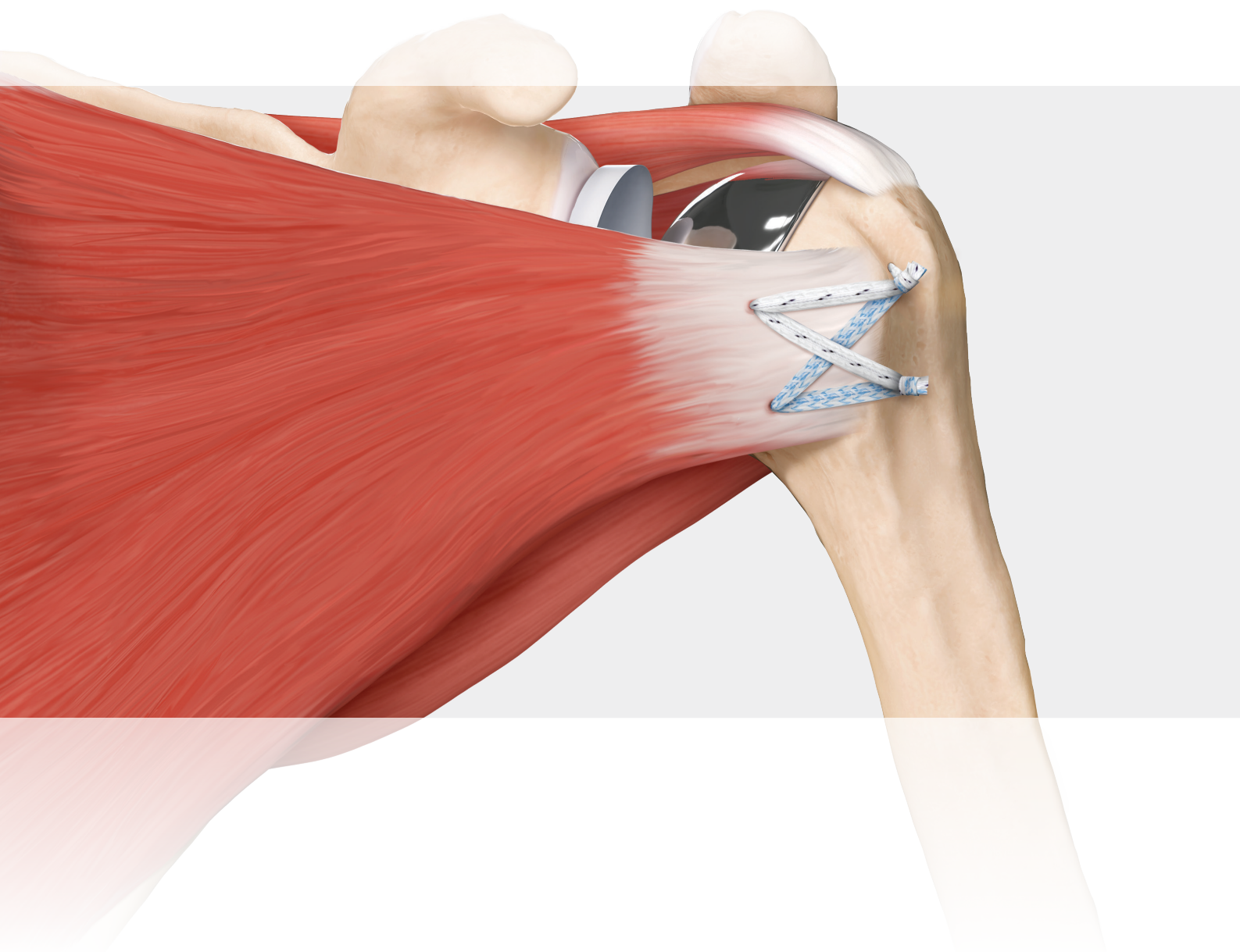


# FiberTape<sup>®</sup> Tendon Compression Bridge

Surgical Technique



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# FiberTape® Tendon Compression Bridge

