TightRope® Shoulder Stabilization

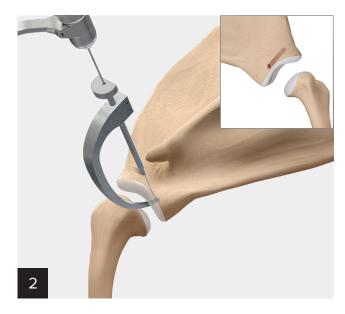
Surgical Technique



TightRope® Shoulder Stabilization



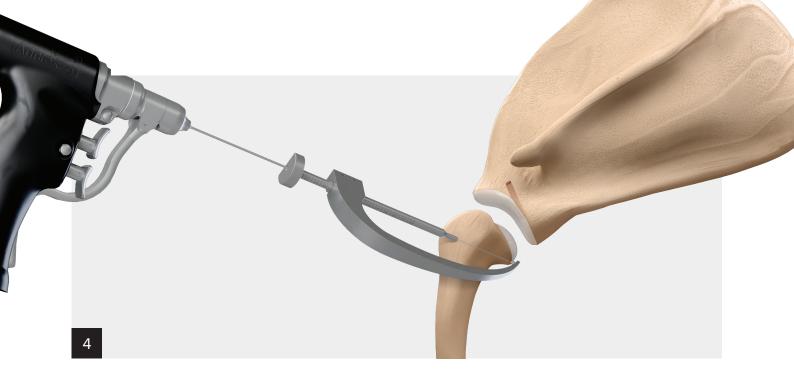
After the shoulder joint has been exposed, the craniolateral aspect of the scapular neck is cleared of soft tissue and the suprascapular nerve identified and protected. An aiming guide is placed from the craniolateral aspect of the scapular neck with the foot seated medially approximately mid-scapula within the joint capsule approximately 4 mm to 5 mm from the joint surface.



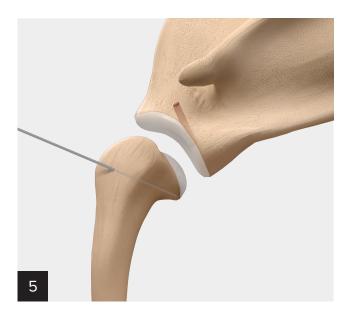
A single 0.049 K-wire was placed through the shoulder aiming guide.



A cannulated 3.5 drill bit is used to drill a trans scapular neck bone tunnel. Use drill guide and cannulated 3.5 mm drill bit to drill a trans scapular neck bone tunnel over the 0.049 K-wire.



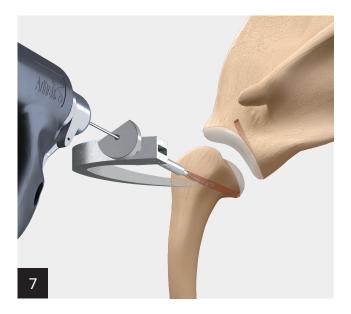
A region of craniolateral humerus is identified proximal to the infraspinatus tendon. The humeral guide is placed from this region with the foot being placed intra-capsular in the cranial $\frac{1}{3}$ of the humeral head (region of the supraspinatus).



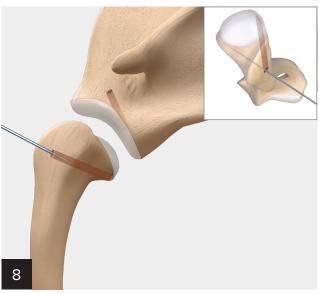
Confirm direction and orientation of the first K-wire location with K-wire tip existing within the medial aspect of the shoulder joint.



Use the drill guide and cannulated 3.5 mm drill bit over the 0.049 K-wire to create the first humeral head bone tunnel.



Place the base of the humeral guide within 0 mm to 4 mm of the second bone tunnel location on the craniolateral aspect of the humerus.



