



# Shoulder Restoration System™

Arthroscopic Proximal Biceps Tenodesis Repair  
using the PopLok® 3.5 Knotless Suture Anchor

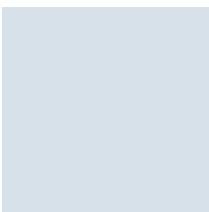


COMMITTED TO INNOVATION

SURGICAL  
TECHNIQUE

# Arthroscopic Proximal Biceps Tenodesis using the PopLok® 3.5 Knotless Suture Anchor

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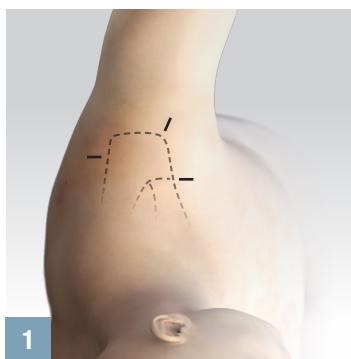


A complete systematic diagnostic evaluation is performed. The biceps tendon is evaluated for signs of inflammation and/or tearing. The tendon is pulled medially into the joint to evaluate the portion of the tendon that normally rests within the groove, a common place for biceps pathology.

Reviewed by Mark J. Albritton, MD, Resurgens Orthopaedics, Atlanta, GA

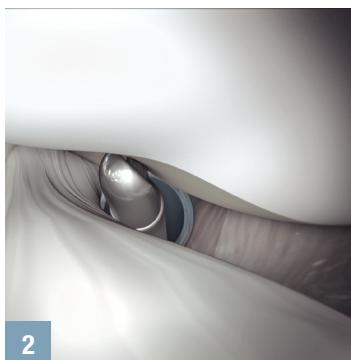


## PORTAL PLACEMENT AND TECHNIQUE



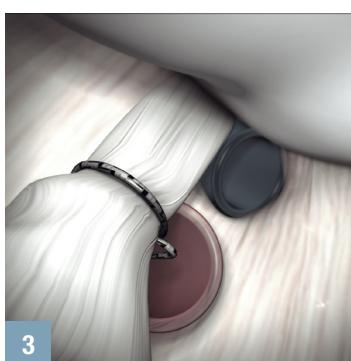
1

The posterior portal is the viewing portal for the tenodesis. A 7mm cannula is placed in the anterior mid-glenoid portal and anterior superior portal.



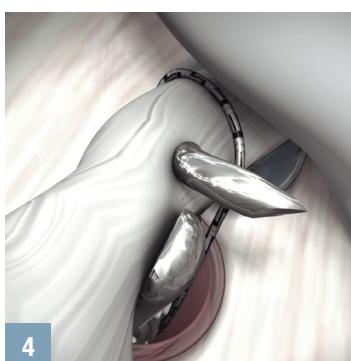
2

Working through the anterior superior portal, the biceps is debrided and the soft tissue within the biceps groove is carefully excised. Meticulous removal of soft tissue from the groove is critical for clear visualization to ensure correct placement of the PopLok® anchor. The tissue can be removed with a motorized shaver or with the help of electrocautery.



3

A free strand of #2 Hi-Fi® suture is used to create a “rosette” (i.e. ball of suture,) which is grasped with a grasper. The ball of suture is then passed through the anterior mid-glenoid cannula superior to the biceps tendon and the suture is retrieved inferior to the biceps tendon, looping the tendon.

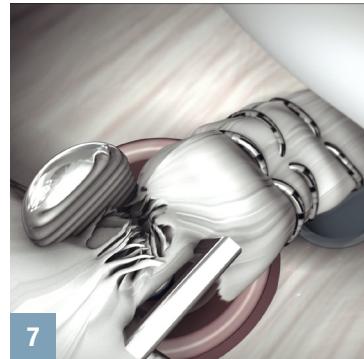
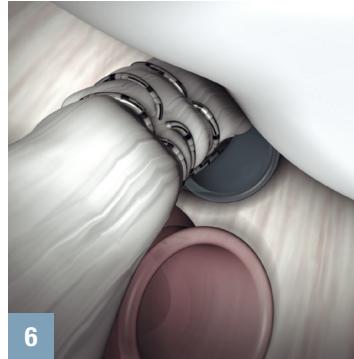
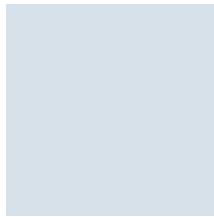


4

Working through the anterior superior portal, a Spectrum® medium crescent hook is passed through the anterior cannula to pierce the biceps tendon at its lateral aspect within the joint, staying medial to the looping suture. A Super Shuttle® relay is advanced into the joint. The crescent hook is removed, leaving the shuttle through the biceps tendon.

Arthroscopic Proximal  
Biceps Tenodesis  
Surgical Technique

## TECHNIQUE AND CONSTRUCT



The distal portion of the shuttle is retrieved into the anterior superior cannula. After ensuring both Hi-Fi® suture tails exiting the cannula are of equal length, load both tails into the shuttle eyelet and shuttle through the biceps, creating a locking hitch.

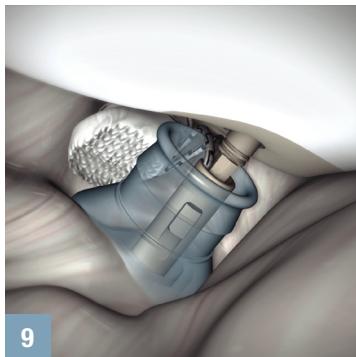
This locking hitch stitch is performed one or two more times with the same Hi-Fi® suture to provide a better fixation to the biceps tendon.

The intra-articular portion of the biceps tendon, 1cm distal to the hitching stitches, is excised with a basket forceps and the stump is removed with a shaver.



8

Through the anterior superior cannula, a pilot hole is created within the biceps groove. Using the punch for the 3.5mm PopLok® anchor and a mallet, the punch is inserted until the laser line reaches the cortex.



9

The Hi-Fi® sutures exiting the anterior cannula are loaded into the PopLok® anchor. The PopLok® anchor is inserted into the pilot hole and the inserter is gently tapped until the laser line reaches the cortex. The sutures are tensioned, pulling the biceps securely down to the prepared bone.



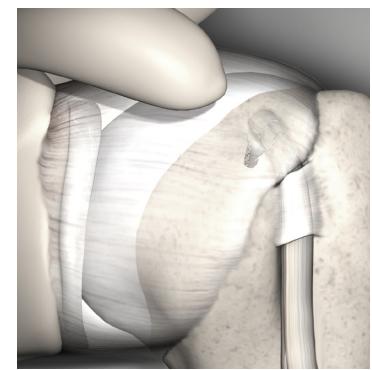
10

The anchor is deployed, securing the PopLok® anchor, sutures, and biceps tendon. The inserter is removed and the suture tails are cut with the Katana® High-Strength Suture Cutter.

Arthroscopic Proximal  
Biceps Tenodesis  
Surgical Technique

## FINAL CONSTRUCT

The biceps tendon is secured down to the bleeding bone within the bicipital groove, providing a stable and secure fixation.







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