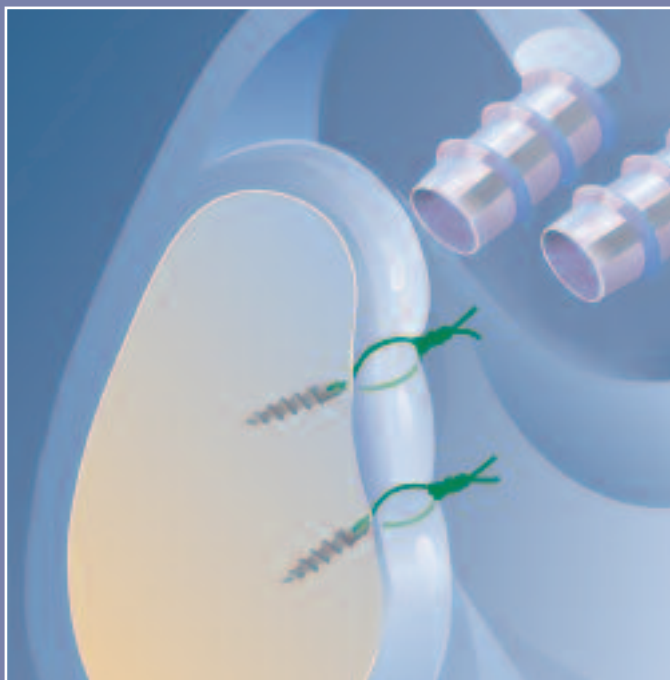


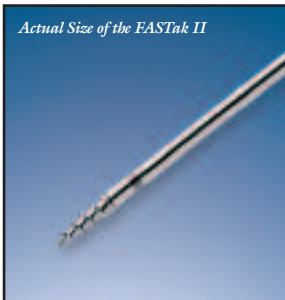


FASTak™ II SLAP and Bankart Repair

Surgical Technique



FASTak II Shoulder Repair

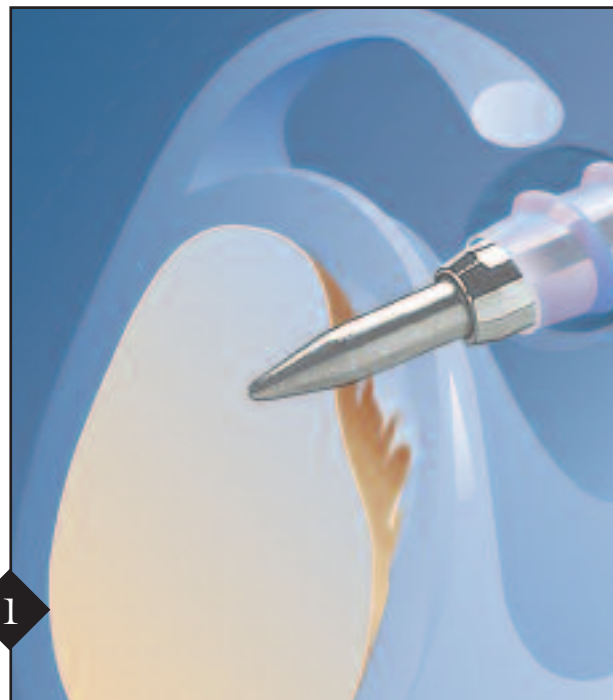


Patient positioning in the lateral decubitus position

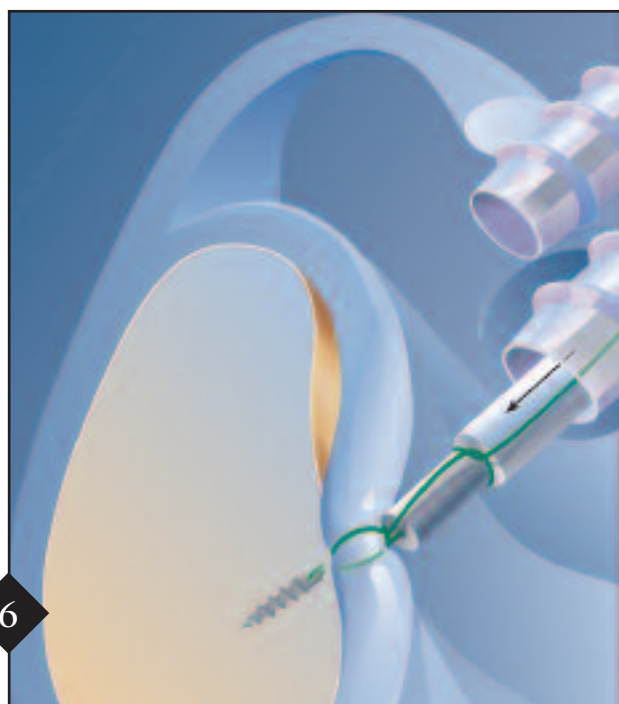
may be carried out with the use of the 3-Point Shoulder Distraction System and STaR Sleeve. Alternatively, the beach chair position may be used with the Beach Chair Lateral Traction Device. The surgeon may vary adjustments of angulation to provide axial and lateral traction of the arm to improve access to the glenohumeral joint and subacromial