscopic procedures. The jaws create a closed loop which allows the suture to slide freely during suture extraction.

The uniquely designed tip is made to spread parallel strands of suture to facilitate retrieval. Its small diameter and low profile allow access into the tightest joint spaces.

The tip angle on the 45° Suture Retriever allows access to suture strands in deep, hard-to-reach spaces.

Suture Retriever, 3.4 mm, straight (a)	AR-12540
Suture Retriever, 3.4 mm, 15° up	AR-12550
Suture Retriever, 3.4 mm, 45° right (b)	AR-12580
Suture Retriever, 3.4 mm, 45° left	AR-12590
Suture Retriever w/WishBone Handle, 3.4 mm, straight	AR-12540W
Suture Retriever w/WishBone Handle, 3.4 mm, 15° up	AR-12550W
Suture Retriever w/WishBone Handle, 3.4 mm, 45° right	AR-12580W
Suture Retriever w/WishBone Handle, 3.4 mm, 45° left	AR-12590W

Crochet Hook

The Crochet Hook is a simple tool that performs well in tight spaces to retrieve suture loops during arthroscopic Bankart, SLAP, rotator cuff, or any suturing procedure. The smooth tip prevents abrasion of suture strands and the ergonomic knurled handle facilitates instrument manipulation in the wet arthroscopic environment. The Push/Pull Crochet Hook was designed to push suture knots and/or retrieve suture with the same instrument.

Crochet Hook (c)	AR-5008H
Push/Pull Crochet Hook (d)	AR-5009H

Rotator Cuff Grasper

The Rotator Cuff Grasper was specifically designed for arthroscopic and mini-open rotator cuff procedures. By placing the grasper through a lateral portal the edge of the supraspinatus tendon can be securely held, by the serrated jaw, and pulled into the proper anatomic position. The low profile 4 mm tip allows the surgeon to securely grasp the tendon and determine the amount of tissue in the jaw. The instrument features an ergonomic ringed handle with tip-locking mechanism.

Rotator Cuff Grasper (e)	AR-13960
Rotator Cuff Grasper w/WishBone Handle	AR-13960W

KingFisher™

The KingFisher enables the surgeon to perform multiple tasks with one tool, improving speed and efficiency of the procedure. The KingFisher is the optimal tool for arthroscopic tissue grasping/reduction, foreign body removal as well as suture retrieval/management. The KingFisher has an easy to use self-releasing jaw lock mechanism. To lock the jaws, and securely hold tissue, simply place pressure on the posterior aspect of the forward finger. To release the lock, and open the jaws, transfer finger pressure to the anterior portion of the forward ring. The KingFisher's 4.2 mm diameter shaft allows the instrument to fit down a small 5.75 mm Crystal Cannula.

KingFisher Suture Retriever /Tissue Grasper w/SR Handle	AR-13970SR
KingFisher Suture Retriever /Tissue Grasper w/WishBone Handle (f)	AR-13970W



KNOT TYING AND CUTTING



CrabClaw™

The opening rotary jaw of the CrabClaw makes this instrument an effective suture retriever and knot pusher. It allows for intraarticular capture of suture which dramatically simplifies arthroscopic knot tying. Suture posts are alternated simply by opening the jaws and engaging the parallel suture limb outside the cannula or in the joint. When used as a knot pusher, the ratcheting handle secures the jaw in a closed position to allow for smooth knot advancement.

CrabClaw
Knot Pusher/Suture Retriever AR-12960

Knot Pusher

The Single-Hole Knot Pusher provides a simple method to advance sliding knots and half-hitches.

This closed end knot pusher has a modified handle that provides an ergonomic feel. The distal tip has also been modified for easier advancement of slipknots and half-hitches.

