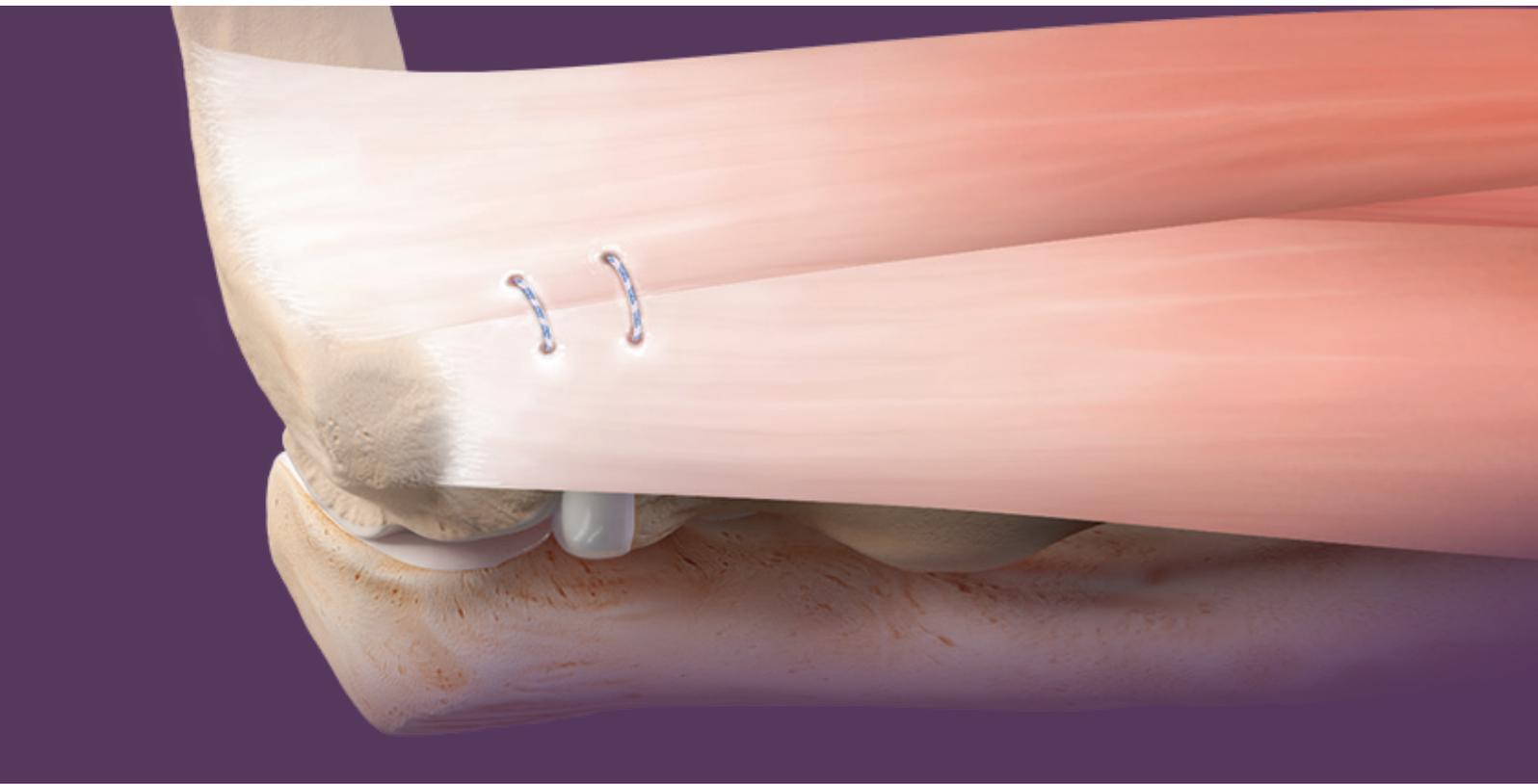


# Knotless SutureTak<sup>®</sup> Anchor for Lateral Epicondylitis Tissue Open Repair

Surgical Technique



# Knotless SutureTak® Open-Repair Anchor

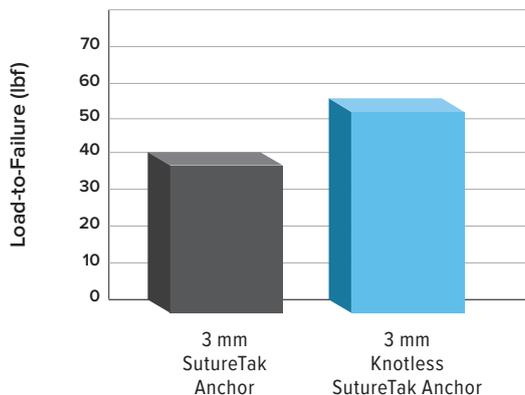
Tendon repair procedures are on the rise due to technical experience and advancements in suture anchor technology. In response to this growth, the clinically proven Knotless SutureTak anchor has been updated with characteristics specific to open tissue repairs, including improved handling during open repair of soft tissue.

## Knotless SutureTak open-repair anchor updates:

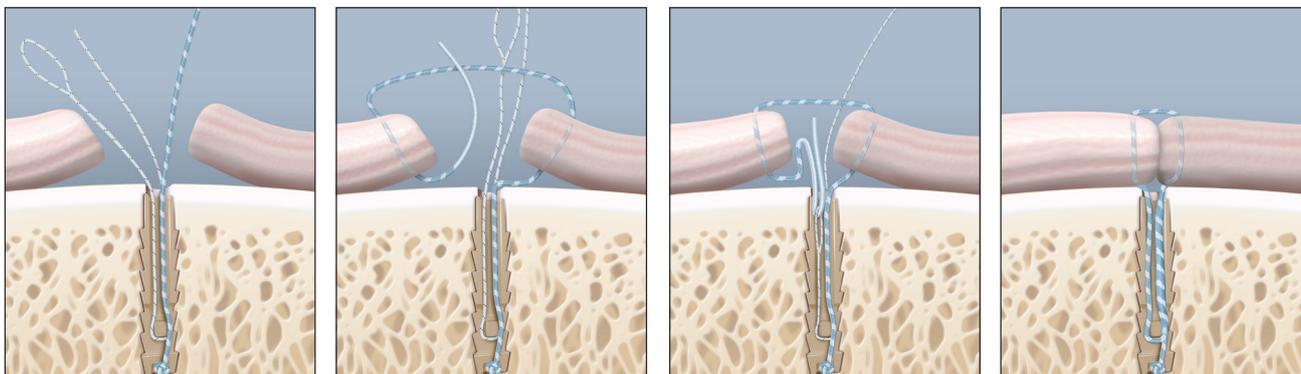
- Shorter handle for precise anchor placement during insertion
