



Biceps Tenodesis SwiveLock® System

Surgical Technique



# Biceps Tenodesis SwiveLock



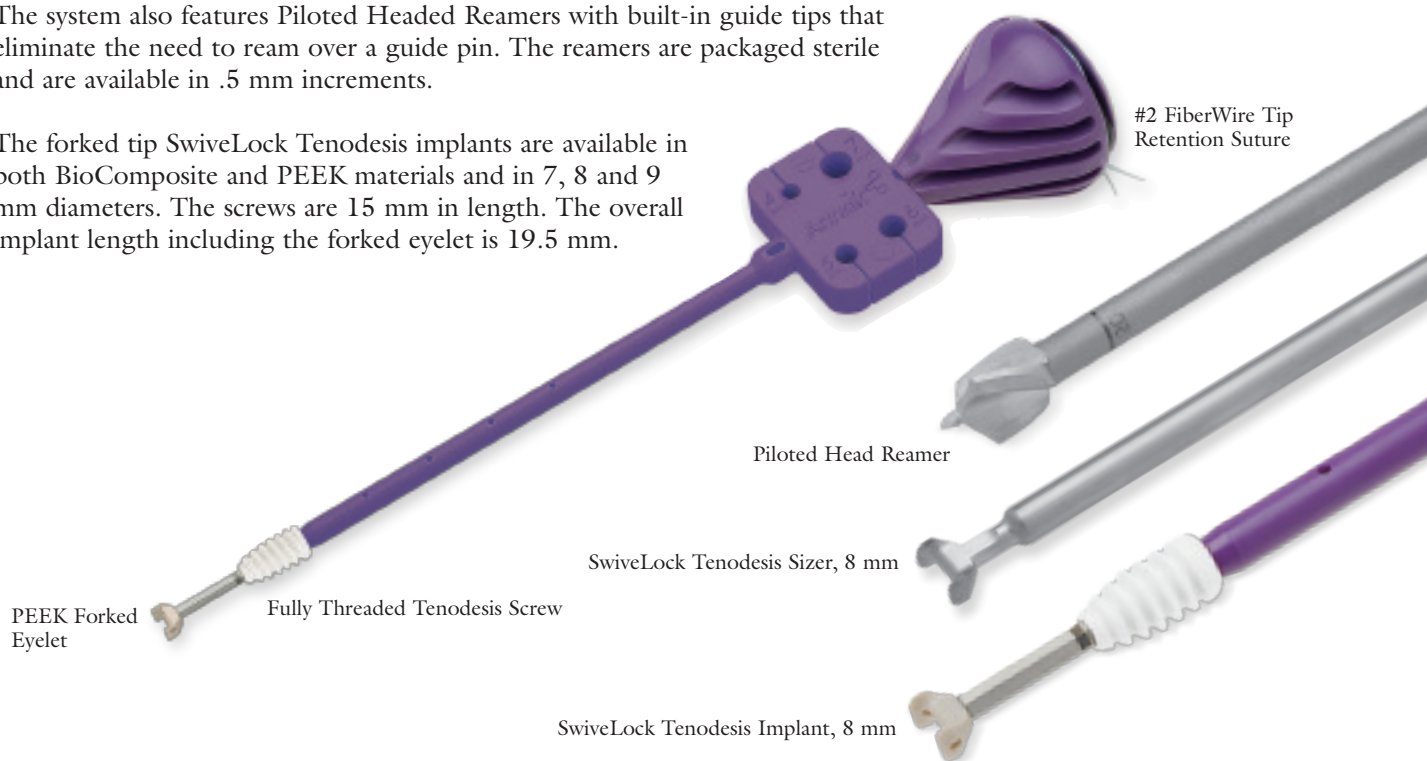
## SwiveLock Tenodesis System – Forked Eyelet All-Arthroscopic Technique

The SwiveLock Tenodesis implants are designed for all-arthroscopic proximal biceps tenodesis. The efficient system was designed to save steps and minimize the length of the procedure.

The implants feature a unique PEEK forked tip that is used to steer the biceps tendon to the bottom of the bone socket without the need to externalize or whipstitch the tendon. There is no need to predetermine tendon length, as position and tension are easily set and visualized prior to final anchor insertion. Strong fixation is obtained by simply advancing the preloaded SwiveLock Tenodesis™ Screw.

The system also features Piloted Headed Reamers with built-in guide tips that eliminate the need to ream over a guide pin. The reamers are packaged sterile and are available in .5 mm increments.

