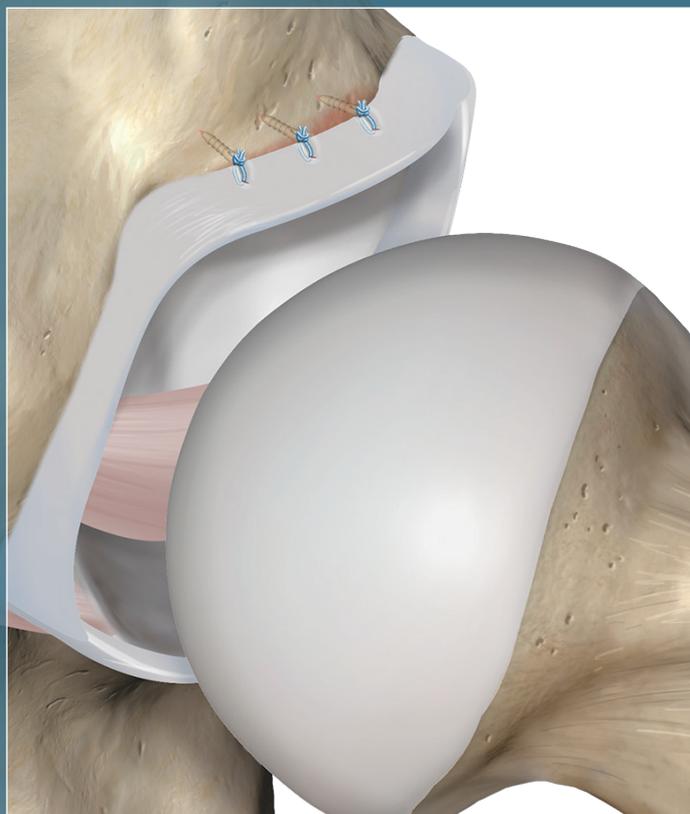




Acetabular Labral Repair With the
2.0 mm Mini Hip SutureTak® Anchor

Surgical Technique



Acetabular Labral Repair

Acetabular Labral Repair With the 2.0 mm Mini Hip SutureTak® Anchor

Diagnosis of an acetabular labral tear is mostly clinical and presents in a similar manner as meniscal pathology in the knee. Patients can present with complaints of mechanical symptoms such as popping, painful clicking and catching, and may demonstrate reduced range of motion of the hip.

Prior treatment guidelines suggested that debridement and resection of the torn labral tissue was appropriate for pain relief. Though effective, this often compromised the function of the acetabular labrum.

Longitudinal, peripheral, and intrasubstance tears are amenable to repair. By repairing the torn labrum, the following physiological functions can be preserved:

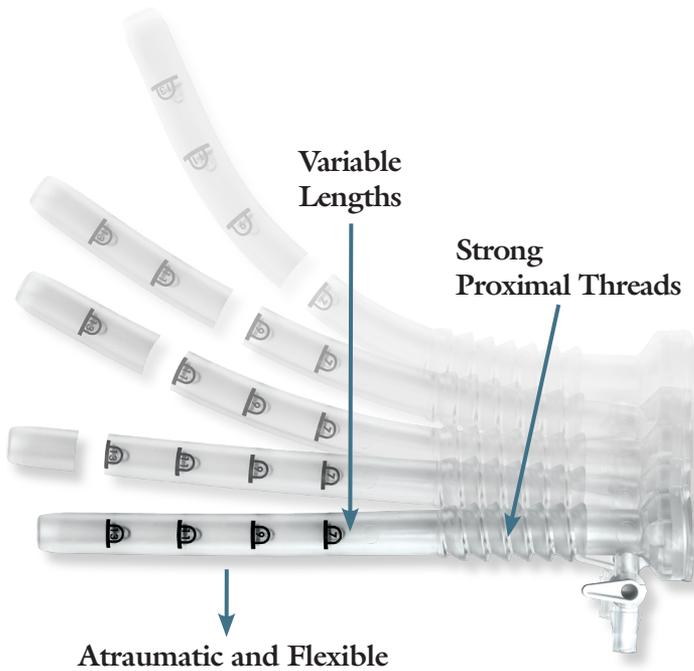
- Joint compressive forces
- Cartilage consolidation
- Vacuum-sealing mechanism
- Joint stability and congruity

Patient Positioning

Acetabular labral repair is performed in the central compartment of the hip joint requiring appropriate distraction to allow adequate space for performing the operation. Proper distraction in the supine position can be achieved using the Arthrex hip distraction system (HDS) to facilitate the desired lower extremity positioning.