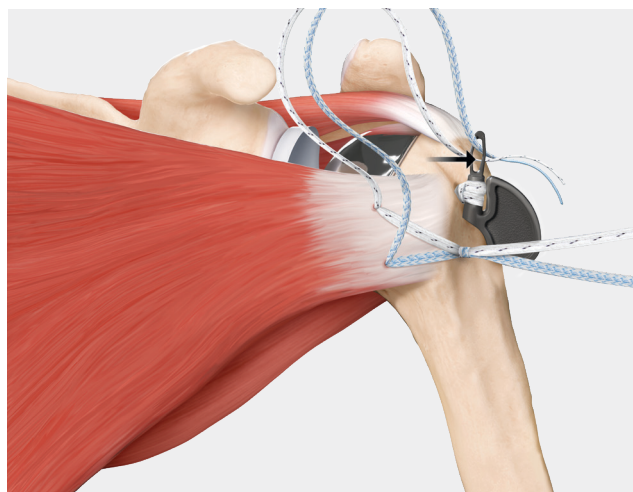
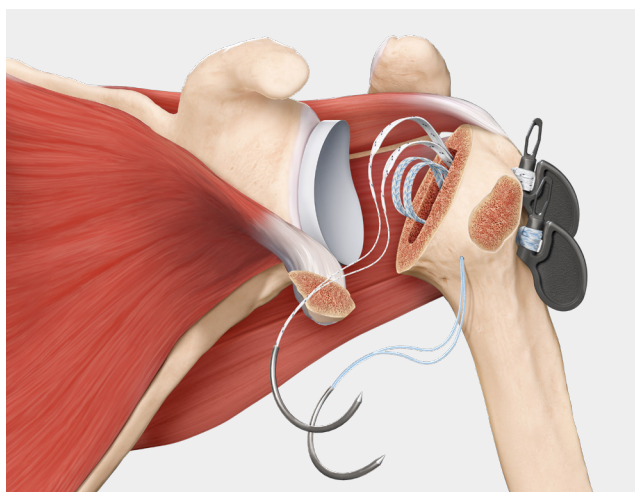
## Product Overview

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The FiberTape Tendon Compression Bridge Kit provides a simple and efficient way to repair the subscapularis tendon after a total shoulder arthroplasty or hemiarthroplasty. This technique can be used when either a subscapularis peel or lesser tuberosity osteotomy (LTO) is completed.

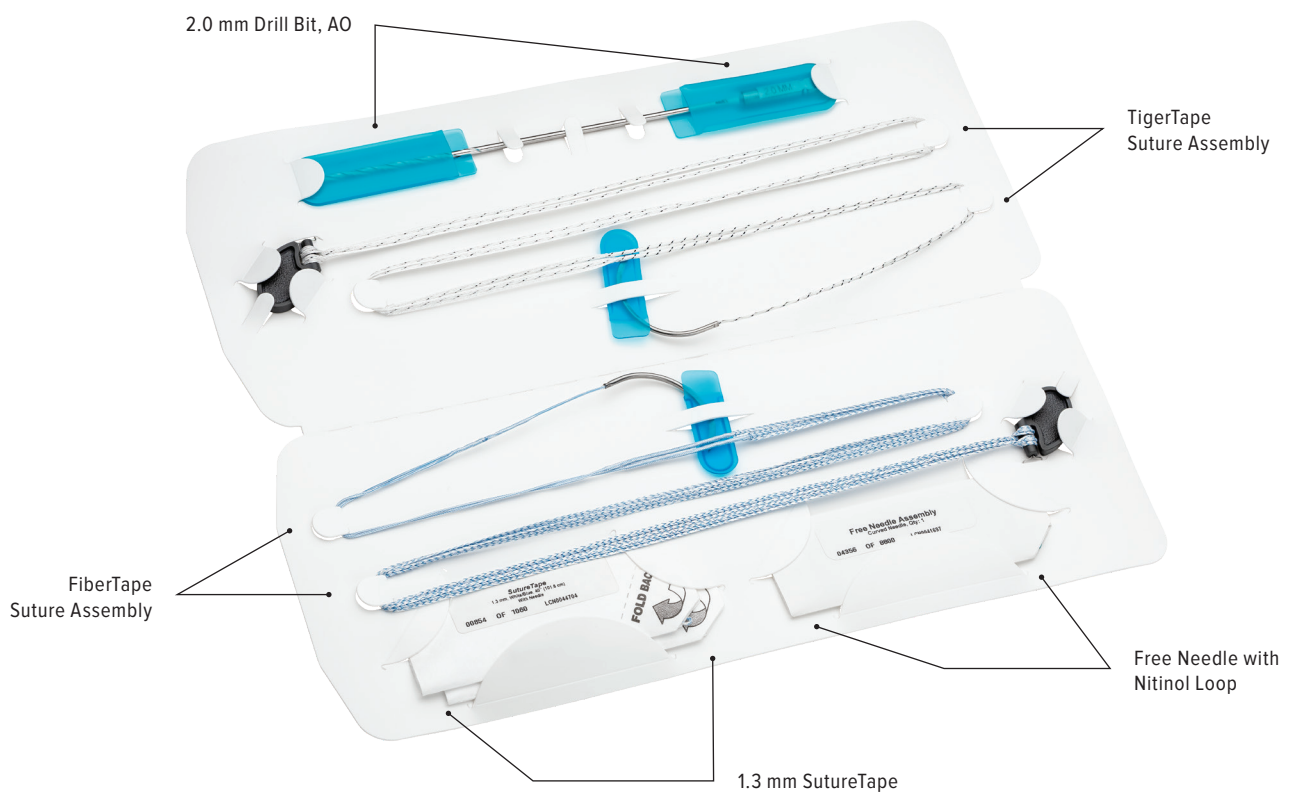
### Design Features:

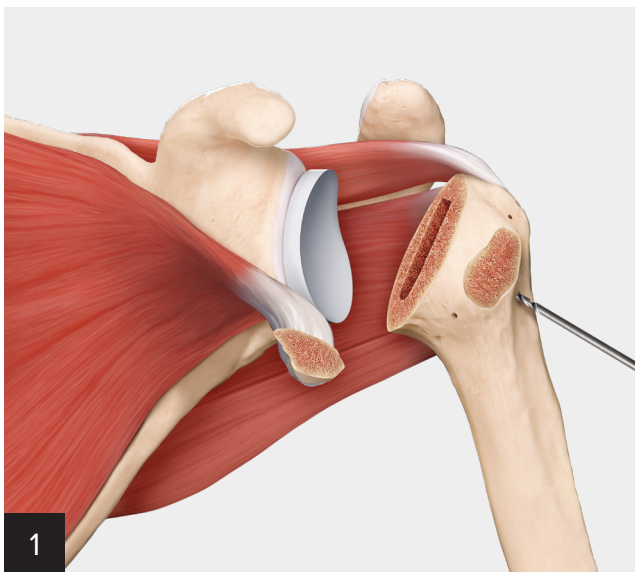
- Suture passer designed to hold the pre-formed knot securely
- Ergonomic passer features a thumb tab and wide eyelet for ease of grip and passing suture



## Kit Contents

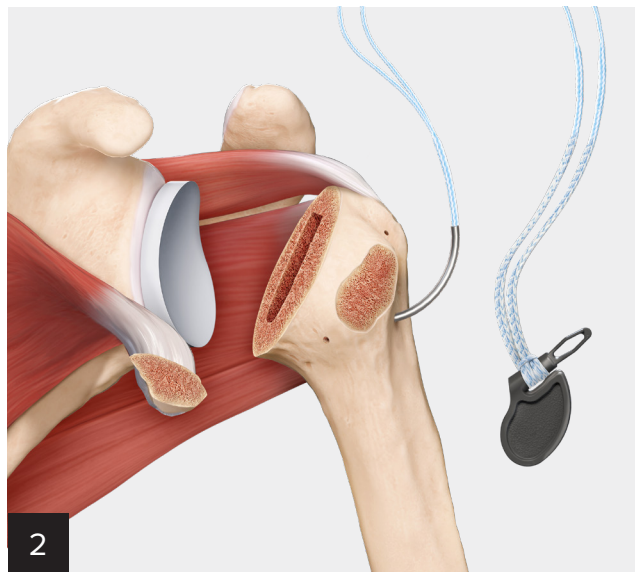
- 2.0 mm Drill Bit, AO
- TigerTape™ Suture Assembly
- FiberTape® Suture Assembly
- 1.3 mm SutureTape, 40 in w/ ½ Circle Tapered Needle
- Free Needle w/ Nitinol Wire