space. Both systems distract the humeral head laterally away from the glenoid face which, in turn, greatly facilitates visualization of the glenohumeral ligament labral complex.

Use of the Continuous Wave II Arthroscopy Pump, connected to an arthroscope sheath, results in reliable joint distention and hemostasis without excessive fluid extravasation or the need for a separate portal for fluid inflow. Visualization is maximized by regulating and maintaining the fluid inflow pressure.

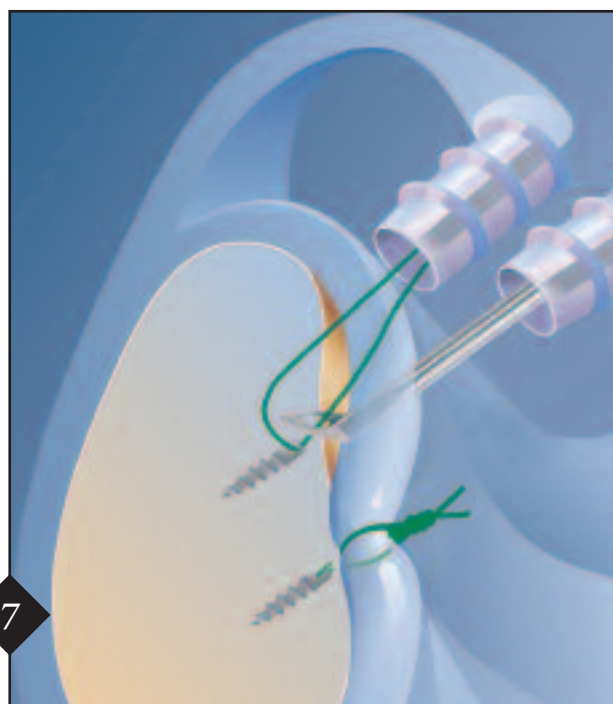
A 30° arthroscope inserted into the posterior aspect of the glenohumeral joint provides initial visualization of the labral complex.