Knot Pusher, closed end (c) AR-1305
Two-Hole Knot Pusher,
5 mm diameter
for #1 size suture and larger AR-1315

Suture Cutter

The Suture Cutter was designed to facilitate arthroscopic cutting of FiberWire and braided suture. The uniquely designed cutting jaws remain sharp throughout repeated use. The Suture Cutter is available in a closed and open ended, left notch version. The closed ended Suture Cutter allows the surgeon to leave a 3 mm suture tail without the possibility of cutting the knot. The open-ended, left notch version facilitates suture cutting inside the joint without having to top load the cutter.

Suture Cutter, 4.2 mm, straight
(used w/#2 & #5 suture & FiberTape) (e) AR-12250
Suture Cutter, 4.2 mm, open-ended,
left notch (used w/all suture) (f) AR-11794L
Suture Cutter w/WishBone Handle,
4.2 mm, open-ended,
left notch (used w/all suture) (f) AR-11794LW
FiberWire Scissor (for open procedures) (g) AR-11796



6th Finger Knot Pusher

The unique double tube design allows the surgeon to apply and maintain tension to the first throw while advancing subsequent throws with the sliding plastic outer tube. The inner tube allows subsequent "past pointing" to apply opposite suture tension to the knot similar to open knot tying techniques.

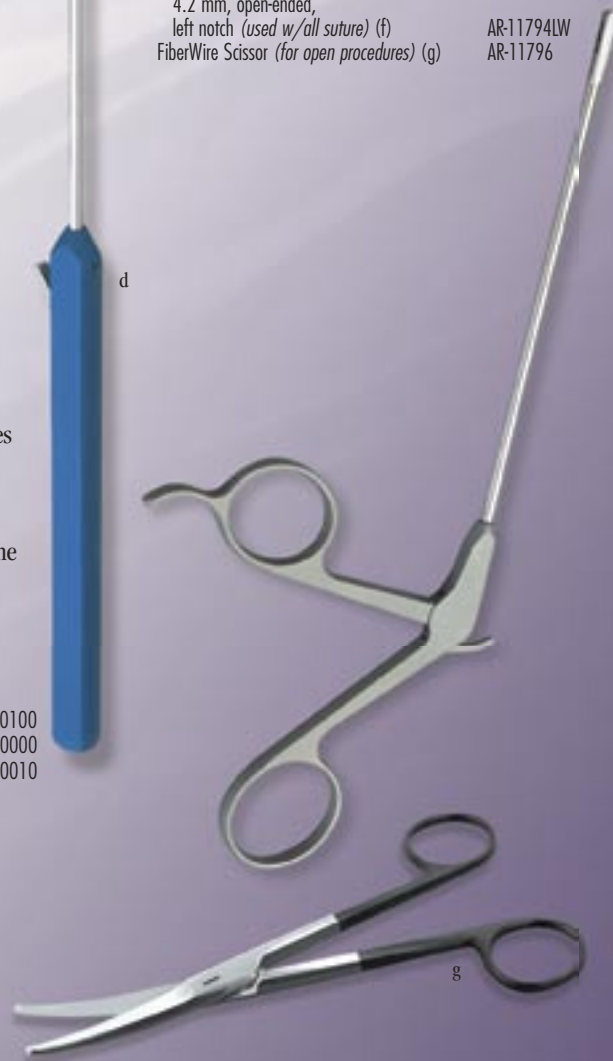
A wire loop is incorporated inside the disposable, sterile 6th Finger Knot Pusher for easy suture loading.

6th Finger Knot Pusher w/Suture Passer (a) AR-1930S
6th Finger Knot Pusher w/Suture Passer,
(used w/#5 suture and FiberTape) (b) AR-1931S

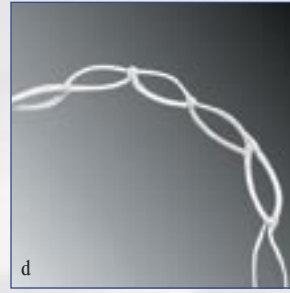
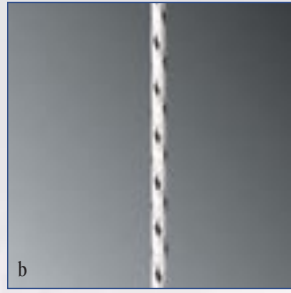
Probe

The Articulating Probe enables the surgeon to easily insert an instrument through a small stab incision in soft tissue with the tip in a straight position. The tip of the probe can then be changed to a locked 90° position to test the strength of a soft tissue repair or to probe defects.

