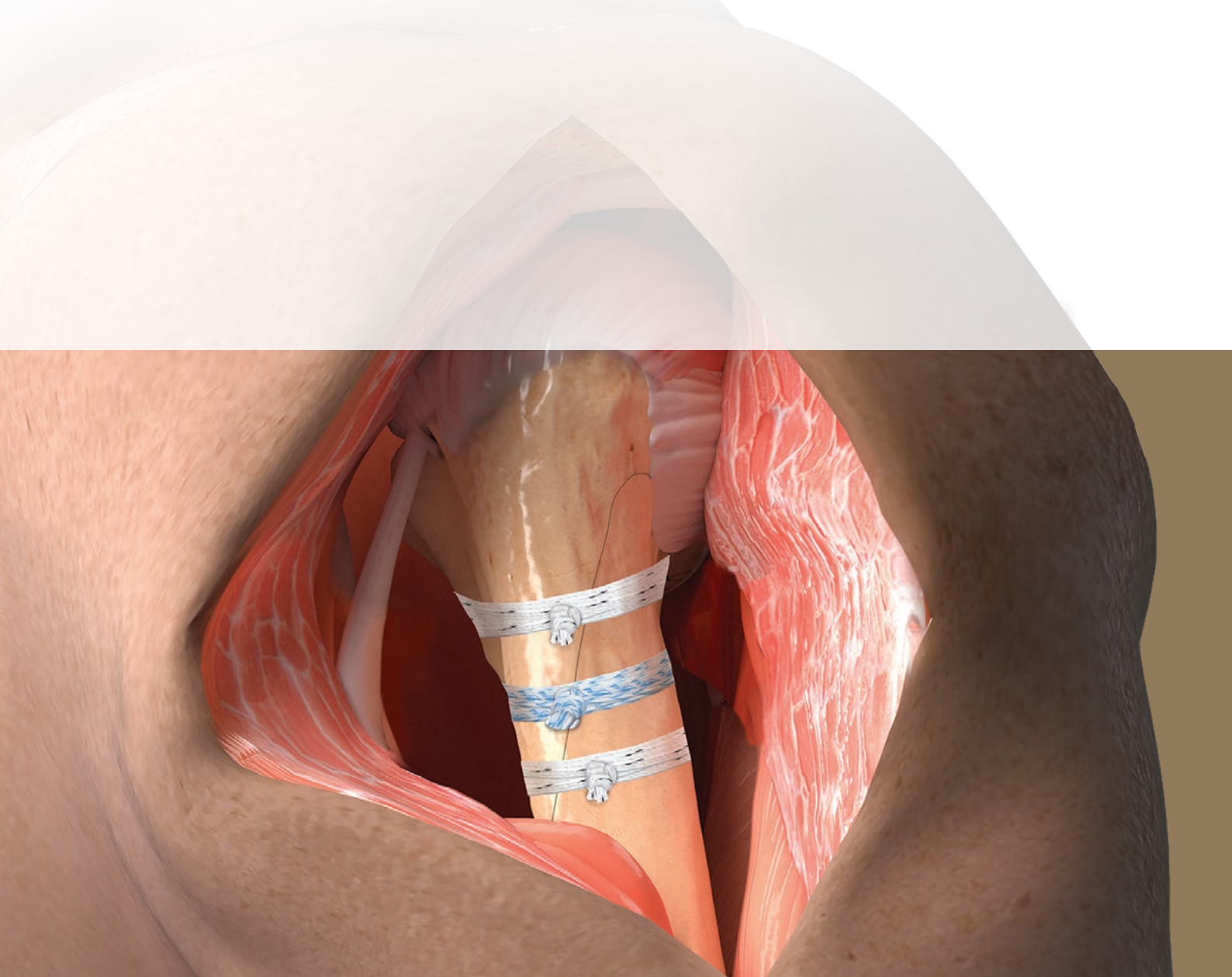


FiberTape[®] Cerclage System

Fracture Reduction and Fixation Using FiberTape[®] Cerclage Technology
Surgical Technique



FiberTape® Cerclage System

The FiberTape cerclage system is an all-suture alternative to metal wires and cables traditionally used for circumferential fracture fixation.

Its versatile design and handling characteristics make the FiberTape cerclage system an ideal choice when it comes to managing fractures during trauma and reconstruction procedures.

