

# Suprapectoral Biceps Tenodesis With the TensionTight™ Button

Surgical Technique





## TensionTight™ Button Implant System

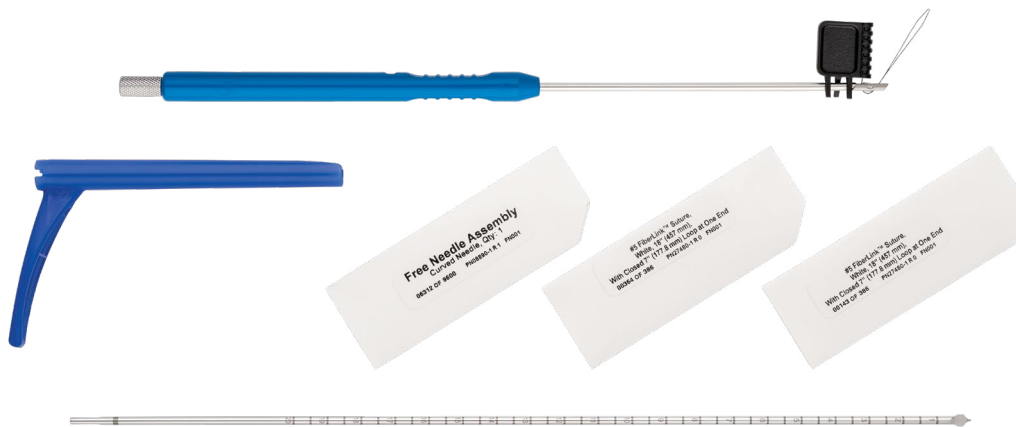
With the TensionTight button, perform a knotless onlay biceps tenodesis using an arthroscopic suprapectoral or open subpectoral approach. The locking jaw in the large pec button lets suture slide easily in one direction to reduce the tendon while locking in the opposite direction to secure the tendon against the humerus. Secure the #5 FiberLink™ suture—specifically designed to work with the TensionTight button—to the biceps tendon using a Loop ‘N’ Tack™ stitch.

### Key Features and Benefits

- › Locking jaw in the button allows for a knotless biceps tenodesis
- › Loop ‘N’ Tack stitch enables all-arthroscopic suprapectoral onlay tenodesis
- › Button and suture combination provide an ultimate load of 225 N with <1 mm of displacement<sup>1</sup>



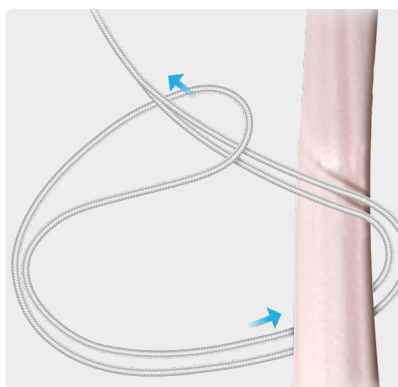
Locking jaw of the TensionTight button



### TensionTight Implant System (AR-2350)

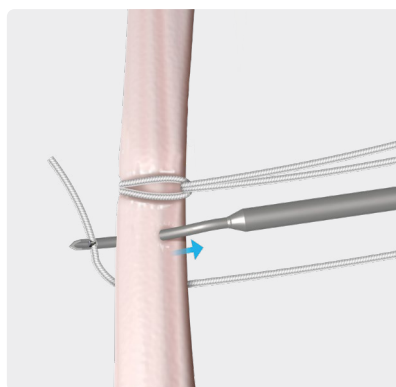
Each implant system contains a TensionTight locking button, two #5 FiberLink sutures, a 3.7 mm drill pin, a shoehorn cannula, and a free needle. A suture loader is attached to the button for suture shuttling.

## Loop ‘N’ Tack Stitch Configuration



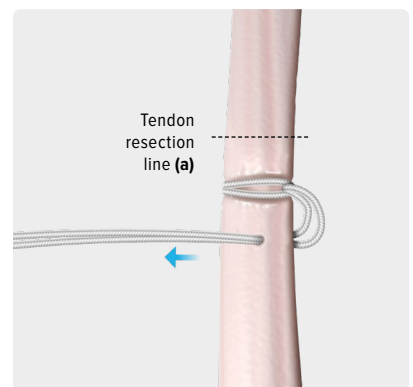
1

Create a cinch around the biceps tendon with the FiberLink suture.



