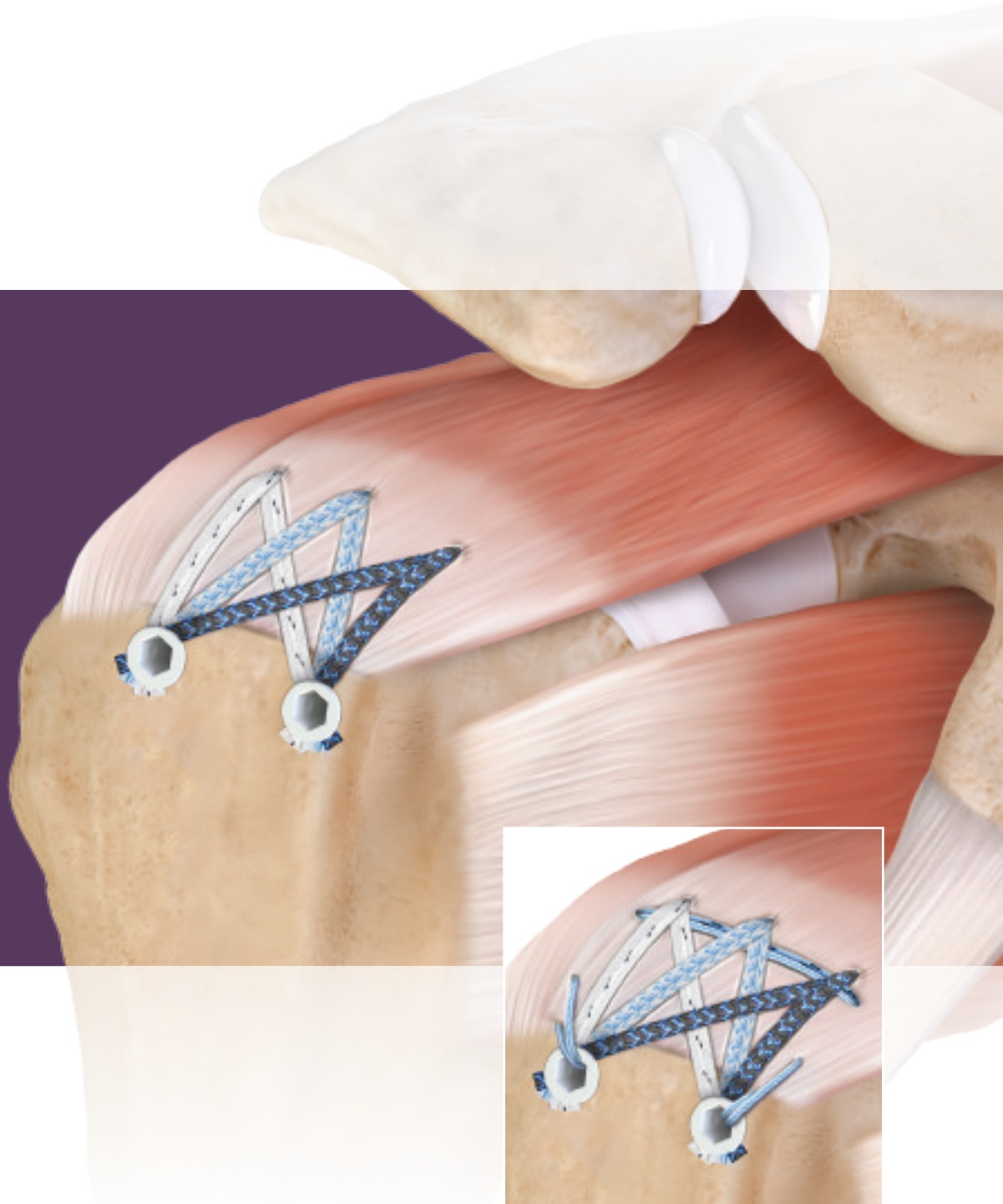
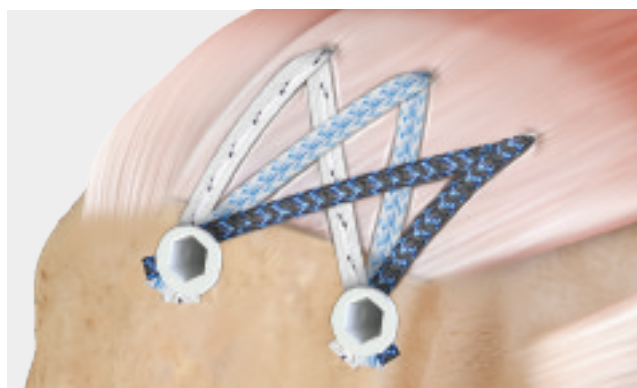


FiberTak[®] SpeedBridge[™] Rotator Cuff Repair

Surgical Technique



FiberTak® SpeedBridge™ Repair

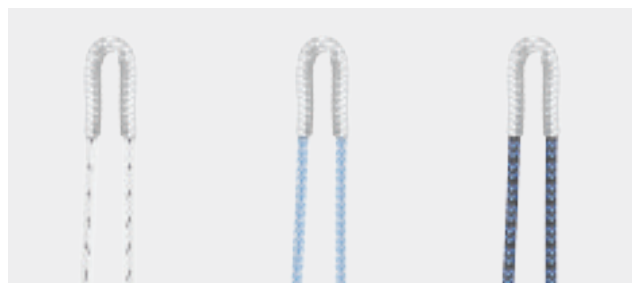


As the next evolution of knotless rotator cuff repair, the FiberTak SpeedBridge technique is completed with 2.6 FiberTak RC soft anchors on the medial row and FiberTape® sutures fixated laterally with trusted SwiveLock® anchors. This knotless repair creates a quick, secure construct in as few as three suture-passing steps.

The small size of the 2.6 FiberTak RC anchors allows for three points of medial-row fixation where previously only two fixation points could be achieved.

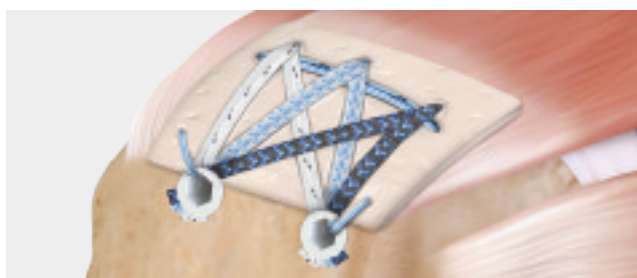
Advantages

- Biomechanical repair strength is comparable to traditional SpeedBridge repair¹
- Multiple fixation points and additional FiberTape sutures increase tendon-to-bone compression
- Contact area of the tendon-to-footprint interface increased 14% compared to traditional hard-bodied anchors²
- Secure lateral fixation with trusted SwiveLock® anchors



Enhancements

Knotless 2.6 FiberTak RC anchors are adaptable and can conform to traditional repair techniques while providing the additional benefits of tensionable knotless technology for incorporating biologics or increasing medial-row compression.



Double-Pulley Ripstop With ArthroFLEX® Dermal Allograft Augmentation



Canopy Augmentation With ArthroFLEX Dermal Allograft



Independent Mattress Ripstops



Independent Mattress Stitches

ArthroFLEX is a registered trademark of LifeNet Health.

2.6 FiberTak® RC Soft Anchors

These anchors are available with fixed 1.7 mm FiberTape® suture—with joined tails for simplified suture-passing—and the option of a sliding SutureTape or tensionable knotless mechanism.