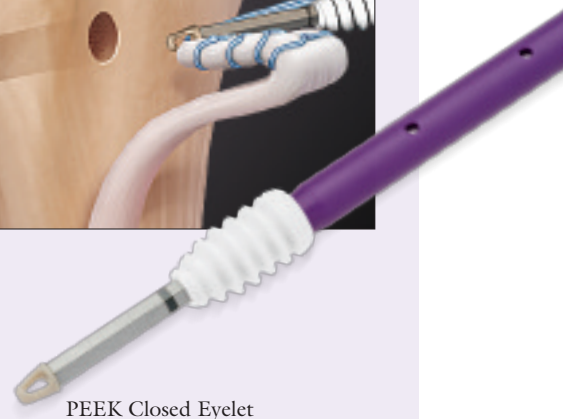
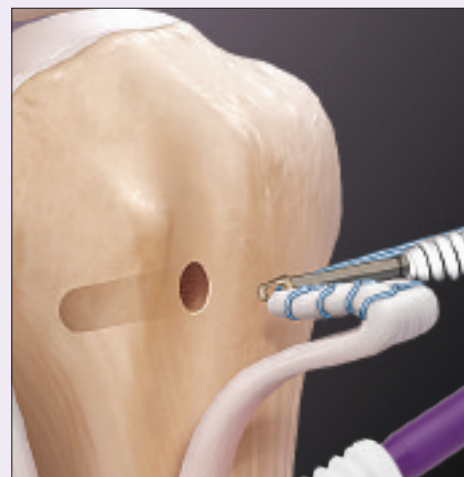
The forked tip SwiveLock Tenodesis implants are available in both BioComposite and PEEK materials and in 7, 8 and 9 mm diameters. The screws are 15 mm in length. The overall implant length including the forked eyelet is 19.5 mm.



### SwiveLock Tenodesis System – Closed Eyelet Whipstitching Technique

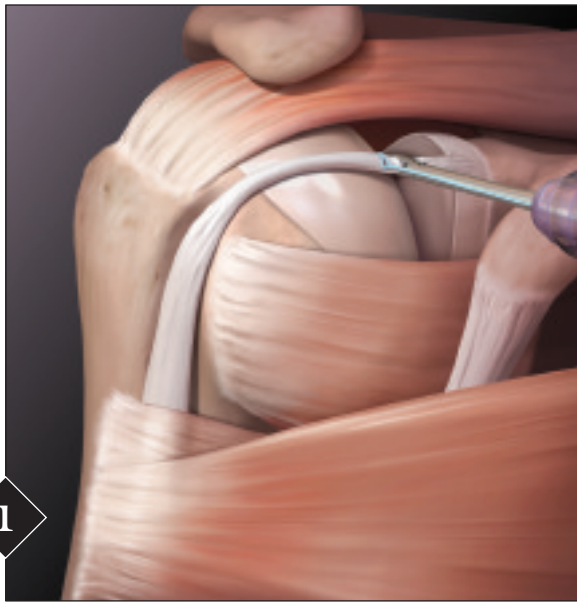
For surgeons who prefer a traditional whipstitching approach, the BioComposite™ SwiveLock Tenodesis Screws are also available with a PEEK closed eyelet, in 6.25, 7, 8 and 9 mm diameters.

In the traditional approach, the tendon is tagged with a #2 FiberWire® in the glenohumeral joint and tenotomized. It is then exteriorized and whipstitched. A bone socket is created and the whipstitched sutures are fed through the closed eyelet of the SwiveLock Tenodesis Screw. The driver is used to place the tendon at the bottom of the bone socket and hold it in place while the SwiveLock Tenodesis Screw is advanced, providing secure fixation.

