

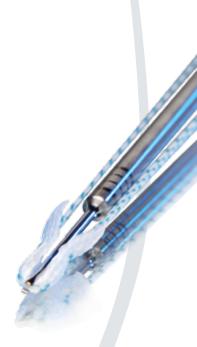
## Foot and Ankle Restoration System<sup>™</sup>

Anatomic Repair for Chronic Lateral Ankle Instability using the Y-Knot® 1.3mm All-Suture Anchor









## Anatomic Repair for Chronic Lateral Ankle Instability using the Y-Knot<sup>®</sup> 1.3mm All-Suture Anchor

The Y-Knot All-Suture Anchor from ConMed combines a small size, soft construct, and secure 360° FormFit<sup>TM</sup> fixation for soft tissue-to-bone repairs including, but not limited to, Chronic Lateral Ankle Instability repairs.

Reviewed by J. Piraino, DPM, MS, FACFAS

After the site is exposed, the anatomy identified and inspected, and the inferior extensor retinaculum is dissected, the distal tip of the fibula is abraded to provide a bony bed for healing. The anchors are inserted at the anterior talofibular ligament (ATFL) and calcaneofibular ligament (CFL) insertion sites, and 1cm above the ATFL insertion site.



To insert the Y-Knot All-Suture Anchor, insert the fishmouth or serrated drill guide (utilize the Blunt Obturator if done arthroscopically) and position at the desired location on the fibula.



Drill a pilot hole by advancing the 1.3mm Y-Knot disposable drill bit until the distal spiral markings on the drill bit fill the window in the drill guide. At this point the distal shoulder of the drill bit will be seated against the surface of the bone.



Remove the drill while maintaining guide position over the pilot hole. Insert the Y-Knot® anchor through the drill guide and into the pilot hole. Use a mallet to advance the Y-Knot anchor until the proximal laser mark is flush with the proximal end of the drill guide. At this point, the distal cross hatch markings will be fully visible in the drill guide window.



Unwind the suture from the anchor insertion handle cleats. Remove the insertion handle and drill guide from the joint. Pull on both ends of the suture to set the anchor. Confirm that the suture slides freely. The ends of suture will pull back 5-10mm as the soft anchor expands and seats in bone. Repeat steps for utilizing additional Y-Knot anchors to add additional soft tissue to bone fixation points.



Tie down the remnants of the ATFL and CFL to the suture anchors, along with a capsular-periosteal flap utilizing a #5 free tapered needle (or other suture passing device if done arthroscopically) with the foot at neutral dorsiflexion and slight eversion.

Repair the extensor retinaculum to the periosteum of the distal fibula to reinforce the repair with interrupted #0 Vicryl sutures.

## Y-KNOT° ALL-SUTURE ANCHOR

Y-Knot All-Suture Anchor	
Drill Guide - Fishmouth	
Blunt Obturator	
Instrument Tray	C61780

SURGICAL TECHNIQUE



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