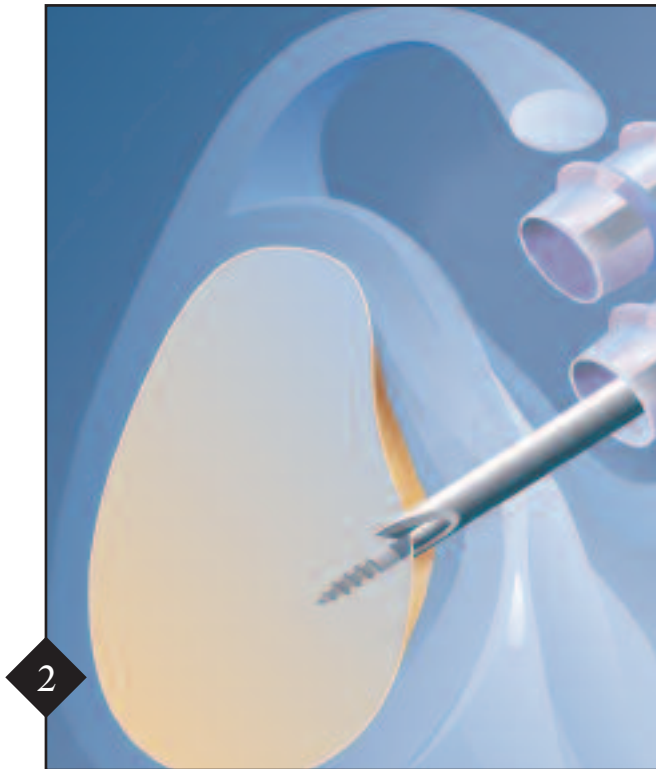
Anterior cannulas are placed by an Inside/Out or Outside/In technique. Using a Wissinger Rod or Switching Stick, the cannulated Reusable Obturator may then be passed over the rod tip to dilate the portal. A Twist-In or Instrument Cannula attached to the obturator is then passed over the Wissinger Rod or Switching Stick to ensure controlled atraumatic placement in the glenohumeral joint. For Bankart and SLAP repair the anterior inferior portal should enter the joint just above the superior margin of the subscapularis tendon and the anterior superior cannula should be directly anterior to the biceps tendon.



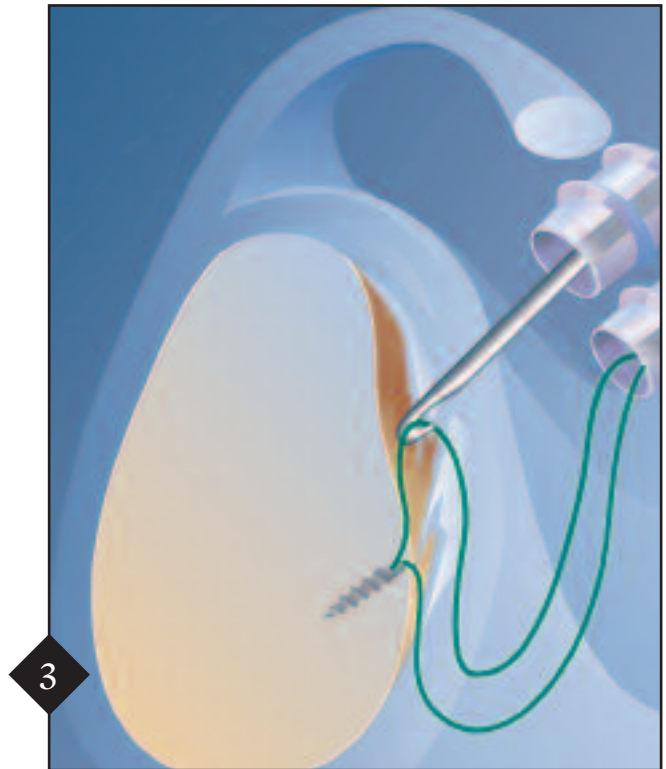
A sliding knot with subsequent locking half hitches is preferred in the majority of situations where suture freely slides through the anchor eyelet. Otherwise, simple alternating half hitches placed with the 6th Finger Knot Pusher, Single-Hole Knot Pusher or 2-Hole Knot Pusher are performed.