- Shorter drill guide with angled handle for more direct visualization and handling
- Shorter suture lengths for easier suture management

The Knotless SutureTak anchor provides strength and technique simplicity similar to a knotted technique combined with a knotless suture-locking mechanism, which allows for continuous tensioning of the suture repair. Using the same anchor design and a similar technique, these advantages have been transitioned for soft-tissue use in elbow lateral epicondylitis debridement and repair.

SutureTak Ultimate Pullout Strength<sup>1</sup>



## Knotless SutureTak Anchor Self-Locking Technology

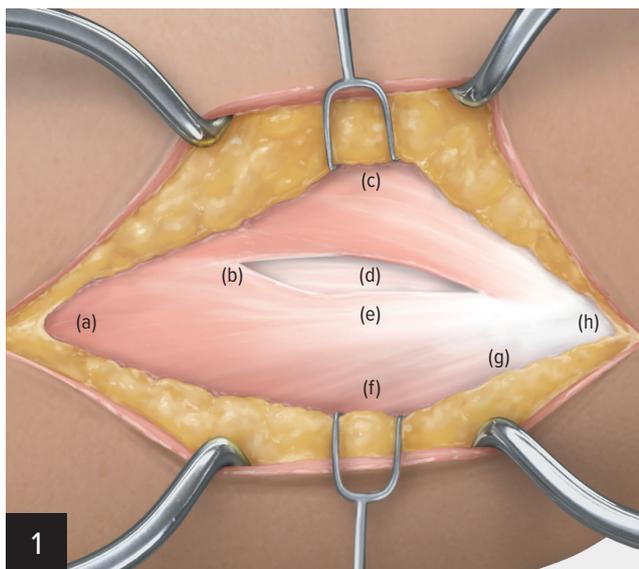


Just pass it, cinch it, cut it.