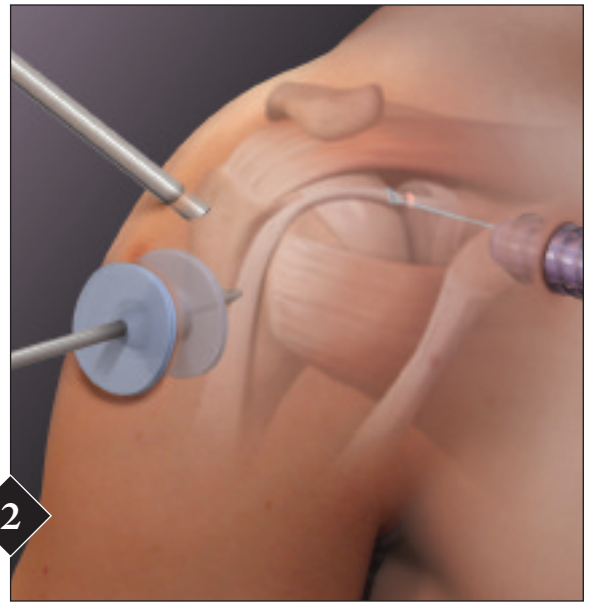


PEEK Closed Eyelet

Go to <http://slteno.arthrex.com> for more information

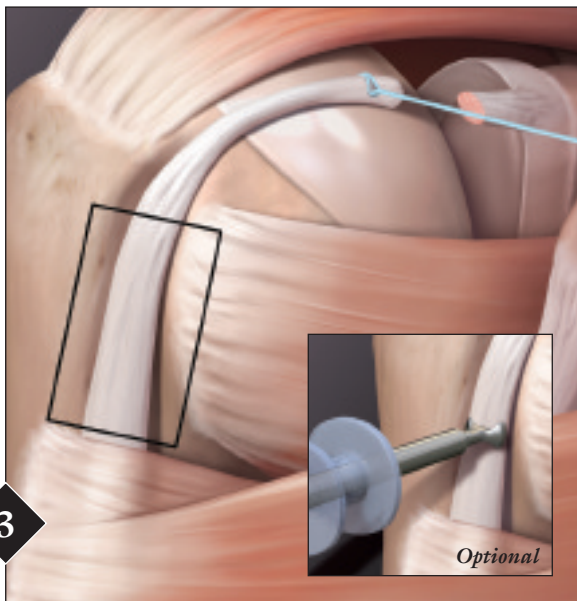


While viewing intra-articularly from a posterior portal, place a tag stitch through the biceps tendon using a Penetrator™ or Scorpion™. Retrieve the tag sutures through the anterior portal. Tenotomize the tendon at its labral insertion with an arthroscopic scissor. Debride any remaining biceps stump on the labrum.



Move to the subacromial space and perform a bursectomy. Create a low anterior portal for insertion of the SwiveLock Tenodesis implant. This portal is localized with a spinal needle inline with the intended anchor insertion site and can be a few centimeters distal to the anterolateral corner of the acromion. It can be helpful to view through a lateral portal.

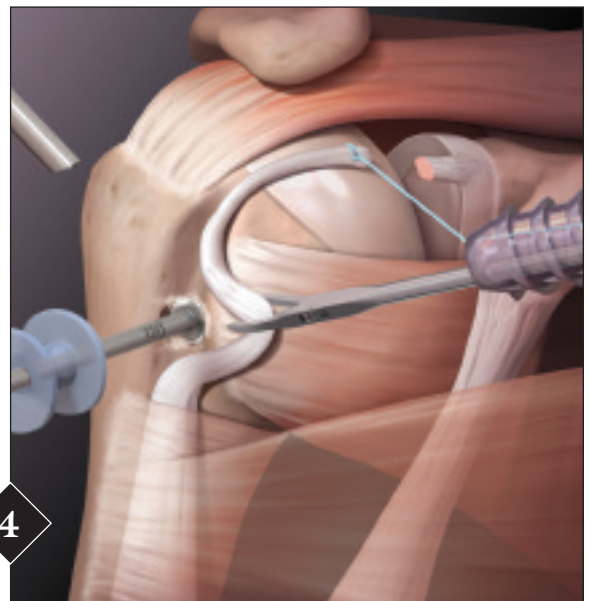
Insert a 10 mm PassPort Button Cannula™.



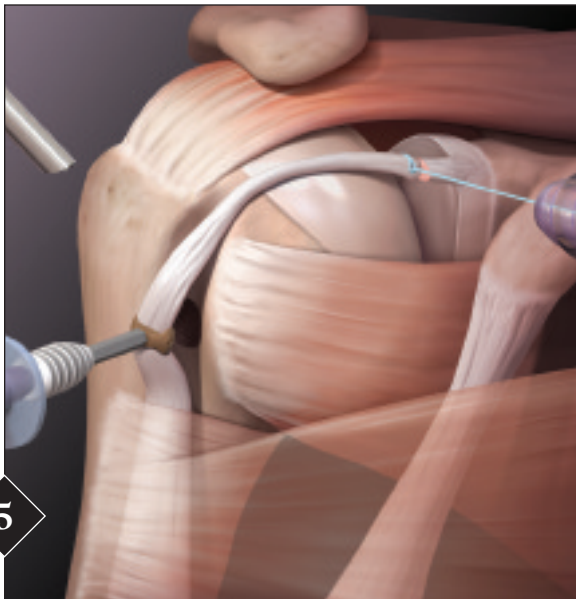
Depending on surgeon preference, the SwiveLock Tenodesis Screw can be inserted within the bicipital groove or directly superior to the pectoralis major.