2.6 FiberTak RC Soft Anchors



Sliding 1.3 SutureTape

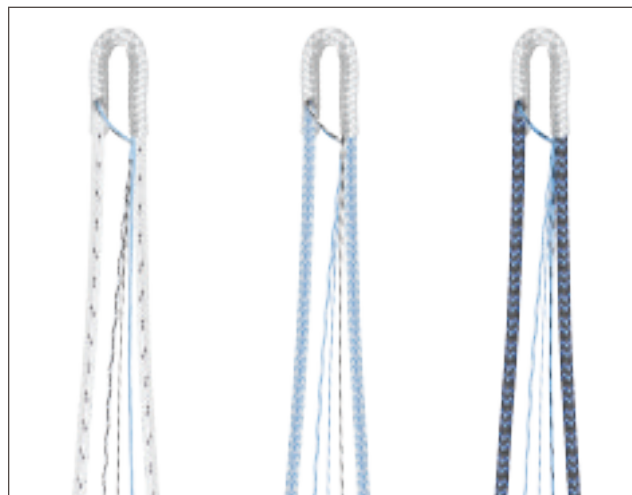
Incorporate sliding SutureTape for knotted medial-row compression variations or remove if it is not needed for the repair.

Self-Punching Inserters

All 2.6 FiberTak anchors are loaded on self-punching inserters, which eliminate the need to predrill or prepunch a socket for anchor insertion, reducing surgical steps. Use these inserters with or without a guide; drills and punches are available for hard bone.

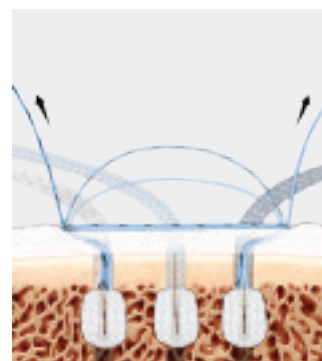


Knotless 2.6 FiberTak RC Soft Anchors



Tensionable Knotless Mechanism

With the tensionable knotless mechanism, complete a variety of medial-row compression variations and easily incorporate biologics.



SwiveLock® Lateral-Row Anchors

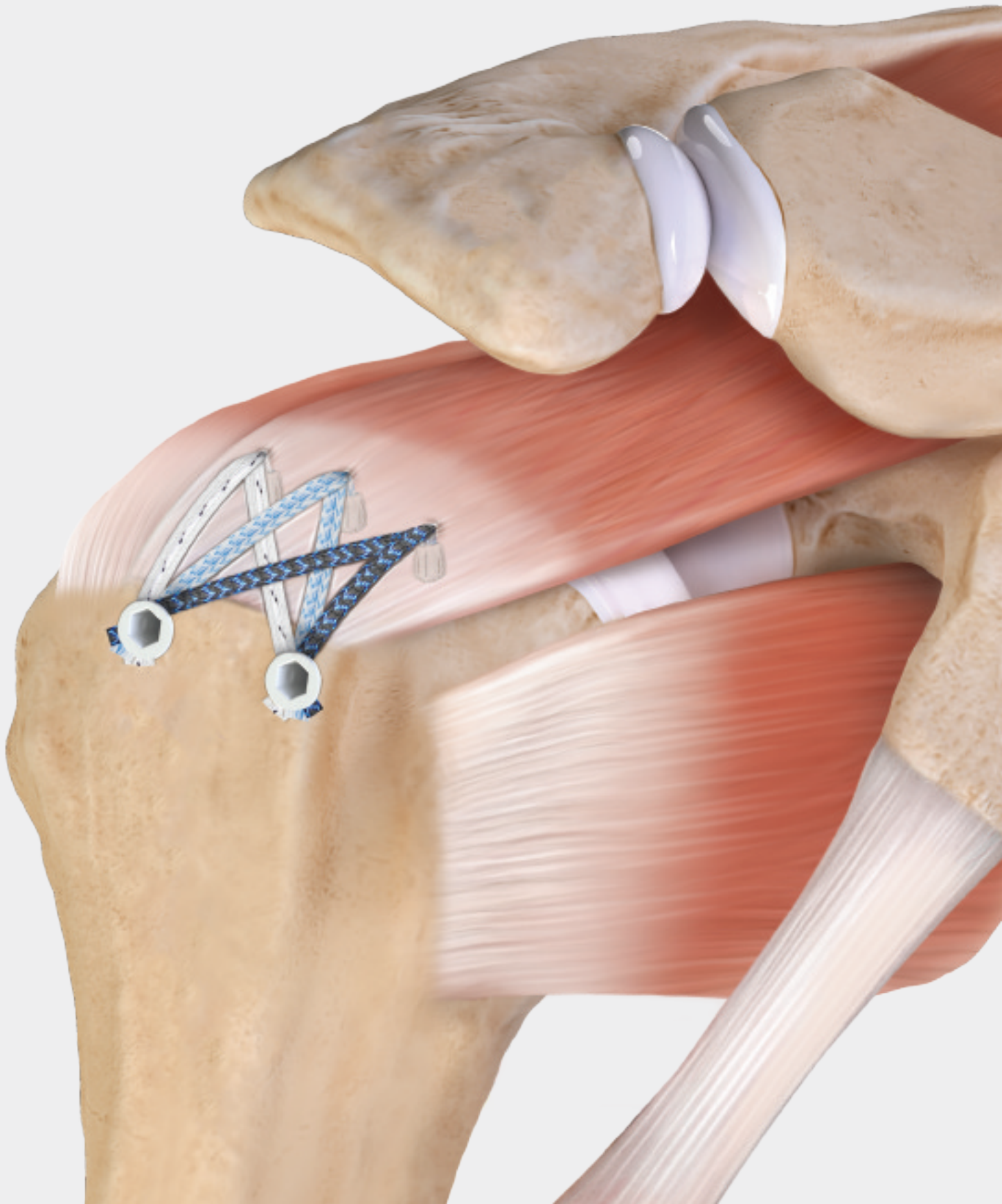
- Trusted fixation with more than 10 million anchors used since 2006
- Available with #2 suture for tensionable knotless dog-ear or cable fixation

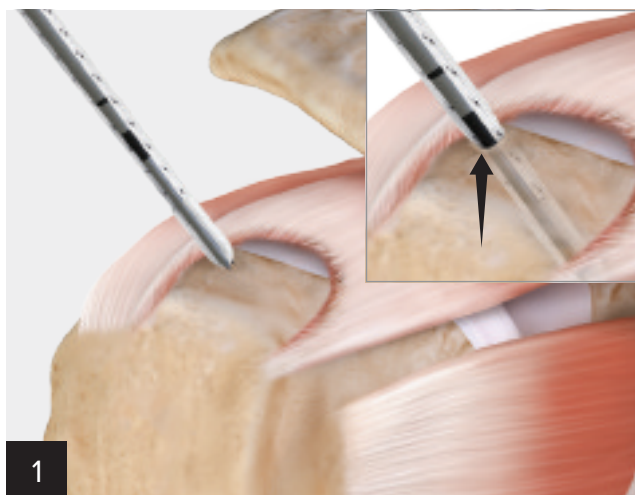


Joined FiberTape® Suture Tails

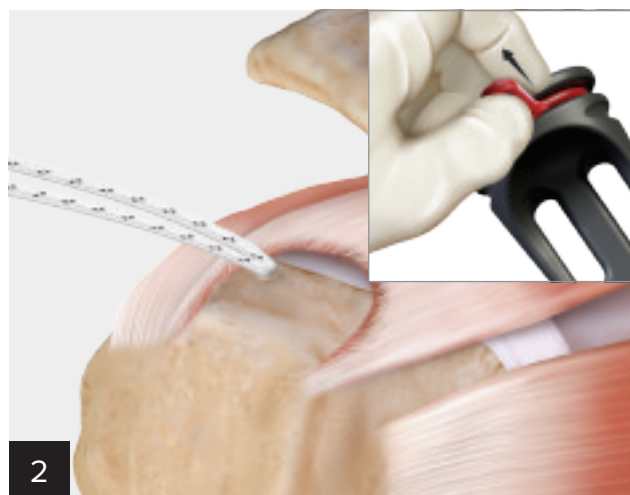
- Simplified suture-passing
- Shuttle both limbs of FiberTape suture with one pass