2

Retrieve the FiberLink suture tail through the biceps tendon just distal to the cinch stitch, using a penetrating, grasping suture retriever like the Loop ‘N’ Tack SwiftStitch™ suture passer.



3

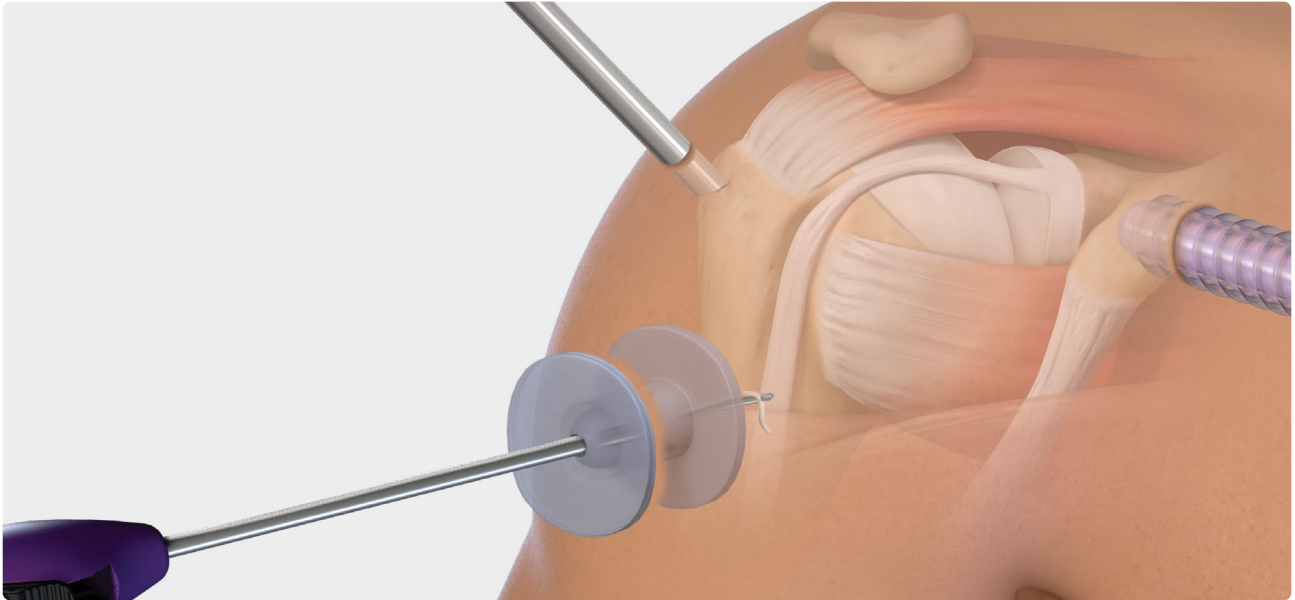
Remove slack to complete the Loop ‘N’ Tack suture configuration.

**Note:** The suture is always passed through the tendon opposite of the tendon resection line **(a)**.

## Surgical Technique

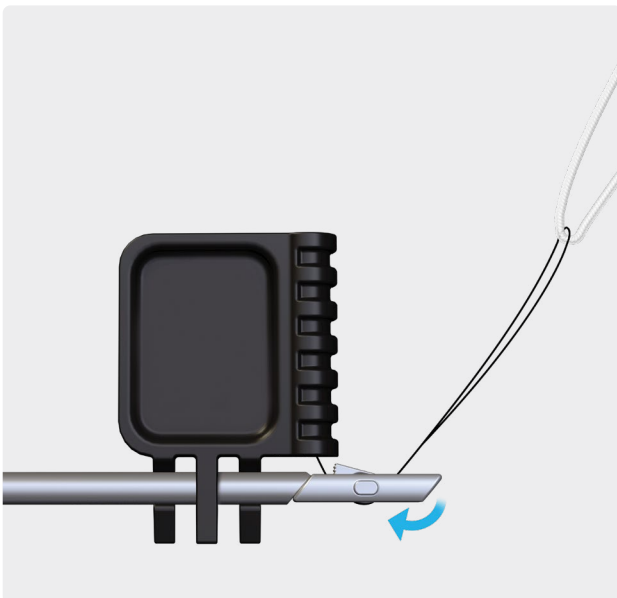
The suprapectoral approach is shown below. An advantage of tenodesing in this area is leaving the biceps attached during the procedure. Doing so may better maintain the length-tension relationship.

| **Note:** The TensionTight™ button technique can also be performed for an open subpectoral biceps tenodesis.