Portal Placement

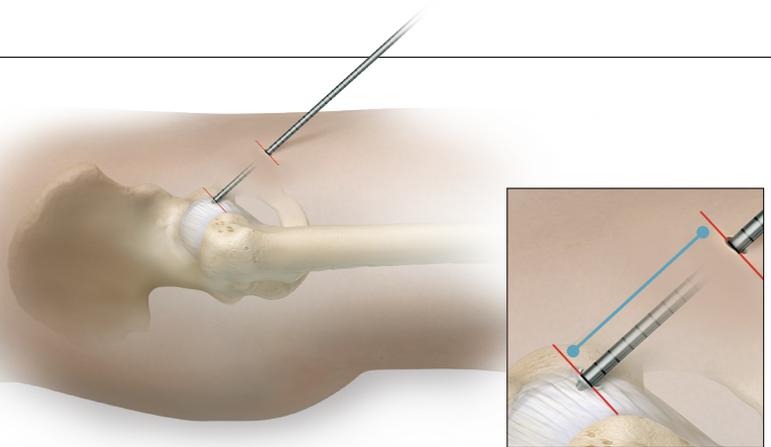


Acetabular labral repair is performed using a variety of arthroscopic portals including a combination of anterior (A), anterolateral (AL), midanterior (MA), and/or distal anterolateral accessory (DALA) portals. Flexible TRIM-IT™ custom hip cannulas can be cut to size and used for all working portals to provide enhanced instrument mobility.

The 8.25 mm flexible TRIM-IT custom hip cannula is made of a soft polyvinyl chloride plastic designed to provide enhanced instrument mobility and minimize iatrogenic damage to the articular surfaces. The reinforced proximal threads hold exceptionally well in soft tissue and the ability to cut the cannula from 7 cm to 15 cm working lengths minimizes OR inventory and makes it one of the most versatile cannulas available.

Simple 3-Step Cannula Insertion

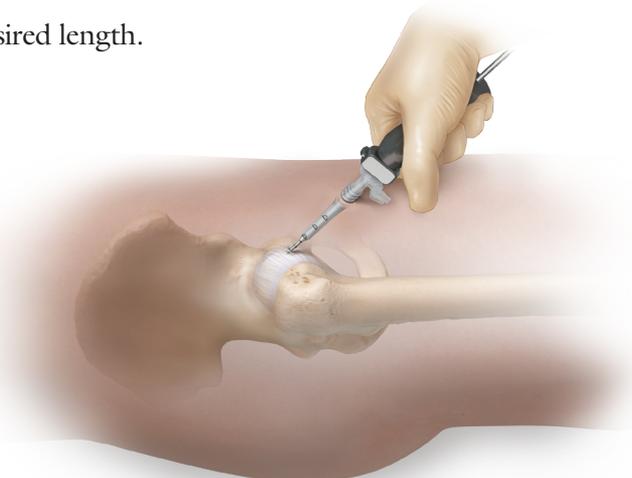
- 1 Measure.** Place the calibrated switching stick into the portal and measure the soft tissue distance.



