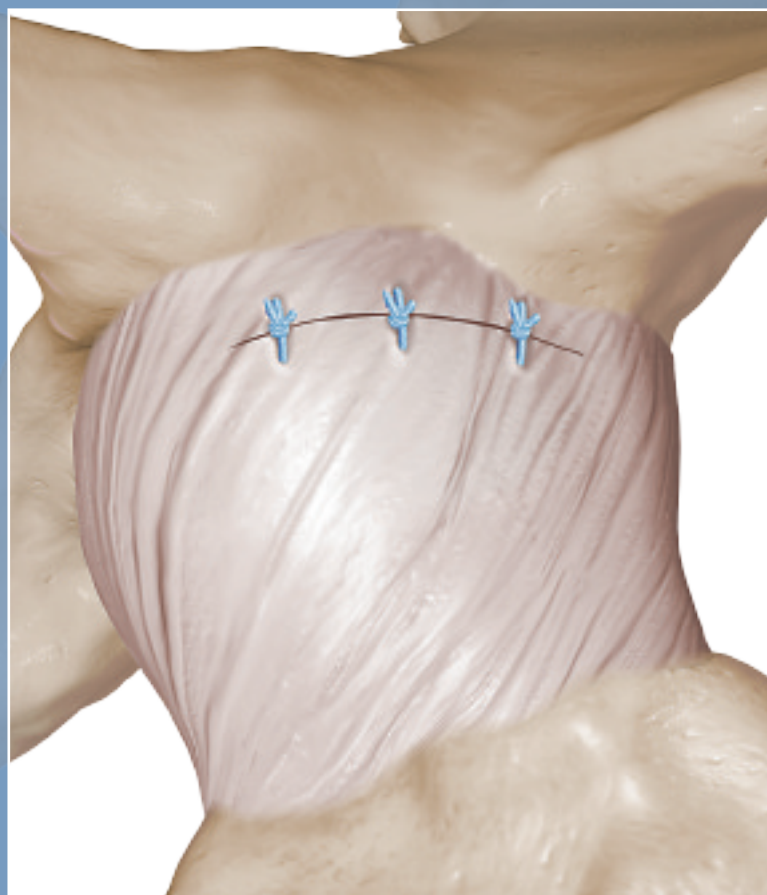


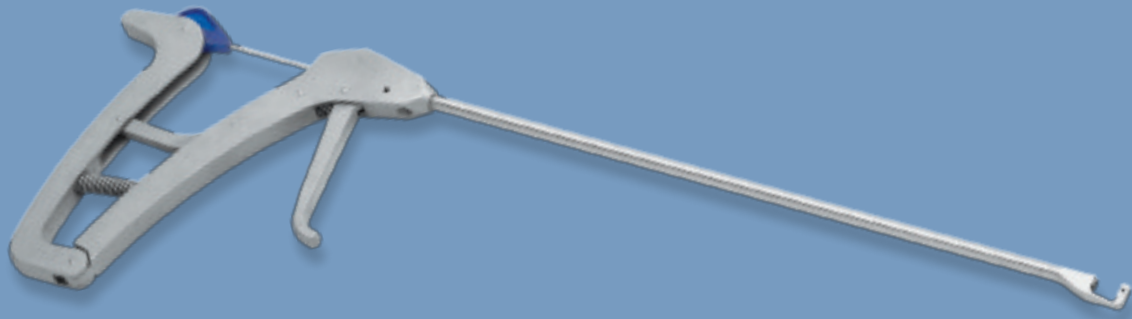


Arthroscopic Capsular Closure Using
the CapsuleClose Scorpion™ Suture Passer

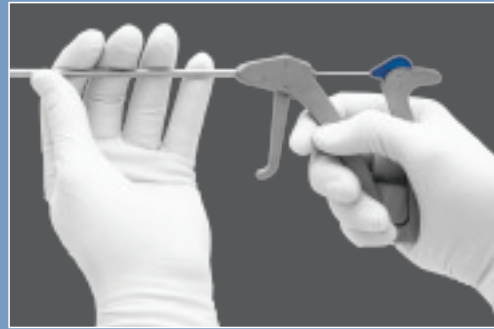
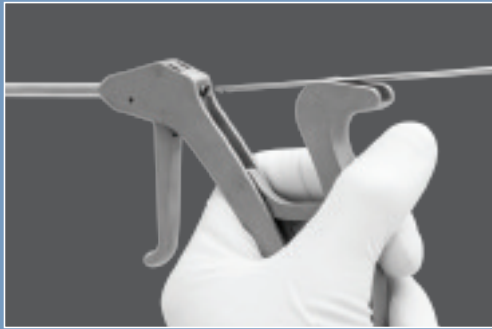
Surgical Technique



