Brostrom Repair With *Internal*Brace™ 2.0 Ligament Augmentation

Surgical Technique and Highlights

Features and Benefits

- *Internal*Brace Ligament Augmentation Procedure 2.0—optimized instrumentation with more size and material options
- Talus offset guide—reproducible anatomic placement
- Radiopaque marker and laser line window on SwiveLock® anchor driver
- Minimally invasive—drill, tap, and implant through the guides
- Biologically advantageous—collagen-coated FiberTape® suture and JumpStart® antimicrobial dressing
- Accelerated rehabilitation for ankle instability[1]
- Biomechanically superior to standard repair[2]

Ordering Information

*Internal*Brace System, **Mini**

Product Description	Item Number
PEEK SwiveLock Anchor w/ Collagen-Coated FiberTape Suture, 3.5 mm PEEK SwiveLock Anchor, 3.5 mm Drill, 2.7 mm Drill, cannulated, 2.7 mm Drill, 3.4 mm Drill Guide w/ Metal Insert for Talus Drill Guide w/ Metal Insert Bone Tap Guidewire w/ Trocar Tip Guidewire Sleeve Suture Passing Wire Free Needle JumpStart Single-Layer Dressing, 2 in × 5 in	AR-**1787PJ-CP**

*Internal*Brace System, **Plus**

Product Description	Item Number
BioComposite SwiveLock Anchor w/ Collagen-Coated FiberTape Suture, 4.75 mm BioComposite SwiveLock Anchor, 4.75 mm Drill, 3.4 mm Drill, cannulated, 3.4 mm Drill, 4.0 mm Drill Guide w/ Metal Insert for Talus Drill Guide w/ Metal Insert Bone Tap Guidewire w/ Trocar Tip Guidewire Sleeve Suture Passing Wire Free Needle JumpStart Single-Layer Dressing, 2 in × 5 in	AR-**1789J-CP**

*Internal*Brace System, **Standard**, BioComposite

Product Description	Item Number
BioComposite SwiveLock Anchors w/ Collagen-Coated FiberTape Suture, 4.75 mm/3.5 mm Drill, 2.7 mm Drill, cannulated, 2.7 mm Drill, 3.4 mm Drill, cannulated, 3.4 mm Drill Guide w/ Metal Insert for Talus Drill Guide w/ Metal Insert Bone Tap Guidewire w/ Trocar Tip Guidewire Sleeve Suture Passing Wire Free Needle JumpStart Single-Layer Dressing, 2 in × 5 in	AR-**1788J-CP**

*Internal*Brace System, **Standard**, PEEK*

Product Description	Item Number
PEEK SwiveLock Anchor w/ Collagen-Coated FiberTape Suture, 4.75 mm PEEK SwiveLock Anchor, 3.5 mm JumpStart Single-Layer Dressing, 2 in × 5 in	AR-**1788PJ-CP**

*Includes instrumentation from AR-1788J-CP

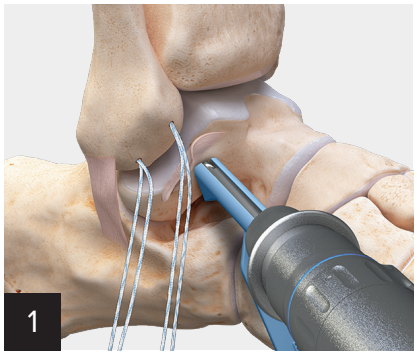
Optional Instrumentation

Product Description	Item Number
Drill Bit, 4.0 mm	AR-**1788-40S**
Bone Tap, cannulated, AO, 3.5 mm	AR-**1788T-35S**
Bone Tap, cannulated, AO, 4.75 mm	AR-**1788T-475S**

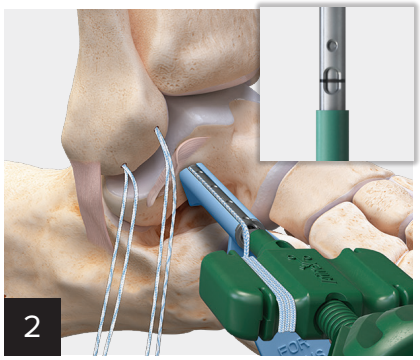
References

1. Coetzee JC, et al. *Foot Ankle Int*. 2018;39(3):304-310. doi:10.1177/1071100717742363
2. Viens NA, et al. *Am J Sports Med*. 2014;42(2):405-411. doi:10.1177/0363546513510141

Surgical Technique Overview



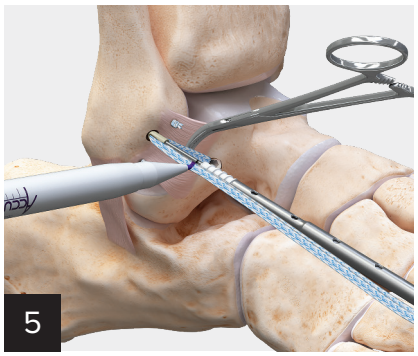
Position the talar offset guide firmly within the sinus tarsi so it is approximately 2 cm from the lateral process. Angle the guide into the talar body (7:30 position on clock face for left foot, 4:30 for right foot). With a K-wire in place, drill with the 3.4 mm cannulated drill bit into the nonarticulating surface of the talus. A solid drill bit is also included and can be used per surgeon preference.



Through the guide, tap the tunnel to the laser line on the 4.75 mm tap (green handle). Implant the 4.75 mm SwiveLock® anchor loaded with FiberTape® suture into the talar hole. Hold the square green paddle on the driver stationary while turning the pear-shaped driver clockwise. When the laser line in the window of the driver appears, the screw is flush, and when it is line to line, the screw is 2 mm countersunk.

With the foot in maximum dorsiflexion and eversion, tie the primary ATFL to the fibula. This places the foot so maximum tension will be on the ligament repair.

The fibular tunnel is approximately 1.5 cm proximal from the tip of the distal fibula, splitting the difference of the insertion points of the FiberTak® anchors. Drill with the 3.4 mm drill bit and tap.



Pass both limbs of the FiberTape suture through the eyelet of the 3.5 mm SwiveLock anchor.

Tensioning: With the foot in neutral inversion/eversion with approximately 10°-15° of plantar flexion, place the eyelet at the drill hole and mark the FiberTape suture at the laser line. Slide the eyelet to the line and insert into the drilled hole.
Optional: Prior to final tensioning, insert the tip of a small curved hemostat between the FiberTape suture and ATFL.

After final anchor placement is inserted, cut the remnant FiberTape tails with FiberWire® scissors. Suture the inferior extensor retinaculum to the fibula or capsule as desired.

The *Internal*Brace surgical technique is intended only to augment the primary repair/reconstruction by expanding the area of tissue approximation during the healing period and is not intended as a replacement for the native ligament. The *Internal*Brace technique is for use during soft tissue-to-bone fixation procedures and is not cleared for bone-to-bone fixation.

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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