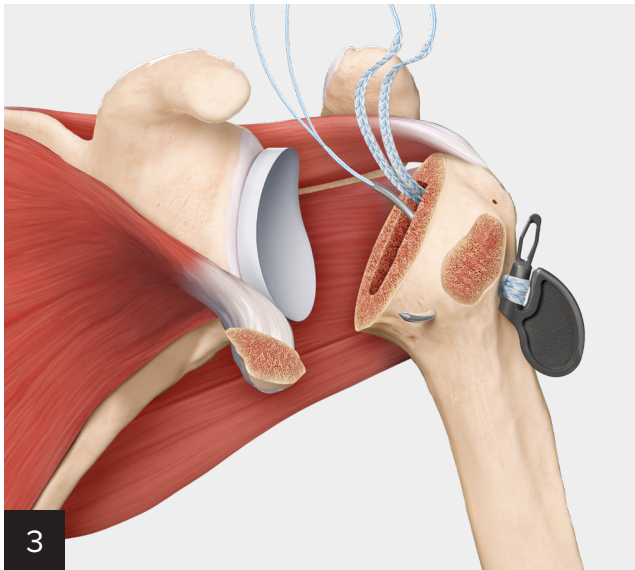


Using the 2.0 mm drill bit, drill two holes in the bicipital groove and a third hole medial to the lesser tuberosity.

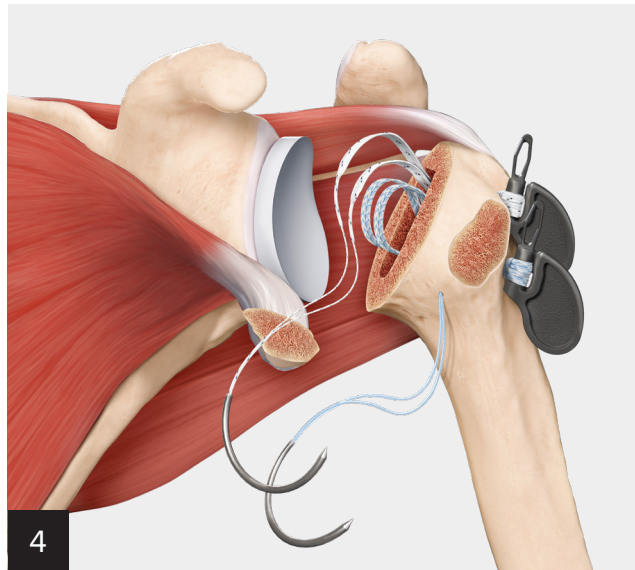
**Note:** If a collarless stem is being used, a second hole should be drilled medial to the tuberosity.



Pass the FiberTape® assembly through the inferolateral bone tunnel via the attached needle. Pull the suture so that the suture passer is seated within the bicipital groove.



Pass the needle through the medial bone tunnel, maintaining the suture loops external to the humerus.

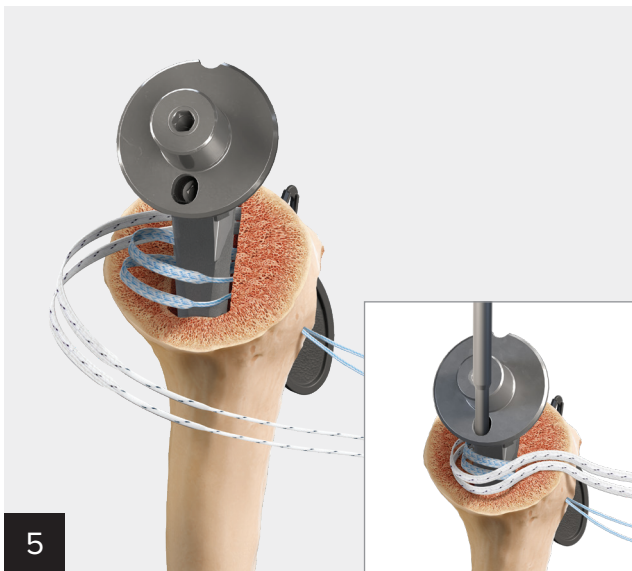


Pass the TigerTape™ assembly through the superolateral bone tunnel. Pull the TigerTape suture so that the suture passer is seated within the bicipital groove.

