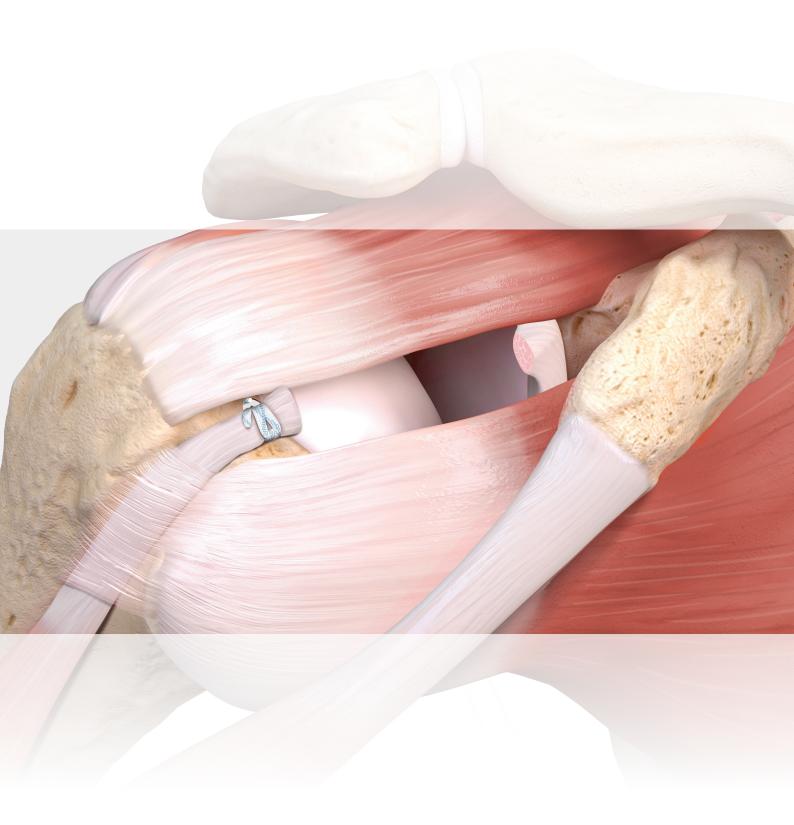
Loop 'N' Tack™ Biceps Tenodesis

Surgical Technique





Loop 'N' Tack™ Biceps Tenodesis

The Loop 'N' Tack technique is a simple approach to arthroscopic biceps tenodesis. The technique allows for suture to be passed and retrieved under direct visualization through the biceps tendon while still attached to the superior labrum. The biceps can be fixated to the tuberosity or incorporated into a rotator cuff repair.

Advantages

- Straightforward surgical approach with familiar view of anatomy
- All steps performed through one anterior portal
- No need to externalize the biceps tendon
- High rate of patient satisfaction¹
- Significant improvement in shoulder outcome scores¹
- Low incidence of postoperative pain and cosmetic popeye deformity when compared to tenotomy¹⁻⁴

Loop 'N' Tack Suture Configuration



Create a cinch stitch around the bicens tendon with Fiberl ink™ SutureTape.



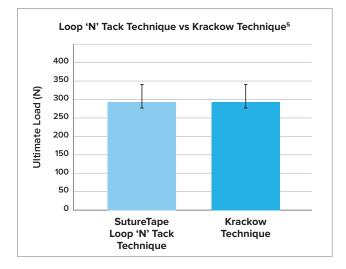
Retrieve the tail of the Fiberl ink SutureTape through the biceps tendon just distal to the cinch stitch.



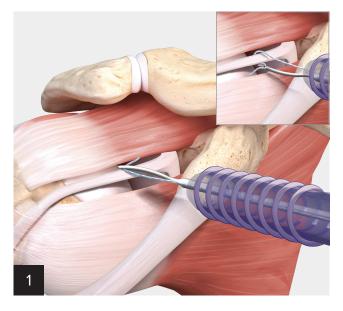
Remove slack to complete the Loop 'N' Tack suture configuration.