FiberTak[®] SpeedBridge[™] Technique: Medial Row

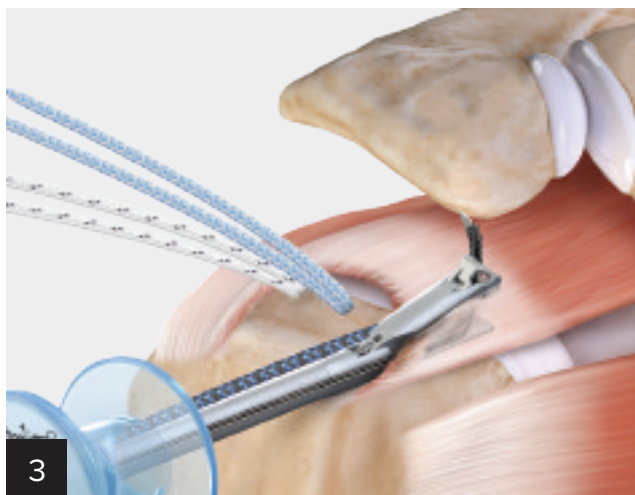




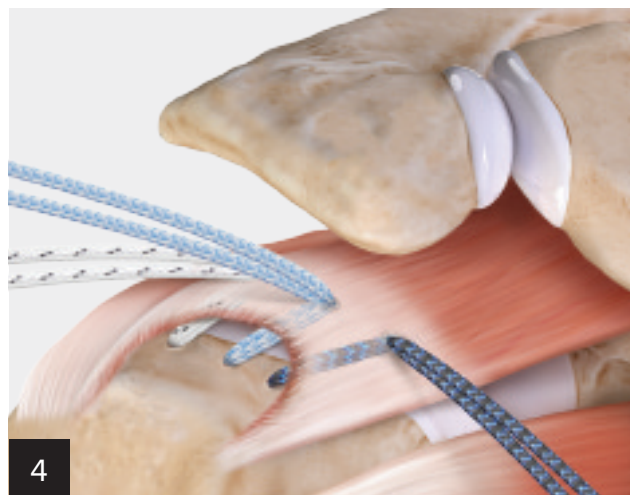
While viewing through a posterolateral portal, prepare the rotator cuff footprint and identify the posteromedial anchor insertion point. Using a mallet, insert and advance the 2.6 FiberTak RC anchor into bone; stop at the insertion zone laser line. If hard bone is encountered, use a punch or drill to create a socket to ease anchor insertion.



Once the anchor is fully inserted, remove the suture retention ring and inserter. Grasp all limbs of the suture and pull slowly to set the anchor. Repeat steps 1 and 2 for middle and anterior medial-row anchors. Once the anchors are inserted, remove the sliding SutureTape.

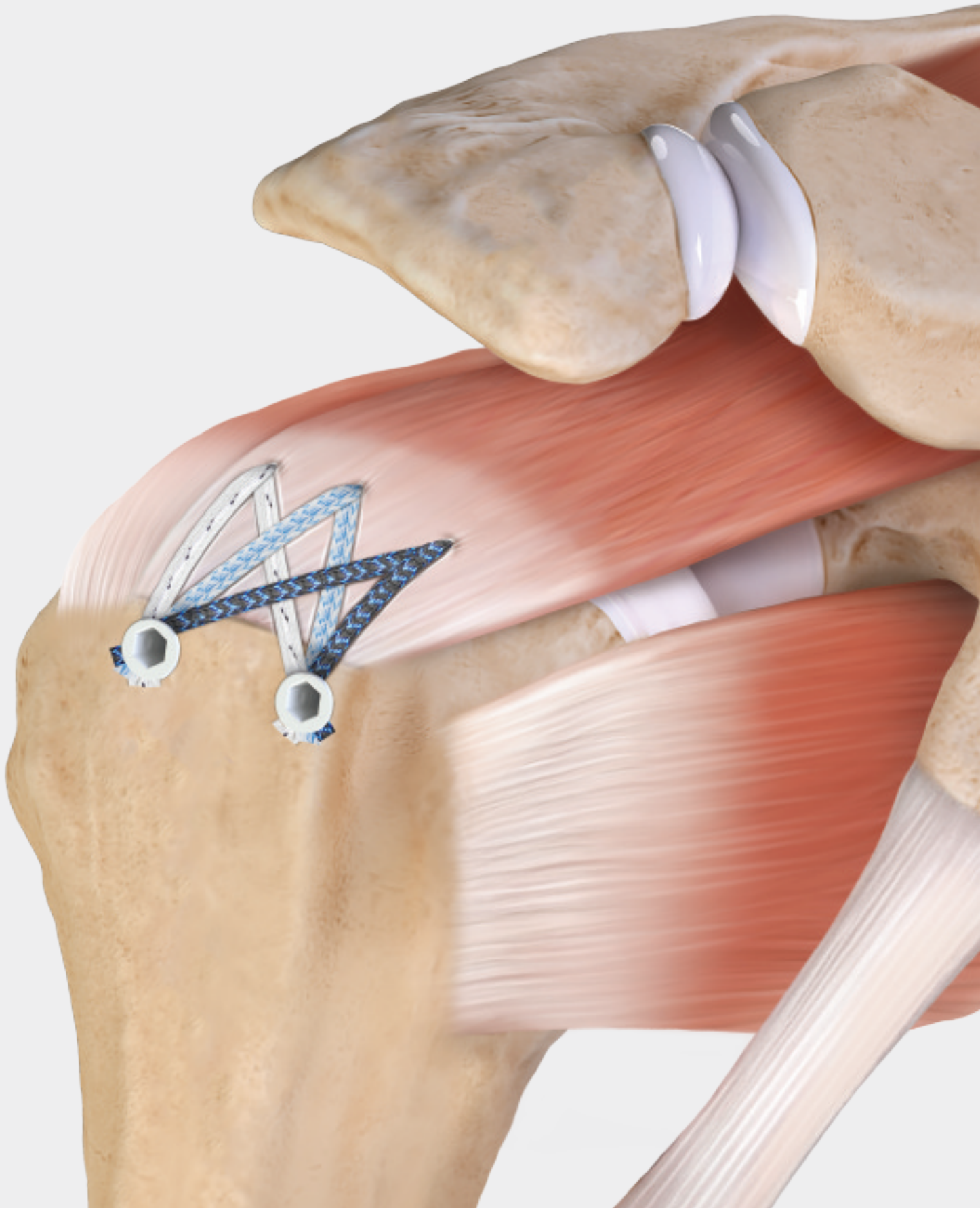


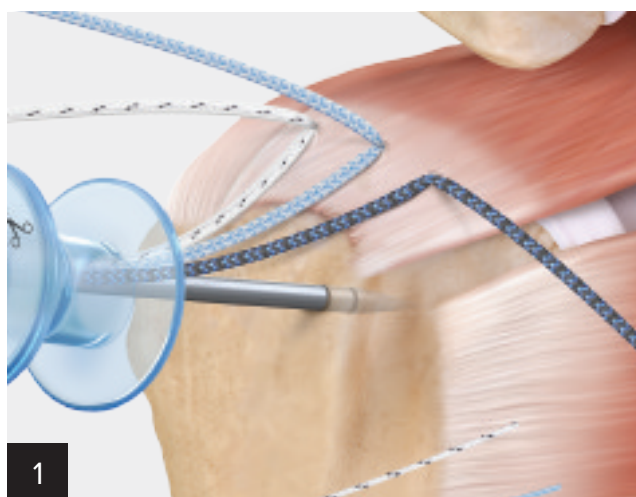
Load the single end of FiberTape® suture onto a Scorpion™ suture passer and advance through the rotator cuff. Pull the suture to smoothly lead both FiberTape suture limbs through the tissue.