## Reference

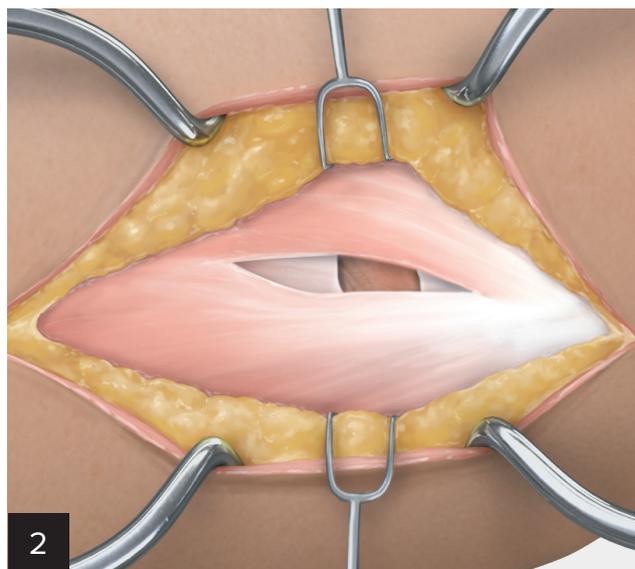
1. Arthrex, Inc. LA1-00018-EN\_A. Naples, FL; 2015.

## Surgical Technique



Make an incision onto the lateral column of the humerus. Expose the extensor carpi radialis brevis (ECRB). Debride the tendonotic tissue.

Distal (a), ECRL (b), anterior (c), ECRB (d), EDC (e), posterior (f), ECU (g), proximal (h)

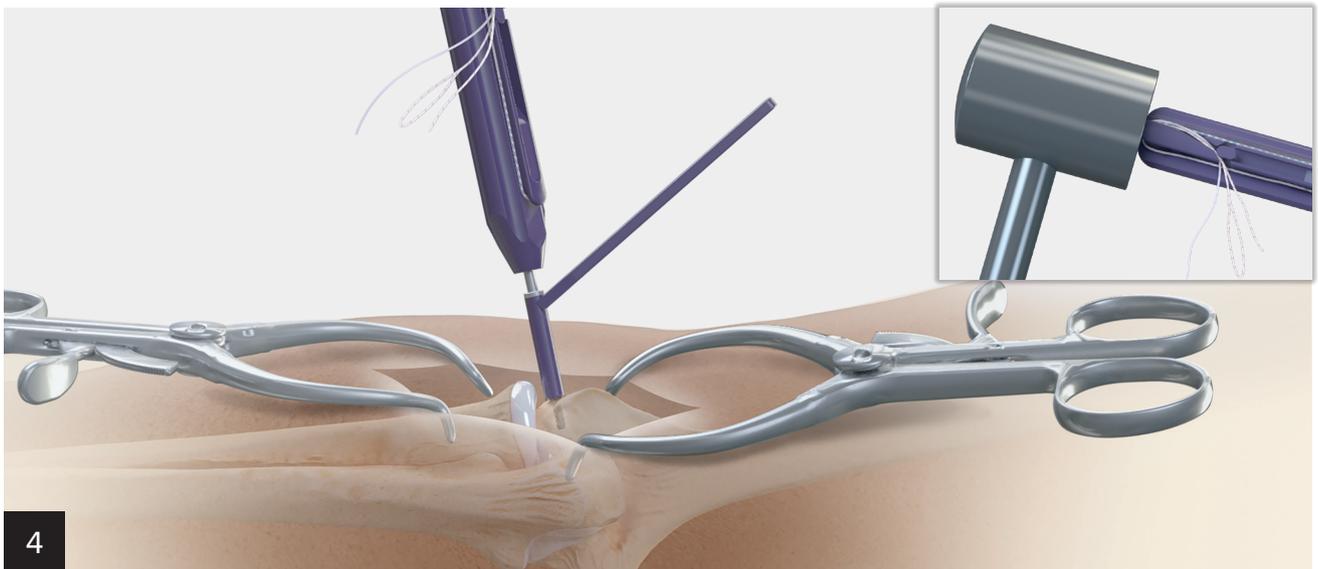


Use a curette or rongeur to remove excess bone and tissue, and prepare a bone bed on the anteroinferior lateral epicondyle of the elbow. A bleeding bone bed will create an area for healing.



