Pushlock®

Knotless Instability Repair



PushLock Knotless Suture Anchors

Introduction

The unique design of the PushLock anchor provides a secure labral repair while eliminating arthroscopic knots and the potential damage they may cause. The PushLock technique provides the ability to independently pass the suture through the capsule or labrum and adjust tissue tension prior to anchor implantation.

Advantages

- Knotless techniques save surgical steps and time
- Designed specifically for glenoid labral repair to maximize the preservation of glenoid bone
- No risk of knot impingement
- Cannulated design minimizes anchor volume
- "Suture First" technique allows for multiple stitch configurations
- Suture tension is visualized and adjusted prior to anchor insertion



Circumferential Teeth Spear

Spade Tip Drill

Key Instrumentation

QuickPass™ SutureLasso

Gemini Cannula C.

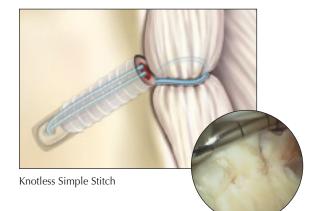
Percutaneous Insertion Metal Cannula

Labral FastPass Scorpion™

*Recommended to use with #1 FiberWire

PushLock "Suture First" Knotless Stitch Configurations

Low profile, smooth suture repair with no risk of knot impingement



FiberWire[®] and TigerWire[®] #1 FiberWire, 38" (blue) #2 FiberWire, 38" (blue) #2 TigerWire, 38" (white/black)

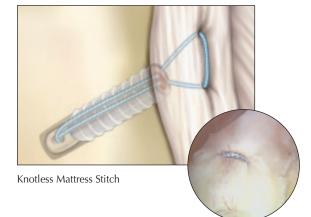
AR-7216 AR-7233 AR-7203

LabralTape™

Smooth, low profile 1.5 mm tape provides 37% greater tissue cut-through resistance than #2 suture.**

LabralTape, 1.5 mm, 36″ (white)

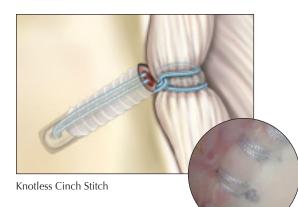
AR-7276



FiberStick[™] and TigerStick[®]

The 12″ stiffened section allows easy advancement through most cannulated SutureLassos[™], eliminating the need for a separate shuttling step.

FiberStick, #2 FiberWire, 50" (blue)	AR-7209
TigerStick, #2 TigerWire, 50" (white/black)	AR-7209T



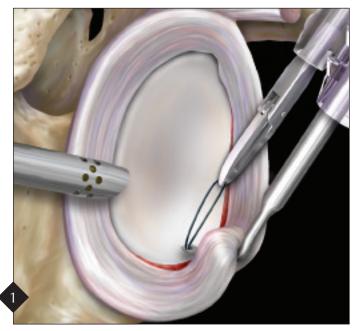
FiberLink[™] and TigerLink[™]

FiberLink transitions from a single strand to an extended loop to allow easy creation of a cinch stitch.

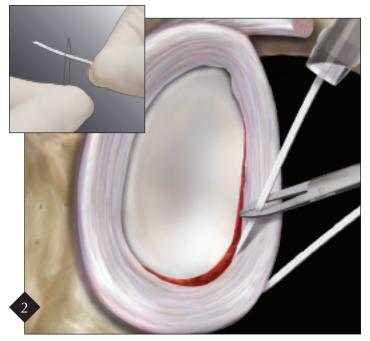
FiberLink, #2 FiberWire w/loop (blue)	AR-7235
FiberLink, #2 FiberWire w/loop (white/black)	AR-7235T

Suture First: Simple Stitch

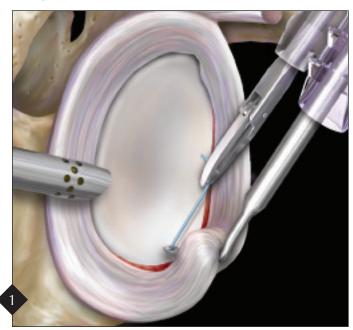
Simple Stitch with FiberWire or LabralTape



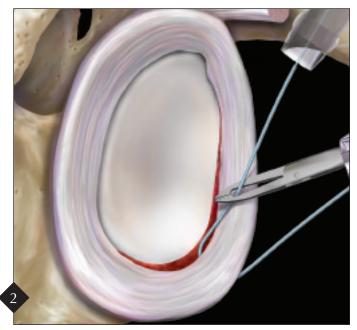
Insert the SutureLasso into a cannula and pass it through the capsulolabral tissue. Advance the Nitinol wire loop through the SutureLasso and retrieve it through a separate portal using a KingFisher[®].