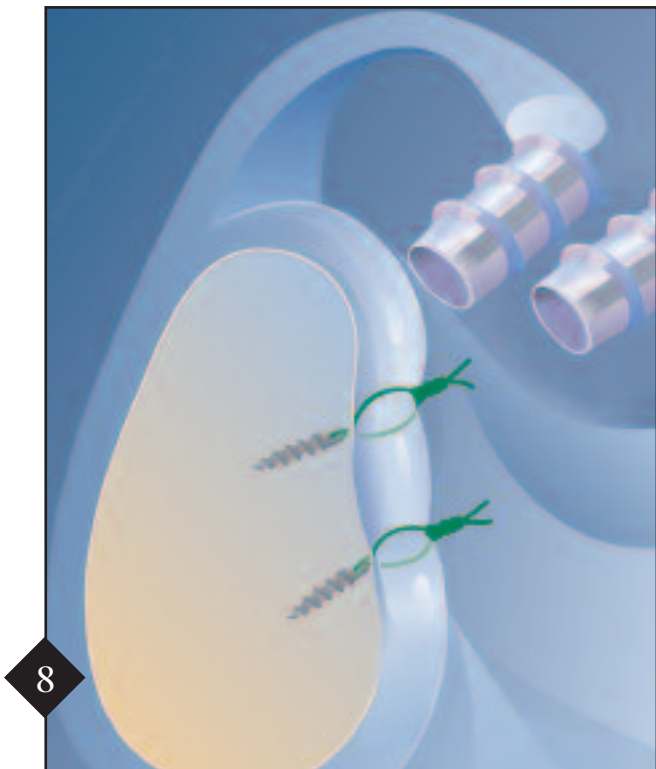
Alternative suture passing option: Both suture limbs are passed from the working cannula to the accessory cannula with a Crochet Hook or Suture Retriever. The BirdBeak is passed down the working cannula. The tip of the BirdBeak is pushed through the tissue and the jaws are opened to retrieve one suture limb.



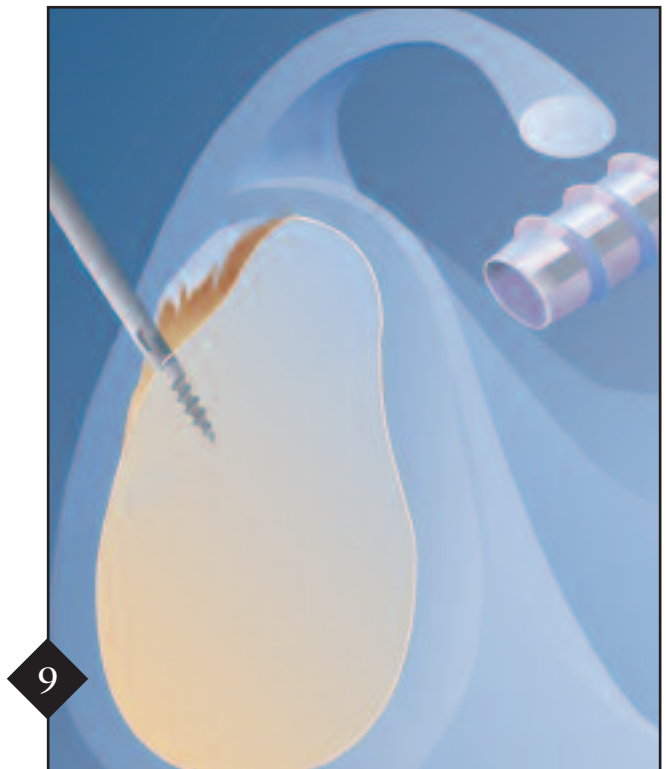
2 The Cannulated FASTak Guide is placed through the inferior cannula with the wide dovetail tip positioned on the glenoid rim. The FASTak II implant is advanced through the guide until the laser line is flush to the bone surface assuring the implant will be countersunk 2 mm in bone.



