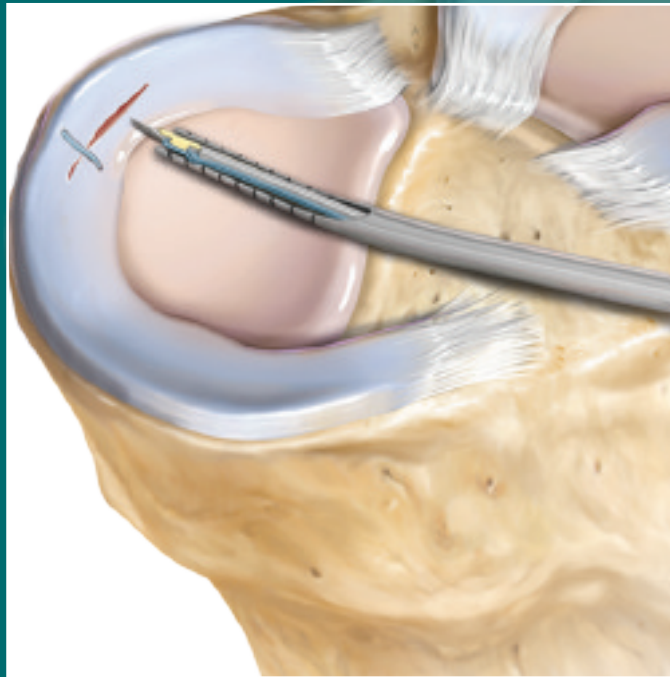


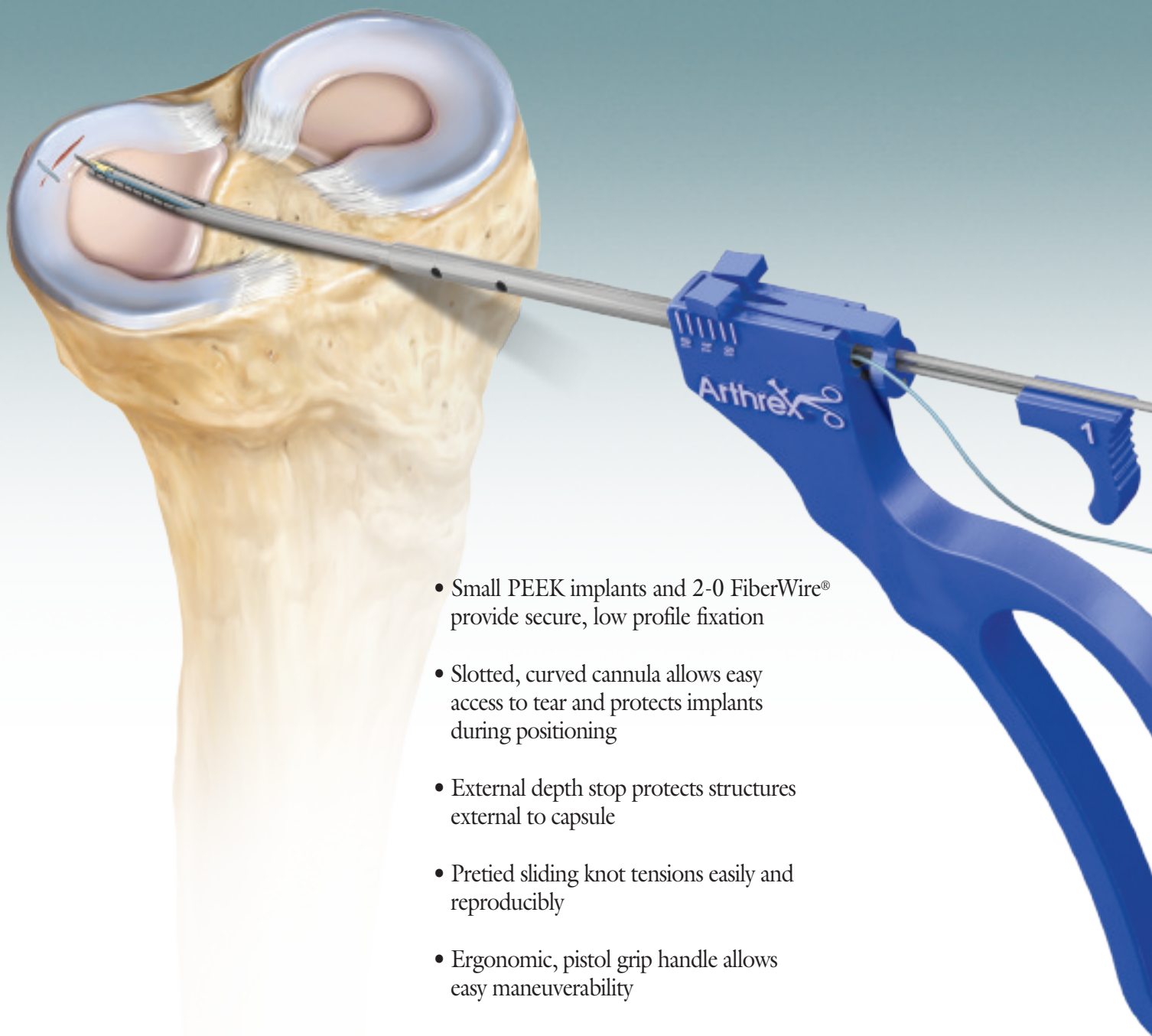


Arthroscopic Meniscal Repair using
the Meniscal Cinch™

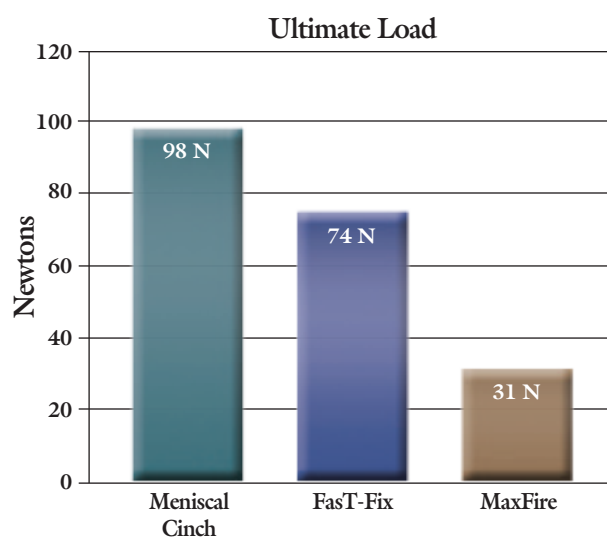
Surgical Technique



Arthroscopic Meniscal Repair



- Small PEEK implants and 2-0 FiberWire® provide secure, low profile fixation
- Slotted, curved cannula allows easy access to tear and protects implants during positioning
- External depth stop protects structures external to capsule
- Pretied sliding knot tensions easily and reproducibly
- Ergonomic, pistol grip handle allows easy maneuverability