Arthroscopic Capsular Closure



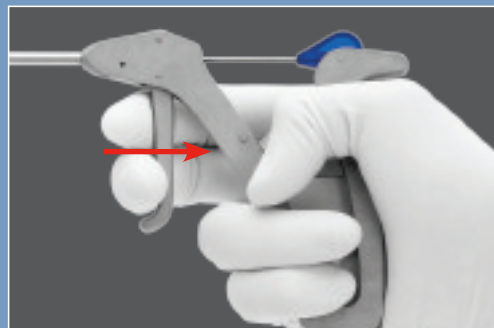
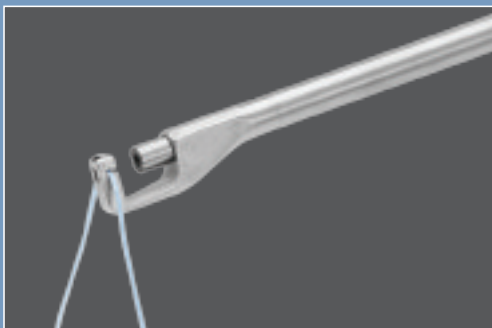
Loading and Using the CapsuleClose Scorpion™ Suture Passer



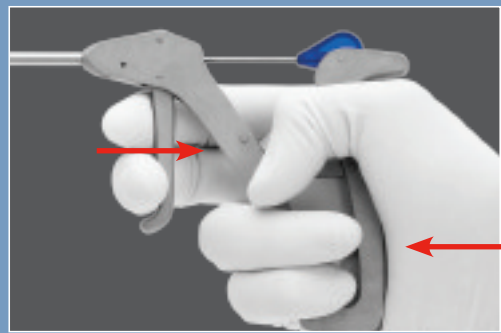
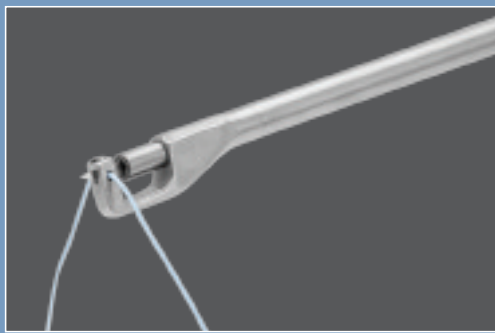
1. Slide the disposable CapsuleClose Needle through the cannulated portion of the CapsuleClose Scorpion Suture Passer and engage the slot on the bottom of the blue plastic hub with the metal bar on the back of the handle.



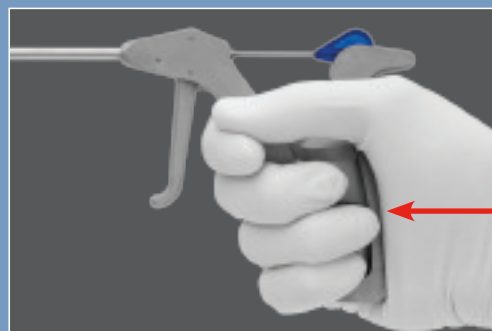
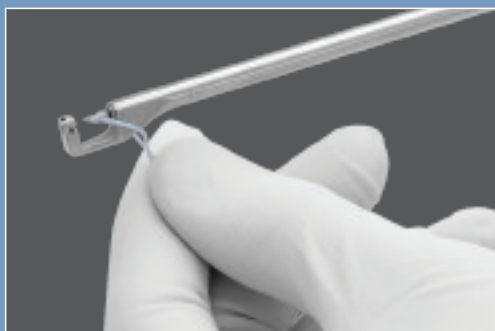
2. Load a #2 FiberWire® suture into the distal jaw of the device by looping one end and pulling it into the slot until it's fully seated in the jaw. It is recommended to keep a 2-3 inch suture tail to ensure the suture is adequately captured by the CapsuleClose Scorpion Needle during suture passing. *Note: The suture can slide in the distal jaw once loaded.*



3. Grasp the capsular leaflets of the capsulotomy by squeezing the front trigger to actuate the compression tube against the tissue and check proper placement before passing the suture.