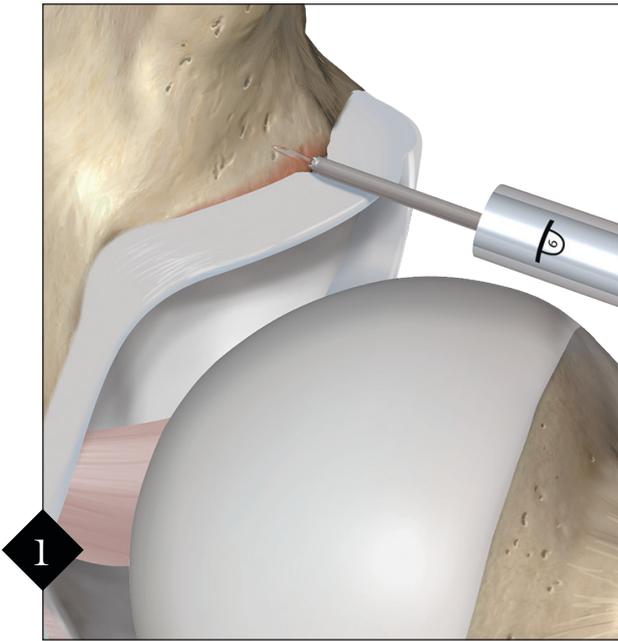
- 2 Cut.** Cut the cannula to the desired length.



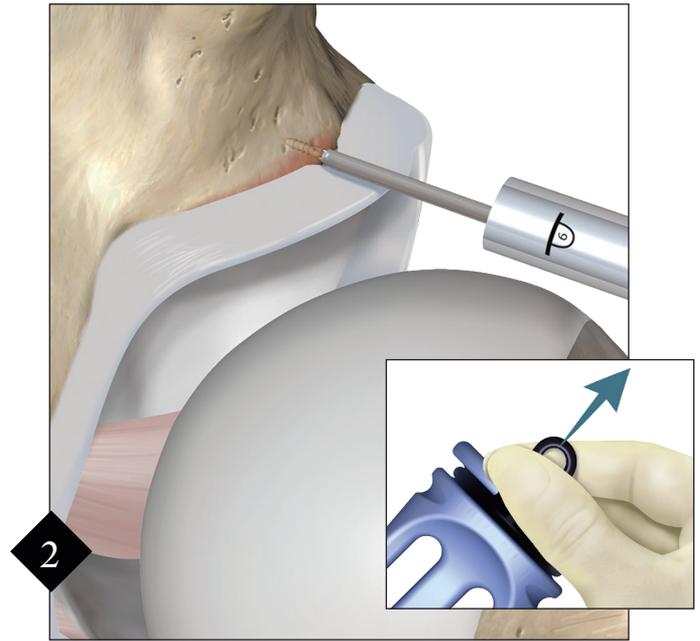
- 3 Insert.** Load the cannula onto the adjustable obturator and insert into the joint.



