The Knotless SutureTak suture anchor simplifies arthroscopic glenohumeral joint instability repair by combining a proven and reproducible suture anchor design and insertion procedure with knotless soft-tissue fixation. Create a pilot hole precisely using the guide and drill and insert the suture anchor through the guide maintaining the same portal and drill trajectory. Pass and shuttle the suture into the locking mechanism allowing controlled tensioning of the suture repair for knotless soft-tissue fixation under direct visualization.

The body of the anchor is available in a biocomposite material that combines PLLA with \( \beta \)-TCP, and a nonabsorbable thermoplastic material, polyetheretherketone (PEEK). Both are strong, revisable, and radiolucent implants, with no MRI artifact.

**Advantages**
- 57 lbs of secure, low-profile knotless suture fixation
- No risk of knot impingement or knot loosening
- Cannulated design minimizes anchor material volume
- Simple, reproducible percutaneous insertion techniques
- Easily maintain the guide trajectory while drilling and inserting the anchor at 6 o’clock position

**Knotless SutureTak Anchor Self-Locking Technology**

Just pass it, cinch it, cut it
Mobilize the labrum and create a bleeding bed to enhance tissue healing to bone. Pass the spear through the cannula and place it on the glenoid rim. Create a bone socket for the anchor by advancing the drill through the spear until its collar contacts the spear’s handle. *Cycle the drill 2-3 times in hard bone to allow the drill flutes to clear debris from the bottom of the hole.*

If desired, an offset guide can be used to place the Knotless SutureTak® suture anchor 1.5 mm onto the face of the glenoid to help create a larger labral bumper.

Retrieve the repair suture through the anterosuperior portal using a KingFisher® retriever. Insert a curved SutureLasso™ suture passer (right curve for right shoulder) into the anteroinferior cannula and pass it through the capsulolabral tissue inferior to the anchor. Advance the Nitinol wire loop into the joint. Retrieve the wire loop through the anterosuperior portal using a KingFisher retriever.

Insert the anchor through the spear and into bone by gentle impaction until the inserter handle is flush with the back of the spear. Then, remove the suture release tab and pull out the inserter and spear.

Load the repair suture through the Nitinol wire loop. Retract the wire loop through the SutureLasso to pull the suture to the distal end of the SutureLasso inside the joint. Remove the SutureLasso™ suture passer and wire loop together to shuttle the repair suture through the labral tissue.
Load the repair suture through the loop of the shuttling suture. *Fold the white section of the repair suture in half* and crease the suture with your fingers. Pull the free end of the shuttling suture to shuttle the repair suture back into the anchor. Advance the shuttle suture with repeated light tugs until the suture is passed through the suture splice locking mechanism and back out the cannula.

Pull the free end of the repair suture until the desired tension on the repair is achieved. A tissue grasper can be used to position the labrum to its desired location while applying tension on the repair. Cut the suture flush using a mini suture cutter.

In poor-quality bone, use the knotless suture tensioner cutter to provide counter pressure against the anchor to resist anchor pullout. Cut the suture by pressing the plunger on the tensioner cutter handle.

**Precise Anchor Placement**

*Using the Percutaneous Insertion Kit*

- **Knotless SutureTak® anchor Percutaneous Insertion Kit AR-1938PK:**
  - Tensioner Cutter
  - Disposable Spear (4.5 mm OD)
  - Spinal Needle, 17-guage
  - Guidewire, 1.1 mm
  - Portal Dilator
  - Drill, 2.6 mm, hard bone
  - Metal Cannula (4.7 mm ID/5.4 mm OD)

- **Insert 17-gauge spinal needle to precisely localize any portal. Introduce a 1.1 mm guidewire through the needle.**
- **Insert portal dilator over the guidewire then a spear over the dilator. Drill a bone socket and tap in the anchor.**

**Knotless Suture Tensioner and Cutter**
Ordering Information

Knotless SutureTak® anchors, 3 mm x 12.7 mm, #2 FiberWire® CL

Biocomposite™ Knotless SutureTak
PEEK

Required Instruments
Spear, trocar and blunt tip obturator for SutureTak suture anchor
Drill, 2.6 mm, hard bone
Knotless Suture Tensioner Cutter

Optional Instruments
Knotless SutureTak Disposable Kit
(Tensioner cutter, spear/trocar AR-1949S, Drill, 2.6 mm)
Disposable spear, trocar tip obturator for SutureTak suture anchor
Offset guide for SutureTak suture anchor
Disposable offset guide for SutureTak suture anchor
Circumferential teeth spear and trocar tip obturator for SutureTak suture anchor
SutureTak Punch
Portal dilator for SutureTak spear
Needle for Portal Dilator
SutureTak Instrument Case
ShaverDrill disposable for Knotless SutureTak anchor

Knotless SutureTak
Anchor, Hard Bone
ShaverDrill Device

Also available for soft tissue open repair procedures is the Knotless SutureTak open repair anchor. With the same suture-locking mechanism and anchor strength as the Knotless SutureTak anchor, the open repair anchor offers more precise anchor placement.

Knotless SutureTak® Open Repair Anchor, 3 mm x 12.7 mm, #2 FiberWire® CL Suture

Required Instruments
Drill Guide and Drill (2.6 mm)

Reference:
1 Failure Mode: Suture pulled through anchor.
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 outcomes.


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