

PARS Achilles Jig System

Surgical Technique



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Arthrex PARS Achilles Jig System



Incision planning: The incision is placed approximately 1 cm proximal to the palpable rupture in the Achilles tendon.

Achilles tendon ruptures are common in the elite and recreational athlete and most often occur in the non-insertional region of the tendon complex. Most surgeons will elect to treat these injuriessurgically, to lessen the risk for re-rupture, while providing the opportunity for a quicker recovery and convenient rehabilitation. Historically, open techniques have been utilized for repair of the rupture but can be complicated by wound-healing issues and infection. The PARS (Percutaneous Achilles Repair System) is a percutaneous and minimally invasive technique for Achilles tendon ruptures.

The PARS system provides the opportunity for consistently reliable capture of the proximal and distal aspects of the Achilles tendon and utilizes color-coded FiberWire[®] suture. The anatomically contoured guide is nondisposable, while the suture and passing needles come packaged in one convenient kit. The PARS system provides the option of transverse or locking sutures, or both. The colored FiberWire sutures offer a more organized approach to identifying and securing matched pairs.

Developed with Robert B. Anderson, M.D. OrthoCarolina Orthopedic Group Charlotte, NC



The proximal portion of the tendon is grasped with an Alice Clamp or some other grasping device.



The inner arms of the Jig are placed within the paratenon of the Achilles tendon. Once inside the paratenon, the inner arms are opened by adjusting the wheel to allow for easy advancement of the Jig. The Jig is advanced until the inner arms are surrounding viable tendon.



The Jig is advanced proximally. The muscle belly will usually stop the Jig at an adequate level.



Pass the Guide Pin with Nitinol loop through the #1 hole. The white #2 FiberWire[®] is pulled through the leg, leaving tails on both sides of equal length.

Note: Place some manual pressure on top of the tendon, while passing the Guide Pin to enhance central placement of the FiberWire.



Pass the Guide Pin with Nitinol loop through the #2 hole. The blue #2 FiberWire is pulled through the leg, leaving tails on both sides.

Note: Place some manual pressure on top of the tendon, while passing the Guide Pin to enhance central placement of the FiberWire.



Pass the Guide Pin with Nitinol loop through the #3 and #4 holes. The white/green #2 FiberWire with loops are pulled through the leg, leaving equal tails on both sides. Make sure there is one looped end on each side of the leg.

Note: Place some manual pressure on top of the tendon, while passing the Guide Pin to enhance central placement of the FiberWire.



Pass the Guide Pin with Nitinol loop through the #5 hole. The white/black #2 TigerWire® is pulled through the leg, leaving equal tails on both sides. *Note: An additional locking stitch can be placed by using holes #6 and #7 in the same manner as holes #3 and #4 with the looped FiberWire. An additional suture kit will be needed if this option is desired.*

Note: Place some manual pressure on top of the tendon, while passing the Guide Pin to enhance central placement of the FiberWire.



Final construct prior to removal of the Jig.



Pull the Jig slowly out of the operative site. Once the inner arms are out of the incision, pull the suture out of the outer arms so they don't get stuck in the holes.



Continue to pull the Jig slowly down until all the suture is out of the wound.



Illustration showing all of the sutures once they have been pulled out of the wound.



Pass the #2 blue suture UNDER the #3 and #4 looped sutures and back through the loop of the white/green looped suture.



Pull the #2 suture through the Achilles tendon to the other side by pulling on the nonlooped side of the white/green looped sutures (#3 and #4).

Note: Make sure the #2 blue suture does not fall out of the loop as it is being pulled through.



Pull on the #2 suture to lock the stitch in place. Two transverse sutures (#1 and #5) and one locked suture (#2) are now left.

Tag these sutures with a hemostat to get them out of the way while you prepare the distal side of the tendon.



Place the Jig in the distal part of the incision and perform the exact same steps as for the proximal side of the tendon.



Three sutures remain proximally and three distally, ready for reapproximation of the tendon.



With the foot in maximum plantarflexion, tie the white/black suture on both sides of the leg first. Three to four surgeon's knots are recommended.

Note: The first side tied is the 'stay' stitch and will slide. Lock this knot down when tying the other side.



With the foot in maximum plantarflexion, tie the locked blue suture on both sides of the leg. Six to eight surgeon's knots are recommended.

Note: This suture will not slide since it is locked within the tendon.



With the foot in maximum plantarflexion, tie the white suture on both sides of the leg last. Six to eight surgeon's knots are recommended.

Note: The first side tied is the 'stay' stitch and will slide. This knot will need to be locked when otherside is tied. At this time, the sheath will be closed with an absorbable suture under the incision.



Final Repair. The wound can be closed with the suture of the surgeon's choice. Postoperative routine is left to the surgeon's preference.

Ordering Information:

PARS Achilles Jig Instrument Set (AR-8860S) includes:	
PARS Achilles Jig	AR-8860J
Driver Handle w/AO Connection,	
cannulated	AR-13221AOC
PARS Achilles Repair Instrument Case	AR-8860C
PARS Achilles Jig Suture Kit (AR-8860DS) includes:	

Two #2 FiberWire, 38", white Two #2 FiberWire, 38", blue Two #2 TigerWire, 38", white/black Two #2 FiberWire, with loops, 40", white/green Two 1.6 mm Straight Needles with Nitinol Loops

Accessory: PARS Suture Hook Assembly

AR-8860SH

PARS Suture Hook Assembly AR-8860SH

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.



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