4. Once an adequate bite is achieved, squeeze the back of the handle to pass the needle through the tissue and into the distal jaw to grab the suture and pull it through the tissue. A “click” will give audible and tactile sensation indicating the needle has been fully deployed.



5. After passing the suture, remove the CapsuleClose Scorpion™ Suture Passer out of the cannula and gently squeeze the back handle to expose the tip of the needle until the suture falls out of the needle. *Note: Pulling the suture in a downward direction will help disengage it from the needle.*

Performing a Capsulotomy

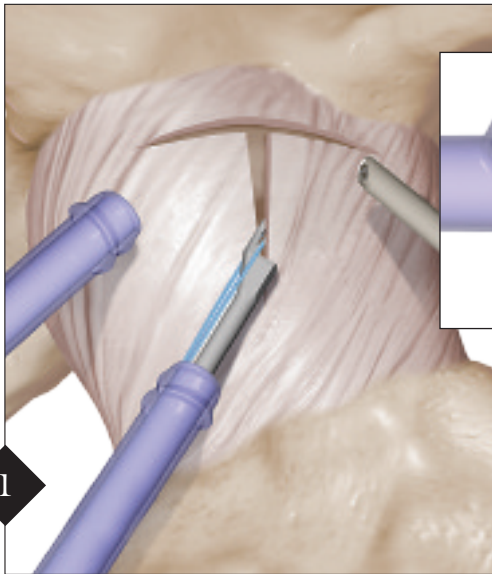
Create an adequate interportal capsulotomy by incising the iliofemoral ligament between the anterolateral (AL) and anterior (A) or mid-anterior portal (MAP) portals, ensuring to leave a large enough proximal capsular flap off of the acetabulum for sutures to hold during passing and tying. A “T” capsulotomy may be necessary for creating an adequate viewing area of the peripheral space to perform a complete femoral neck osteochondroplasty. To do this, incise the iliofemoral ligament in a vertical incision perpendicular to the interportal capsulotomy working in a proximal to distal direction. Typically, the vertical portion of the “T” capsulotomy is closed with 2-3 stitches before closing the interportal capsulotomy. As outlined in the surgical technique, the interportal capsulotomy is closed with 2-3 sutures working in a medial to lateral direction.

Patient Positioning

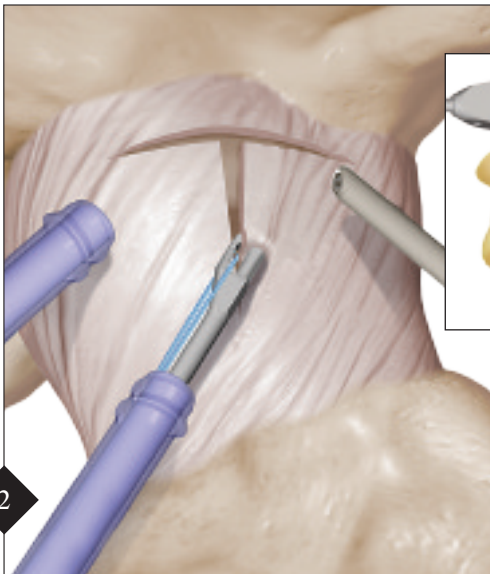
Using the Arthrex Hip Distraction System, release traction and flex the hip to approximately 30° to relax the capsular structures before beginning the capsular closure. Place an Arthrex 8.25 mm x 9 cm or 11 cm hip length Twist-In™ Cannula for all working portals to facilitate easier suture management.