Locate the biceps tendon and expose the intended anchor insertion site. Ensure that the tendon can slide freely within the bicipital sheath.

*Optional:* A SwiveLock Tenodesis Sizer may be used to estimate the size of the tendon and preview how the tendon will fit with the eventual implant. The fork on the Sizer mimics the PEEK fork on the corresponding SwiveLock Tenodesis implant.

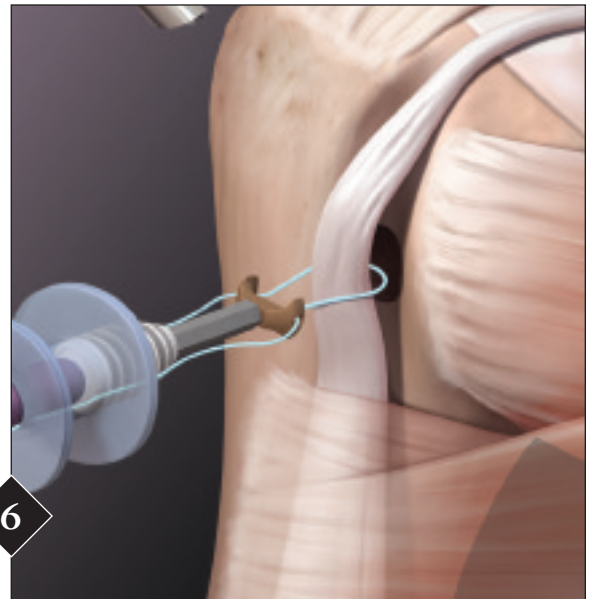


Move the biceps tendon out of the way with a KingFisher® and create a bone socket for the SwiveLock Tenodesis Screw using a Piloted Headed Reamer sized .5 mm to 1 mm over the size of the intended screw. Ream perpendicularly to the bicipital groove and to a minimum depth of 20 mm as indicated by the laser line. Remove the reamer from the bone socket manually and not under power. Use a shaver to clear soft tissue around the bone socket to ease screw insertion.



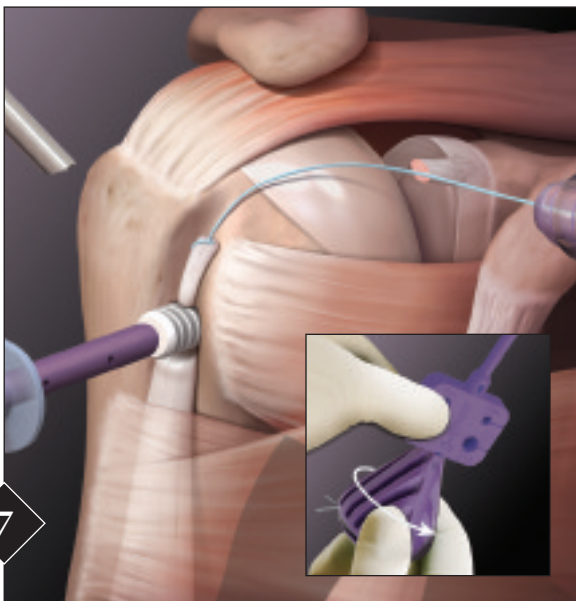
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Pull on the tag suture to help return the tendon to its original position over the bicipital groove. Use the forked tip of the SwiveLock Tenodesis Screw to steer the tendon to the edge of the bone socket.



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*Optional:* If additional control of the tendon is desired, pass a #2 FiberWire around (or through) the tendon, and load those suture tails through the holes in the forked tip. Use this FiberWire to pull the tendon into the forked eyelet.