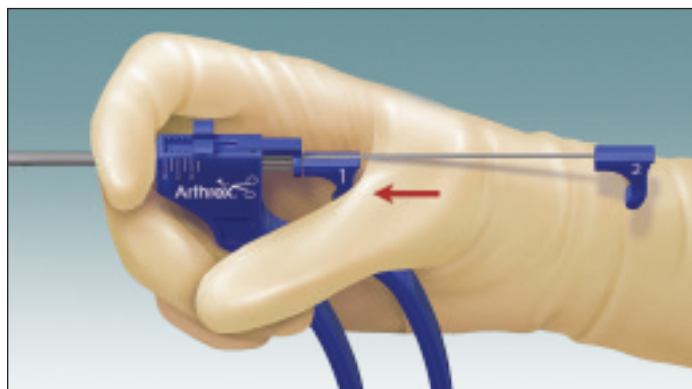




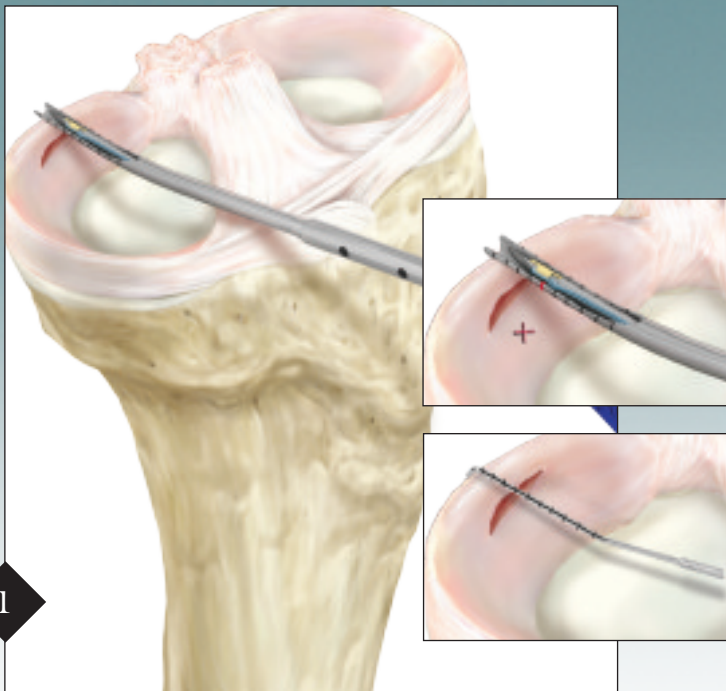
The Meniscal Cinch™ allows surgeons to consistently repair meniscus tears with an all-inside arthroscopic technique, eliminating the need for accessory incisions required for traditional inside/out techniques that often result in additional morbidity. Based on the tear pattern and location, the Meniscal Cinch gives surgeons the option of horizontal or vertical mattress repair with 2-0 FiberWire® suture.

The preset sliding knot and the FiberWire properties create a secure, low profile knot that can be countersunk into the meniscus. Depending on exact location and pattern, posterior horn tears can be repaired through standard ipsilateral or contralateral arthroscopy portals. The Meniscal Cinch is placed through the contralateral or accessory contralateral portal for tears involving the body of the meniscus.