**For Collared Stem Implants:** The limbs of the TigerTape suture can lay on top of the humeral resection plane under the intended implant.

**For Collarless Stem Implants:** The TigerTape suture must be passed through the medial bone tunnel along with the FiberTape suture in step 2.





5 Insert the distal tip of the humeral stem implant through the FiberTape® and TigerTape™ suture loops. Pull gently on the medial strands as the stem is impacted using the pointed stem impactor.



6 Complete impaction using the angled Morse taper stem impactor.

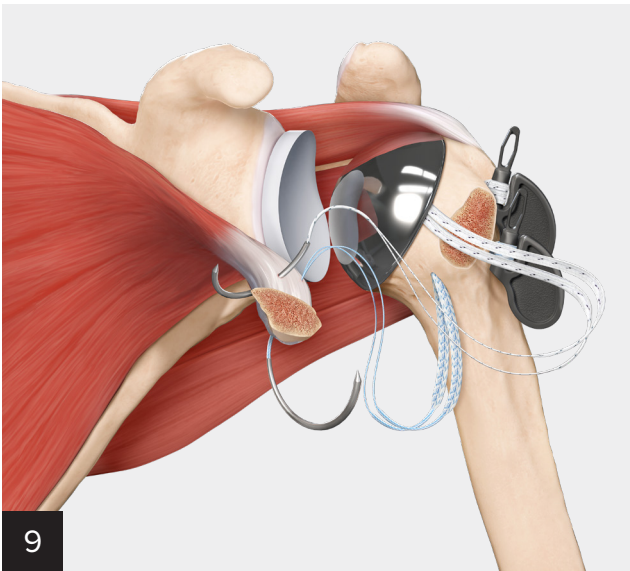


7 Using the torque driver, secure implant inclination and version by tightening the inferior and superior screws, respectively.

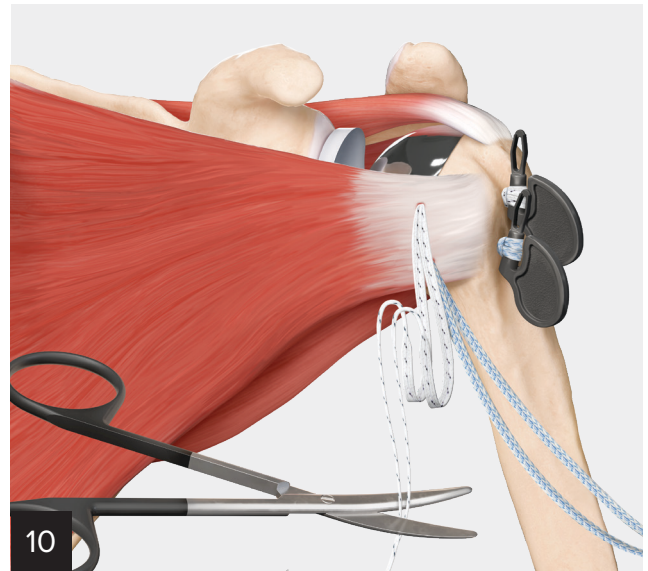
A trial head may be used at this point to check stability prior to impacting the final component.