Cut off the joined suture tail, allowing each suture limb to be separated for lateral fixation. Tension each suture limb independently to remove any potential slack beneath the tendon.

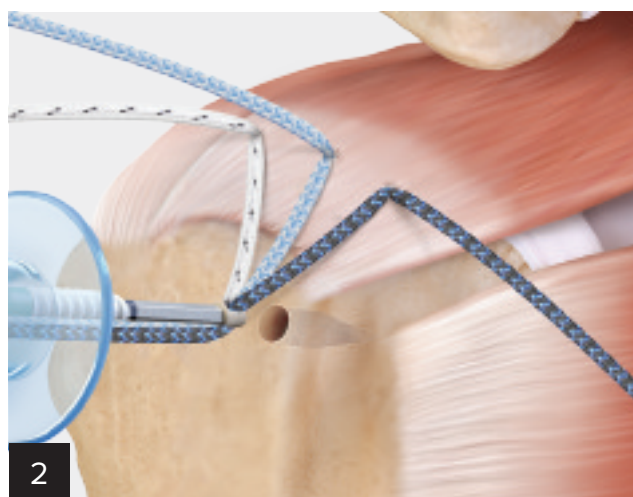
FiberTak[®] SpeedBridge[™] Technique: Lateral Row



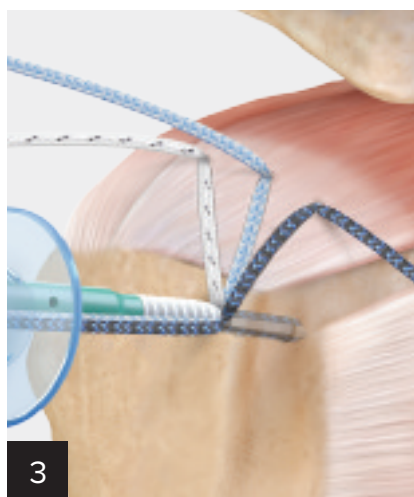


Retrieve one FiberTape® suture tail from each medial anchor and preload them through the SwiveLock® anchor eyelet. Using a punch, prepare a bone socket about 5 mm–10 mm lateral to the edge of the tuberosity.

Note: Use a hemostat to secure sutures in place while preparing a bone socket.

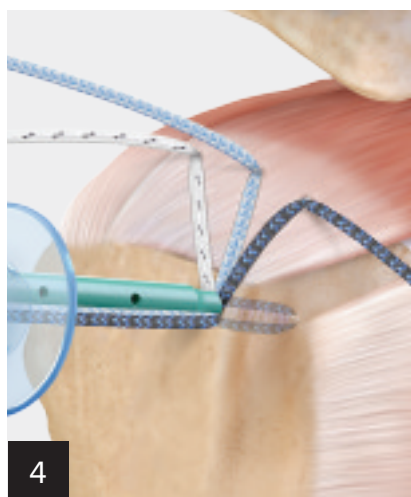


Bring the eyelet of the implant to the edge of the bone socket and remove slack from each suture to reduce the tissue and compress it to the bone.

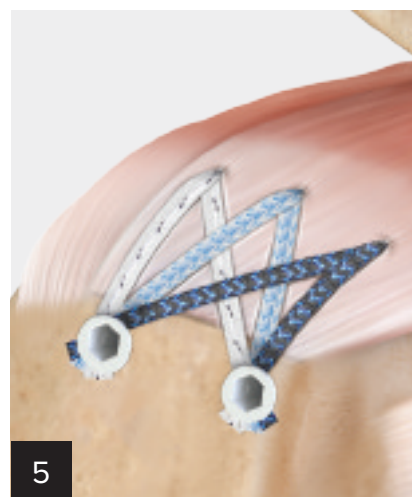


Completely advance the driver into the bone socket, beyond the first laser line and until the anchor body contacts bone. Evaluate suture tension. If tension is not adequate, back the driver out and readjust the tension.

Note: Do not attempt to apply tension to the sutures with the eyelet in the bone socket.