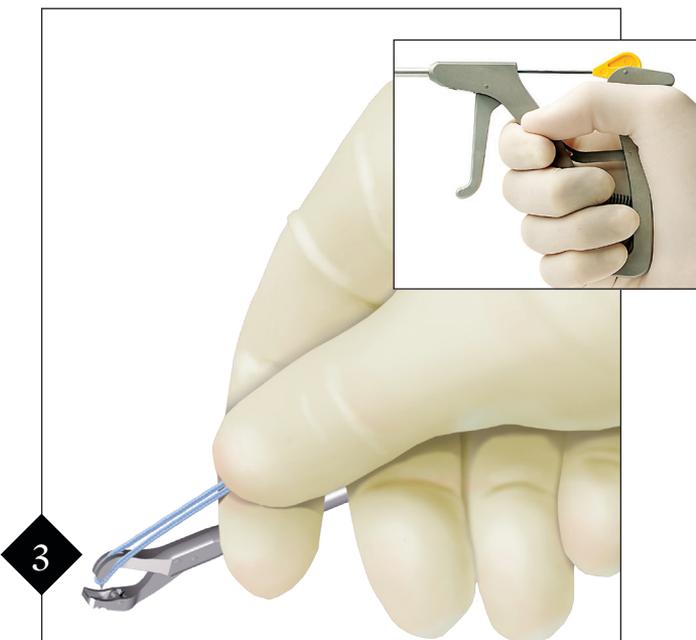
Simple Stitch Configuration



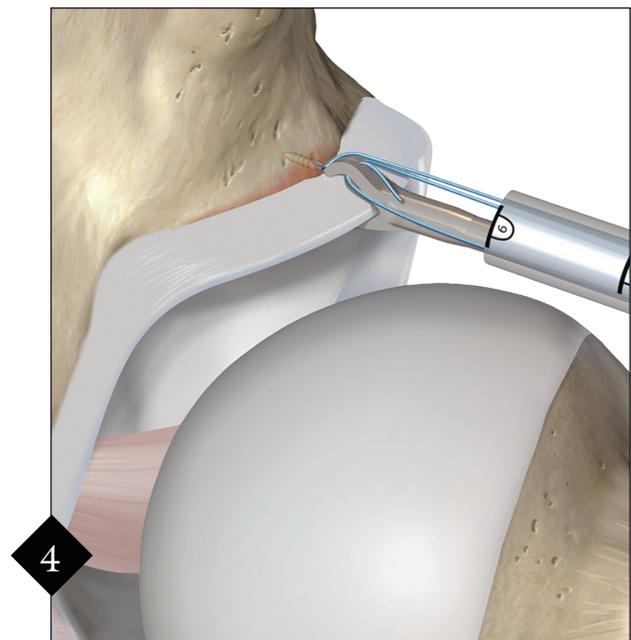
After performing an acetabuloplasty, create a bone socket by sliding the appropriate drill guide down the cannula and placing it on the acetabular rim near the articular surface. Advance the drill bit on power through the drill guide until the collar contacts the handle. Cycle the drill bit 2-3 times in hard bone to clear bone debris from the prepared socket and subsequently remove the drill bit.



Insert the implant down the drill guide and impact the back of the handle with a mallet to the positive stop at the end of the inserter. Pull the black suture release tab and remove the drill guide and implant inserter from the cannula.

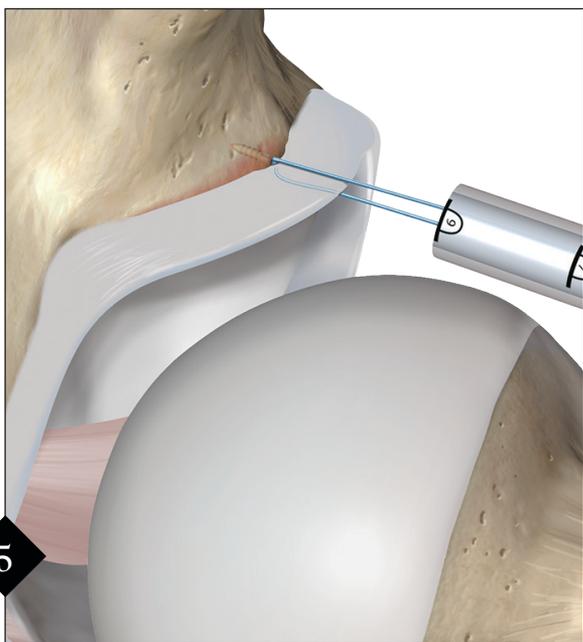


Create a loop with 1 limb of the #1 FiberWire® suture and load approximately 5 cm of it through the hip labral Scorpion™ suture passer. Pull slight tension on the suture towards the left side of the Scorpion suture passer shaft and gently squeeze the back handle to expose the Nitinol Scorpion needle. The suture will load into the notch of the needle.