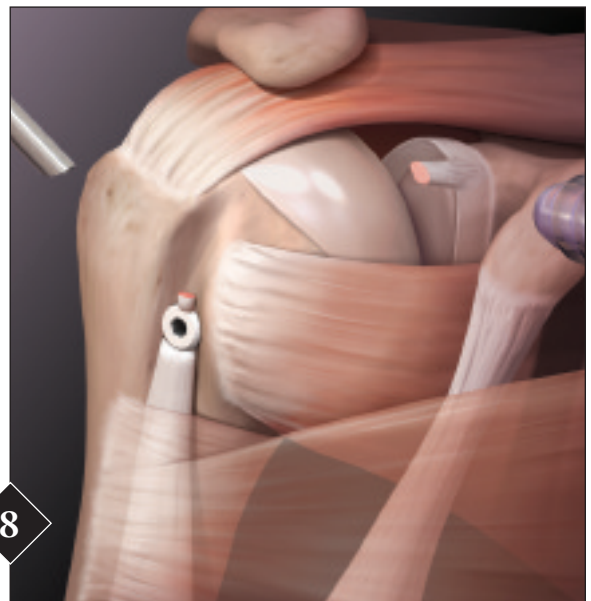


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Push the tendon to the bottom of the bone socket, while maintaining some light tension on the tag suture. Verify that the position and tension of the biceps tendon is as desired.

Make sure that the anchor body is in full contact with the bone.

Hold the thumb pad steady and rotate the driver handle to advance the screw. It is best to stop with the rounded end of the screw slightly proud. Countersinking the screw can result in reduced fixation.



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Remove and discard the #2 FiberWire tip retention suture and remove the driver.

Trim the excess tendon proximally to complete the repair.

## Ordering Information

### *Implants/Disposables*

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#### ***Forked Eyelet Options:***

|   |             |
|---|-------------|
| BioComposite SwiveLock Tenodesis, forked eyelet, 7 mm x 19.5 mm | AR-1662BC-7 |
| BioComposite SwiveLock Tenodesis, forked eyelet, 8 mm x 19.5 mm | AR-1662BC-8 |
| BioComposite SwiveLock Tenodesis, forked eyelet, 9 mm x 19.5 mm | AR-1662BC-9 |

|   |              |
|---|--------------|
| PEEK SwiveLock Tenodesis, forked eyelet, 7 mm x 19.5 mm | AR-1662PSL-7 |
| PEEK SwiveLock Tenodesis, forked eyelet, 8 mm x 19.5 mm | AR-1662PSL-8 |
| PEEK SwiveLock Tenodesis, forked eyelet, 9 mm x 19.5 mm | AR-1662PSL-9 |

#### ***Closed Eyelet Options:***

|  |              |
|--|--------------|
| BioComposite SwiveLock Tenodesis, closed eyelet, 6.25 mm x 19.1 mm | AR-1662BC    |
| BioComposite SwiveLock Tenodesis, closed eyelet, 7 mm x 19.1 mm    | AR-1662BCC-7 |
| BioComposite SwiveLock Tenodesis, closed eyelet, 8 mm x 19.1 mm    | AR-1662BCC-8 |
| BioComposite SwiveLock Tenodesis, closed eyelet, 9 mm x 19.1 mm    | AR-1662BCC-9 |

|  |                                   |
|--|-----------------------------------|
| PassPort Button Cannulas (10 mm ID x 20, 30, 40 and 50 mm lengths) | AR-6592-10 - 20,<br>30, 40 and 50 |
| SureFire Scorpion Needle   | AR-13991N                         |

### *Instruments*

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#### ***Reamers (supplied sterile):***

|                               |         |
|-------------------------------|---------|
| Piloted Headed Reamer, 6 mm   | AR-1450 |
| Piloted Headed Reamer, 6.5 mm | AR-1451 |
| Piloted Headed Reamer, 7 mm   | AR-1452 |
| Piloted Headed Reamer, 7.5 mm | AR-1453 |
| Piloted Headed Reamer, 8 mm   | AR-1454 |
| Piloted Headed Reamer, 8.5 mm | AR-1455 |
| Piloted Headed Reamer, 9 mm   | AR-1456 |
| Piloted Headed Reamer, 9.5 mm | AR-1457 |
| Piloted Headed Reamer, 10 mm  | AR-1458 |

#### ***Optional:***

|                                 |            |
|---------------------------------|------------|
| SwiveLock Tenodesis Sizer, 7 mm | AR-1662T-7 |
| SwiveLock Tenodesis Sizer, 8 mm | AR-1662T-8 |
| SwiveLock Tenodesis Sizer, 9 mm | AR-1662T-9 |

|  |             |
|--|-------------|
| Penetrator Suture Retriever                | AR-2167ST-2 |
| KingFisher Suture Retriever/Tissue Grasper | AR-13970SR  |
| FastPass Scorpion                          | AR-13997SF  |
| Scissor, Serrated Tooth, Straight Tip      | AR-12140    |
| Scissor, Right Curved Tip                  | AR-12150    |
| Scissor, Left Curved Tip                   | AR-12160    |



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*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.*

For more information go to:

<http://slteno.arthrex.com>

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