INSTRUMENTATION:

Osteochondral Flap Repair Single Shot Set (AR-4009S)
sterile, qty. 5, single use, includes:
- Osteochondral Flap Repair Single Shot Sheath
- Osteochondral Flap Repair Single Shot Dart Inserter
- Osteochondral Flap Repair Single Shot Drill
- Osteochondral Flap Repair Cannula

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- Osteochondral Flap Repair Cannula
- Osteochondral Flap Repair Multi-Shot Set (AR-4095S)
- Osteochondral Flap Repair 2-Hole Guide Sleeve
- Osteochondral Flap Repair 4-Hole Guide Sleeve
- Osteochondral Flap Repair Drill Pins, S, M, L & XL

Chondral Dart
18 mm, packed individually, qty. 5, sterile, single use

Chondral Dart AR-4005B-18

Chondral Dart are packaged in a convenient, disposable plastic case with an easy tear-off lid.
Single Shot Technique for Smaller FLAP Tears

When flap tears of 1 cm or less are encountered, the surgeon may select the single shot instruments for introducing single Darts to secure the flap. The Osteochondral Flap Repair Single Shot Sheath allows for firm reduction and compression of the flap. A pilot hole is drilled with a small diameter, stainless steel trocar through the sheath. The Dart is placed into the back of the sheath and the Osteochondral Flap Repair Single Shot Dart Inserter advances the Dart into position. A few light taps countersink the Dart 1 to 2 mm below the hyaline cartilage surface to provide solid fixation of the fragment. One or more single shot Darts may be placed through the flap if additional fixation is required.

Single Shot Technique for Smaller FLAP Tears

The bioabsorbable PLLA Chondral Dart has a unique, double reversed barbed design to facilitate superior fixation and compression of osteochondral flap tears up to 2 cm in diameter. The 18 mm long, 1.3 mm diameter Chondral Dart provides secure fixation under the hyaline cartilage surface to eliminate contact with sensitive articulating surfaces.

Multi-Shot Technique for Larger FLAP Tears

For flap tears encountered that are greater than 1 cm, the surgeon may select the multi-shot method for introducing multiple darts to secure the flap. The Osteochondral Flap Repair Single Shot Sheath allows for firm reduction and compression of the flap. A pilot hole is drilled with a small diameter, stainless steel trocar through the sheath. The Dart is placed into the back of the sheath and the Osteochondral Flap Repair Single Shot Dart Inserter advances the Dart into position. A few light taps countersink the Dart 1 to 2 mm below the hyaline cartilage surface to provide solid fixation of the fragment. One or more single shot Darts may be placed through the flap if additional fixation is required.

Multi-Shot Technique for Larger FLAP Tears

The appropriate diameter Osteochondral Flap Repair Guide Sleeve is introduced into the joint, the fragment is reduced and held under compression with the concave end of the guide sleeve. The shortest step Osteochondral Flap Repair Drill Pin is selected and advanced through the appropriate hole in the guide sleeve and drilled into bone until the depth stop is reached. The translucent guide sleeve provides accurate visual control of pin positioning and subsequent Dart placement throughout the procedure.

The drill pin secures the guide sleeve against the fragment and maintains compression throughout the remainder of the procedure.

Additional step drill pins are inserted based on the number of Darts required to secure the fragment. Varying pin lengths are marked with etched lines to facilitate easy removal after placement.

Once all drill pins have been placed, the longest drill pin is removed and the single shot sheath is introduced in its place to deliver the Dart exactly into the predrilled hole. The remaining drill pins provide positional stability and compression retention of the guide sleeve. When inserted into the guide sleeve, the depth stop on the sheath prevents it from contacting the cartilage surface.

A Chondral Dart is placed into the back of the sheath and advanced with the inserter. A few light taps countersink the Dart 1 to 2 mm below the hyaline cartilage surface into the predrilled hole.

Each pin is removed and subsequent Darts implanted. Prior to removing the last step pin, the short blunt pin is introduced through a guide sleeve hole to stabilize the sleeve in a hole behind one of the countersunk Darts. This allows retention of sleeve positioning during final drill pin removal and subsequent placement of the final Dart.

A minimum of three Darts is recommended to secure fragments greater than 1 cm in diameter. Post-op management at the conclusion of either procedure includes passive range of motion exercises and protective weight-bearing for a period of 4-6 weeks.
Single Shot Technique for Smaller FLAP Tears

When flap tears of 1 cm or less are encountered, the surgeon may select the single shot instruments for introducing single Darts to secure the flap. The Osteochondral Flap Repair Single Shot Sheath allows for firm reduction and compression of the flap. A pilot hole is drilled with a small diameter, stainless steel trocar through the sheath. The Dart is placed into the back of the sheath and the Osteochondral Flap Repair Single Shot Dart Inserter advances the Dart into position. A few light taps countersink the Dart 1 to 2 mm below the hyaline cartilage surface to provide solid fixation of the fragment. One or more single shot Darts may be placed through the flap if additional fixation is required.

Multi-Shot Technique for Larger FLAP Tears

For flap tears that are greater than 1 cm, the surgeon may select the multi-shot method for introducing multiple Darts to secure the flap. The Osteochondral Flap Repair 2-Hole or 4-Hole Guide Sleeve with a smooth, concave surface to maintain compression of the fragment throughout the procedure. Multi-shot instrumentation consists of a translucent Osteochondral Flap Repair Drill Pin and Osteochondral Flap Repair Guide Sleeve. The longest step drill pin is selected and advanced through the appropriate hole in the guide sleeve and drilled into bone until the guide sleeve is introduced into the joint, the fragment is compressed under the hyaline cartilage surface to eliminate contact with sensitive articulating surfaces.

The appropriate diameter Osteochondral Flap Repair Guide Sleeve is introduced into the joint, the fragment is reduced and held under compression with the concave end of the guide sleeve. The shortest step Osteochondral Flap Repair Drill Pin is selected and advanced through the appropriate hole in the guide sleeve and drilled into bone until the depth stop is reached. The translucent guide sleeve provides accurate visual control of pin positioning and subsequent Dart placement throughout the procedure. The drill pin secures the guide sleeve against the fragment and maintains compression throughout the remainder of the procedure.

Additional step drill pins are inserted based on the number of Darts required to secure the fragment. Varying pin lengths are marked with etched lines to facilitate easy removal after placement. Once all drill pins have been placed, the drill pin is removed and the Osteochondral Flap Repair Guide Sleeve is inserted into the joint. The fragment is reduced and held under compression with the concave end of the guide sleeve. When inserted into the guide sleeve, the depth stop on the sheath prevents it from contacting the cartilage surface. A Chondral Dart is placed into the back of the sheath and advanced with the inserter. A few light taps countersink the Dart 1 to 2 mm below the hyaline cartilage surface into the predrilled hole.

Each pin is removed and subsequent Darts implanted. Prior to removing the last step pin, the short blunt pin is introduced through a guide sleeve hole to stabilize the sleeve in a hole behind one of the countersunk Darts. This allows retention of sleeve positioning during final drill pin removal and subsequent placement of the final Dart.

A minimum of three Darts is recommended to secure fragments greater than 1 cm in diameter. Post-op management at the conclusion of either procedure includes passive range of motion exercises and protective weight-bearing for a period of 4-6 weeks.
**INSTRUMENTATION:**

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<thead>
<tr>
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