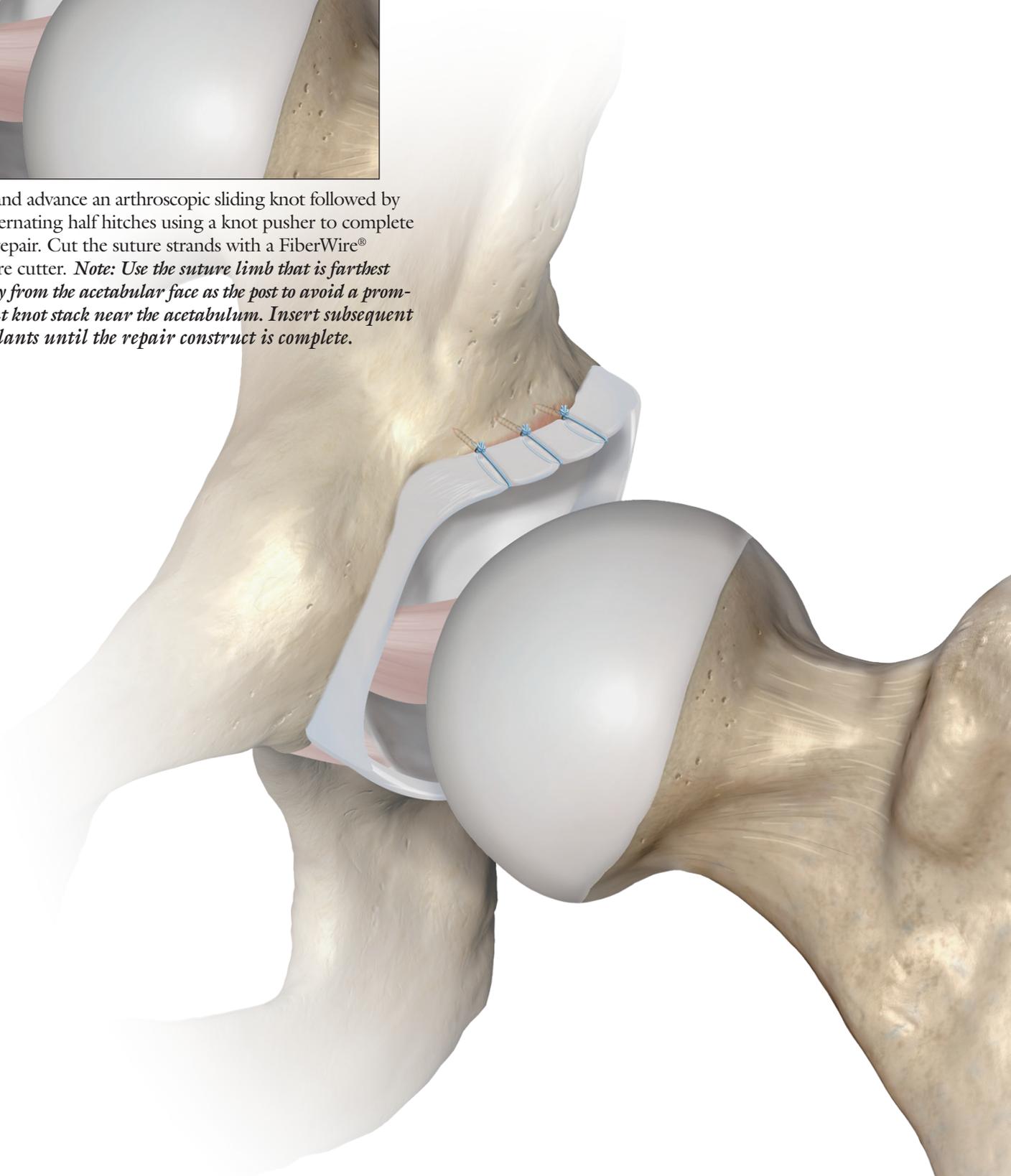


Slide the hip labral Scorpion suture passer into the joint space and place the articulating jaw underneath the labrum as close as possible to the transitional zone of cartilage. Squeeze the front trigger to engage the tissue and compress the back of the handle to push the needle through the labral tissue. Remove the hip labral Scorpion suture passer from the joint and release the suture.