Articulating Probe (d) AR-10100
Hook Probe, 5.4 mm AR-10000
Hook Probe, 3.4 mm AR-10010



F I B E R W I R E S U T U R E



FiberWire®

FiberWire suture is constructed of a multi-stranded long chain ultra-high molecular weight polyethylene core with a polyester braided jacket that gives FiberWire superior strength, soft feel and abrasion resistance that is unequaled in orthopaedic surgery. Suture breakage during knot tying is virtually eliminated, especially critical during arthroscopic procedures. FiberWire represents a major advancement in orthopaedic surgery.

#2 FiberWire, 38 inches w/Tapered Needle, 26.5 mm 1/2 circle	AR-7200
#2 FiberWire, 38 inches w/Reverse Cutting Needle, 36.6 mm 1/2 circle	AR-7202
#2 FiberWire, 38 inches w/two Tapered Needles, 26.5 mm 1/2 circle	AR-7205
#2 FiberWire, 38 inches w/Tapered Needle, 36.6 mm 1/2 circle	AR-7206
#2 FiberWire, 38 inches (1 blue, 1 white/black) w/Tapered Needle, 26.5 mm 1/2 circle	AR-7208
#2 FiberWire, 38 inches	AR-7233
#5 FiberWire, 38 inches	AR-7210
#5 FiberWire, 38 inches w/Tapered and Conventional Cutting Needles, 48 mm 1/2 circle	AR-7211
#5 FiberWire, 38 inches w/Conventional Cutting Needle, 48 mm 1/2 circle	AR-7213
0 FiberWire, 38 inches, w/Tapered Needle, 22.2 mm 1/2 circle	AR-7250
0 FiberWire, 38 inches, w/Diamond Point Needle, 22.2 mm 1/2 circle	AR-7251

FiberWire Suture Kit (AR-7219) includes:

(four #5 FiberWire (blue), four #5 FiberWire (white), four #5 FiberWire (white/black), six #2 FiberWire (blue) w/Tapered Needle and three Free Needles)

TigerWire®

TigerWire suture utilizes the same high strength construction as FiberWire except that it contains a black marker strand in the suture weave. This strand appears as a stripe in the suture making suture identification easier during open or arthroscopic tissue repairs.

#2 FiberWire, 38 inches, 2 strands (1 blue, 1 white/black)	AR-7201
#2 TigerWire, 38 inches (white/black)	AR-7203
#2 TigerWire, 38 inches (white/black) w/two Tapered Needles, 26.5 mm 1/2 circle (b)	AR-7205T

FiberStick™ and TigerStick®

The 12" stiff "waxed" section of the FiberStick suture allows convenient and easy advancement through most cannulated instruments, alleviating the need for a monofilament suture or wire suture shuttle. FiberSticks come with a thin plastic tube which protects the stiffened suture until use.

FiberStick, #2 FiberWire, 50 inches (blue), one end stiffened, 12 inches (c)	AR-7209
TigerStick, #2 TigerWire, 50 inches (white/black), one end stiffened, 12 inches	AR-7209T
2-0 FiberStick, 2-0 FiberWire, 50 inches (blue), one end stiffened, 12 inches	AR-7222

FiberChain™

FiberChain is a single stranded #2 FiberWire suture strand that terminates to a chain link of interwoven FiberWire. It is intended for use with the SwiveLock Anchor.

FiberChain, # 2 FiberWire w/ten, 7 mm long loops (required w/SwiveLock) (d)	AR-7270
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F I B E R W I R E S U T U R E



FiberTape®

FiberTape is an ultra-high strength 2 mm tape using a similar long chain polyethylene structure as the FiberWire suture. In addition to high demand applications, like AC joint reconstruction, the broad footprint of the FiberTape is ideal for repairs in degenerative cuff tissue where tissue pull-through may be a concern.

