

SureLock® All-Suture Anchor System

Guide for Bankart Repair

Surgical Technique





Figure 1 *Curved and straight drill guides are available for easy access to all tear sites.

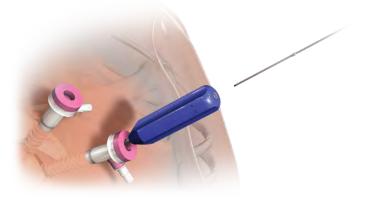


Figure 2

The Zimmer Biomet SureLock All-Suture Anchors are intended to provide soft tissue fixation to bone. The non-absorbable SureLock All-Suture Anchor is attached to an inserter and available in 1.4 mm and 2.2 mm sizes.

Site Preparation

Step 1

Prepare the repair site with a shaver/burr/rasp. This will help promote tendon-to-bone healing.

Step 2

Place the SureLock obturator into the SureLock drill guide and insert through the anteroinferior portal to position the tip on the glenoid surface. Establish appropriate alignment and position of the implantation site (Figure 1).

- **Note:** The anterosuperior and anteroinferior portals are shown.
- Note: Curved and straight drill guides are available for easy access to all tear sites.

Step 3

Remove the obturator and insert the SureLock drill into the proximal end of the drill guide (Figure 2).

■ Note: The SureLock Drill Guide must be used when drilling the pilot hole.

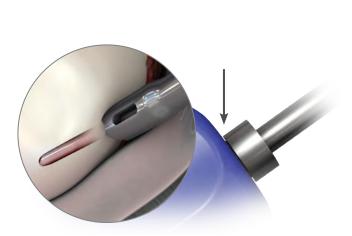






Figure 4
SureLock All-Suture Anchor with Inserter

Step 4

While holding the drill guide steady on the glenoid, create a pilot hole by drilling until the stop collar on the drill contacts the proximal end of the drill guide. A positive stop will indicate proper depth has been reached (Figure 3).

Step 5

Remove the drill while maintaining alignment and position of the drill guide on the bone surface. This will allow for easy insertion of the SureLock All-Suture Anchor (Figure 4).







Figure 6

Deployment

Step 6

Insert the SureLock anchor into the proximal end of the drill guide. Lightly mallet the anchor into the pilot hole until the inserter handle comes into contact with the proximal end of the drill guide (Figure 5).

- Note: The SureLock Drill Guide must be used for proper deployment and fixation of the SureLock All-Suture Anchor.
- Note: The SureLock Anchor is fully seated when the inserter handle meets the drill guide.

Step 7

Turn the deployment knob on the proximal end of the inserter clockwise until it stops (Figure 6).

■ Note: Inserter-controlled delivery method eliminates manual tensioning and consistently deploys the anchor beneath the cortex.

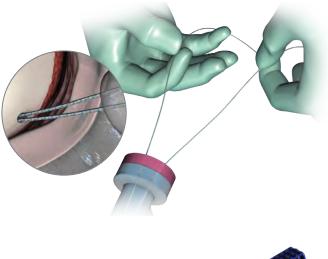
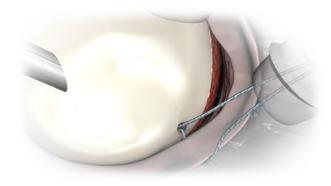




Figure 7



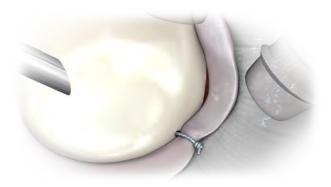


Figure 8

Final repair

Step 8

Pull back slowly on the inserter handle to release the inserter from the anchor. Discard the inserter handle. Remove the drill guide (Figure 7).

■ Note: High Strength UHMWPE Suture allows for smooth, easy suture sliding and knot tying.

Step 9

Pass suture through tissue and reattach the tissue as appropriate (Figure 8).

Ordering Information

SureLock All-Suture Anchor

Description	Part Number
SureLock All-Suture Anchor, 1.4 mm pre-loaded w/(1) Size 2 UHMWPE Suture, Flexible Inserter	CM-9614F
SureLock All-Suture Anchor, 2.2 mm pre-loaded w/(2) Size 2 UHMWPE Suture, Flexible Inserter	CM-9622F

SureLock Disposable Instruments (Sterile)

Description	Part Number
Drill, for 2.2 mm SureLock All-Suture Anchor	CM-9620
Drill, with Centering Sleeve, for 2.2 mm SureLock All-Suture Anchor	CM-9620S
Drill, for 1.4 mm SureLock All-Suture Anchor	CM-9640
Drill, with Centering Sleeve, for 1.4 mm SureLock All-Suture Anchor	CM-9640S
Hard Bone Drill, 1.4 mm SureLock Anchor	CM-9640H
Hard Bone Drill with Centering Sleeve, 1.4 mm SureLock Anchor	CM-9640HS

SureLock Instruments (Non-Sterile)

Description	Part Number
Obturator, for 2.2 mm SureLock All-Suture Anchor	CM-9621
Drill Guide (straight), for 2.2 mm SureLock All-Suture Anchor	CM-9623
Drill Guide (curved 25°), for 2.2 mm SureLock All-Suture Anchor	CM-9625
Obturator, for 1.4 mm SureLock All-Suture Anchor	CM-9641
Drill Guide (straight), for 1.4 mm SureLock All-Suture Anchor	CM-9643
Drill Guide (curved 25°), for 1.4 mm SureLock All-Suture Anchor	CM-9645

SureLock® All-Suture Anchor

INDICATIONS FOR USE

The Cayenne Medical, Inc. SureLock All-Suture Anchors are intended to be used for the reattachment of soft tissue to bone for the following indications:

Shoulder

- Capsular stabilization
 - Bankart repair
 - Anterior shoulder instability
 - SLAP lesion repairs
 - Capsular shift or capsulolabral reconstructions
- Acromioclavicular separation repairs
- Deltoid repairs
- Rotator cuff repairs
- Biceps tenodesis

Foot and Ankle

- Hallux valgus repairs
- Medial or lateral instability repairs/ reconstructions
- Achilles tendon repairs/reconstructions
- Midfoot reconstructions
- Metatarsal ligament/tendon repairs/ reconstructions
- Bunionectomy

Elbow

- Ulnar or radial collateral ligament reconstruction
- Lateral epicondylitis repair
- Biceps tendon reattachment

Hand and Wrist

- Collateral ligament repair
- Scapholunate ligament reconstruction
- Volar plate reconstruction
- Tendon transfers in phalanx

Hip

- Acetabular labral repair

Knee

- Extra-capsular repairs
 - · Medial collateral ligament
 - · Lateral collateral ligament
 - · Posterior oblique ligament
- Patellar realignment and tendon repairs
- Illiotibial band tenodesis
- VMO advancement
- Joint capsule closure

CONTRAINDICATIONS

- 1) Surgical procedures other than those listed in the INDICATIONS section.
- 2) Presence of infection.
- 3) Patient conditions including insufficient quantity or quality of bone or soft tissue.
- 4) Insufficient blood supply or previous infections which may hinder the healing process.
- 5) Foreign body sensitivity. If material sensitivity is suspected, testing should be completed prior to device implantation.
- 6) The use of this device may not be suitable for patients with immature bone. The physician should carefully assess the device within cartilage epiphyseal growth plates or non-ossesous tissue.
- 7) Conditions which may limit the patient's ability or willingness to follow postoperative care instructions.

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