Place the drill guide (AR-1938DSS) onto the prepared bone site. Holding the drill guide in place, insert the drill until making contact with the bone surface. Activate the drill and insert it into the bone until a positive stop is reached against the drill guide.

Note: Cycle the drill if necessary to remove excess bone before inserting the anchor.

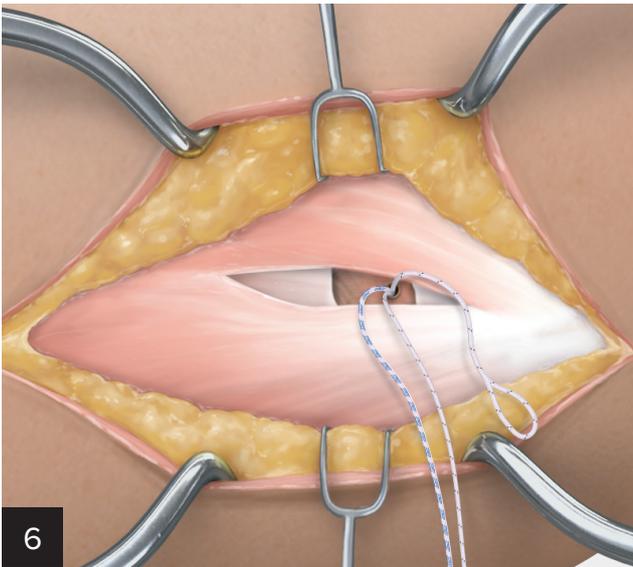


Insert the Knotless SutureTak® anchor into the drill guide until the anchor contacts the bone surface. Use a hammer to impact the anchor handle. The anchor is fully inserted once the anchor handle is flush with the drill guide.

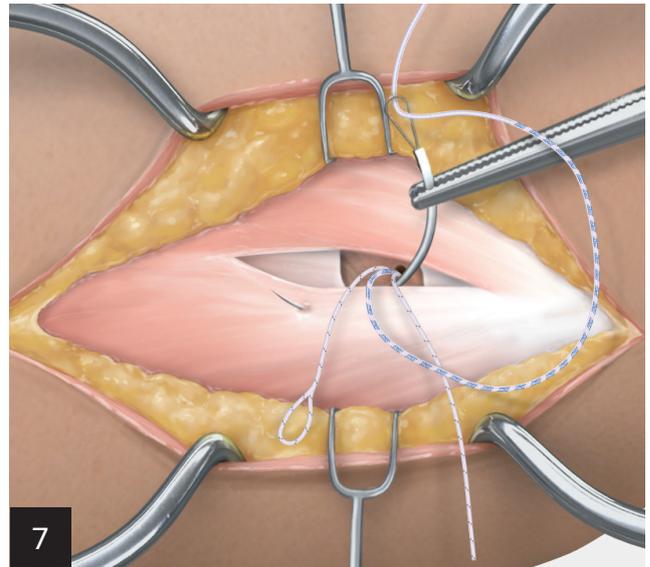
Note: Do not continue to impact the anchor handle once it contacts the drill guide. Damage to the suture anchor could occur.



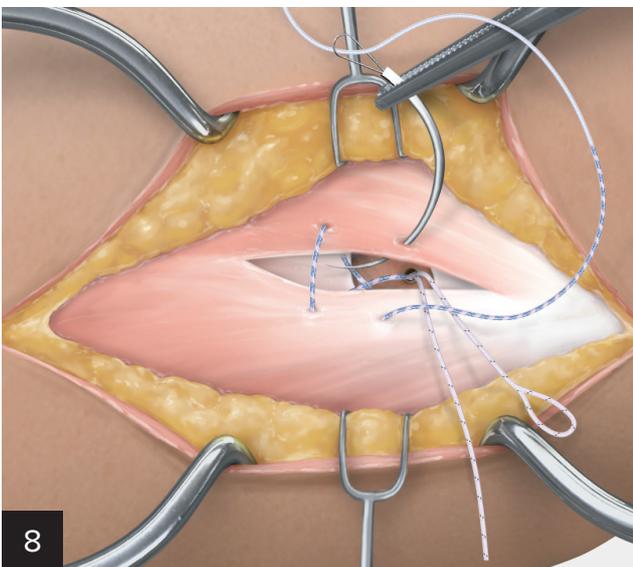
Unwrap the suture from the anchor handle and pull the handle and drill guide away from the anchor site.