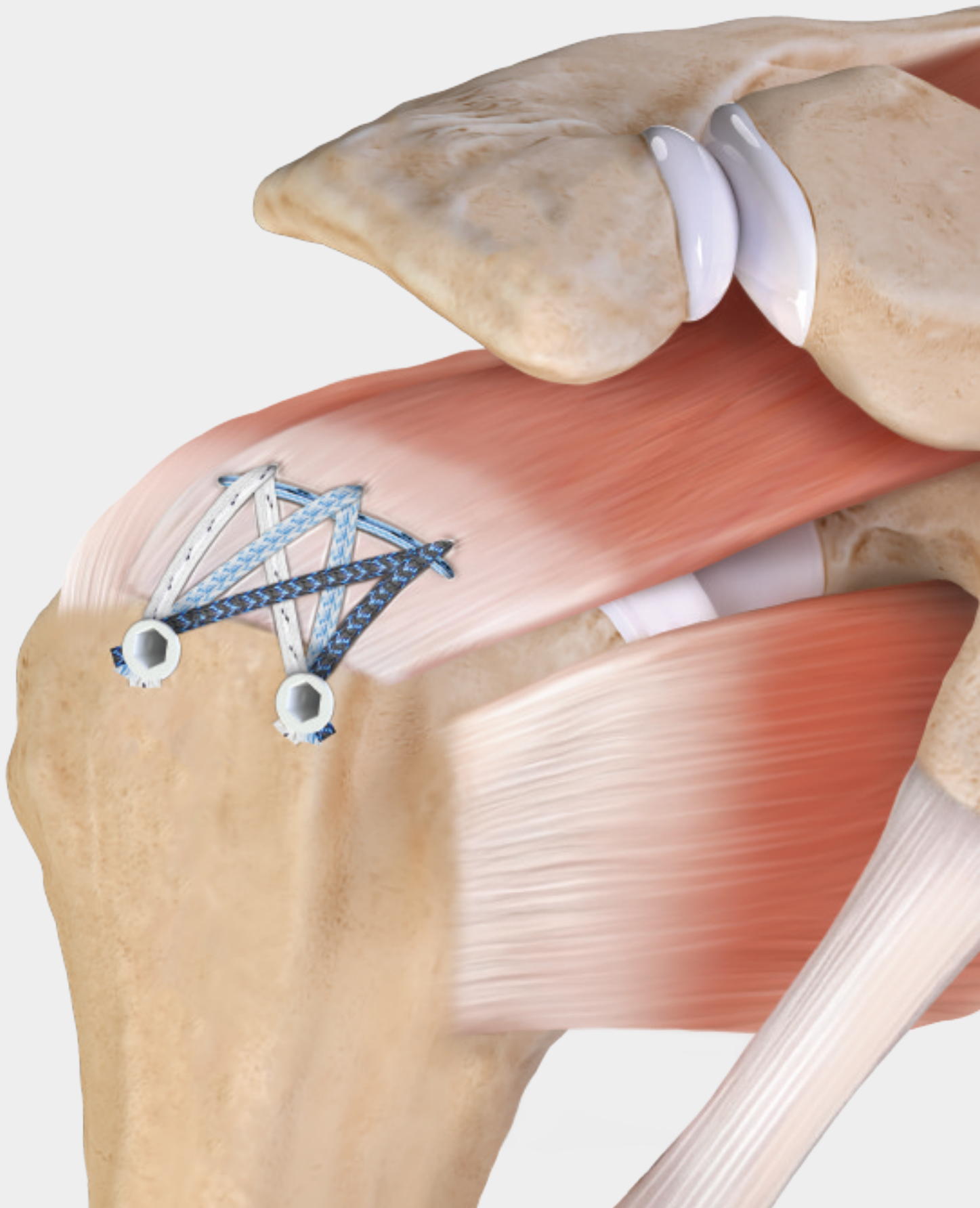


Make sure the tip of the anchor body is in contact with bone. Hold the thumb pad steady and rotate the driver handle in a clockwise direction to insert the anchor body until it is flush with the bone.



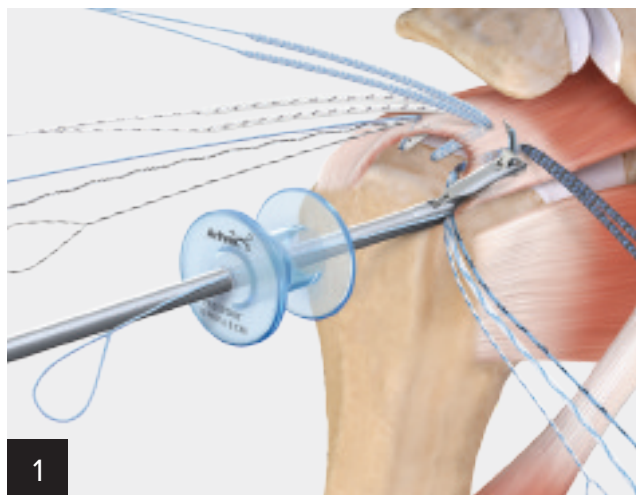
Cut the FiberTape suture tails with a FiberTape cutter. Repeat these steps for the second lateral anchor.

FiberTak[®] SpeedBridge[™] Technique: Knotless Double-Pulley Ripstop

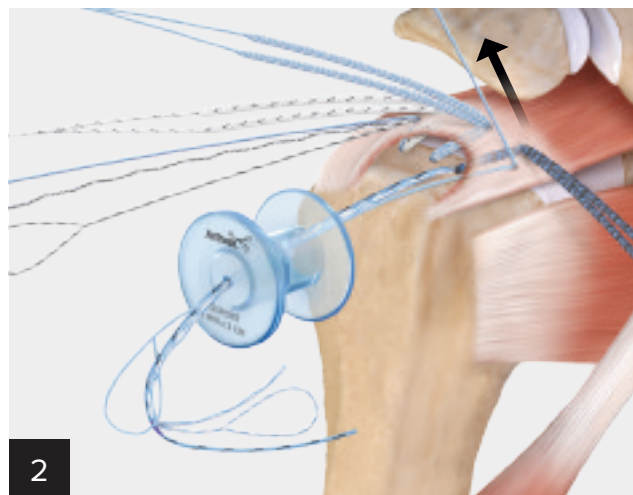


FiberTak® SpeedBridge™ Technique: Knotless Double-Pulley Ripstop

Tendon reduction under direct visualization and tensionable knotless medial fixation can be achieved with the knotless double-pulley. Shuttle the tensionable knotless sutures through the cuff with a separate pass to help prevent the construct from twisting beneath the rotator cuff.

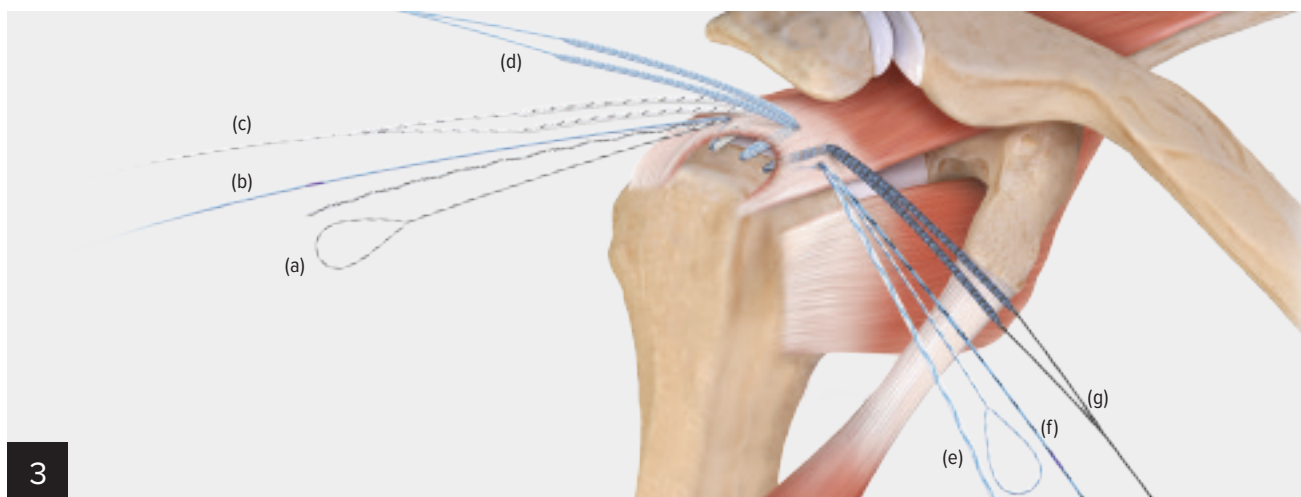


Once the FiberTape® sutures are passed, use a FiberLink™ shuttle suture to pass the knotless sutures. Using the Scorpion™ suture passer, load the single end of a FiberLink suture and pass it lateral and outside of the anterior and posterior 2.6 FiberTak RC anchors to form the double-pulley ripstop.



Retrieve the tail of the FiberLink suture from a superior portal to improve the shuttling angle through the tissue. Retrieve the sutures of the knotless mechanism, load them into the loop of the FiberLink shuttle suture, and pass the FiberLink suture through the rotator cuff. Repeat the same steps for the posterior anchor.

Note: For this technique, cut out the middle anchor's knotless mechanism; the tensionable knotless mechanisms of the anterior and posterior anchors will be linked together in steps 4 and 5.