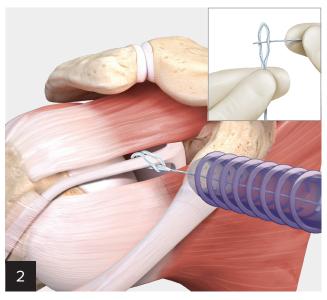
Fixate the suture tail with a 475 mm SwiveLock® suture anchor.



In biomechanical testing, the suture configuration used for the Loop 'N' Tack technique was shown to be equivalent in strength to the standard Krackow stitch with no signifiant differences in ultimate load and cyclic displacement. The stiffness of the suture configuration was significantly greater than that of the Krackow samples.5



Using the Loop 'N' Tack™ SwiftStitch™ suture passer, introduce the tail end of the FiberLink™ SutureTape over the top of the proximal biceps tendon. Retrieve the tail end of the FiberLink SutureTape from beneath the biceps tendon and out through the anterior portal.



Create a cinch stitch by placing the tail of the FiberLink SutureTape through the suture loop. Advance the cinch stitch through the cannula into the joint and around the desired location of the proximal biceps tendon. The tip of the cannula may be used to direct the cinch stitch to its final location.



Complete the suture configuration by placing a foldedover portion of the FiberLink SutureTape tail into the joint. Place this portion beneath the biceps tendon using the Loop 'N' Tack SwiftStitch suture passer. Introduce the suture passer through the biceps tendon just distal to the location of the cinch stitch to retrieve the suture tail back through the biceps tendon and out through the anterior portal.

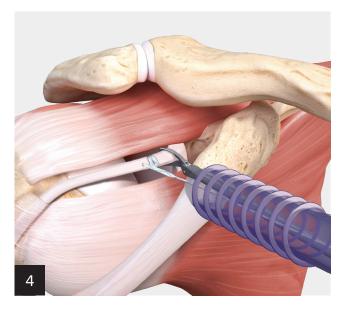
Alternative passing method



Pass the SutureTape FiberLink suture in a luggage tag stitch around the biceps tendon using a Scorpion™ suture passer.



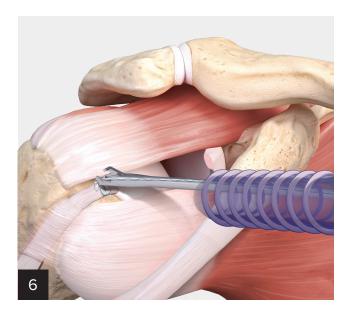
Pass the tail of the SutureTape FiberLink suture through the biceps tendon, distal to the loop.



Cut the biceps tendon with a curved scissor near its attachment at the superior labral complex. Care should be taken to avoid cutting the biceps tendon too close to the Loop 'N' Tack™ suture configuration.



Prepare a bone socket using a punch at the top of the bicipital groove superior to where the subscapularis and supraspinatus tendon converge at the articular margin. Insert the SwiveLock® suture anchor into the prepared bone socket until the anchor body makes contact with the bone and adjust tension if necessary. Hold the thumb pad steady and rotate the driver handle in a clockwise direction until the anchor body is flush with the bone.



Unwind and discard the #2 FiberWire® tip-retention suture that holds the PEEK tip in place during anchor insertion. Remove the driver and cut the suture tail with a FiberWire cutter.



Excess tendon may be trimmed with a shaver or Apollo^{RF®} probe to complete the repair.

