

CMC Suspensionplasty With the FiberLock™ Suspension System

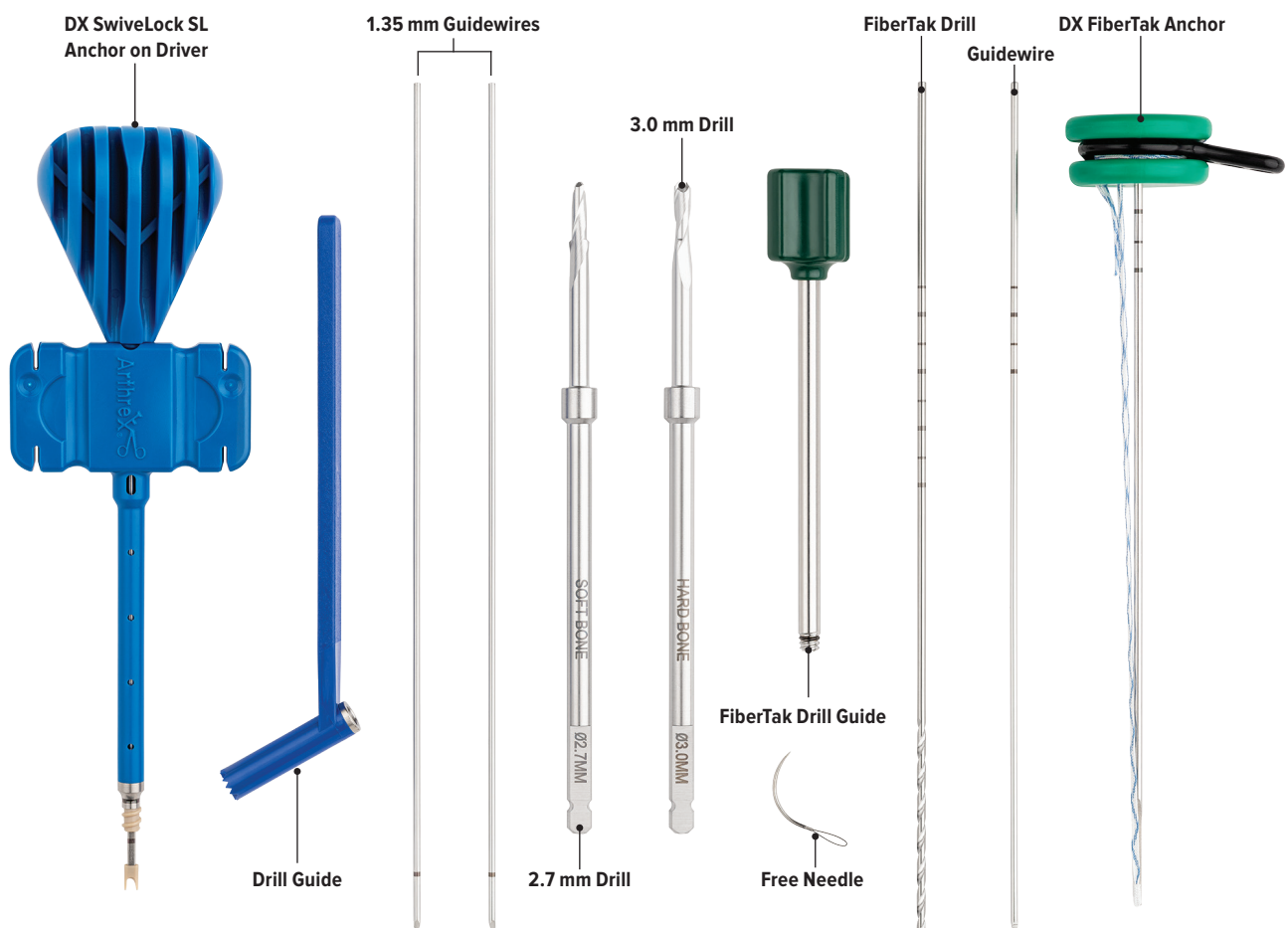


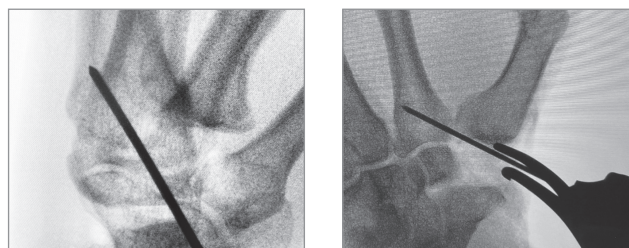
CMC Suspensionplasty With the FiberLock™ Suspension System