FiberTape, 2 mm, 54 inches
each end tapered to #2 FiberWire,
8 inches (a) AR-7237



FiberSnare™

FiberSnare with closed loop provides an easy one step approach to creating a FiberWire loop on the tip of the Bio-Tenodesis Driver. Instead of using a Nitinol wire, insert the stiff nonlooped end retrograde through the tip of the Bio-Tenodesis Screwdriver. Place the tip of the tendon or tendon graft into the FiberWire loop and cinch the other end around the suture cleat on the back end of the blue Tear Drop Handle. The FiberSnare can also be used as a suture shuttle for passage of traction sutures through bone tunnels.

#2 FiberSnare, #2 FiberWire, 26 inches,
(green) stiffened w/closed loop,
12 inches (b) AR-7209SN



FingerShield™

The FingerShield is a woven white polyester sleeve with an embedded radiopaque blue marker designed to reduce pressure induced lacerations to the digits of the hand caused by repetitive knot tying during surgical cases. They slip right over sterile gloves when needed. The tips are left open to allow pinch grasp of suture strands while still protecting the IP joint area of each digit. The soft, finger conforming weave will stand up to repetitive hand tying during a case without constraining the fingers. Suture slides over the FingerShield smoothly and effortlessly. There are two FingerShields per sterile pack.

FingerShield, 2/pk AR-7199



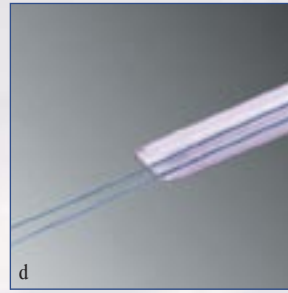
ARTHROSCOPIC CANNULAS



Shoehorn Cannula with Viper



Flexible Cannula w/Offset Guide



d



e



a



b

c



f

Shoehorn™ Cannula

Introducing instruments through small skin incisions can lead to tissue snagging and loss of a defined channel for subsequent instrument passes. On the other hand, a typical cannula may create a larger than necessary skin incision and the length and bulk may severely limit the mobility of the instrument in the joint.

The Shoehorn Cannula allows a small skin incision to be slightly dilated with its smooth tapered geometry and blunt trocar.

The longitudinal slot on top of the cannula allows oversized instruments to be introduced and the cannula easily removed so the instruments have greater mobility with a wider arc of motion in the joint.

Ideal for introducing large diameter instruments such as the Viper Suture Passer.

Shoehorn Cannula, 6 mm I.D. x 9 cm (a)

AR-6565

Flexible Cannula

These clear and flexible cannulas were designed to easily conform to larger straight or curved instruments with variable tip geometry allowing for smaller cannula use without limiting instrument choices. They can also conform to different angles of approach without having to be manipulated into place. The clear design allows for direct visualization of instruments and suture passing.

Crystal Cannula, 5.75 mm I.D. x 7 cm, flexible (b)

AR-6560F

Twist-In Cannula w/No Squirt Cap, 7 mm I.D. x 7 cm, flexible (c)

AR-6570F

Insertion Accessories

Reusable Obturator for AR-6560F

AR-6563

Reusable Obturator for AR-6570F

AR-6549

Wissinger Rod, 4 mm

AR-3025

Extra Long Switching Stick, 4 mm

AR-3026

Crystal Cannula®

The 5.75 mm I.D. Crystal Cannula features an atraumatic distal retaining ring to prevent cannula “fall-out”. The Crystal Cannula Smooth version without the distal retaining ring permits the smallest possible incision while allowing the use of a translucent cannula. The small outer diameter and the uniquely designed obturator that threads into the proximal cannula provides positive control for insertion into small portals. The translucent cannula facilitates arthroscopic visualization of instruments and sutures through the cannula wall.