Ordering Information

Implants/Disposables

Product Description	Item Number	
4.75 Knotless BioComposite Loop 'N' Tack ™ Tenodesis Implant System (Includes 4.75 mm KL BioComposite SwiveLock® anchor, FiberLink™ SutureTape, punch, and Loop 'N' Tack SwiftStitch™ suture passer)		
4.75 BioComposite Loop 'N' Tack Tenodesis Implant System (Includes 4.75 mm BioComposite SwiveLock anchor, FiberLink SutureTape, punch, and Loop 'N' Tack SwiftStitch suture passer)	AR- 1665BCSL	
3.9 BioComposite Loop 'N' Tack Tenodesis Implant System (Includes 3.9 mm BioComposite SwiveLock anchor, FiberLink SutureTape, punch, and Loop 'N' Tack SwiftStitch suture passer)	AR- 1665BCSL-39	
2.9 BioComposite Loop 'N' Tack Tenodesis Implant System (Includes 2.9 mm BioComposite short PushLock® anchor, FiberLink SutureTape, drill, drill guide, and Loop 'N' Tack SwiftStitch suture passer)	AR- 1665BCPL	
4.75 Knotless PEEK Loop 'N' Tack Tenodesis Implant System (Includes 4.75 mm KL PEEK SwiveLock anchor, FiberLink SutureTape, punch, and Loop 'N' Tack SwiftStitch suture passer)		
4.75 PEEK Loop 'N' Tack Tenodesis Implant System (Includes 4.75 mm PEEK SwiveLock anchor, FiberLink SutureTape, punch, and Loop 'N' Tack SwiftStitch suture passer)		
3.9 PEEK Loop 'N' Tack Tenodesis Implant System (Includes 3.9 mm PEEK SwiveLock anchor, FiberLink SutureTape, punch, and Loop 'N' Tack SwiftStitch suture passer)		
2.9 PEEK Loop 'N' Tack Tenodesis Implant System (Includes 2.9 mm PEEK short PushLock anchor, FiberLink SutureTape, drill, drill guide, and Loop 'N' Tack SwiftStitch suture passer)	AR- 1665PPL	
4.75 Knotless BioComposite Loop 'N' Tack Tenodesis Implant System With HD Scorpion™ Needle (Includes 4.75 mm KL BioComposite SwiveLock anchor, FiberLink SutureTape, punch, HD Scorpion Needle, and MegaLoader)	AR-1665KBCSLSN	
4.75 BioComposite Loop 'N' Tack Tenodesis Implant System With HD Scorpion Needle (Includes 4.75 mm BioComposite SwiveLock anchor, FiberLink SutureTape, punch, HD Scorpion Needle, and MegaLoader)	AR-1665BCSLSN	
3.9 BioComposite Loop 'N' Tack Tenodesis Implant System With HD Scorpion Needle (Includes 3.9 mm BioComposite SwiveLock anchor, FiberLink SutureTape, punch, HD Scorpion Needle, and MegaLoader)	AR- 1665BCSLSN-39	
2.9 BioComposite Loop 'N' Tack Tenodesis Implant System With HD Scorpion Needle (Includes 2.9 mm BioComposite short PushLock anchor, FiberLink SutureTape, drill, drill guide, HD Scorpion Needle, and MegaLoader)	AR-1665BCPLSN	
Loop 'N' Tack SwiftStitch Suture Passer		

Instruments

Product Description	Item Number
Suture Cutter, 4.2 mm, open end, left notch	AR- 11794L

Please note that not all products advertised in this brochure/surgical technique guide may be available in all countries. Please ask Arthrex Customer Service or your local Arthrex Representative before ordering if the desired product is available for delivery.

References

- 1. Duerr RA, Nye D, Paci JM, Akhavan S. Clinical evaluation of an arthroscopic knotless suprapectoral biceps tenodesis technique: Loop 'n' Tack tenodesis. Orthop J Sports Med. 2018;6(6):2325967118779786. doi:10.1177/2325967118779786
- 2. Hsu AR, Ghodadra NS, Provencher MT, Lewis PB, Bach BR. Biceps tenotomy versus tenodesis: a review of clinical outcomes and biomechanical results. J Shoulder Elbow Surg. 2011;20(2):326-332. doi:10.1016/j.jse.2010.08.019
- 3. De Carli A, Vadalà A, Zanzotto E, et al. Reparable rotator cuff tears with concomitant long-head biceps lesions: tenotomy or tenotomy/tenodesis? Knee Surg Sports Traumatol Arthrosc. 2012;20(12):2553-2558. doi:10.1007/s00167-012-
- 4. Kelly AM, Drakos MC, Fealy S, Taylor SA, O'Brien SJ. Arthroscopic release of the long head of the biceps tendon: functional outcome and clinical results. Am J Sports Med. 2005;33(2):208-213. doi:10.1177/0363546504269555
- 5. Arthrex, Inc. LA1-00095-EN. Naples, FL; 2018.



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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