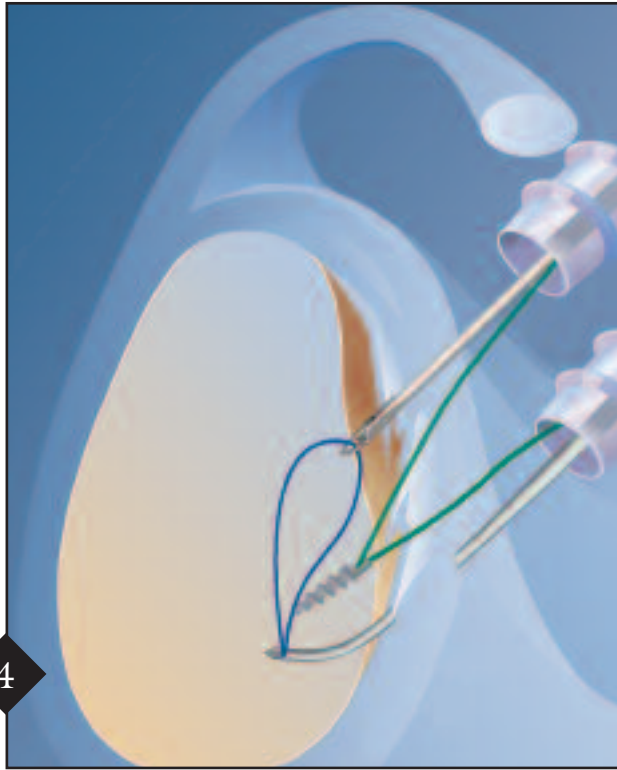
3 One limb of the suture is retrieved through an accessory portal with a Crochet Hook or Suture Retriever. The other suture limb remains in the working portal.



8 Following knot tying, a probe is inserted to verify firm apposition of the soft tissue to bone for the entire length of the repair. If additional stability is required, other FASTaks may be inserted as necessary in order to stabilize the repair.

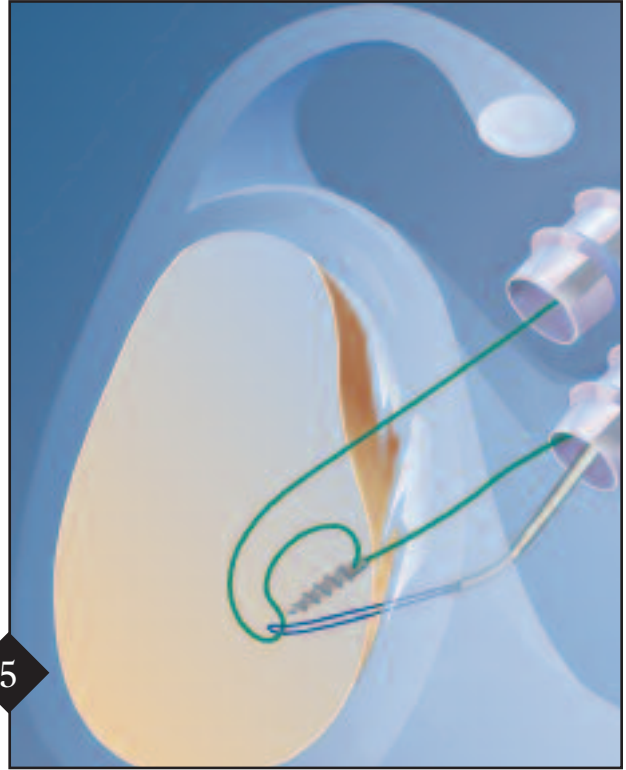


9 To repair SLAP lesions, percutaneous placement of the FASTak II Spear and FASTak II Suture Anchor into the superior glenoid may be performed to minimize incision into surrounding soft tissue.