Introduction

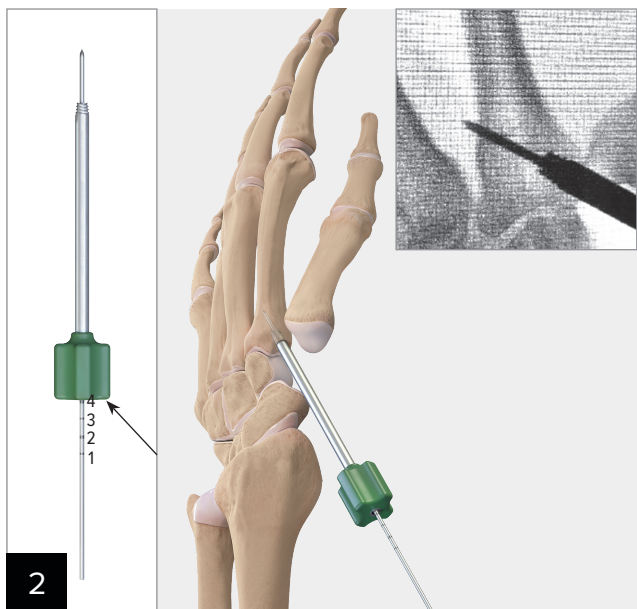
The FiberLock suspension system for carpometacarpal (CMC) arthritis is a two-anchor construct that provides cortical-to-cortical fixation using SutureTape suture. The FiberTak® guide is made to screw into the 2nd metacarpal and to ensure the correct trajectory is maintained while drilling and inserting the anchor. The FiberTak guidewire, drill, and anchor inserter have corresponding laser lines that ensure proper depth is reached to drill past the far cortex and to deploy the anchor.

The 3.5 mm SwiveLock® SL anchor is on a shorter handle. The guidewire has a laser line at 10 mm and, when used with the drill guide, the drills have a depth stop to ensure proper depth is achieved. SutureTape is a 1.3 mm flat suture that sits against the saddle of the 1st metacarpal base to hold the suspension out to length.

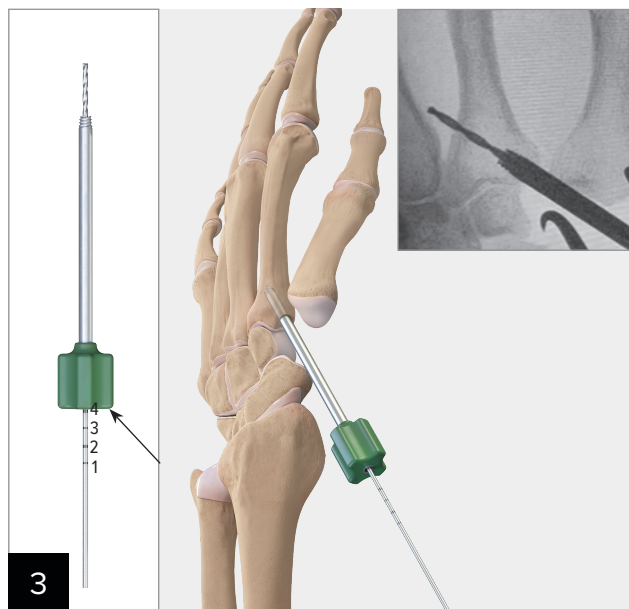




Remove the trapezium. A McGlamry elevator can be used to facilitate removal. Place a guidewire from midline in the volar to dorsal plane on the radial base of the 2nd metacarpal through the far cortex, stopping just after the far cortex has been breached. Take care to place the guidewire as transverse as possible while still exiting distal to the 2nd and 3rd metacarpal interspace. This allows the FiberTak® anchor to deploy. Confirm placement of the wire using fluoroscopic guidance.

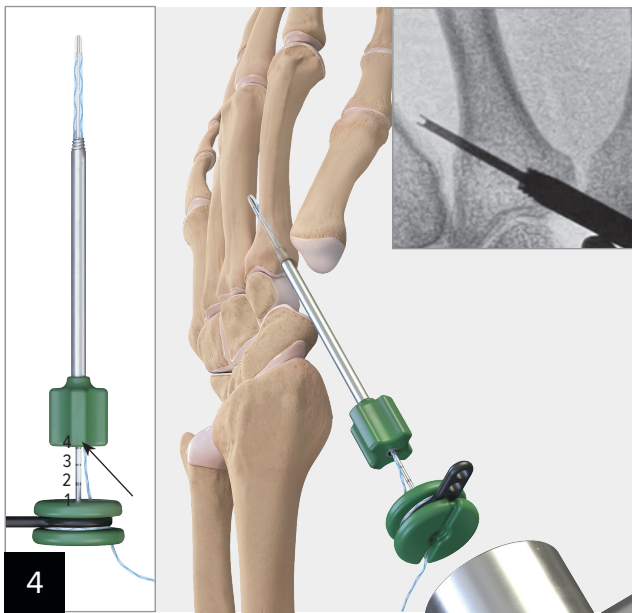


Once the guidewire breaches the far cortex, place the drill guide over the guidewire and thread the guide into the intramedullary canal. The guide should be firmly in bone without any play. The guide can be inserted up to, but not through, the far cortex if needed to obtain stability. Note which laser line you measure to on the back end of the guide. This will correspond to the drill and the FiberTak inserter to ensure proper depth is reached.