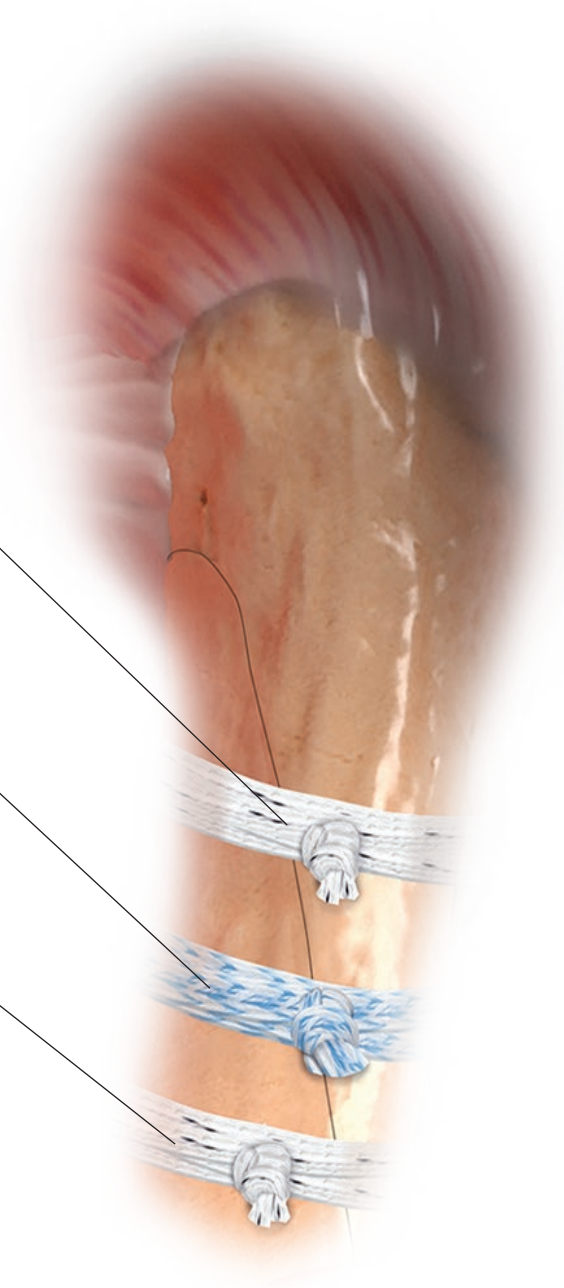
A flat construct and low-profile knot stack help minimize tissue irritation and may allow for plating over the FiberTape suture.

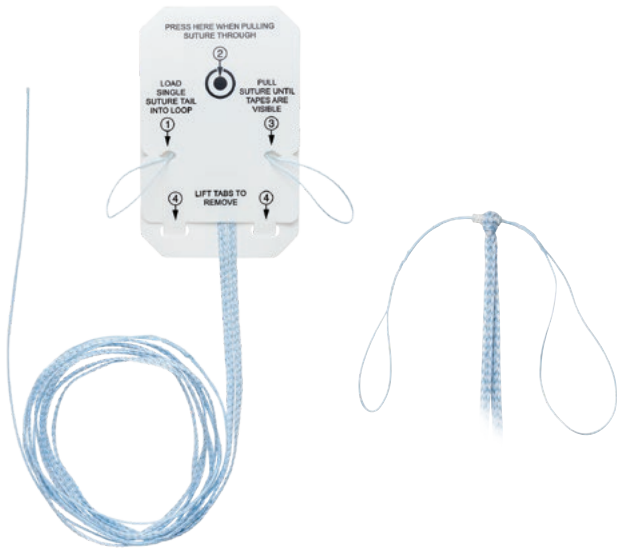
No sharp metal edges or risk of broken wires that can potentially injure patients or the surgical team

100 % radiolucent for less radiographic interference and enhanced visualization of fracture healing

FiberTape cerclage suture delivers superior mechanical performance

■ Ultimate load greater than 4300 N¹





The 2 mm FiberTape cerclage suture comes configured in a card with a pretied knot and shuttle suture for reproducible and easy deployment.

Depending on the anatomy and surgeon preference, a choice of passing hooks or a disposable needle may be used to pass the FiberTape cerclage suture around the bone.



A simple tensioning device eliminates the need for large, cumbersome instruments.