Load the suture through the Nitinol wire loop. Retract the SutureLasso and wire shuttling the suture through the tissue. Retrieve both suture tails through the anchor insertion cannula.



Insert the SutureLasso pre-loaded with FiberStick, into a cannula and pass it through the capsulolabral tissue. Advance the FiberStick through the SutureLasso and retrieve it through a separate portal using a KingFisher.

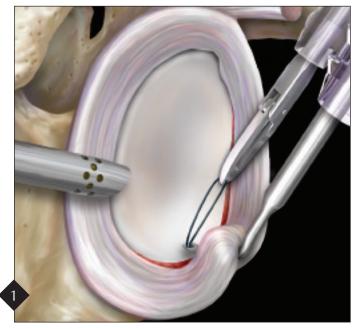


Retrieve both suture tails through the anchor insertion cannula.

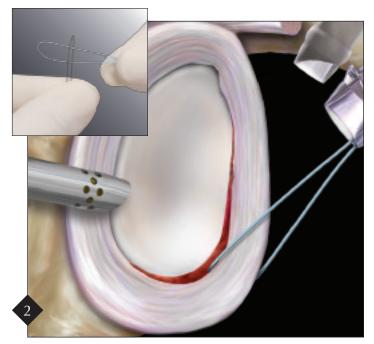
Simple Stitch with FiberStick

Suture First: Cinch Stitch

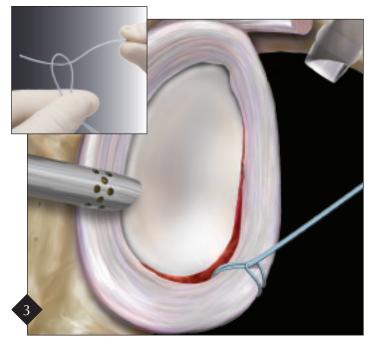
Cinch Stitch with FiberLink



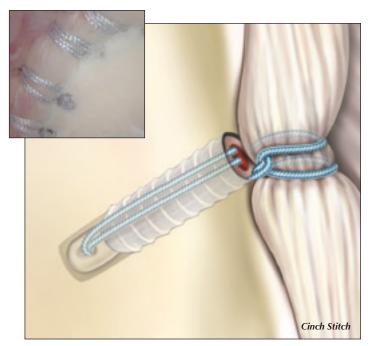
Insert the SutureLasso into a cannula and pass it through the capsulolabral tissue. Advance the Nitinol wire loop through the SutureLasso and retrieve it through a separate portal using a KingFisher.



Load the FiberLink through the Nitinol wire loop. Retract the SutureLasso and wire shuttling the FiberLink through the tissue. Retrieve both FiberLink ends through the anchor insertion cannula.



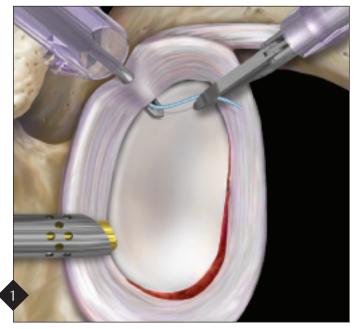
Pass the FiberLink tail through the FiberLink loop to create the cinch stitch. Pull on the FiberLink tail to position the cinch stitch on the labrum.