The cannula is molded from a durable polycarbonate and features a smooth distal cannula tip to prevent suture “cheese wiring” that leads to suture fraying and breakage. The proximal portion of the cannula has a barrel-shaped retention bowl that pools fluid to eliminate cannula “squirt”.

The reusable, cannulated obturator is ideal for dilating portal incisions over a Switching Stick prior to cannula insertion.

The optional 1-Way Stopcock comes sterile and connects to the luer lock port to control fluid outflow or inflow.

Crystal Cannula, 5.75 mm I.D. x 7 cm, qty. 5 (f)

AR-6560

Reusable Obturator for use with AR-6560, AR-6562, AR-6564 and AR-6560F

AR-6563

1-Way Stopcock, w/luer lock (e)

AR-6561

Crystal Cannula Smooth, 5.75 mm I.D. x 7 cm, qty. 5 (d)

AR-6562

Crystal Cannula, 5.75 mm I.D. x 7 cm, partially threaded distal end

AR-6564

ARTHROSCOPIC CANNULAS



NeedlePunch w/ 8.25 mm Partially Threaded Cannula



Scorpion w/ 5.75 mm Partially Threaded Crystal Cannula



Instrument Cannula w/ Reusable Obturator



Partially Threaded Cannula

The twist-in, Partially Threaded Cannula is manufactured from a clear polycarbonate material that allows uninhibited visualization of instruments and sutures through the cannula walls which helps the surgeon prevent suture entanglement and will allow visualization of arthroscopic knots as they are delivered down the cannula. The cannula has threads only on the distal section of the cannula allowing the surgeon to quickly adjust the working length of the cannula without having to screw or unscrew the entire length of the cannula.

- Partially Threaded Cannula w/No Squirt Cap, 8.25 mm x 7 cm, qty. 5 (for use with Reusable Obturator - AR-6531) AR-6566
- Partially Threaded Cannula w/No Squirt Cap, 7 mm I.D. x 7 cm, qty. 5 (a) (for use with Reusable Obturator - AR-6549) AR-6567
- Partially Threaded Cannula w/Obturator, 5.75 mm x 7 cm, qty. 5 AR-6564
- Partially Threaded Cannula w/No Squirt Cap, 8.25 mm x 9 cm, w/obturator, sterile, qty. 5, reusable (a+b) AR-6575-09 (for use with Reusable Obturator - AR-6540)
- Partially Threaded Cannula w/No Squirt Cap, 8.25 mm x 11 cm, w/obturator, sterile, qty. 5, reusable (for use with Reusable Obturator - AR-6576-11) AR-6575-11

Twist-In Cannula System

The translucent Twist-In Cannula allows direct arthroscopic visualization of instruments and suture passing through the cannula. Arthroscopic knot tying is simplified since twisted and tangled sutures can be observed and corrected during arthroscopic knot tying.

The threaded design greatly inhibits annoying cannula "fall-out" during instrument removal. Threads can be used to retract the capsule improving arthroscopic visualization. The side port may be used for irrigation inflow or passive outflow, if desired. The tethered luer lock cap eliminates misplaced sterile caps during the procedure.

- Notched Twist-In Cannula w/No Squirt Cap, 8.25 mm I.D. x 7 cm, qty. 5 (for use with Reusable Obturator - AR-6531) AR-6530N
- Twist-In Cannula w/No Squirt Cap, 8.25 mm I.D. x 7 cm, qty. 5 (for use with Reusable Obturator - AR-6531) AR-6530
- Twist-In Cannula, 8.25 mm I.D. x 9 cm, qty. 5 (d) (for use with Reusable Obturator - AR-6541) (c) AR-6540
- Twist-In Cannula w/No Squirt Cap, 7 mm I.D. x 7 cm, qty. 5 (for use with Reusable Obturator - AR-6549) AR-6570
- Twist-In Cannula, 6 mm I.D. x 7 cm, qty. 5 (for use with Reusable Obturator - AR-6536) AR-6535
- Twist-In Cannula, 6 mm I.D. x 9 cm, qty. 5 (for use with Reusable Obturator - AR-6546) AR-6545

Instrument Cannula

The clear Instrument Cannula is designed to accommodate all Arthrex radiofrequency probes as well as most shaver blades and manual instruments. The transparent cannula facilitates arthroscopic visualization of instruments, knot pushers and sutures through the cannula.