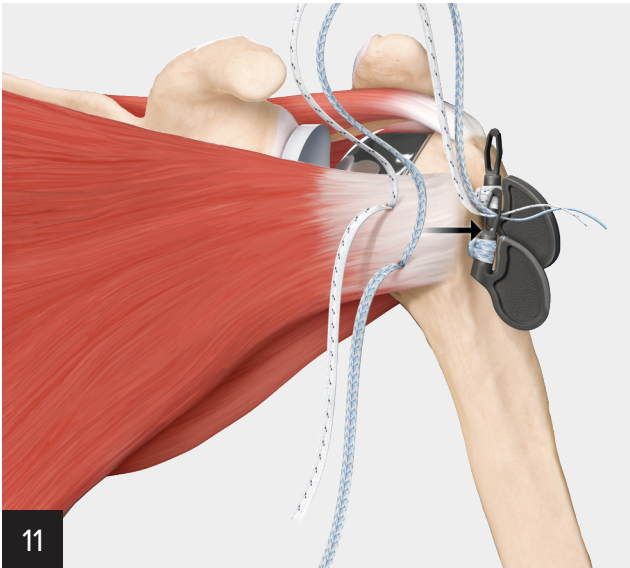
8 Once the final implant has been selected, clean and dry the Morse taper of the stem and impact the humeral head in place.



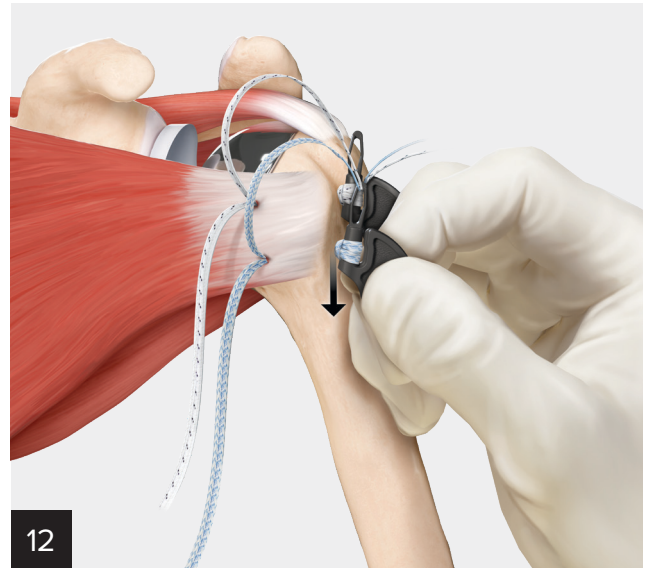
Using the needles attached to the two suture assemblies, pass the sutures through the subscapularis tendon.



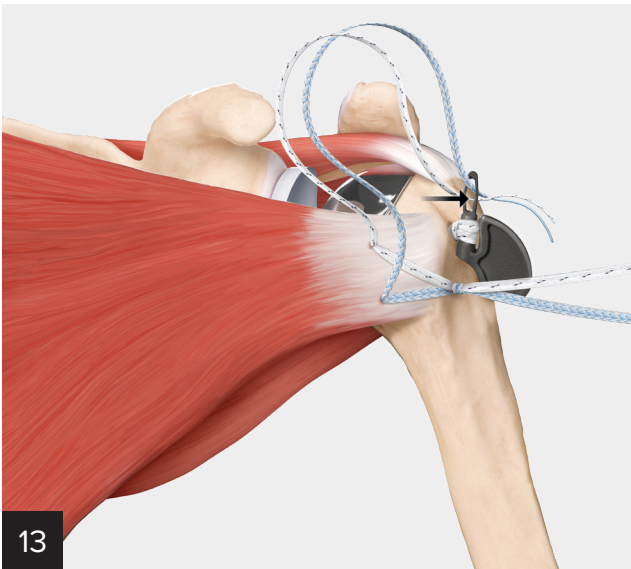
Once the subscapularis tendon is reduced, cut the needles from the suture strands, leaving 4 limbs of suture.