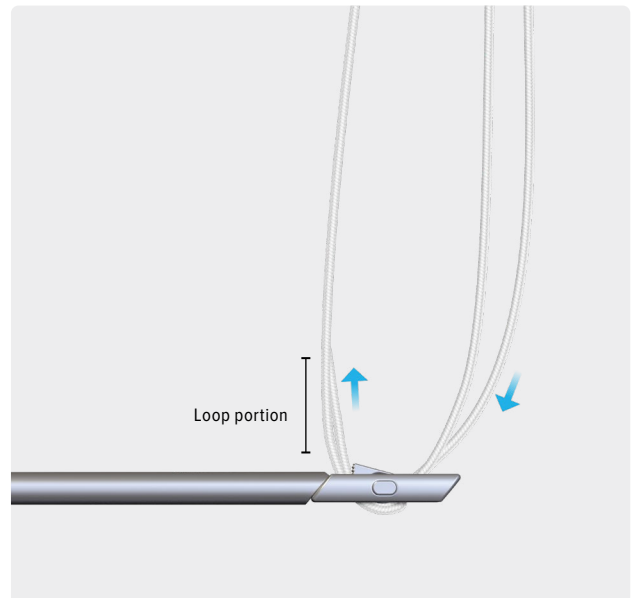
1

Leaving the biceps tendon attached, create a Loop 'N' Tack™ stitch with the #5 FiberLink™ suture (the Loop 'N' Tack SwiftStitch™ suture passer is shown).



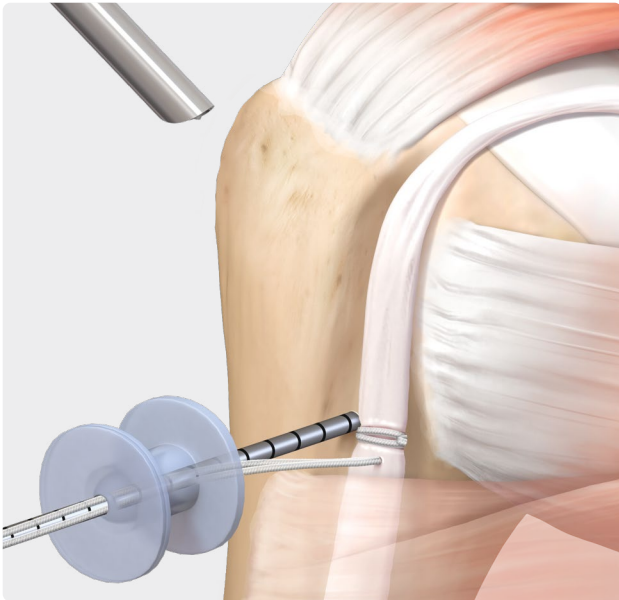
2a

Advance the suture tail through the loader and pull it through the button until the loop begins to exit the locking jaw of the button.



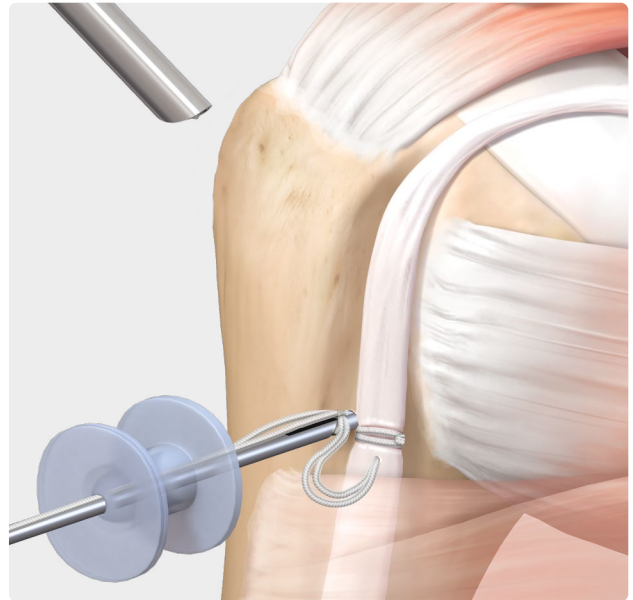
2b

| **Pearl:** There is less resistance tensioning the suture after implantation if the loop portion is already passed through the locking jaw.