Note: Tensioner (AR-7800) and tensioner handle (AR-7801) are sold separately.

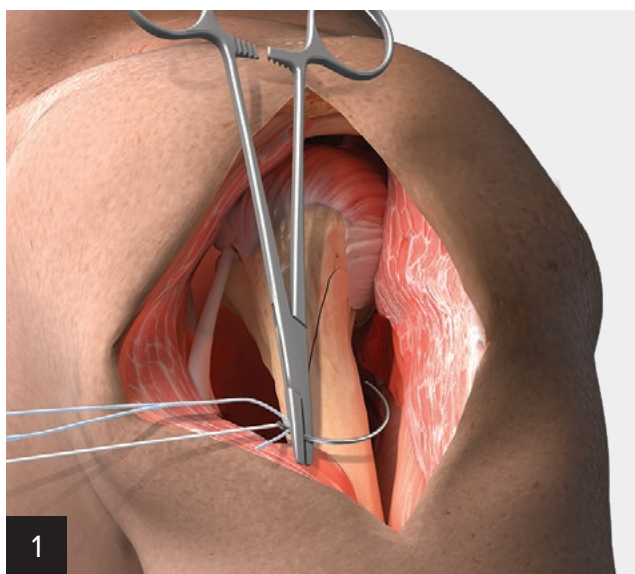
Surgical Technique

This technique details using the FiberTape cerclage system to repair a proximal humerus fracture. The technique for the femur is similar, but requires a different passing hook. It should be noted that the technique illustrates the cerclage system only — surgeons may decide to add additional fixation (ie., plates or prostheses) as necessary to reduce the fracture.

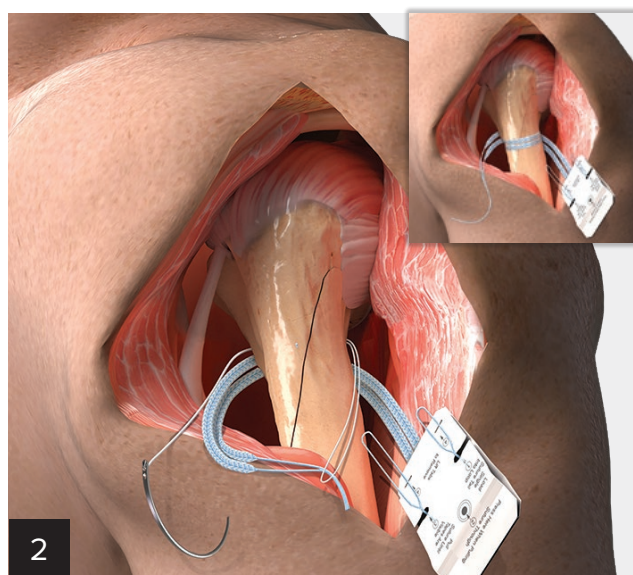
Indications for Use

The FiberTape cerclage suture is intended for use in soft tissue approximation and/or ligation. These sutures may be incorporated as components into surgeries where constructs including those with allograft or autograft tissues are used for repair. When used as a bone fixation cerclage, the suture is intended for:

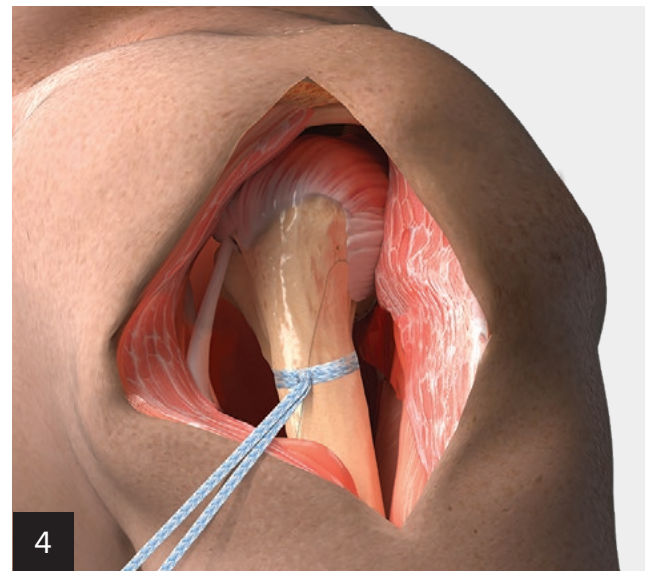
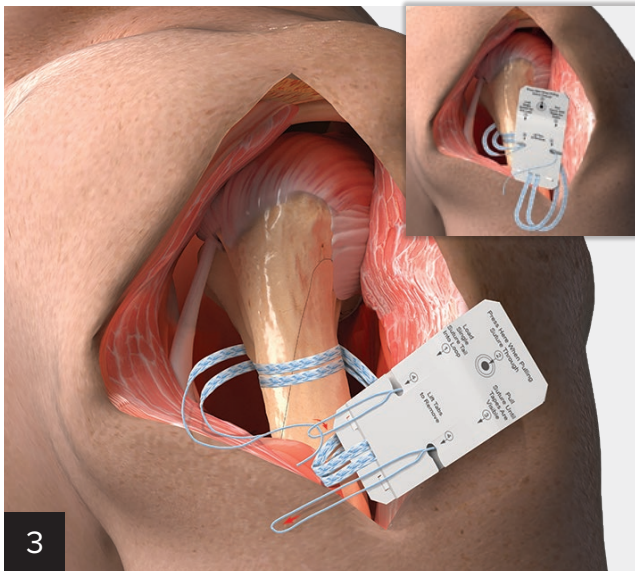
- Trauma surgery indications including olecranon, ankle, patella, and some shoulder fracture rewiring
- Repair of long bone fractures due to trauma or reconstruction



Load the tail of the cerclage suture through the needle eyelet. If using a passing hook, load a FiberLink suture along with the cerclage suture into the eyelet. Pass the needle or passing hook around the humerus.

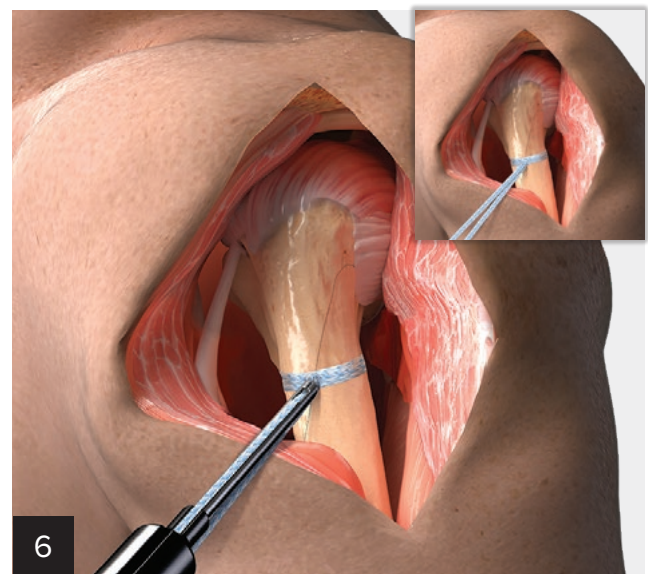


Load the tail of the cerclage suture into the suture shuttle on the needle or FiberLink suture if using a passing hook. Shuttle the cerclage suture around the humerus a second time.



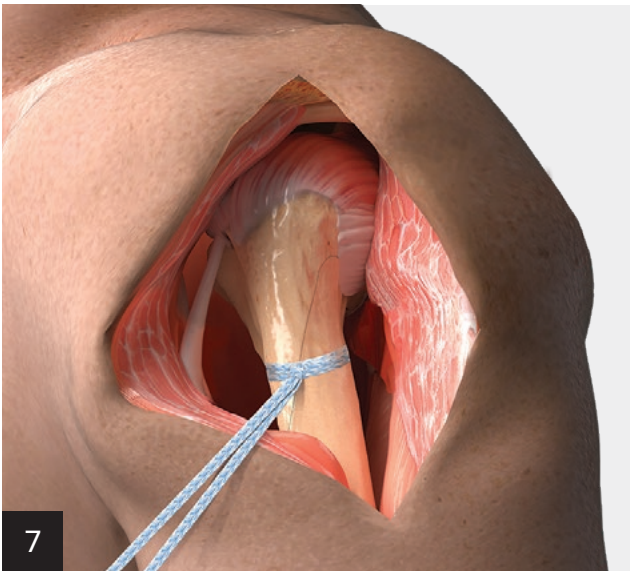
Load the tail of the cerclage suture through the suture shuttle (#1 on the card). Hold the card at the bullseye (#2 on the card) and shuttle the cerclage suture through the pretied knot by pulling on the opposite loop (#3 on the card). Remove the card and discard the suture shuttle.