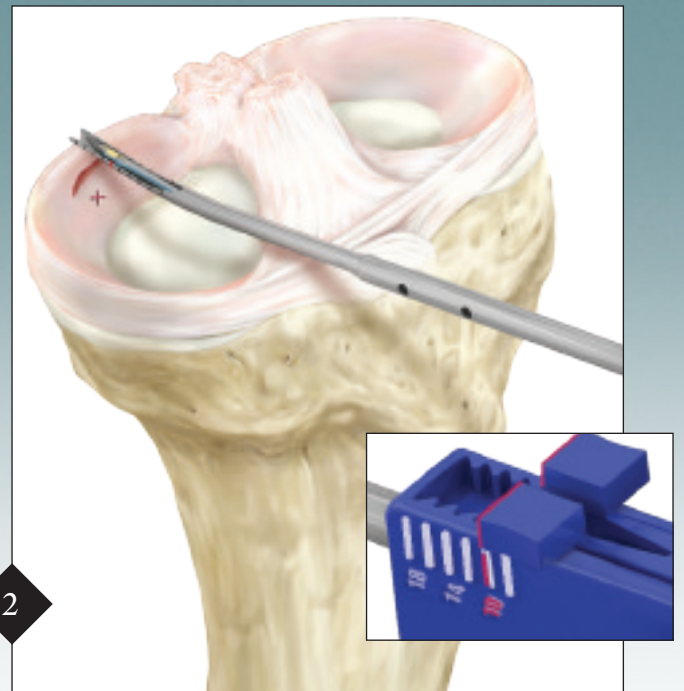
Positioning the Meniscal Cinch



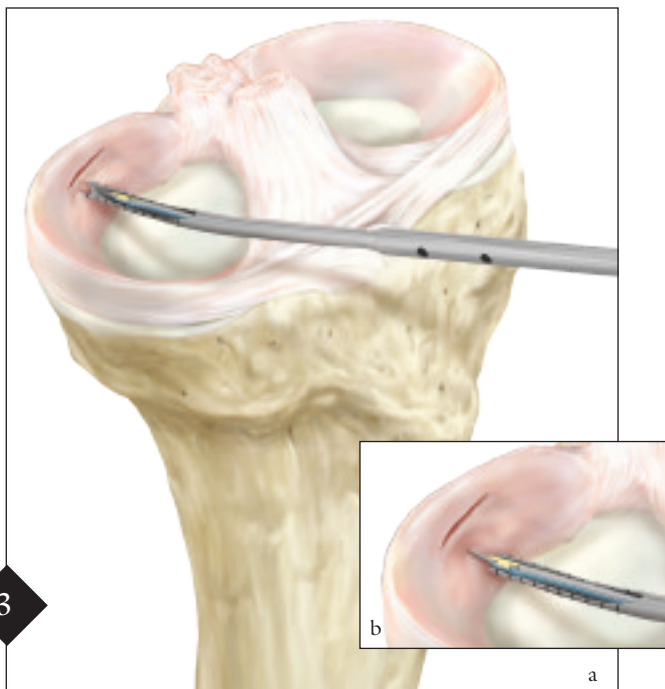
Hold the Meniscal Cinch by placing the index finger above the cannula, the middle finger below the cannula and the first trocar pinched between the base of the thumb and index fingers. Deploy the implant by squeezing the trocar and handle together.



1
The Meniscal Cinch™ is designed to be used through a low arthroscopic portal, near the surface of the tibia. Use the Measurement Probe or the graduated tip of the Meniscal Cinch cannula to measure the approximate distance from the entry point of the implant to capsule. *Note: Each line represents 2 mm.*



2
Set the depth stop on the Meniscal Cinch handle by squeezing the tips together and sliding the depth stop forward. Set the depth stop to a distance equal to the measurement in step one. *Note: Each line on the cinch handle represents 2 mm.*

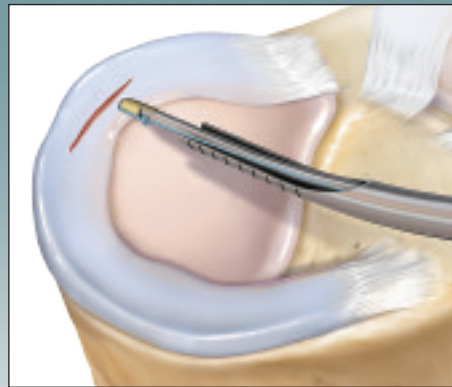
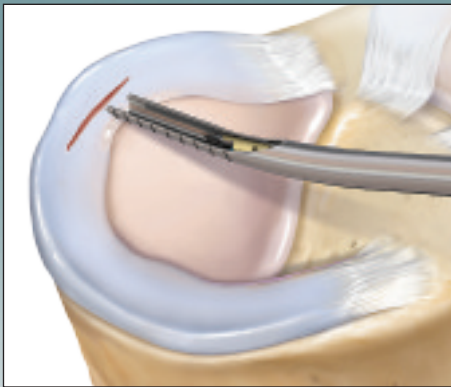


3
A Shoehorn Cannula or PassPort Button Cannula™ may be placed into the working portal before inserting the Meniscal Cinch device. Place the tip of the Meniscal Cinch cannula near the tear. The tip of the cannula may be used to reduce the tear prior to deployment of the first trocar (a). Alternatively, the tip of the first trocar may be advanced past the tip of the cannula to be used to reduce the tear (b). *Note: Never pull the trocar back into the cannula after it has been advanced, as this could prematurely deploy the implant.*