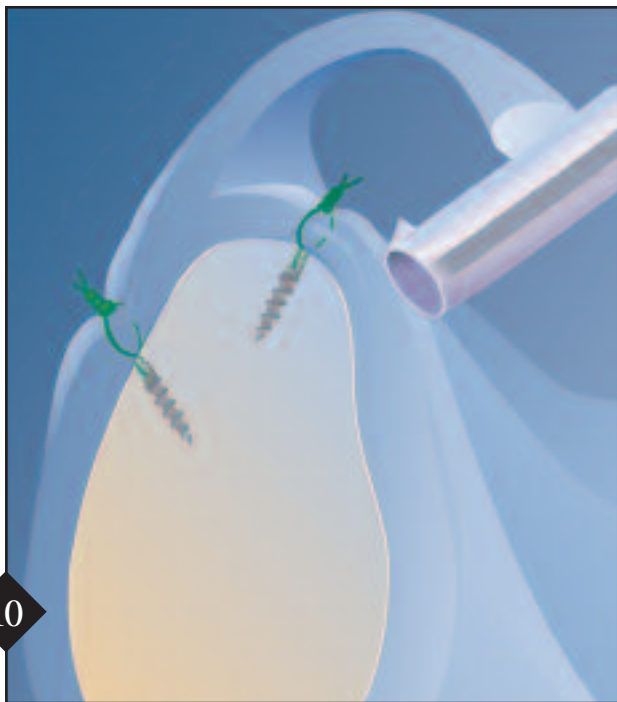
4

The sharp tip of the SutureLasso is passed through labral tissue below the FASTak II Suture Anchor. A varied amount of tissue can be incorporated in the stitch depending on the laxity or degree of plication required. The shuttle loop is pushed through the SutureLasso tip and is retrieved out of the superior portal with a Crochet Hook or Suture Retriever. While holding the shuttle loop, the handle of the SutureLasso is removed from the working portal.



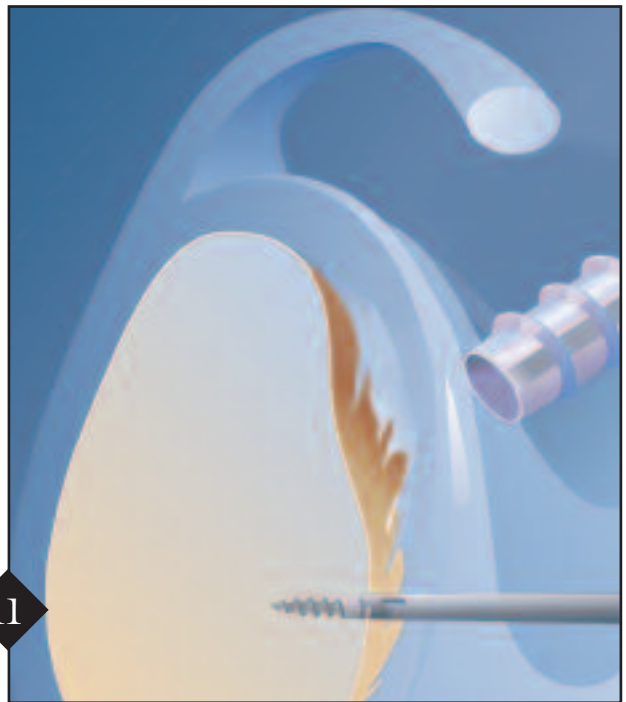
5

With the SutureLasso shuttle loop outside the accessory cannula, the suture limb from the anchor is placed in the loop. Grab the two shuttle tails outside the working cannula and pull so that the shuttle loop holding the anchor suture limb is passed down the accessory cannula, through the tissue, and back out the working cannula.



10

A BirdBeak or SutureLasso passed in the same percutaneous path as the anchor is used to pass suture through the superior labrum. Sutures are retrieved and tied out the anterior superior cannula.



11

Using the FASTak Spear, percutaneous portals can be utilized to place FASTaks. The 5 o'clock percutaneous portal is then used to access the inferior glenoid. The FASTak II anchor can be inserted through the small diameter Spear without the use of large cannulas.