Reduce the knot close to the humerus and remove the gross slack from the cerclage loops.



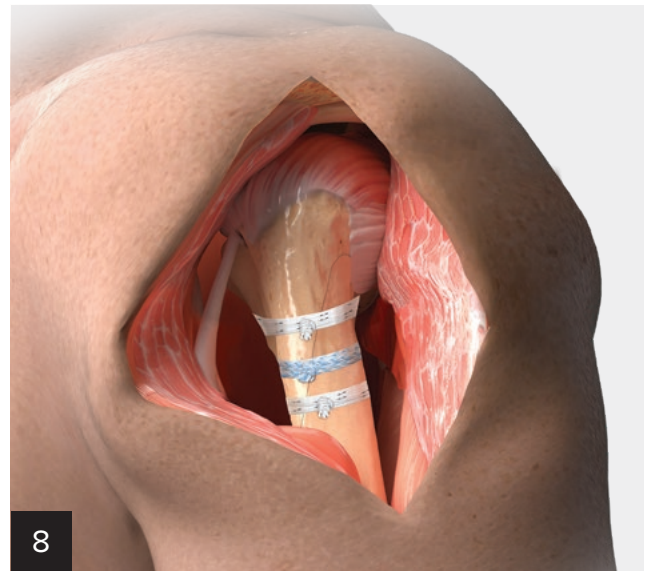
Cut the tape so there are two limbs. Insert one limb through the bottom hole at the distal end of the tensioner and the other limb through the slot. Both tails should then be loaded together through the slot near the handle.

Place the tensioner against the knot and begin to tension the tapes. Tension until the slack is removed from the loops. Avoid bottoming out the spring in the tensioner.

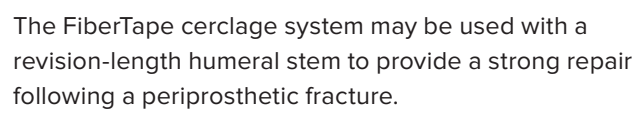


Press the release button on the tensioner and remove the suture limbs. Tie one half-hitch. Reload the suture limbs into the tensioner and do a final tension. Tie two alternating half-hitches to complete the repair.

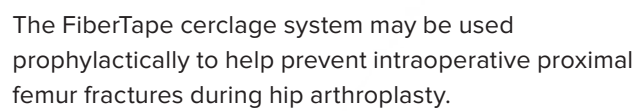
Note: Keep your hands clear of the tensioning dial when pressing the release. Dial will spin to release the sutures.



Repeat the sequence for subsequent cerclage sutures.



The FiberTape cerclage system may be used with a revision-length humeral stem to provide a strong repair following a periprosthetic fracture.



The FiberTape cerclage system may be used prophylactically to help prevent intraoperative proximal femur fractures during hip arthroplasty.

Ordering Information

Implants

Product Description	Item Number
FiberTape® cerclage suture, qty. 5	AR-7267
FiberTape® cerclage suture, qty. 1	AR-7267-1
TigerTape™ cerclage suture, qty. 5	AR-7267T
TigerTape™ cerclage suture, qty. 1	AR-7267T-1

Instruments

Product Description	Item Number
Cerclage Tensioner Set	AR-7800S
Tensioner	AR-7800
Tensioner handle	AR-7801
Passing hook, medium	AR-7806
Passing hook, large	AR-7807
FiberTape® cerclage instrument tray	AR-7800C

Disposable

Product Description	Item Number
FiberTape® cerclage passing needle, medium, qty. 5	AR-7816
FiberTape® cerclage passing needle, medium, qty. 1	AR-7816-1
#2 FiberLink™, braided polyblend suture, blue, 66 cm with 3.8 cm closed loop on the end, qty. 12	AR-7235
#2 FiberLink™, braided polyblend suture, blue 66 cm with 3.8 cm closed loop on the end, qty. 1	AR-7235-1

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

Reference

1. Arthrex, Inc. Data on file (APT 3197). Naples, FL; 2017.



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. Postoperative management is patient specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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