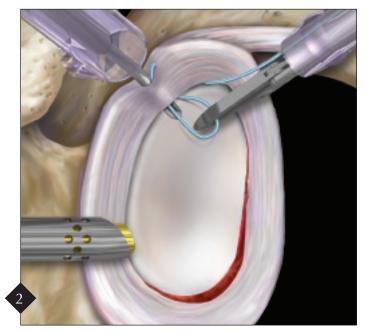
Inset: Cinch stitch, courtesy of Kevin Murphy, MD

Suture First: Mattress Stitch

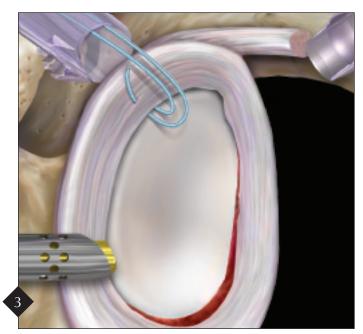
Mattress Stitch with FiberStick



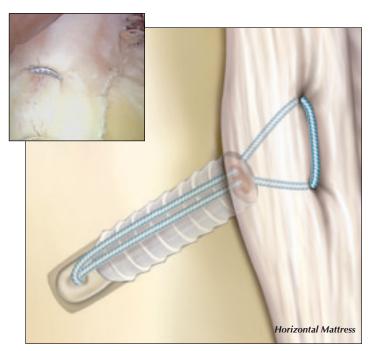
Insert the SutureLasso pre-loaded with FiberStick, into a cannula and pass it through the capsulolabral tissue. Advance the FiberStick through the SutureLasso and retrieve it through a separate portal using a KingFisher.



Retract the SutureLasso, without removing it from the joint, and pass it again through the tissue to achieve the desired mattress spacing and orientation. Retrieve the FiberStick out of the SutureLasso using a KingFisher.



Retrieve both suture tails through the anchor insertion cannula.

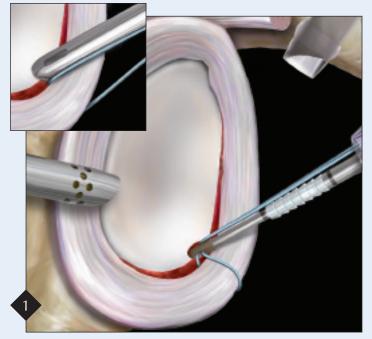


Inset: Vertical mattress, courtesy of Neal ElAttrache, MD

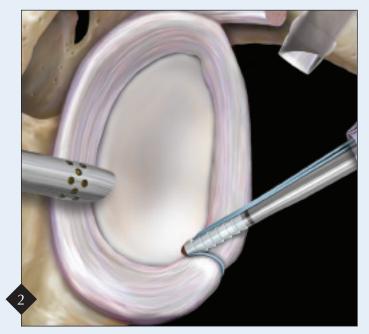
PushLock Anchor Insertion

Preload the FiberWire tails through the PushLock eyelet and place a hemostat on the suture tails to speed insertion after the bone socket is drilled.

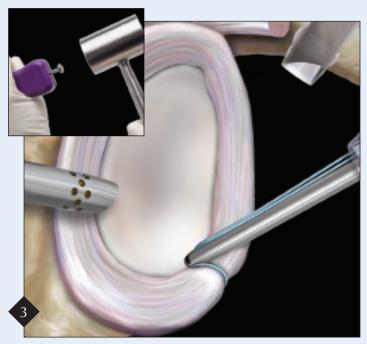




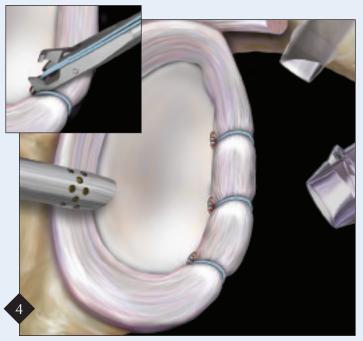
Insert the spear through the cannula with the passed suture and place onto the glenoid rim. Fully advance the drill through the spear until its collar makes contact with the spear's handle. Advance the PushLock into the joint and tension the suture to approximate the labral tissue to the eyelet.



Advance the driver into the bone socket, while releasing the suture tails, until the anchor body contacts the bone. If additional tension is needed to reduce the labral tissue to the bone, pull on the suture tails, while keeping a firm grasp of the driver. The final tension is attained when the anchor is in contact with the bone.



Remove the orange packaging clip and tap the metal button on the driver handle to advance the anchor body until the proximal laser line is flush with the bone. Remove the driver by rotating it counterclockwise for six full revolutions.