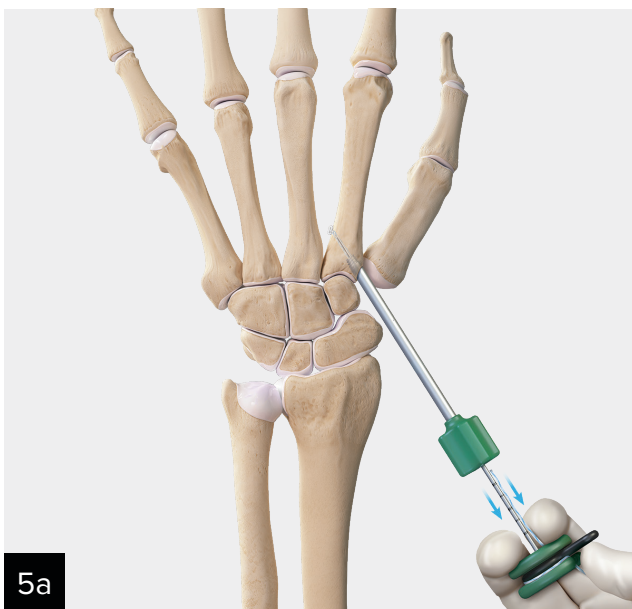
Remove the guidewire and then drill with the fluted drill to the same laser mark as used with the preliminary guidewire. Take care not to disengage or move the guide.

Surgical Technique (Cont.)

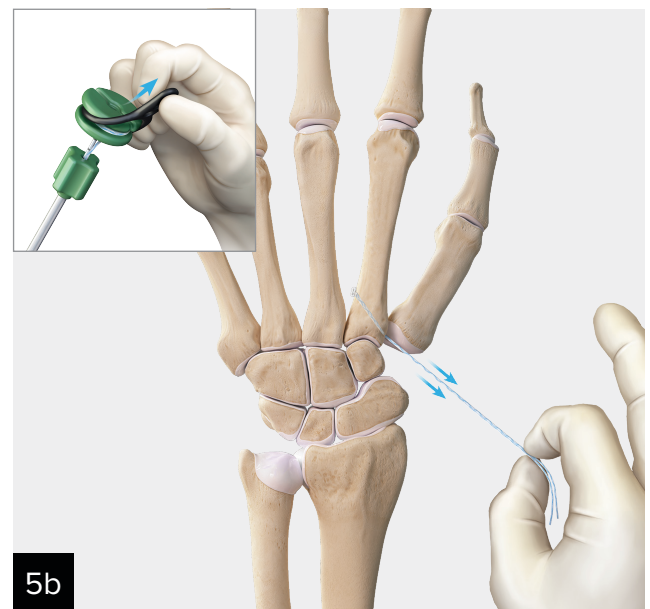


Remove the drill. Place the FiberTak® anchor through the guide and advance through the far cortex. While an assistant holds the drill guide, tap lightly on the FiberTak anchor to pass the inserter past the far cortex and to the corresponding laser line. Placement should be confirmed both by the laser line on the inserter and by fluoroscopy.

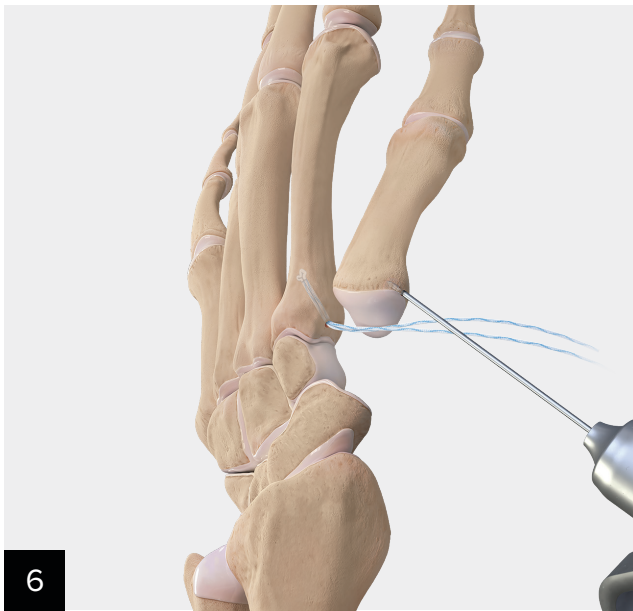
Note: Using fluoroscopic magnification aids in the passage of the anchor. Take multiple shots as the inserter is advanced through the bone to make sure the FiberTak anchor is following the predrilled trajectory.