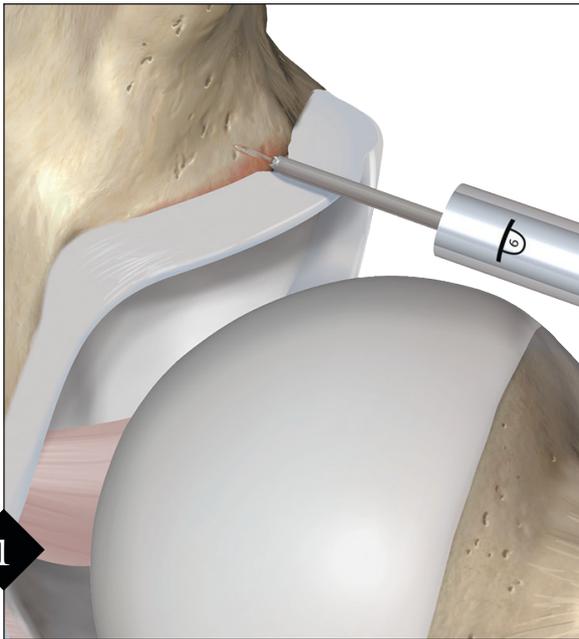
Simple Stitch Configuration *cont.*



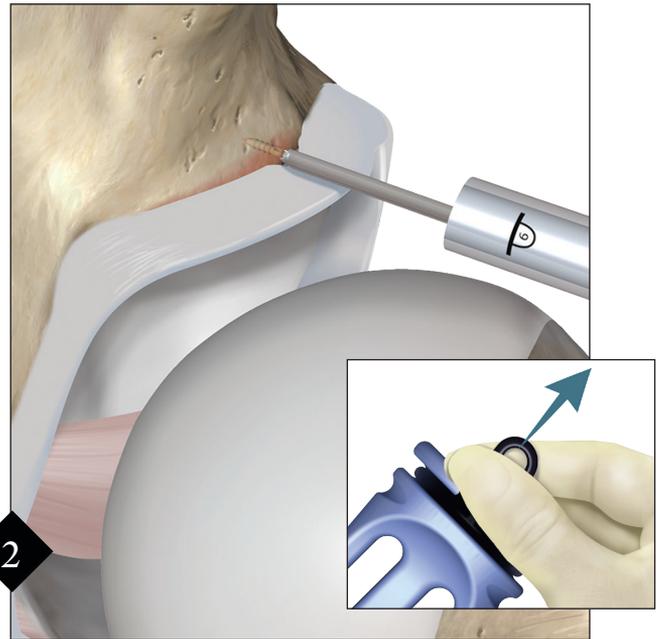
Tie and advance an arthroscopic sliding knot followed by 3 alternating half hitches using a knot pusher to complete the repair. Cut the suture strands with a FiberWire® suture cutter. *Note: Use the suture limb that is farthest away from the acetabular face as the post to avoid a prominent knot stack near the acetabulum. Insert subsequent implants until the repair construct is complete.*