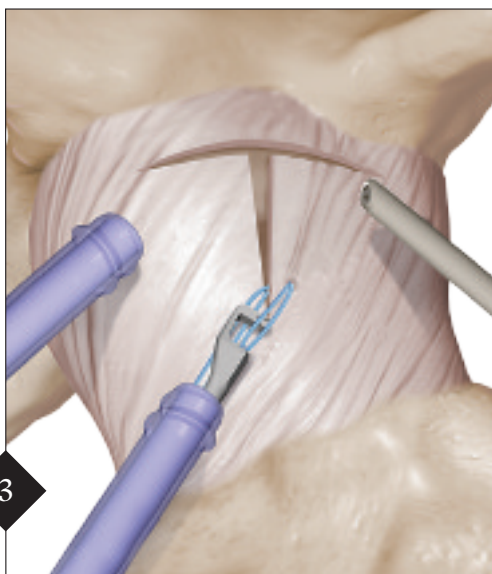
Surgical Technique - Closing a “T” Capsulotomy



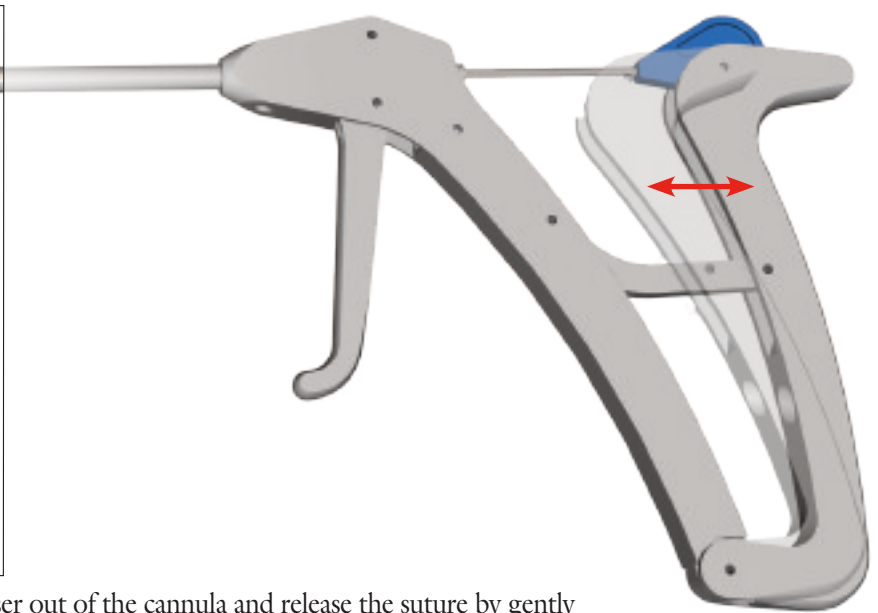
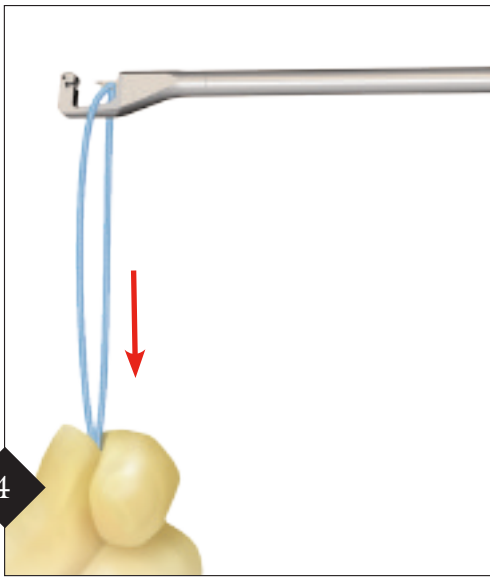
Viewing from an anterior (A) or anterolateral portal (AL), place the CapsuleClose Scorpion™ Suture Passer through the distal anterior lateral accessory (DALA) portal to pass suture through the most distal aspect of the “T” capsulotomy. *Note: To avoid causing damage to the cannula dam, squeeze the front trigger to close the compression tube while entering and exiting the cannula for all passes.*