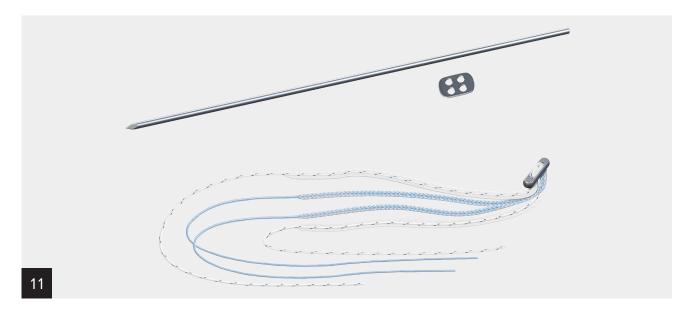
Confirm direction and orientation of the second K-wire location with the K-wire tip existing within the medial aspect of the shoulder joint.



Use the drill guide and cannulated 3.5 mm drill bit over the 0.049 K-wire to create the second bone tunnel location on the craniolateral aspect of the humerus.



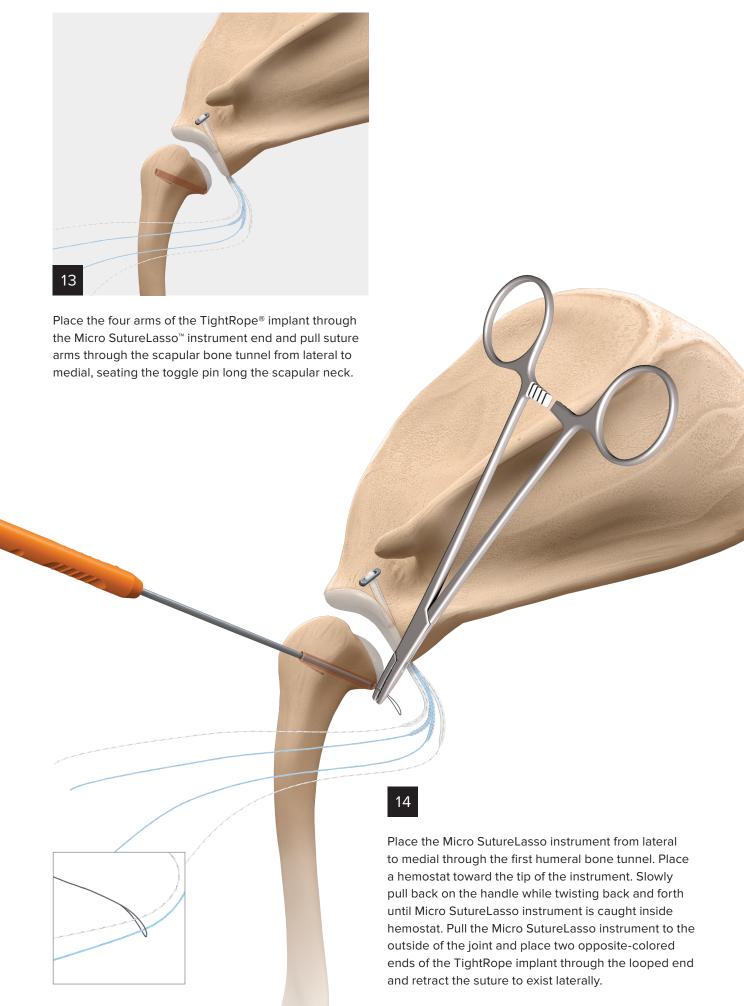
Create two divergent bone tunnels through single lateral bone tunnel exiting medially intracapsular



Remove the needle and four-hole button from the implant.

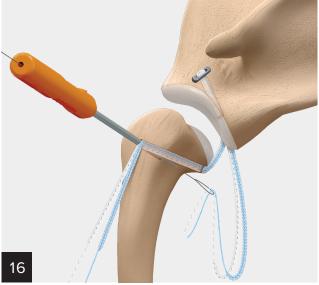


Place a Micro SutureLasso™ instrument through the scapular bone tunnel with the loop end exposed laterally.