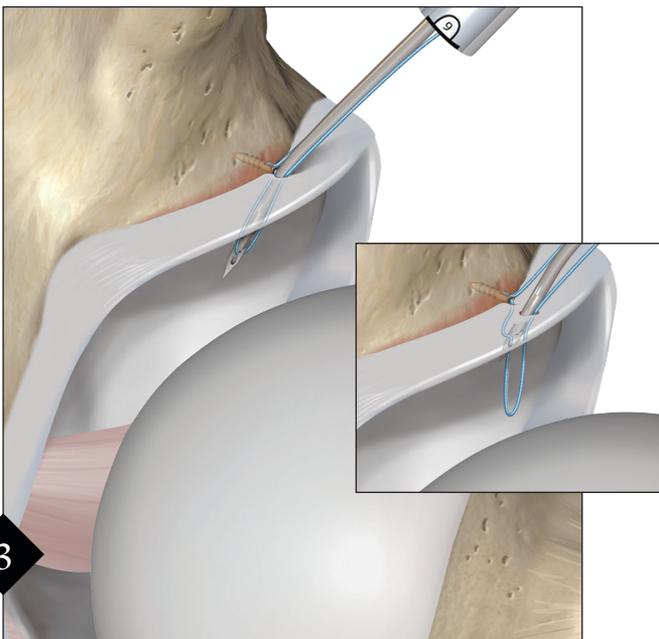
Labral Base Stitch Configuration



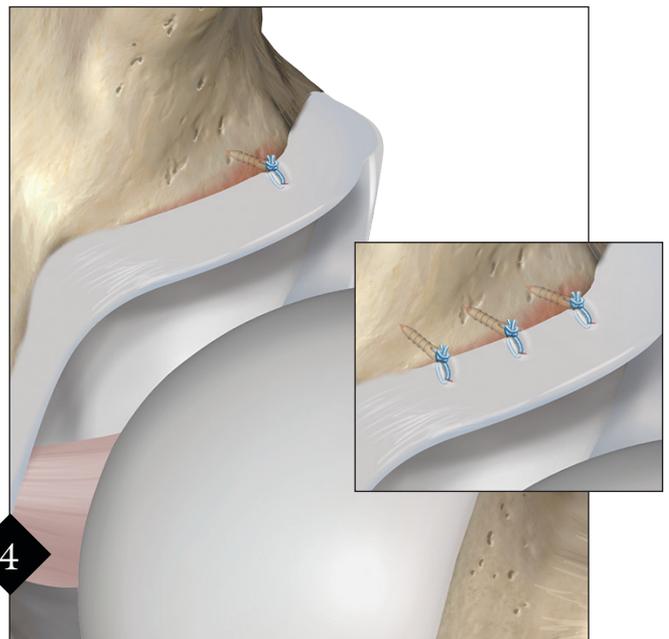
After performing an acetabuloplasty, create a bone socket by sliding the appropriate drill guide down the cannula and placing it on the acetabular rim near the articular surface. Advance the drill bit on power through the drill guide until the collar contacts the handle. Cycle the drill bit 2-3 times in hard bone to clear bone debris from the prepared socket and subsequently remove the drill bit.



Insert the implant down the drill guide and impact the back of the handle with a mallet to the positive stop at the end of the inserter. Pull the black suture release tab and remove the drill guide and implant inserter from the cannula.



Use a BirdBeak[®] suture retriever to grab and pass the suture limb that is closest to the labrum. Push it through the base of the labrum and release it from the jaws. Remove the suture retriever from the labrum and pierce the tissue again through the substance of the labrum closer to the femoral head. Retrieve the loop of suture and pull it out of the cannula.



Tie and advance an arthroscopic sliding knot followed by 3 alternating half hitches using a knot pusher to complete the repair. Cut the suture strands with a FiberWire[®] suture cutter. *Note: Use the suture limb that is farthest away from the acetabular face as the post to avoid a prominent knot stack near the acetabulum. Insert subsequent implants until the repair construct is complete.*

Ordering Information

2.0 mm Mini Hip SutureTak® Implant

Mini Hip SutureTak Anchor, PEEK, 2.0 mm × 8.6 mm AR-1934PHS-20

2.0 mm Mini Hip SutureTak Reusable Instruments, Extended Hip Length

Drill Guide, XL, Crown Tip, w/cannulated obturator AR-1934-20DG
 Drill Guide, XL, Fork Tip, w/cannulated obturator AR-1934-20DGF
 Cannulated Obturator, XL, for Drill Guide AR-1934-20DG-1
 Step Drill, XL, for 2.0 mm Mini Hip SutureTak Anchor AR-1934DH-1
 Step Drill, XL, for 2.0 mm Mini Hip SutureTak Anchor, hard bone AR-1934DH-2

2.0 mm Mini Hip SutureTak Disposable Instruments, Extended Hip Length

Disposable Step Drill, XL, for 2.0 mm Mini Hip SutureTak Anchor, hard bone AR-1934DHD-2
 Disposables Kit, XL, for 2.0 mm Mini Hip SutureTak Anchor AR-1934DHS-20
 Disposable Curved Insertion Kit, XL, for 2.0 mm Mini Hip SutureTak Anchor AR-1934DHS-20C

2.0 mm SutureTak Implants

Mini SutureTak Anchor, PEEK, w/#1 FiberWire® Suture, 2.0 mm × 12 mm AR-1934PF-20
 Mini SutureTak Anchor, Biocomposite, w/#1 FiberWire Suture, 2.0 mm × 12 mm AR-1934BCF-20

2.0 mm SutureTak Disposable Instrumentation, Standard Hip Length

Curved Insertion Kit for 2.0 mm SutureTak Anchor AR-2948D

2.4 mm SutureTak Implant

SutureTak Anchor, PEEK, w/#2 FiberWire Suture, 2.4 mm × 12 mm AR-1934PF-24
 SutureTak Anchor, Biocomposite, w/#2 FiberWire Suture, 2.4 mm × 12 mm AR-1934BCF-24
 SutureTak Anchor, Biocomposite, w/two #2 FiberWire Suture, 2.4 mm × 12 mm AR-1934BCF-24-2