Posterior Anchor

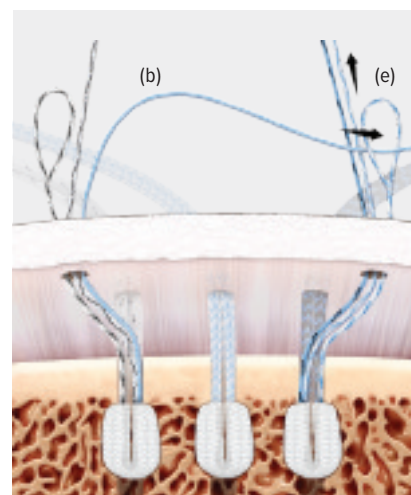
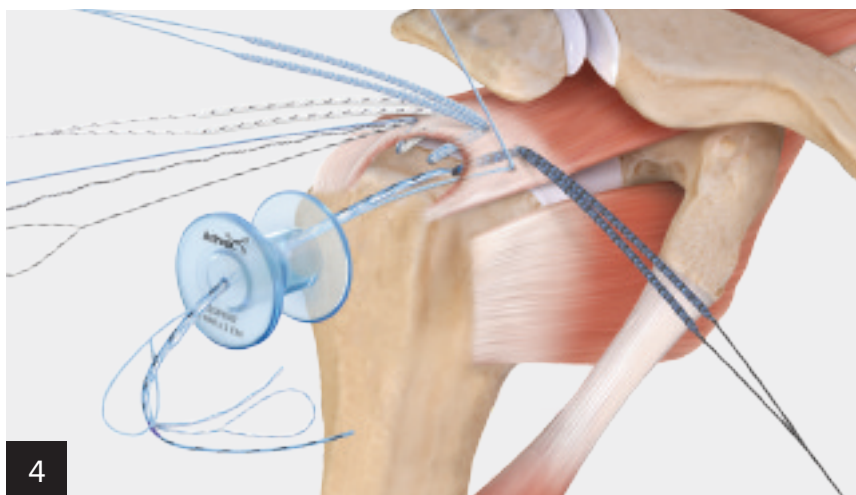
- a. TigerLink™ shuttle stitch
- b. Blue repair stitch
- c. 1.7 mm TigerTape™ sutures

Middle Anchor

- d. 1.7 mm FiberTape sutures

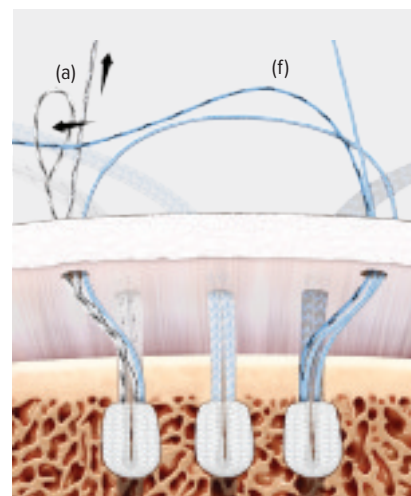
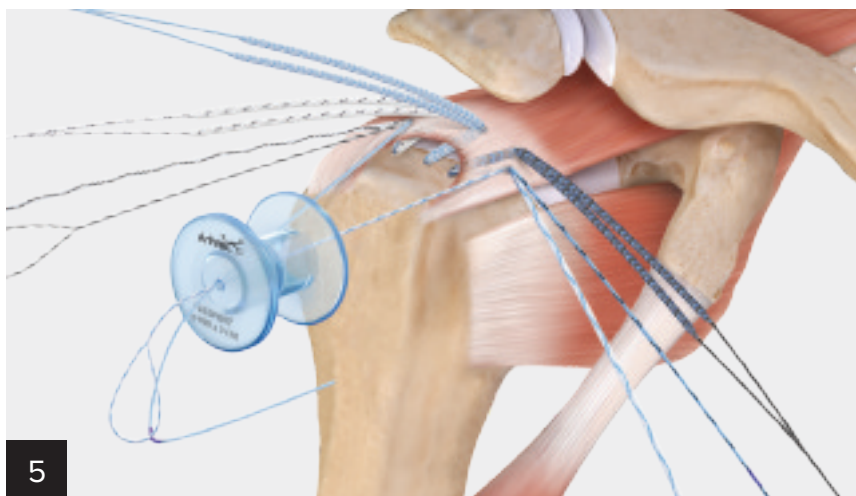
Anterior Anchor

- e. FiberLink shuttle stitch
- f. Blue/black repair stitch
- g. 1.7 mm black FiberTape sutures

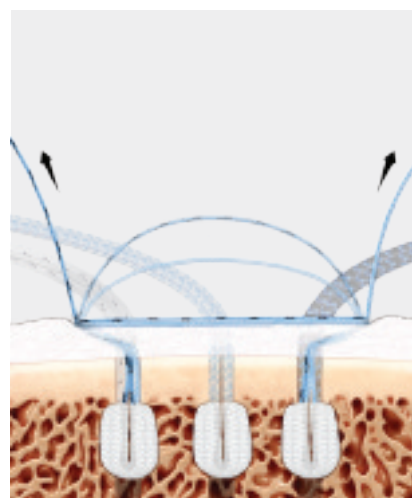
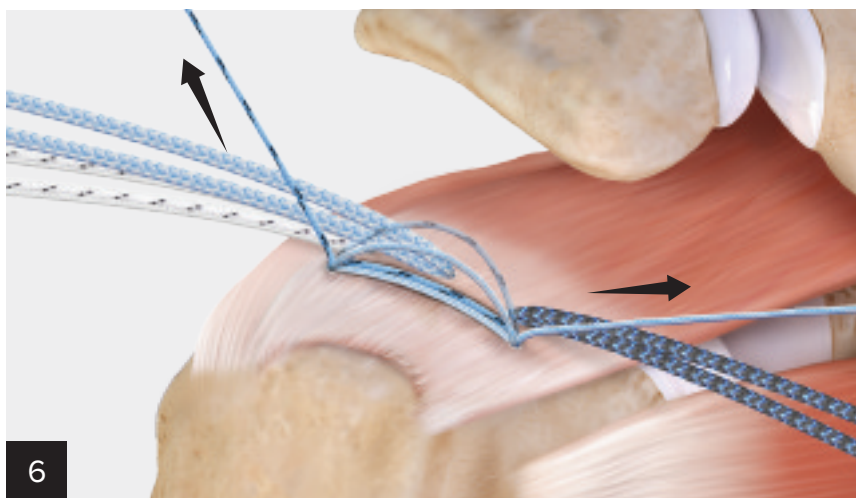


Retrieve the posterior blue repair suture **(b)** and the anterior looped end of the white/blue shuttle suture **(e)** from the lateral cannula. Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape suture tail of the white/blue shuttle suture **(e)** to shuttle the repair suture into the knotless mechanism.

Note: Tension the repair suture, but do not tighten it completely until the second repair suture is shuttled.