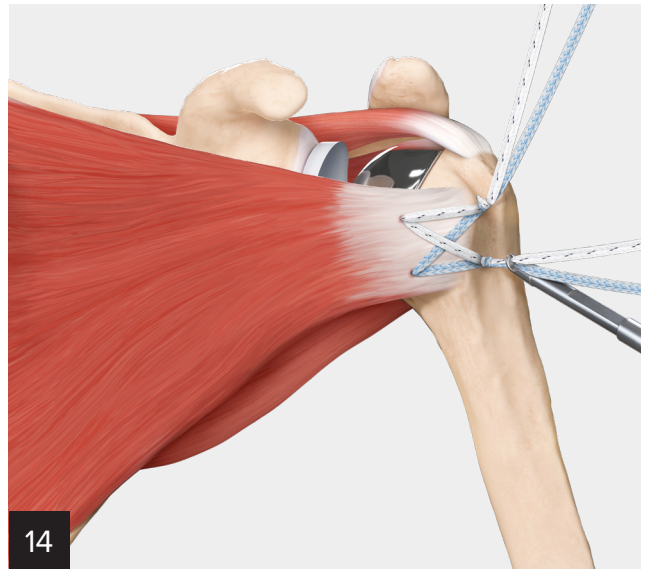
Take one strand of each suture type (FiberTape® and TigerTape™ sutures) and pass the ends through the eyelet of the inferior suture passer.



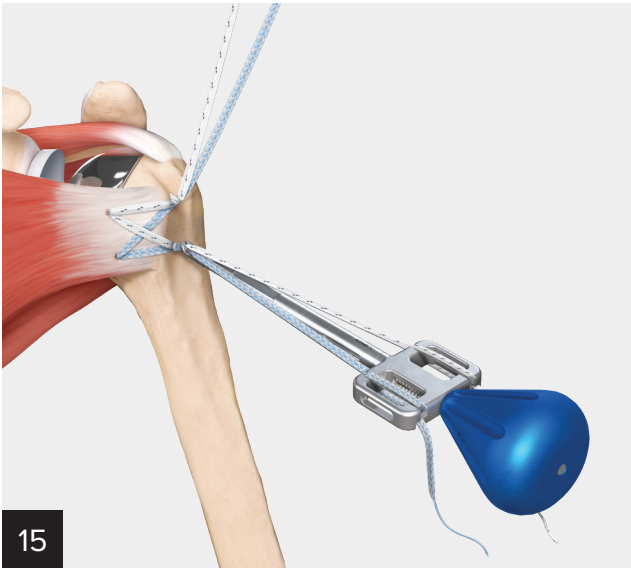
Holding the thumb tab, pull the suture passer down so that the suture strands pass through the pre-formed knot.



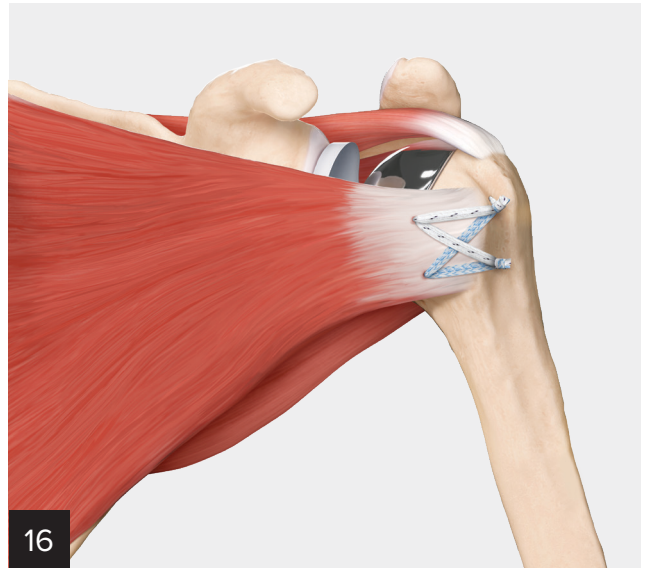
Repeat steps 11 and 12 with the remaining suture limbs through the superior suture passer.



Starting with the inferior knot, thread one suture strand through the hole at the tip of the suture tensioner. Place the remaining suture strand through the slotted hole in the tip of the suture tensioner. Advance the suture tensioner until the tip rests on the knot stack.



Wrap one strand of suture around each of the cleats on the suture tensioner paddle. Turn the blue handle clockwise to tension. Unwrap the suture strands and remove the tensioner.



Tie at least two alternating half-hitch knots to lock the knot in place.

Repeat steps 14-16 for the superior knot stack.

**Note: Tensioning may be repeated on top of the half-hitches if desired.**

## Ordering Information

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Product description	Item number
FiberTape® Tendon Compression Bridge Kit	AR-7297-2



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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