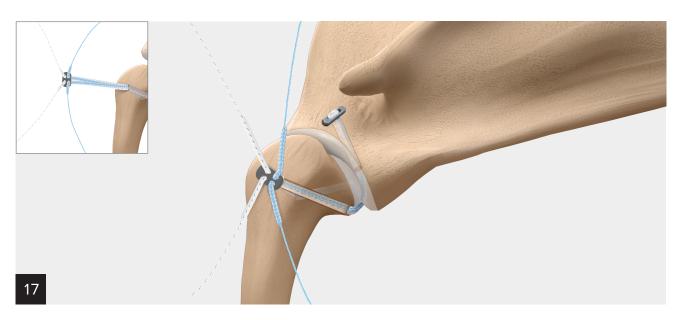




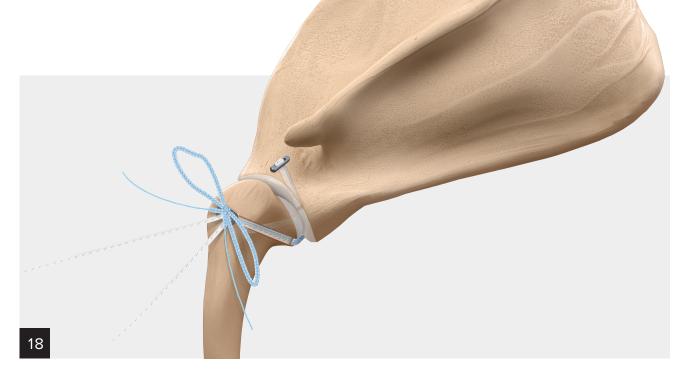
Once the Micro Suture Lasso $^{\scriptscriptstyle{\text{M}}}$ instrument is grasped, the end is retracted outside of the joint and both a single white and blue suture arm are place through the loop, which is then retracted through the bone tunnel.



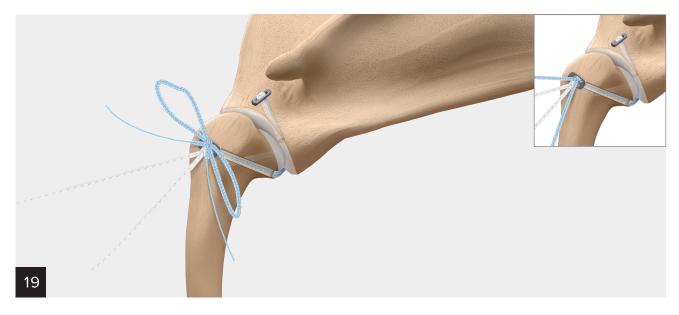
Place the Micro SutureLasso instrument from lateral to medial through the second humeral bone tunnel. Place two opposite-colored ends of the TightRope® implant through the looped end and retract the suture to exit laterally.



After the four arms of the TightRope implant have been retracted through the humeral bone tunnels, exiting through the lateral bone tunnel, the four arms of the TightRope implant are place through a four-hole suture button.



One arm of the TightRope® implant is hand tensioned to provide medial stability to the joint and tied with a bow-tie knot.



After proper medial stability and range of motion is achieved from tying the first suture, the second suture arm is hand tensioned and tied in a square knot with a minimum of four throws. The first suture is then released and tied in a similar fashion.



Ordering Information

Instruments

Product Description	Item Number
Shoulder Aiming Guide	(Prototype Phase)
Drill Guide, 3.5 mm/4.0 mm	VAR- 8935G
FiberWire® Scissor	VAR- 11796
Suture Tensioner w/ Tensiometer (optional)	VAR- 1529

Disposables

Product Description	Item Number
Cannulated Drill Bit, 2.7 mm	VAR- 8911DC
Cannulated Drill Bit, 3.5 mm	VAR- 8920DC
TightRope® Implant	VAR- 2800
Mini TightRope Implant	VAR- 2801
Guidewire, TightRope Implant	VAR- 8920P
Micro SutureLasso™ Instrument, straight	AR- 8703



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 and/or outcomes.

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