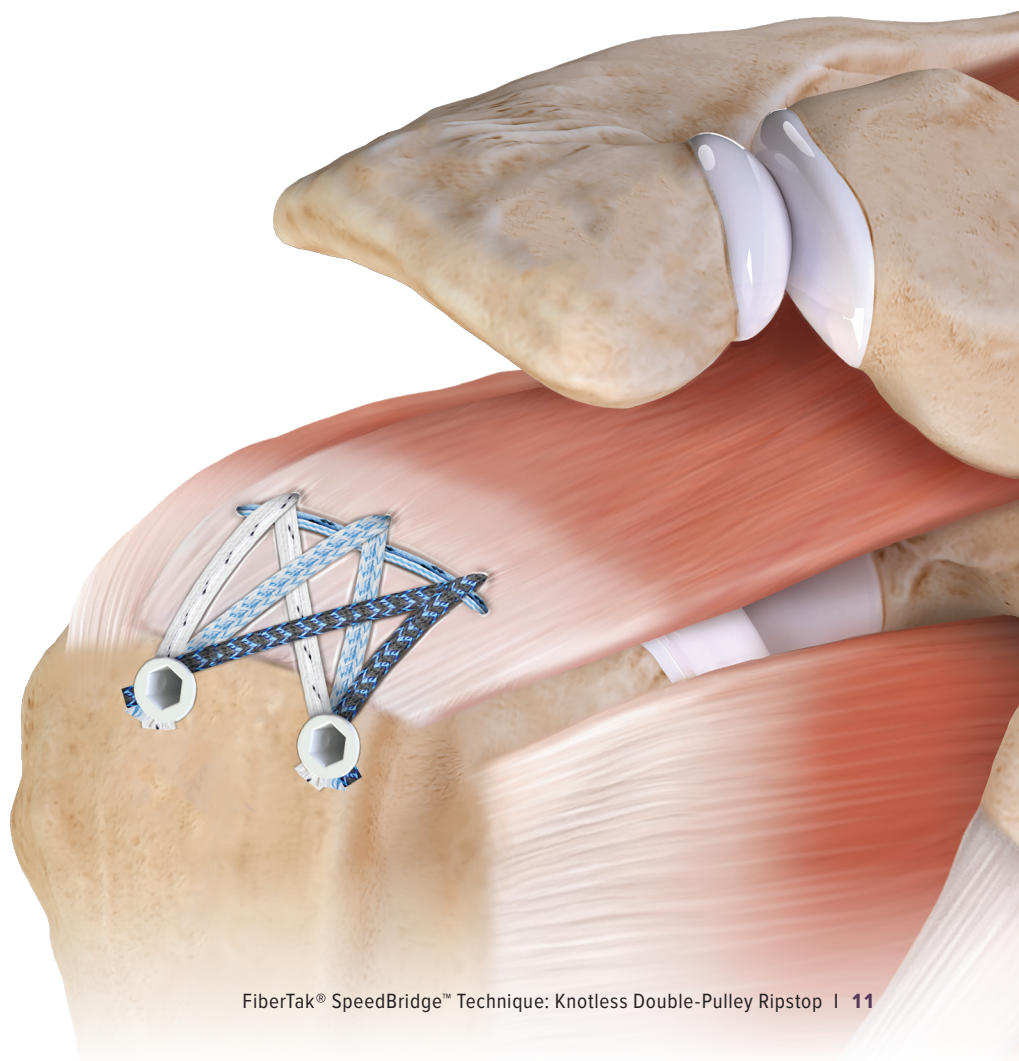


Repeat the previous steps using the anterior blue/black repair suture **(f)** and the posterior looped end of the white/black shuttle suture. **(a)**

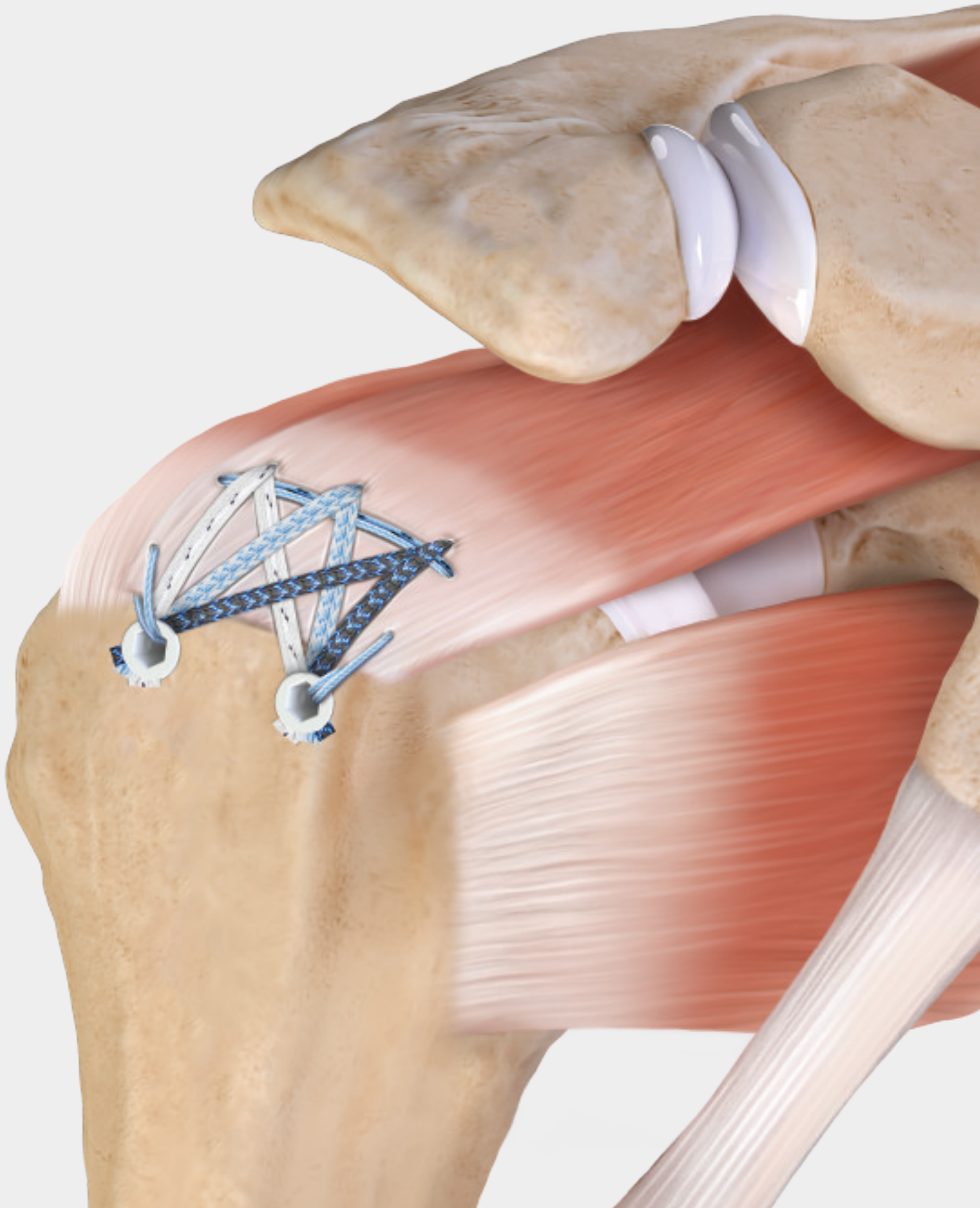


Tension the two repair sutures, reducing and fixating the tendon to the bone. Tension the FiberTape® suture limbs independently to remove any potential slack beneath the tendon. Cut the repair sutures flush once adequate fixation is achieved.

Note: Refer back to the lateral-row fixation technique to complete repair.