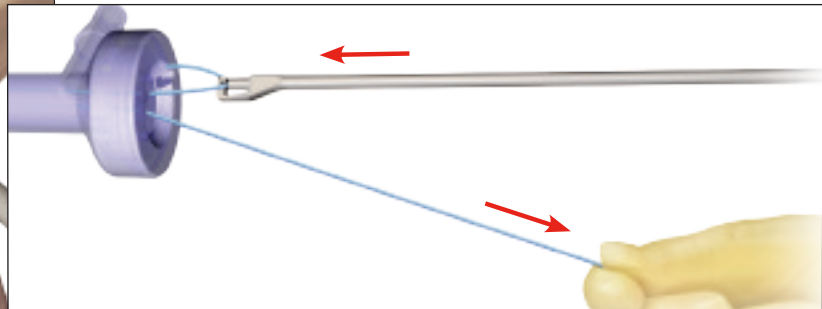
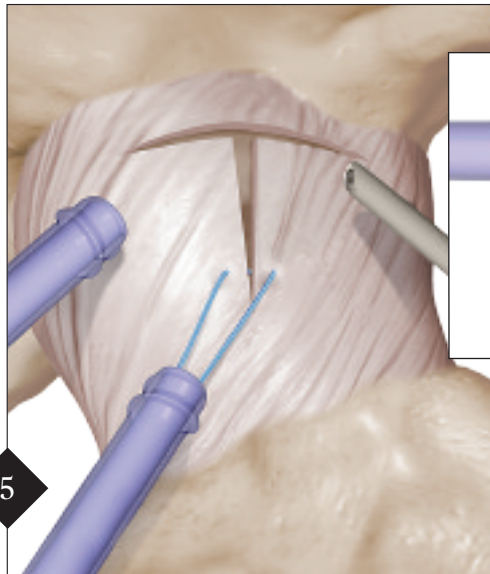
Slide the distal jaw underneath the lateral capsular flap and squeeze the front trigger to make contact with the anterior capsular tissue. If the bite is inadequate, readjust by releasing the front trigger, move to a new position and squeeze the front trigger again.



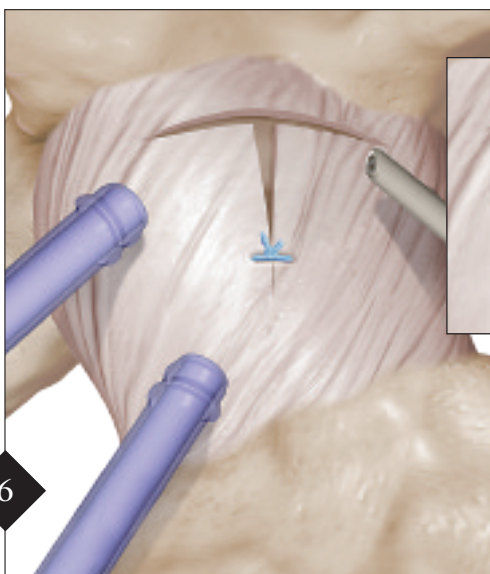
Once an adequate bite is achieved, squeeze the back of the handle to push the needle through the tissue until a “click” is felt and heard. Release the back of your hand and the trigger to allow the device to be removed from underneath the capsular tissue and out of the cannula. *Note: Twisting the device back and forth in a 90° direction may help with removal of the distal jaw from underneath the tissue.*



Pull the CapsuleClose Scorpion™ Suture Passer out of the cannula and release the suture by gently squeezing the back of the handle until the suture falls off of the needle.

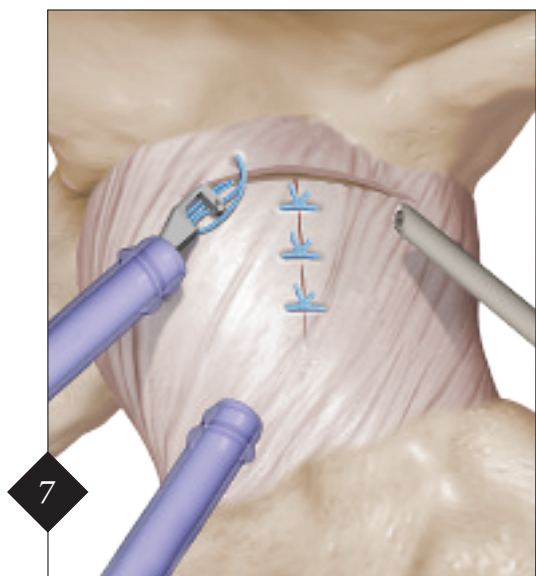


Load the opposite end of the #2 FiberWire® suture and repeat the process on the medial capsular flap. *Note: To avoid suture tangling on the second pass, pull tension on the long end of the suture that has already been passed while sliding the CapsuleClose Scorpion down the cannula for the second pass. Once inside the joint space, let go of the suture limb and pass the loaded suture.*