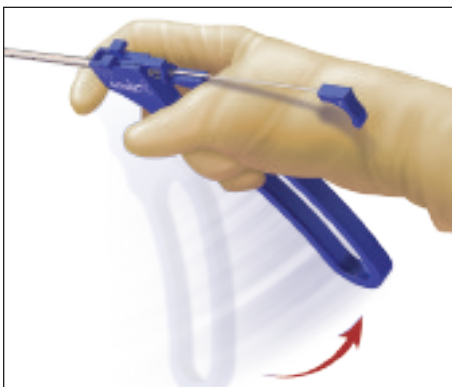


4
Advance the first implant through the meniscus by pushing trocar #1 until the trocar handle makes contact with the depth stop and the cannula rests on the surface of the meniscus.

Dealing with Resistance of the Trocar through the Meniscus and Capsule



If resistance is encountered while trying to pass the implant, it is important not to push too firmly on the handle of the Meniscal Cinch™ as this could cause damage to the meniscus from the tip of the cannula. It is best to advance the trocar all the way to the depth stop, allowing the trocar to come out of the cannula in the joint.



Keep controlled forward pressure of the trocar while rotating back and forth 90°. This can be done using a one-handed technique.



Since the depth stop is already bottomed out, the trocar is inserted until the tip of the cannula touches the meniscus. This signals appropriate insertion depth.



5

Remove trocar #1 from the cannula completely. A slight downward force on trocar #1 during removal will ensure that it does not interfere with trocar #2.

Important: Do not move or pull back on the Meniscal Cinch™ handle after deploying implant #1 until implant #2 trocar has been released from the locked position.



6

Push down on trocar #2 to release it from the holding position. Move the tip of the cannula to the second insertion point over the meniscus.



7

Advance trocar #2 forward by pushing the trocar handle forward. Advance trocar #2 through the meniscus until the trocar handle makes contact with the depth stop and the cannula rests on the surface of the meniscus.

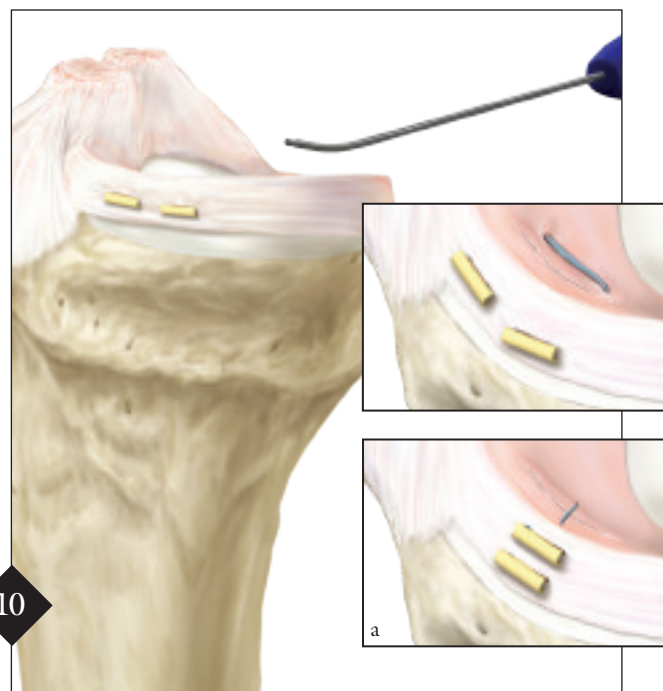
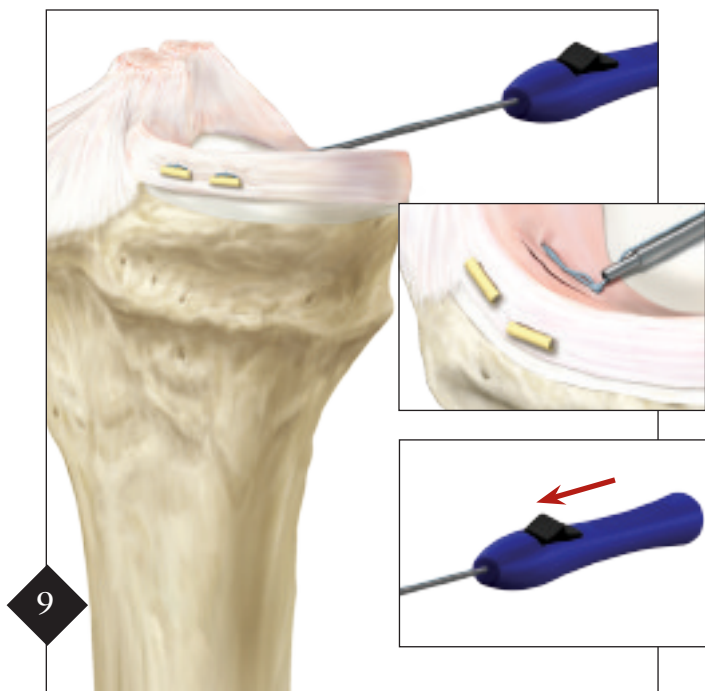
Note: Suture slack created by advancing trocar #2 may be reduced partially by gently tensioning external suture near the handle. Stop tensioning if resistance is felt.