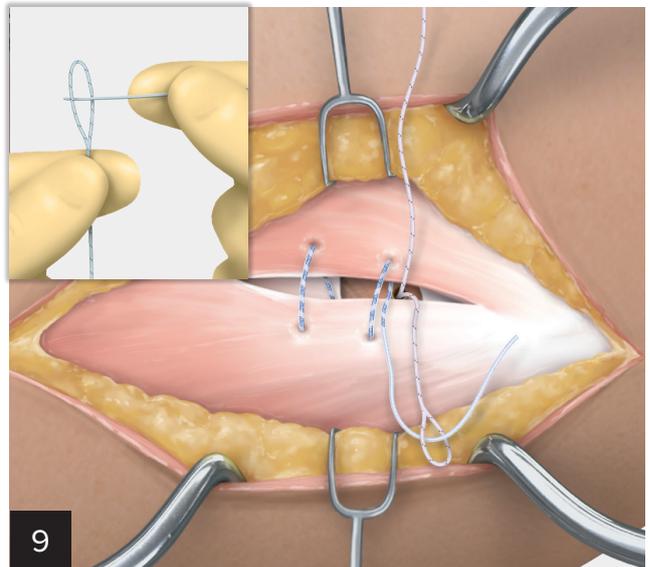
6 Pass a free needle onto the white end of the white/blue repair suture. Use an inverted figure 8 suture repair pattern to create a multiple tendon repair against the bone bed.



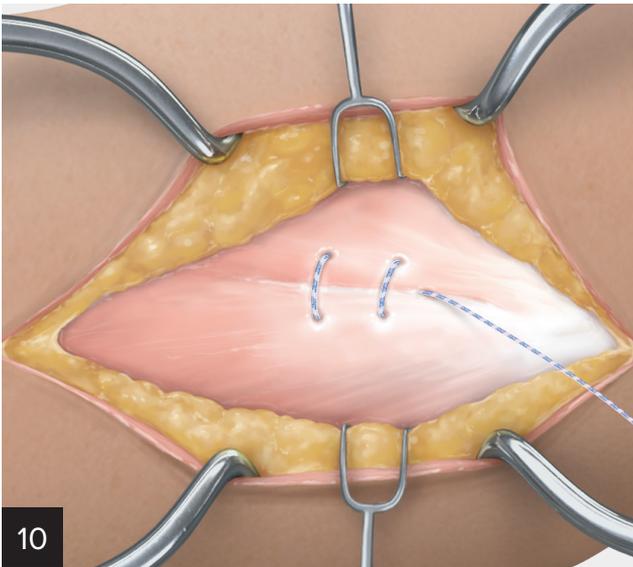
7 Approximately 5 mm distal to anchor insertion site, pass the suture from deep to superficial through the extensor digitorum communis (EDC). Pull the white/blue suture tight. Continue the repair with a second suture pass through the distal portion of the extensor carpi radialis longus (ECRL) tendon, superficial to deep, at a distance from the anchor similar to the first suture pass.