- Instrument Cannula, 5.5 mm I.D. x 9 cm, qty. 5 AR-6532
- Instrument Cannula, 7 mm I.D. x 7 cm, qty. 5 (f) (for use with Reusable Obturator - AR-6549) (g) AR-6550

Cannula Accessories

- Wissinger Rod, 4 mm (e) AR-3025
- Extra Long Switching Stick, 4 mm AR-3026
- Portal Dilatation Set AR-6520S
- Replacement Pin for AR-6520S AR-6521

S H O U L D E R R E P A I R S E T

The Master Shoulder Repair Set is a comprehensive selection of specialty instruments to facilitate arthroscopic shoulder repairs. The set contains the most popular instruments as determined by leading upper extremity surgeons. A wide variety of arthroscopic suturing instruments facilitates multiple options to deal with most anatomical variations. Cannulated obturators ease portal dilation and insertion of various diameter clear cannulas over a Switching Stick or Wissinger Rod. The autoclavable, anodized aluminum case has two custom removal racks for suturing instruments and cannula obturators. Additional instruments can be added.



Master Shoulder Repair Set (AR-8402MS) includes:

CrabClaw Knot Pusher/Suture Retriever	AR-12960
NeedlePunch II	AR-13981S
Viper Suture Passer	AR-13900
Suture Retriever	AR-12540
Shoulder Debridement Rasp	AR-1282L
Rotator Cuff Grasper	AR-13960
Knot Pusher, closed end	AR-1305
SLAP Rasp	AR-1309
Glenoid Rasp	AR-1312
Shoulder Tissue Elevator, 15°	AR-1342-15
Shoulder Tissue Elevator, 30°	AR-1342-30
Keyless Chuck	AR-1419
FASTak II Spear	AR-1949

Blunt Tip Obturator for FASTak II Spear	AR-1949-02
Ratcheting Screwdriver Handle	AR-1999
BirdBeak, 45° up tip, 2.75 mm	AR-11800
BirdBeak, 22° up tip, 2.75 mm	AR-11890
Penetrator Suture Retriever, 15° up	AR-2167
Crochet Hook	AR-5008H
4 mm O.D. Wissinger Rod	AR-3025
Extra Long Switching Stick	AR-3026
Reusable Obturator for AR-6530 Twist-In Cannula	AR-6531
Reusable Obturator for AR-6540 Twist-In Cannula	AR-6541
Reusable Obturator for AR-6550 Instrument Cannula	AR-6549
Suture Cutter, 3.4 mm, straight	AR-12250
Shoulder Repair Set Instrumentation Case	AR-8402

M I N I - O P E N R E P A I R S



Modular Soft Tissue Retractor

The Modular Soft Tissue Retractor is a versatile adjunct to muscle-splitting approaches about the shoulder, including mini-open rotator cuff repair. It has a self-locking and self-retaining design with modular paddles that allow firm, yet safe, exposure. Its self-locking design allows the shoulder to be moved throughout a range of motion without the retractor becoming dislodged.

Modular Soft Tissue Retractor Body	AR-8170
Modular Soft Tissue Retractor Set	AR-8170S
Modular Soft Tissue Retractor Atraumatic Set	AR-8170DS
Modular Soft Tissue Retractor Atraumatic Paddle Set, 75 mm	AR-8170-75DS

(Replacement Paddles are available for all sets) (a)





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
Technologiepark Satenrozen, Satenrozen 1a, 2550 Kontich • 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

Arthrex Mexico, S.A. de C.V.
Insurgentes Sur 600 Mezanine, Col. Del Valle Mexico D.F. • Mexico
Tel: +52-55-91722820 • Fax: +52-55-56-87-64-72

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