Surgical Technique for SLAP Repair

NEW

LINVATEC SRS

SHOULDER RESTORATION SYSTEM

Simple | Secure | Versatile

Presto™ Suture Anchor

Soft tissue to bone repairs including but not limited to:

- SLAP (Superior Labrum, Anterior to Posterior)
- Bankhart (Anterior, Inferior, Labrum)
- Reverse Bankhart (Posterior, Inferior, Labrum)
- Hip Labral Repair

ConMed™ Linvatec

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SHOULDER RESTORATION SYSTEM *for SLAP Repair*

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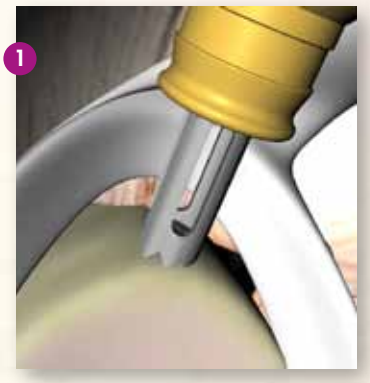
Portal Establishment:

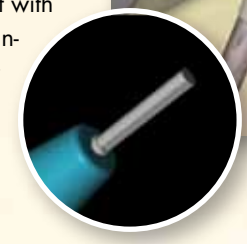
Establish three portals. 1) The Posterior Mid-Glenoid Portal - located in the mid-point of the posterior capsule, 2cm lateral to the glenoid 2) The Anterior Superior Portal – located in the rotator interval area just anterior to the biceps tendon 3) The Anterior Mid Glenoid Portal – located 2cm inferior and 1cm medial to the Anterior Superior Portal. The posterior MG portal is used for viewing with the scope while preparing the glenoid neck, drilling pilot hole and inserting the anchor .

The following technique was developed and is described by Stephen J. Snyder, MD, Southern California Orthopedic Institute, Van Nuys, CA

Prepare the superior glenoid for insertion of the Presto™ suture anchor by debriding the soft tissue of the superior glenoid neck. Insert the Presto™ Bio-Instability drill guide through the Anterior Superior 5mm Green Dry-Doc® Cannula passing "posterior" to the biceps tendon. Position the tip of the guide 5mm superior to the articular cartilage just under the center point of the biceps attachment.

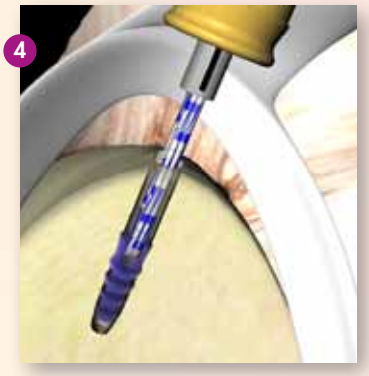


Pass a 2.1mm Bio-Instability Twist Drill Bit through the Drill Guide and into the joint space. Drill a pilot hole, stopping when the distal depth mark sits below the bone surface and the proximal depth stop makes contact with the Drill Guide. The Bio-Instaility bone punch may be used if the bone is not too hard.

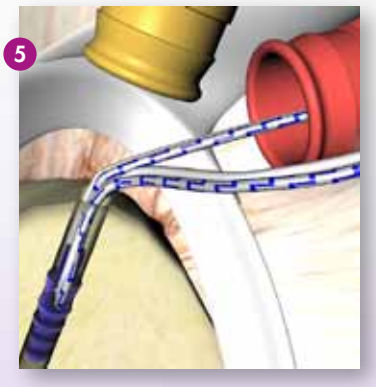


Prior to Presto™ insertion, align the vertical laser marks to face toward the biceps tendon and superior labrum. Pass the Presto™ implant through the Drill Guide and into the hole. Use a mallet to advance the implant until the distal depth mark on the driver is below the surface of the bone. Also note that inserting the implant any deeper could potentially cause anchor breakage.

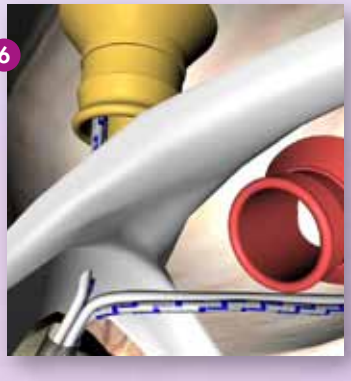
Release the suture from the driver cleats before removing the driver. Pull the implant driver back, as straight as possible, to avoid any toggling or adverse change in implant position.