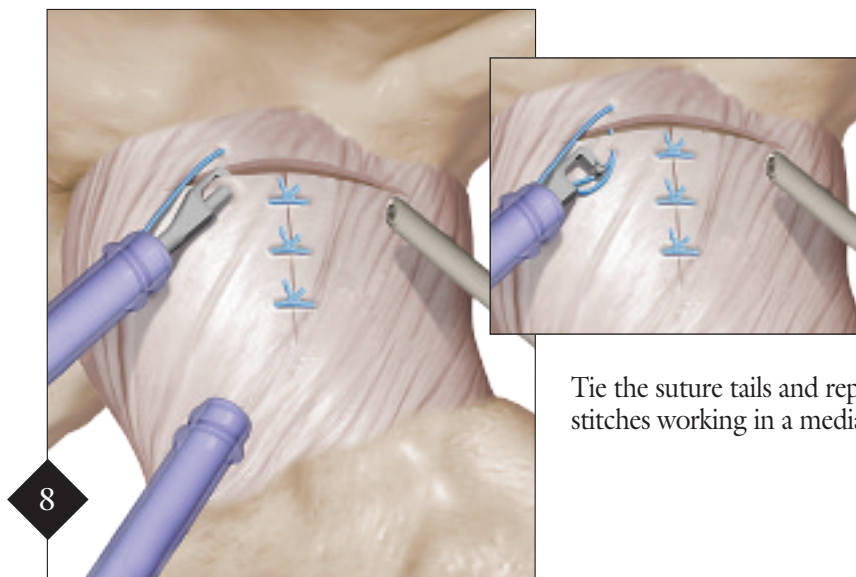


Tie the suture tails and repeat these steps for the additional stitches working in a distal to proximal direction until the interportal capsulotomy is reached.

