ArthroFlex® BioWasher™ for use with SpeedBridge™
Knotless Rotator Cuff Repairs

Surgical Technique
**Knotless SwiveLock Anchors with FiberTape Provide the Strongest and Lowest Profile Constructs**

**SpeedBridge**  |  **Knotless Double Row Footprint Reconstruction**
- Medium to large tears
- Transosseous equivalent
- Maximizes contact between tendon and bone
- Knotless medial row minimizes potential for crepitus
- Protects healing zone from the synovial environment
- Requires only two suture passing steps

**ArthroFlex**  |  **BioWasher**  |  **SpeedBridge**  |  **Augmented Repair**
- Ideal for use in Revisions or in cases of poor tissue quality
- Reinforces suture-tendon interface preventing suture pull-through
- Easy to implant arthroscopically
- Decellularized for cellular repopulation and to promote healing

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*LifeNet Health*

SwiveLock C

- The only fully threaded, bioabsorbable, knotless anchor on the market
- Cannulated and vented design minimizes material and may allow bony ingrowth
- Our maximum fixation strength
- Combines with many variations of FiberTape® and FiberWire® for extreme flexibility
- BioComposite, PEEK, PLLA and titanium material options

SwiveLock SP

- Self-punching design eliminates the need for a bone socket preparation step
- Facilitates repair visualization prior to insertion

FiberTape

- 2 mm wide FiberTape or TigerTape™ options provide broad compression and tissue cut-through resistance
- #2 FiberWire tails can be passed with a Scorpion™ Suture Passer

BioComposite Vented
SwiveLock with FiberTape Loop

The 4.75 mm BioComposite Vented SwiveLock is now available with a preloaded FiberTape loop that allows easy FiberTape passage for the medial row of a SpeedBridge. The two limbs of the FiberTape are joined into a single tail that can be easily passed with a Scorpion Suture Passer, eliminating the need for more complex suture shuttling techniques.

The science behind the technology...

![Graph showing Load-to-Failure data for various anchors](image)
The fully threaded SwiveLock C can be combined with FiberTape to create a quick and secure SpeedBridge construct with no knots. The result is a low profile, transosseous equivalent “suturebridge” that enhances the footprint compression to maximize contact between tendon and bone. The addition of the ArthroFlex BioWasher adds a biologic component to augment the tendon/suture interface.

Preload a FiberTape into the eyelet of a BioComposite SwiveLock C for use as a medial row anchor. Prepare a bone socket using a punch. Insert the BioComposite SwiveLock C into the prepared medial bone socket until the anchor body makes contact with bone. Ensure that the FiberTape tails are parallel to the cuff, and not perpendicular to it.

Hold the thumb pad steady and rotate the driver handle in a clockwise direction until the anchor body is flush with the bone. Unwind the #2 FiberWire tip retention suture that holds the PEEK tip in place during anchor insertion. This suture may be incorporated into the repair or discarded. Remove the driver.

Pass the tail of a FiberLink™, for use as a suture shuttle, through the rotator cuff with a FastPass Scorpion. Move the FiberLink tail to the anterior portal.

Retrieve the FiberTape tails and the #2 FiberWire tails through the lateral portal using a FiberTape Retriever. Load the FiberTape and FiberWire through the FiberLink loop. Pull on the FiberLink tail, through the anterior portal, to shuttle the FiberTapes and FiberWires through a single hole in the rotator cuff.
Repeat steps 1-4 for the anteromedial anchor, using a white/black TigerTape for easy suture management.

Use a CrabClaw™ Suture Retriever to grasp each FiberTape individually at the anchor and bring out of the PassPort Button Cannula, one at a time to prevent tangling of the FiberTape. If you plan on using the #2 FiberWire in the repair for a Medial Pulley, those should be brought out separately from the FiberTapes as a pair.

Suture management is key to passing the sutures in an appropriate manner. Notice the FiberTape and FiberWire position outside the cannula. This ensures the sutures are not crossed when passing suture through the BioWasher.