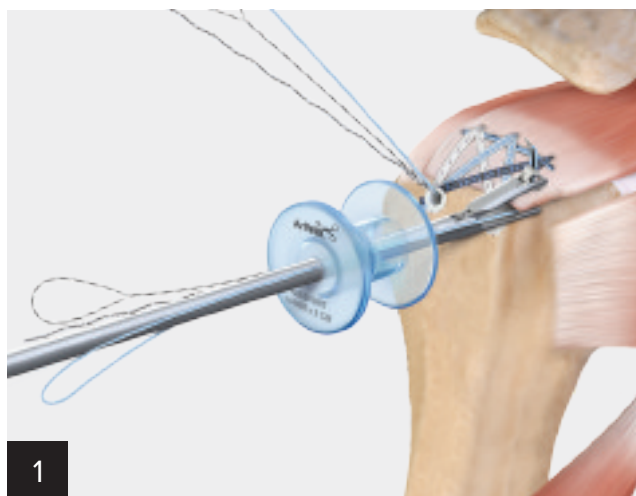


FiberTak[®] SpeedBridge[™] Technique: Dog-Ear or Cable Fixation

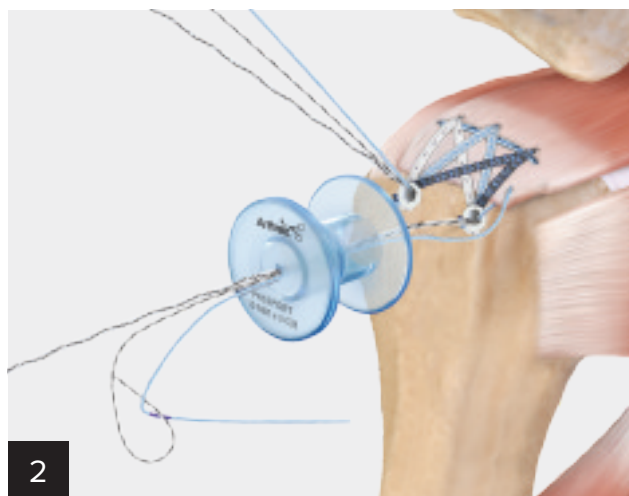


FiberTak® SpeedBridge™ Technique: Dog-Ear Reduction Suture

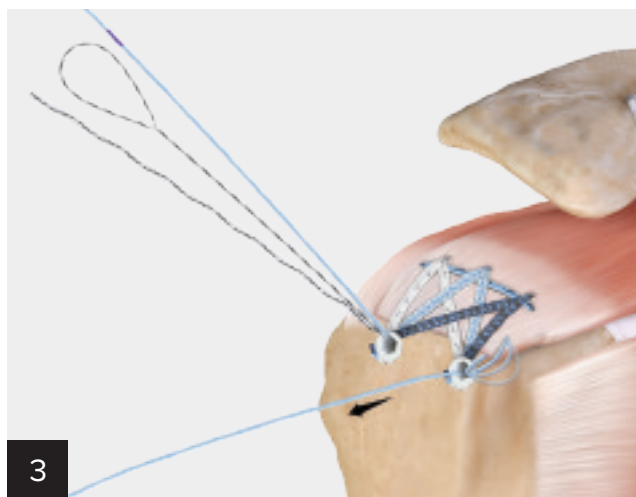
Achieve anterior and posterior lateral tissue fixation with the repair stitches from Knotless SwiveLock® anchors.



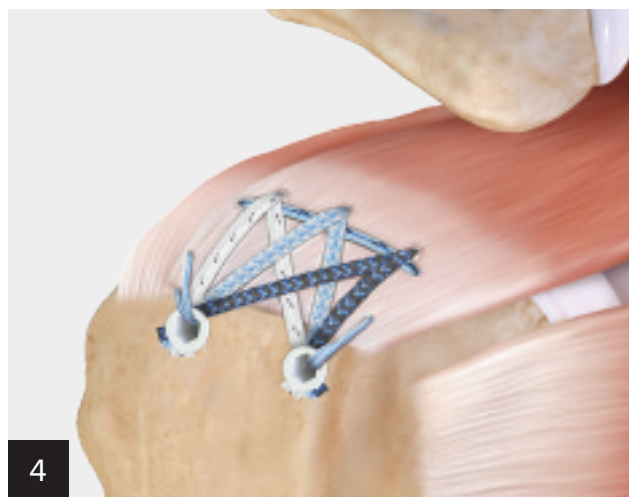
Retrieve the knotless sutures from the lateral cannula. Load the blue repair suture onto a Scorpion™ suture passer and advance through tissue.



Feed the end of the repair suture through the shuttle suture loop and fold it at the ink-mark indicator. Pull the tape shuttle suture tail to shuttle the repair suture into the tensionable knotless mechanism.



Tension the repair suture, reducing and fixating the tendon to the bone. A suture cutter can be used to hold the anchor steady during tensioning. Cut the repair suture once adequate fixation is achieved.



Double-Pulley Ripstop With Dog-Ear or Cable Fixation

Note: If using Knotless SwiveLock anchors and additional lateral fixation is not required, pull one end of the shuttle stitch to remove and cut the repair stitch and FiberTape® sutures with a FiberTape suture cutter.

Ordering Information

2.6 FiberTak® RC Anchors

Product Description	Item Number
2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm TigerTape™ loop (white/black), 1.3 mm SutureTape (white/blue)	AR-3652SP
2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm FiberTape® loop (blue), 1.3mm SutureTape (white/black)	AR-3652TSP
2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm FiberTape loop (black/blue), 1.3 mm SutureTape (blue/blue)	AR-3652TTSP
Knotless 2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm TigerTape loop (white/black) and #2 Suture (blue)	AR-3653SP
Knotless 2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm FiberTape loop (blue) and #2 Suture (white/black)	AR-3653TSP
Knotless 2.6 FiberTak RC Soft Anchor, self-punching, 1.7 mm FiberTape loop (black/blue), #2 Suture (blue/black)	AR-3653TTSP

SwiveLock® Anchors

Product Description	Item Number
Knotless BioComposite SwiveLock Anchor, 4.75 mm × 19.1 mm w/ #2 suture (Blue) and SutureTape link (white/blue)	AR-2324KBCC
Knotless BioComposite SwiveLock Anchor, 5.5 mm × 19.1 mm w/ #2 suture (Blue) and SutureTape link (white/blue)	AR-2323KBCC
Knotless PEEK SwiveLock Anchor, 4.75 mm × 19.1 mm w/ #2 suture (Blue) and SutureTape link (white/blue)	AR-2324KPSLC
Knotless PEEK SwiveLock Anchor, 5.5 mm × 19.1 mm w/ #2 suture (Blue) and SutureTape link (white/blue)	AR-2323KPSLC
BioComposite SwiveLock C Anchor, 4.75 mm × 19.1 mm	AR-2324BCC
BioComposite SwiveLock C Anchor, 5.5 mm × 19.1 mm	AR-2323BCC
PEEK SwiveLock C Anchor, 4.75 mm × 19.1 mm	AR-2324PSLC
PEEK SwiveLock C Anchor, 5.5 mm × 19.1 mm	AR-2323PSLC

Instruments

Product Description	Item Number
Disposables Kit for 2.6 FiberTak Anchors Includes: spear, trocar-tip obturator, and 2.6 mm drill	AR-3650DS
Angled Spear w/ Circumferential Teeth for 2.6 FiberTak and RC Anchors	AR-3655
Punch for 2.6 FiberTak and RC Anchors, reusable	AR-3656
Drill for 2.6 FiberTak and RC Anchors, reusable	AR-3657
Blunt Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR-3658B
Sharp Obturator for 2.6 FiberTak and RC Anchor Spear, reusable	AR-3658T
Circumferential Teeth Spear	AR-1941CT
Fishmouth Spear	AR-1941DGF
Punch for 5.5 mm Corkscrew® FT and 4.75 mm and 5.5 mm SwiveLock Anchors	AR-1927PB
Disposable Punch for 5.5 mm Corkscrew FT and 4.75 and 5.5 mm SwiveLock Anchors	AR-1927PBS
FastPass Scorpion™ SL Suture Passer	AR-13999MF
FiberTape Suture Cutter	AR-13250
FiberTape Retriever, w/ self-ratcheting handle	AR-13974SR
Suture Cutter, 4.2 mm, straight	AR-12250

References

1. Arthrex, Inc. Data on file (APT-05242). Naples, FL; 2021.
2. Arthrex, Inc. Data on file (APT-05350). Naples, FL; 2021.



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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arthrex.com

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