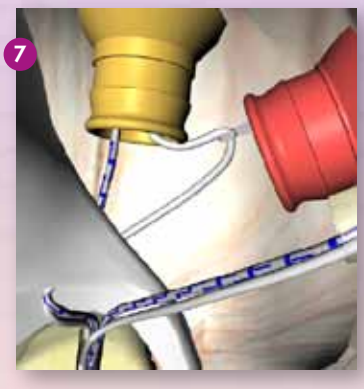
With a crochet hook, retrieve the two sutures exiting from the glenoid side of the implant eyelet. Pull them into the anterior mid - glenoid 5mm Green Dry-Doc® cannula. Utilizing a switching stick, store the sutures outside the Dry-Doc® Cannula. Pull the remaining two suture limbs (exiting the anchor eyelet closest to the labrum) through the same Anterior Mid-Glenoid Dry-Doc® Cannula.



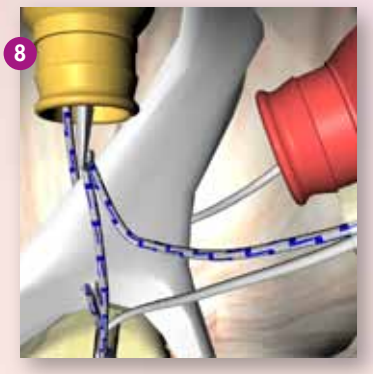
Pass a Spectrum® Crescent hook through the ASC and direct it to pass through the center of the superior side of the biceps tendon and "under" the superior labrum. Send the Super Shuttle® through the needle and retrieve it into the AMGC using a grasping clamp. Load both suttures in the cannula into the Shutttle and carry them back under the labrum and into the ASC.



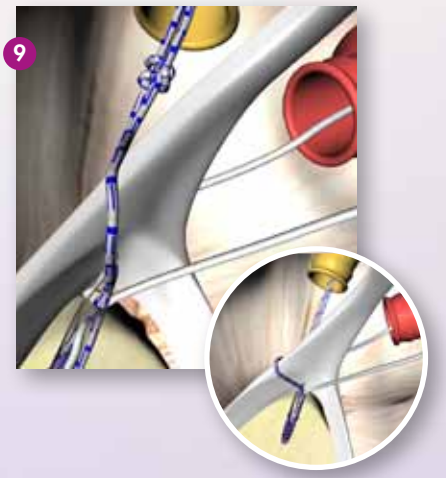
Using a crochet hook through the Anterior Mid Glenoid Dry-Doc® Cannula, retrieve one of the sutures located in the Anterior Superior Dry-Doc® Cannula, passing above and anterior to the biceps tendon.



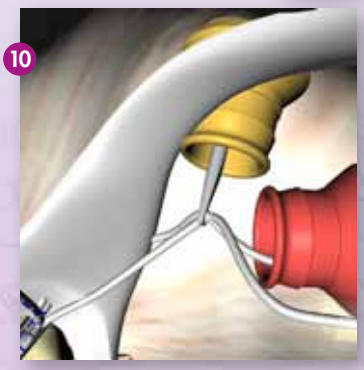
Retrieve the partner of the suture that remains in the Anterior Superior Dry-Doc® Cannula with the crochet hook from the Anterior Mid - Glenoid Portal, into the Anterior Superior Dry-Doc® Cannula, making sure to pass below, or posterior, to the biceps tendon.



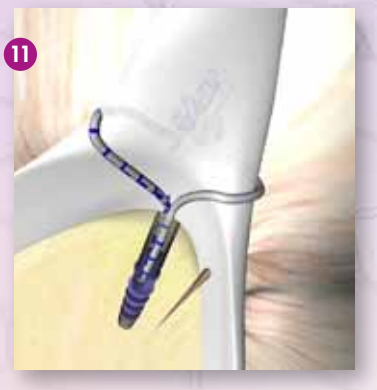
Pull the sutures located in the Anterior Superior Dry-Doc® Cannula back and forth through the implant eyelet to test their mobility. For sutures that slide easily, tie an SMC or other sliding knot. For static sutures, use a Revo® knot. Tie the knot so that it is located behind the biceps tissue, away from the joint surface. This requires that the post suture be the one passing through the biceps. Cut the suture tails.