Place a folded towel on the patient’s arm and place the BioWasher on the towel. Use the Arthrex Reverse Cutting Needle with Nitinol Loop or a cutting (trochar) free needle to pass the FiberTapes individually through the BioWasher. The two FiberTapes should be passed approximately 5.5 mm from each other. If the FiberWires are to be used, pass both limbs together through the BioWasher between the FiberTapes.
Pass both limbs of the FiberWire through an arthroscopic knot pusher and grasp the FiberWire and FiberTape and hold them under tension in line with the cannula. Using a “push-pull” technique, advance the BioWasher down the sutures, through the hub of the cannula, and then all the way down on top of the rotator cuff tendon. An arthroscopic probe may be used through the anterior portal to help lay the BioWasher down.

Repeat Steps 6-9 for the anterior BioWasher.

For suture management, shuttle the anterior anchor FiberTapes out through an anterior portal. Shuttle the posterior anchor FiberTapes through a posterior portal. Use the FiberWire sutures to tie a Medial Pulley. A rigid cannula can replace the PassPort Button Cannula.

Retrieve on FiberTape tail from each medial anchor and preload them through the SwiveLock C eyelet. Prepare a bone socket using a punch. Anchor position is normally 5-10 mm lateral to the edge of the tuberosity.
Bring the eyelet of the implant to the edge of the bone socket and remove slack from each FiberTape limb individually. Apply tension to the FiberTapes so that the tissue is reduced and compressed against the bone.

Completely advance the driver into the bone socket beyond the first laser line, until the anchor body contacts bone. Evaluate tissue tension. If it is determined that the tension is not adequate, the driver can be backed out and tension readjusted. Hold the thumb pad steady and rotate the driver in a clockwise direction until the anchor is flush with the bone.

Cut the FiberTape tails with a FiberTape Cutter. Repeat steps 12-15 for the second lateral anchor.

Final repair with BioWashers in place.
### Ordering Information

**Implants/Disposables:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>BioComposite SwiveLock C, 4.75 mm x 19.1 mm, closed eyelet</td>
<td>AR-2324BCC</td>
</tr>
<tr>
<td>BioComposite SwiveLock C, 5.8 mm x 19.1 mm, closed eyelet</td>
<td>AR-2323BCC</td>
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<tr>
<td>BioComposite SwiveLock SP, 4.75 mm x 24.5 mm, self-punching</td>
<td>AR-2324BCM</td>
</tr>
<tr>
<td>BioComposite SwiveLock SP, 5.5 mm x 24.5 mm, self-punching</td>
<td>AR-2323BCM</td>
</tr>
<tr>
<td>BioComposite SwiveLock C w/blue FiberTape Loop</td>
<td>AR-2324BCCT</td>
</tr>
<tr>
<td>BioComposite SwiveLock C w/white/black FiberTape Loop</td>
<td>AR-2324BCCTT</td>
</tr>
<tr>
<td>TigerTape, 2 mm, 7 inch (white/black) each end tapered to #2 TigerWire, 30 inches</td>
<td>AR-7237-T</td>
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<tr>
<td>FiberTape, Collagen Coated, 2 mm, 7 inch (blue)</td>
<td>AR-7237-B</td>
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<tr>
<td>FiberLink, #2 FiberWire (blue) w/closed loop</td>
<td>AR-7235</td>
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<td>Punch, for 5.5 mm Corkscrew FT and 4.75 mm and 5.5 mm SwiveLock</td>
<td>AR-1927PB</td>
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<tr>
<td>Disposable Punch, for 5.5 mm Corkscrew FT and 4.75 mm and 5.5 mm SwiveLock</td>
<td>AR-1927PBS</td>
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<td>MultiFire FastPass Scorpion Suture Passer</td>
<td>AR-13997MF</td>
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<td>Knot Pusher, Closed end</td>
<td>AR-1305</td>
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<tr>
<td>CrabClaw Knot Pusher/Suture Retriever</td>
<td>AR-12960</td>
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<td>FiberTape Cutter</td>
<td>AR-13250</td>
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<td>FiberTape Retriever w/SR Handle</td>
<td>AR-13974SR</td>
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<tr>
<td>FiberTape Penetrator**, w/SR Handle, Straight Shaft, Self-Ratcheting</td>
<td>AR-2167ST-3</td>
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<tr>
<td>ArthroFlex BioWashers can be ordered through LifeNet Health Customer Service at 888-847-7831</td>
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**ArthroFlex BioWashers**

- **ArthroFlex BioWasher Decellularized Dermis**
  - Decellularized Dermis 14 mm x 10 mm (qty. 2)  
    - ARFLEX822  

*Note: PEEK, PLLA and titanium anchor options also available*