Ordering Information

FASTak II Implants:

FASTak II Suture Anchor w/Handle and #2 FiberWire, 2.8 mm x 11.7 mm	AR-1324HF
FASTak II Suture Anchor, 2.8 mm x 11.0 mm w/cannulated inserter and braided suture	AR-1324SF

FASTak II Disposables:

6th Finger Knot Pusher	AR-1930S
Banana SutureLasso	AR-4065B
SutureLasso™, Crecent	AR-4068C
SutureLasso™ SD Wire Loop, qty. 5	AR-4068-05SD
SutureLasso™, 25° Tight Curve left	AR-4068-25TL
SutureLasso™, 25° Tight Curve right	AR-4068-25TR
SutureLasso™, 45° Curve left	AR-4068-45L
SutureLasso™, 45° Curve right	AR-4068-45R
SutureLasso™, 90°	AR-4068-90
Twist-In Cannula, 8.5 mm x 7.0 cm	AR-6530
Twist-In Cannula, 6.0 mm x 7.0 cm	AR-6535
Twist-In Cannula, 8.5 mm x 9.0 cm	AR-6540
Twist-In Cannula, 6.0 mm x 9.0 cm	AR-6545
Crystal Cannula, 5.75 mm x 7.0 cm	AR-6560
Crystal Cannula Smooth, 5.75 mm x 7.0 cm	AR-6562

All implants & disposables are single use and individual sterile packed.

FASTak II Instrumentation:

FASTak II Spear, with Trocar	AR-1949
Cannulated FASTak II Guide, 2.8 mm	AR-1317

Shoulder Instruments:

CrabClaw Knot Pusher/Suture Retriever	AR-12960
Bankart Viper Suture Passer	AR-13905
Shoulder Debridement Rasp	AR-1282
Shoulder Tissue Elevator, 15°	AR-1342-15
Shoulder Tissue Elevator, 30°	AR-1342-30
SLAP Rasp	AR-1309
Glenoid Rasp	AR-1312
Suture Retriever, 3.4 mm straight	AR-12540
Crochet Hook	AR-5008H
Knot Pusher, closed end	AR-1305
Keyless Chuck	AR-1419
Blunt Tip Obturator for FASTak II Spear	AR-1949-02
BirdBeak, 45° up tip	AR-11800
BirdBeak, 22° up tip	AR-11890
Extra Long Switching Stick	AR-3026
Wissinger Rod, 4.0 mm O.D.	AR-3025
Reusable Obturator for AR-6530 Twist-In Cannula	AR-6531
Reusable Obturator for AR-6540 Twist-In Cannula	AR-6541
Reusable Obturator for AR-6550 Twist-In Cannula	AR-6549
Suture Cutter, 3.4 mm, straight	AR-12250
Shoulder Repair Set Instrumentation Case	AR-8402

Accessory Shoulder Instrumentation:

Suture Retriever, straight, 3.4 mm, 15° up	AR-12550
Suture Retriever, 45° right	AR-12580
Suture Retriever, 45° left	AR-12590
Push/Pull Crochet Hook	AR-5009H
Two-Hole Knot Pusher, 5.0 mm	AR-1315
Suture Cutter, Ø 4.2 mm, Open Ended, Left Notch	AR-11794L
BirdBeak, straight, right 45° handle	AR-11886
BirdBeak, straight, left 45° handle	AR-11887
BirdBeak Evolution, 45° up tip	AR-11800E
BirdBeak Evolution, 22° up tip	AR-11890E
BirdBeak Evolution, straight	AR-11880E

U.S. PATENT NOS. 5,683,401; 5,951,559; 5,993,451; 5,690,677 and 6,074,403

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.

*Arthrex has developed the FASTak™ system and surgical technique in cooperation with Professor Peter Habermeyer, M.D., Heidelberg, Germany; Stephen S. Burkhart, M.D., San Antonio, TX; James E. Tibone, M.D., Inglewood, CA; Craig D. Morgan, M.D., Wilmington, DE; and Pascal Gleyze, M.D., Colmar, France.
Illustrations by Siri Mills*