Using a crochet hook, retrieve both arms of the remaining suture anterior to the biceps tendon and into the Anterior Superior Dry-Doc® Cannula.



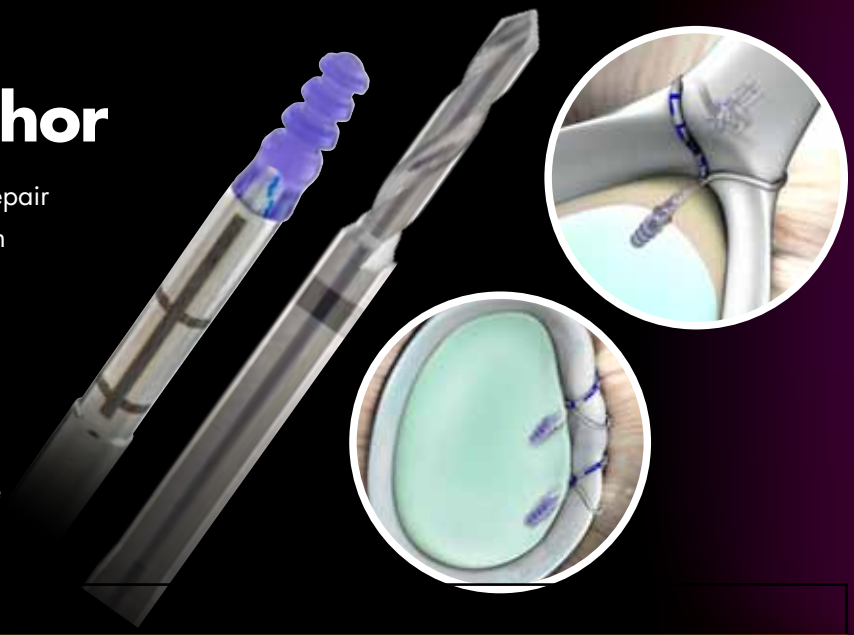
Test mobility and tie the sutures together again using the strand passing through the biceps as the post. Cut the suture tails.



Probe the biceps tendon to test the repair. Pressure applied to the tendon should be directed superiorly and posteriorly, making sure there is no visible gapping in the tissues under stress.

Presto™ Suture Anchor

Clinical use:	Shoulder Instability or Hip Labral Repair
Features:	Press-in anchor with press fit fixation
Pull-out:	194 N
Diameter:	2.9mm
Length:	10.75mm
Material:	100% PLA
Sutures:	1 and 2
Technique:	Drill pilot hole and mallet into place



FEATURES AND BENEFITS

Features	Benefits
Press Fit Style	Streamlines insertion, eliminates the need for a tap, faster procedural times
100% Poly Lactic Acid	Absorbable, Easily Revisable, Radiolucent,
Purple Color	Highly Visible in the Joint
2.9mm Diameter	Optimal small design saves glenoid real estate
Double Loaded Option	Permits additional stitches with fewer anchors; enables surgeons to utilize the "stitch of Burns" (stitches around both sides of the biceps)
Utilizes Bio Mini™ Drill Guides	Familiar platform, Less instrumentation, Saves money
Indications	Indicated for soft tissue to bone repairs
Pre-threaded with two different color strands (white & white with a blue stripe) of #2 Hi-Fi® High Strength Suture	Allows for differentiation between sutures and creates stronger suture constructs.
Pre-loaded on an arthroscopic disposable inserter	Reduces OR procedure time

ORDERING INFORMATION

Presto™ Anchor

C6271H	Single Loaded Presto™ Anchor
C6272H	Double Loaded Presto™ Anchor
C6179	Instability Twist Drill Bit

Bio-Instability Instrumentation for Presto™

C6171	Bio-Instability Drill Guide, Fishmouth
C6172	Bio-Instability Drill Guide, Fishmouth
C6173	Blunt Obturator
C6174	Sharp Trocar
C6176	Bio-instability Bone Punch, 2.1mm
C6178	Bio-instability Sterilization tray
C6179	Bio-instability twist drill bit, 2.1mm

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