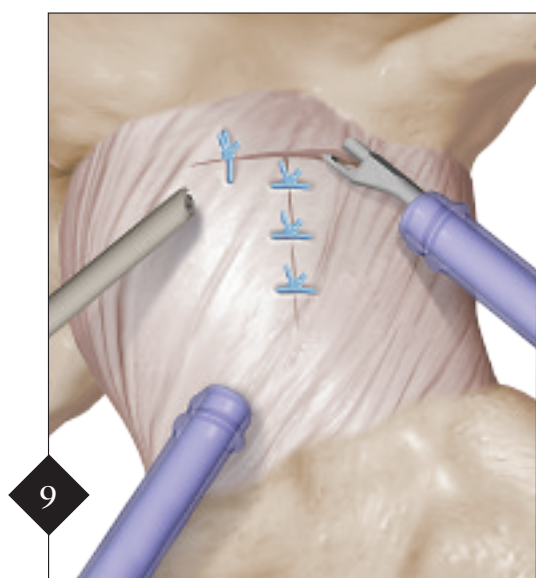
Closing an Interportal Capsulotomy



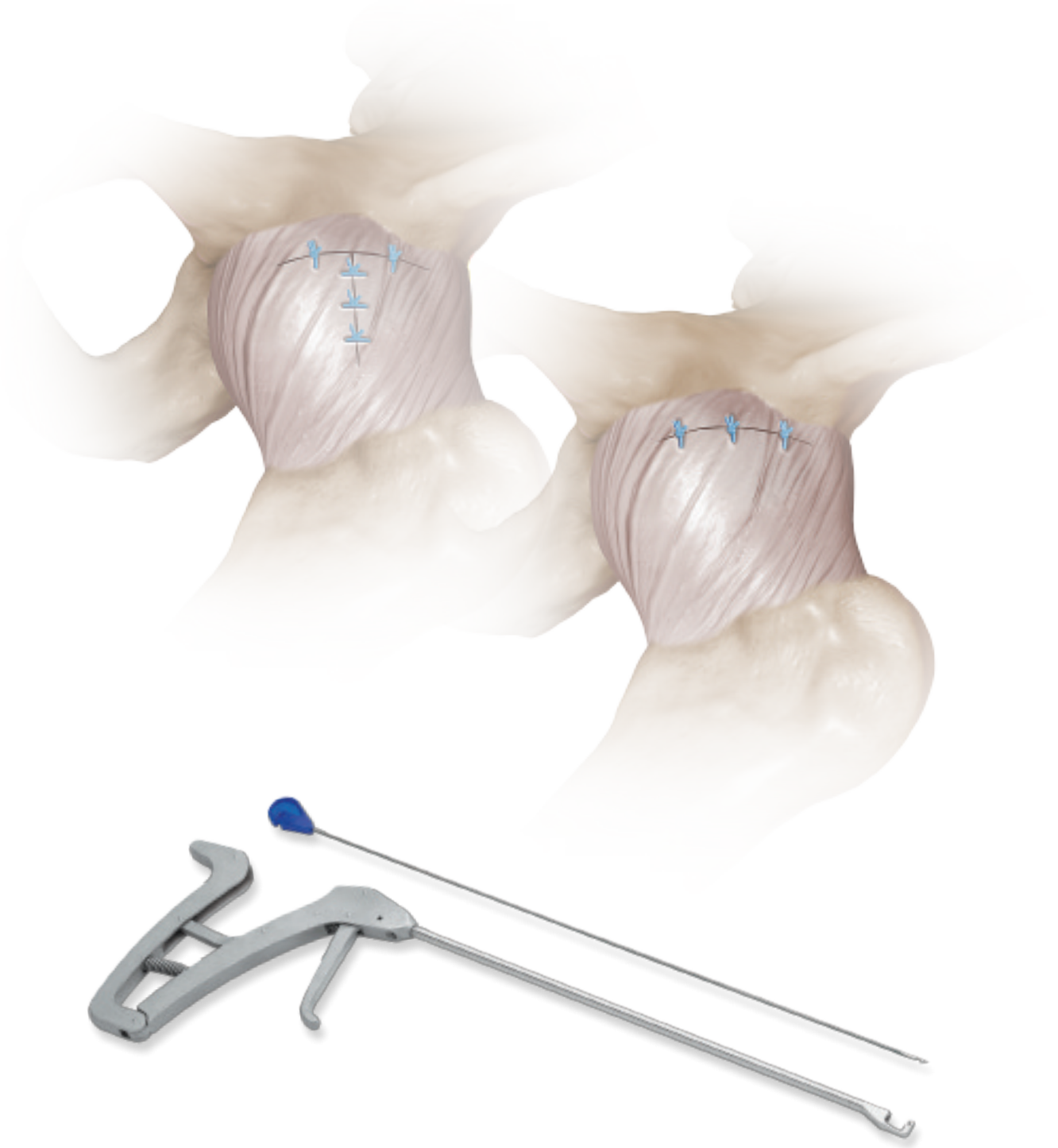
Viewing from the anterolateral portal (AL), place the CapsuleClose Scorpion™ Suture Passer through either the anterior (A) or the mid-anterior (MAP) portal to engage the proximal medial capsular flap first, followed by the distal medial flap, using the same steps outlined earlier in this technique guide.



Tie the suture tails and repeat these steps for the additional stitches working in a medial to lateral direction.



It may be necessary to switch the working portal to the anterolateral portal (AL) and view through the anterior (A) or mid-anterior portal (MAP) to close the lateral aspect of the interportal capsulotomy.



Ordering Information

CapsuleClose Scorpion Suture Passer

AR-16992

CapsuleClose Scorpion Needle

AR-16992N

Partially Threaded Cannula w/No Squirt Cap, 8.25 mm x 9 cm

AR-6575-09

Partially Threaded Cannula w/No Squirt Cap, 8.25 mm x 11 cm

AR-6575-11

#2 FiberWire, 38", two strands (one blue, one white/black)

AR-7201

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.



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