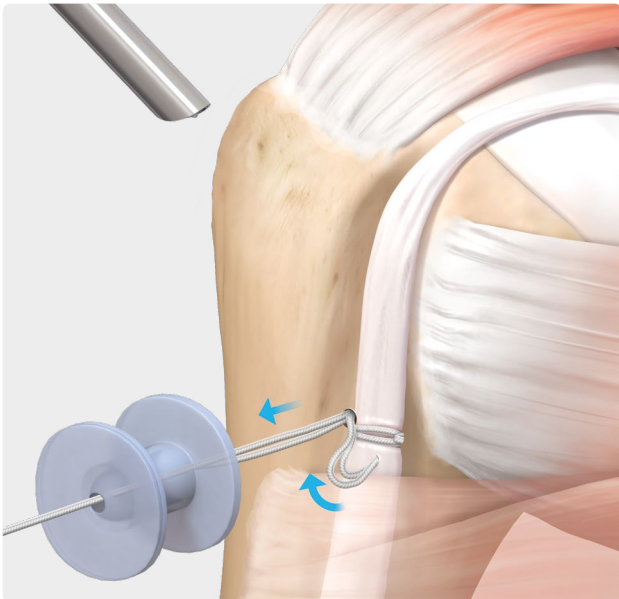
**3**

Drill a unicortical hole using the 3.7 mm spade-tip drill.



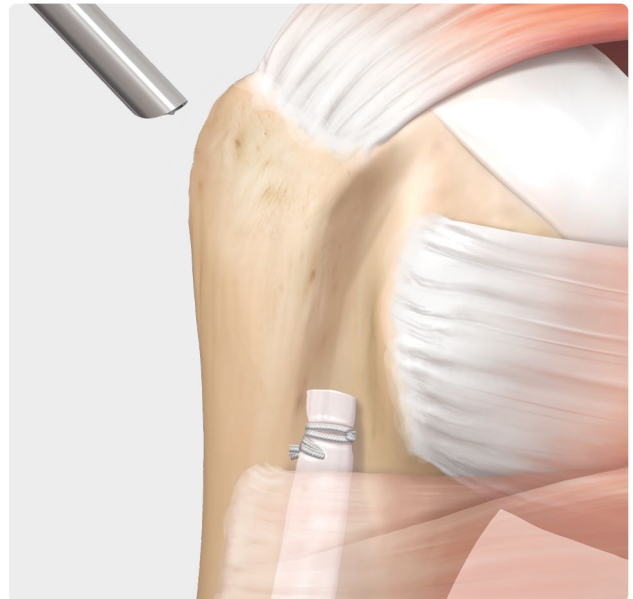
**4**

Insert the TensionTight™ button into the tunnel with the black line on the inserter facing up. Leave the inserter in the tunnel and unthread the button by turning counterclockwise on the knurled knob. Pull on the sutures to flip the button in the canal.



**5**

Remove the inserter and pull the single suture limb to reduce the tendon onto the bone. If necessary, pull on each side of the loop to aid in reduction.



**6**

To complete the repair, cut the suture and resect the excess tendon proximal to the tenodesis.

# Ordering Information

<b>Implants</b>		
TensionTight™ Button Implant System		
TensionTight button		AR-2350
2 #5 FiberLink™ sutures		
3.7 mm spade-tip drill		
Shoehorn cannula		
Free needle		
<b>Disposable Instrumentation</b>		
Loop ‘N’ Tack™ SwiftStitch™ suture passer		AR-4068LNT

Products advertised in this brochure / surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

## References

1. Arthrex, Inc. Data on file (APT-04688). Naples, FL; 2020.

## Notes

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. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.



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US patent information