2.4 mm SutureTak Reusable Instrumentation, Standard Hip Length

Drill Guide, Fork Tip, with cannulated obturator AR-1325H-2.4
 Drill Guide, Fishmouth, with cannulated obturator AR-1949H-2.4
 Step Drill for 2.4 mm SutureTak Anchor AR-1934D-24
 Step Drill for 2.4 mm SutureTak Anchor, hard bone AR-1934D-24-1
 Step Drill for 2.4 mm SutureTak Anchor, very hard bone AR-1934D-24-2

3.0 mm SutureTak Implants

SutureTak Anchor, PEEK, w/#2 FiberWire Suture, 3.0 mm × 12.4 mm AR-1934PS
 SutureTak Anchor, PEEK, w/two #2 FiberWire Suture, 3.0 mm × 12.2 mm AR-1934PS-2
 SutureTak Anchor, Biocomposite, w/#2 FiberWire Suture, 3.0 mm × 14.5 mm AR-1934BCF
 SutureTak Anchor, Biocomposite, w/#2 TigerTail® Suture, 3.0 mm × 14.5 mm AR-1934BCFT
 SutureTak Anchor, Biocomposite, w/two #2 FiberWire Suture, 3.0 mm × 14.5 mm AR-1934BCF-2
 SutureTak Anchor, Biocomposite, w/two #2 TigerTail Suture, 3.0 mm × 14.5 mm AR-1934BCFT-2
 Bio-SutureTak® Anchor, w/#2 FiberWire Suture, 3.0 mm × 14.5 mm AR-1934BF
 Bio-SutureTak Anchor, w/two #2 FiberWire Suture, 3.0 mm × 14.5 mm AR-1934BF-2

3.0 mm SutureTak Reusable Instrumentation, Standard Hip Length

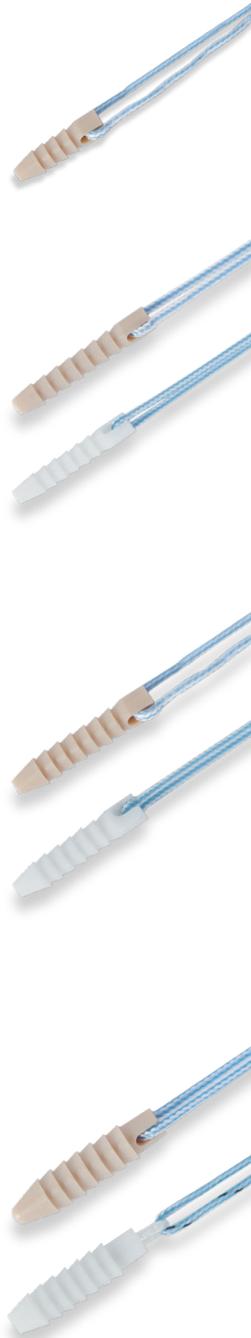
Drill Guide, Fork Tip, for 3.0 mm SutureTak Anchor AR-1325H-2.9
 Drill Guide, Fishmouth, w/cannulated obturator AR-1949H-3.0
 Step Drill for 3.0 mm SutureTak Anchor AR-1250LT

3.0 mm SutureTak Disposable Instrumentation, Standard Hip Length

Disposables Kit for 3.0 mm SutureTak Anchor AR-1934DHS-2
 ShaverDrill™ Instrument for 3.0 mm SutureTak Anchor AR-1250LTSR

Additional Featured Products

Hip Distraction System AR-6529S
 TRIM-IT™ Custom Hip Cannula, 8.25 mm × 15 cm AR-6590
 TRIM-IT Custom Hip Cannula Switching Stick, cannulated AR-6590ST
 TRIM-IT Custom Hip Cannula Inserter Handle AR-6590DH
 TRIM-IT Custom Hip Cannula Obturator AR-6590DT
 Hip Labral Scorpion™ Suture Passer AR-16991
 Hip Labral Scorpion Needle AR-16991N





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 or outcomes.

View U.S. patent information at www.arthrex.com/corporate/virtual-patent-marking

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