The anchor can be set in two ways. The first technique is with the FiberTak inserter still attached to the anchor. Pull the handle back to seat the anchor. Once the anchor feels seated, remove the anchor driver and threaded drill guide as described in the next step. Pull back on the sutures to confirm the anchor has fully deployed against the far cortex.



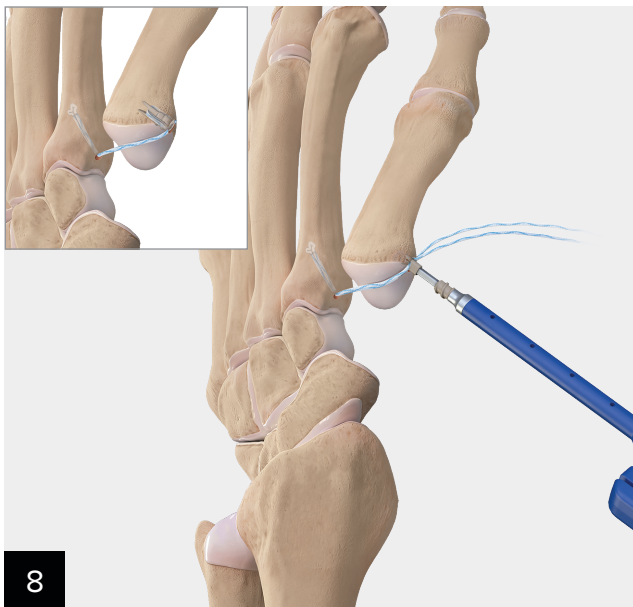
Step 5 Alternative: Remove the suture-release tab from the inserter to free the ends of the suture. Pull the inserter straight out of the guide and unscrew the guide from the 2nd metacarpal. After removing the drill guide, set the FiberTak anchor by pulling back with slow, steady force on the sutures.



Using the guidewire for the SwiveLock® anchor, insert the guidewire to the laser mark on the radial side of the 1st metacarpal base. The anchor should be midline between volar and dorsal, just dorsal to the insertion of the abductor pollicis longus (APL). This will allow the SutureTape to cross the saddle of the thumb metacarpal base.

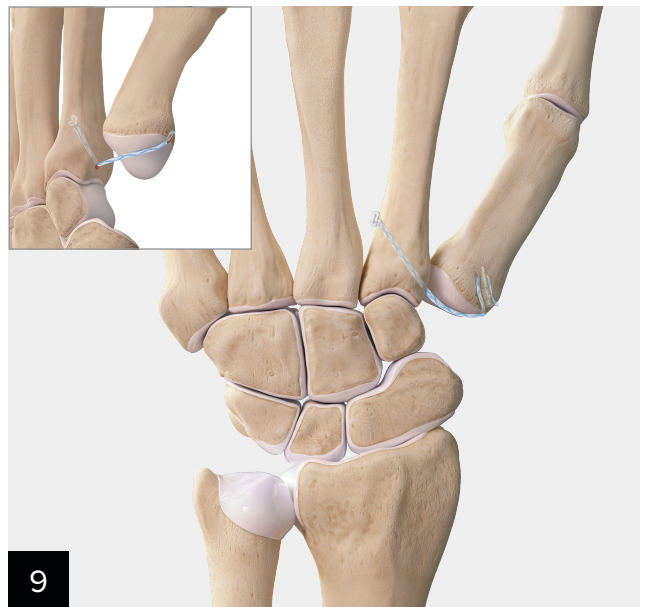


Use the blue drill guide and the appropriate drill over the guidewire to prepare the hole for insertion of the SwiveLock anchor.



While capturing both strands of the SutureTape, place the thumb in adduction with slight traction that allows visualization of the SutureTape exiting the 2nd metacarpal. Cut the remaining sutures flush to create the knotless construct.

Note: Pulling too much traction on the metacarpal will create a longer SutureTape arm under the metacarpal, decreasing the trapezial height.



Final construct.

Ordering Information



FiberLock™ Suspension Implant Kit

Product Description	Item Number
DX FiberTak® Anchor on Short Driver Without Needles Guidewire for FiberTak Anchor, 1.35 mm FiberTak Drill, 1.6 mm FiberTak Drill Guide Free Needle 3.5 DX SwiveLock® SL Anchor on Short Driver Drill Bit, DX SwiveLock SL, cannulated (soft bone), 2.7 mm Drill Bit, DX SwiveLock SL, cannulated (normal bone), 3.0 mm Guidewire w/ Trocar Tip, 1.35 mm, qty. 2 Drill Guide With Depth Stop	AR-8988-CP
Optional	
DX Button, 2.6 mm × 8 mm	AR-8919-SS



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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