8

Remove trocar #2. Remove the Meniscal Cinch from the joint. Tension external suture to advance the knot to the meniscus.

Note: If the knot doesn't slide smoothly, stop pulling tension on the suture and use the Knot Pusher to advance the knot.



Use the suture threader to insert the external suture through the tip of the Knot Pusher/Suture Cutter. Push the knot while pulling tension on the free end of the suture. Advance the knot until countersunk into the meniscal tissue. Hold tension on the suture. Rotate the handle 90° clockwise. Advance the trigger on the handle of the Knot Pusher/Suture Cutter to cut suture. Pull suture firmly.

Remove the cutter.
Alternatively (a): A vertical mattress stitch may be placed by inserting the implants in a vertical orientation.

Note: Pull suture in line with the Knot Pusher and avoid rotation of the handle until ready to cut.

Refer to the Directions for Use for device-specific indications, adverse effects, warnings and precautions.

Ordering Information

Meniscal Cinch	AR-4500
Knot Pusher/Suture Cutter, disposable	AR-4515

Optional Instruments and Accessories:

Shoehorn Cannula, disposable	AR-6565
Measurement Probe, reusable	AR-13920P
Small Knot Pusher, reusable	AR-1296

Additional Cannulas:

PassPort Button Cannula, 6 mm I.D. x 2 cm	AR-6592-06-20
PassPort Button Cannula, 6 mm I.D. x 3 cm	AR-6592-06-30
PassPort Button Cannula, 6 mm I.D. x 4 cm	AR-6592-06-40
PassPort Button Cannula, 6 mm I.D. x 5 cm	AR-6592-06-50
PassPort Button Cannula, 8 mm I.D. x 2 cm	AR-6592-08-20
PassPort Button Cannula, 8 mm I.D. x 3 cm	AR-6592-08-30
PassPort Button Cannula, 8 mm I.D. x 4 cm	AR-6592-08-40
PassPort Button Cannula, 8 mm I.D. x 5 cm	AR-6592-08-50
PassPort Button Cannula, 10 mm I.D. x 2 cm	AR-6592-10-20
PassPort Button Cannula, 10 mm I.D. x 3 cm	AR-6592-10-30
PassPort Button Cannula, 10 mm I.D. x 4 cm	AR-6592-10-40
PassPort Button Cannula, 10 mm I.D. x 5 cm	AR-6592-10-50

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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