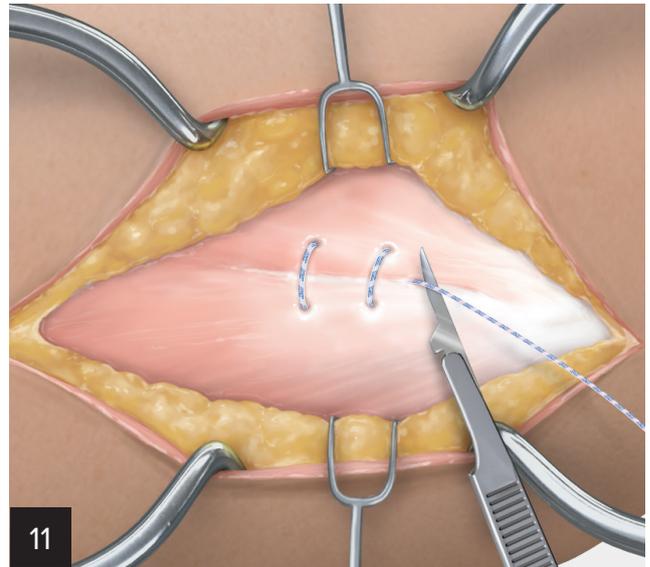
8 Next, pass the suture deep and diagonal from the distal, anterior ECRL to proximal, posterior EDC, making a cross stitch. Complete the figure 8 stitch by passing the suture superficial to deep from the posterior, proximal EDC to anterior, proximal ECRL tendon.



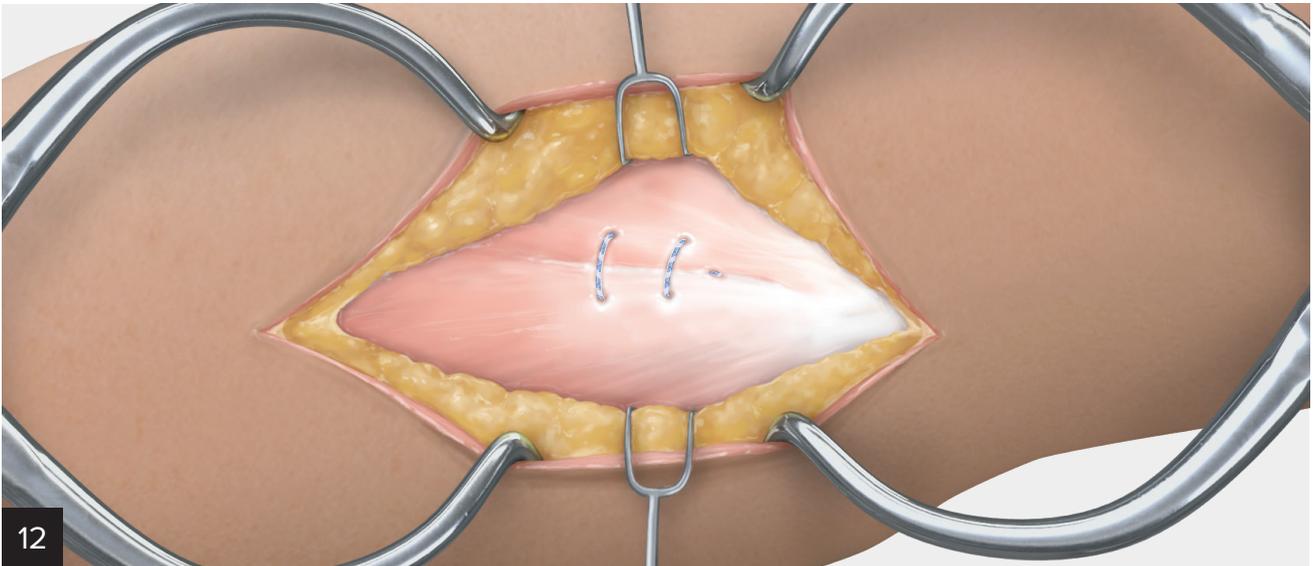
9 Insert the free end of the white/blue repair suture into the looped eyelet of the white/black shuttle suture. Fold the white portion of the repair suture in half and use the shuttling suture to pass the repair suture through the locking mechanism within the anchor. Advance the suture with repeated little tugs on the suture until it has passed completely.



Begin final tensioning of the construct by removing any slack in the suture, removing tension distal to proximal.



Once adequate tension is achieved, cut the suture limb with a suture cutter, close to the tissue to reduce the risk of tissue irritation.



The low-profile suture repair is complete.

## Ordering Information

### Anchors

Product Description	Item Number
Knotless SutureTak® Open Repair BioComposite Anchor (a)	AR-1938BCS
Knotless SutureTak Open Repair PEEK Anchor (b)	AR-1938PSS

### Instruments

Product Description	Item Number
3 mm Drill and Guide	AR-1938DSS





This surgical technique has been developed in cooperation with Christopher T. Donaldson, MD, FAOA

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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