Cut the sutures flush using an open-ended FiberWire Suture Cutter.

Ordering Information

2.4 mm and 2.9 mm PushLock Implants:

implants.	
PEEK PushLock, 2.4 mm x 14 mm	AR-2922PS
BioComposite PushLock,	
2.9 mm x 15.5 mm	AR-1923BC
BioComposite Short PushLock,	
2.9 mm x 12.5 mm	AR-2923BC
PEEK PushLock, 2.9 mm x 15.5 mm	AR-1923PS
PEEK Short PushLock,	
2.9 mm x 12.5 mm	AR-2923PS
Bio-PushLock, 2.9 mm x 15.5 mm	AR-1923B

Required Instruments:

Required instruments.	
Spear, Trocar and Blunt Tip Obturator	
for 2.4 mm and 2.9 mm PushLock	AR-1949
Drill for 2.4 mm PushLock	AR-2922D-24-1
Drill for 2.9 mm PushLock	AR-1923D
Drill for 2.9 mm PushLock (hard bone)	AR-1923DT
Drill for short 2.9 mm PushLock	AR-2923D
Drill for short 2.9 mm PushLock	
(hard bone)	AR-2923DT
Optional Instruments:	
Offset Guide for 2.4 mm and	
2.9 mm PushLock	AR-1934R
Spear w/Circumferential Teeth,	
Trocar Tip Obturator for 2.4 mm	
and 2.9 mm PushLock	AR-1946
Spade Tip Drill for 2.9 mm PushLock	AR-1923SD
Disposable Offset Guide	
for 2.4 mm and 2.9 mm PushLock	AR-1934GS
Disposable Spear, Trocar Obturator	
for 2.4 mm and 2.9 mm Pushl ock	AR-1949S
Disposables Kit for 2.9 mm PushLock	
(w/metal spear and drill)	AR-1923DS
Metal Cannula Set for 2.9 mm PushLock	AR-1923MCS
Disposable Silicone Dam	
for AR-1923MCS	AR-1923MC-03
Suture Cutter, 3.4 mm, straight	1 11 1925110 05
(fits through metal cannula	
AR-1923MCS)	AR-13255
, 1920(100)	

3.5 mm PushLock

Implan	ts:
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Implants:	
BioComposite PushLock,	
3.5 mm x 19.5 mm	AR-1926BC
PEEK PushLock, 3.5 mm x 19.5 mm	AR-1926PS
Bio-PushLock, 3.5 mm x 19.5 mm	AR-1926B
Required Instruments:	
Spear, Trocar Tip Obturator	
for 3.5 mm PushLock	AR-1907
Drill for 3.5 mm PushLock	AR-1912
Optional Instruments:	
Offset Guide for 3.5 mm PushLock	AR-1909R
Spear w/Circumferential Teeth,	
Trocar Tip Obturator	
for 3.5 mm PushLock	AR-1906
Spade Tip Drill for 3.5 mm PushLock	AR-1911
Metal Cannula for 3.5 mm PushLock	AR-1926MC
Disposables Kit for 3.5 mm PushLock	
(w/metal spear and drill)	AR-1926DS
Disposables Kit for 3.5 mm PushLock	
(w/offset guide and drill)	AR-1926DS-2
Recommended FiberWire	

Recommended FiberWire

LabralTape, 1.5 mm, 36" tape (white)	AR-7276
#2 FiberWire, 38" (blue)	AR-7233
#2 TigerWire, 38" (white/black)	AR-7203
#1 FiberWire, 38" (blue)	
(for 2.4 mm PushLock)	AR-7216
#2 FiberLink w/closed Loop, 26" (blue)	AR-7235
#2 TigerLink w/closed Loop,	
26" (white/black)	AR-7235T
FiberStick, #2 FiberWire, 50"	
(blue), one end stiffened, 12"	AR-7209
TigerStick, #2 TigerWire, 50″	
(white/black), one end stiffened, 12"	AR-7209T



www.arthrex.com/shoulder/pushlock

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use.

U.S. PATENT NOS. 6,716,234; 6,991,636; 7,029,490; 7,147,651; 7,329,272; 7,993,369 and PATENTS PENDING.