




ICONN

— ORTHOPEDICS —

Labral Repair
ICONN Square 2.5MM PEEK Suture Anchor
Knotless Technique

Surgical Protocol by
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ICONN's revolutionary approach is to drive value into every aspect of our business; from product design and engineering to distribution and delivery and every step in between.

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STEP 1 - ANCHOR/DRIVER ASSEMBLY

Note: Patient positioning and arthroscopic preparation should be conducted in accordance with surgeon's preferred method. The images specific to anatomy focus on glenoid labral repair, however this technique is also applicable for acetabular labral repair.



Anchor/Driver Attachment

Remove ICONN Square Suture Anchor - Knotless (125000K) from sterile packaging for attachment to ICONN Square Suture Anchor Driver - Knotless (225001K). Place driver in “Load” position as indicated by the matching arrows on the base of the driver handle as seen in Figure 1 above. The position can be changed (to either “Load” or “Lock”) by depressing the Load/Lock butt on and rotating the knob 90 degrees. The knob must be pulled completely back (away from handle) in order to change positions. Slide disposable stainless steel inserter (holding anchor and eyelet) into distal opening in the driver shaft. ***Make sure to hold the inserter shaft between the anchor and eyelet as see in Figure 2 below.*** Advance inserter shaft into driver shaft until it clicks into place.



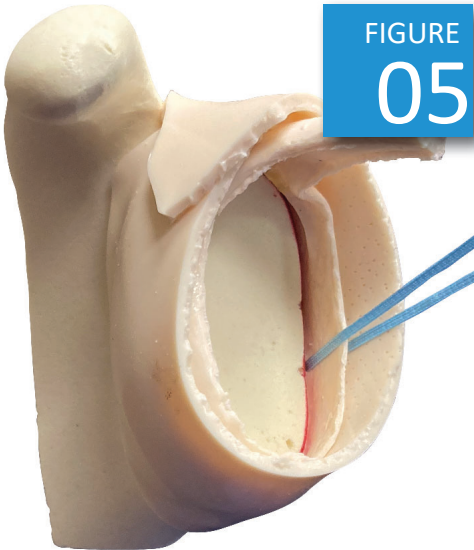


Anchor/Driver Attachment

With disposable inserter fully inserted into driver shaft, depress Load/Lock button and rotate 90 degrees into “Lock” position as seen in Figure 3 above, and release button. Verify anchor is captured by lightly pulling down on disposable inserter shaft as seen in Figure 4 below.



STEP 2 - SUTURE PASSING/THREADING



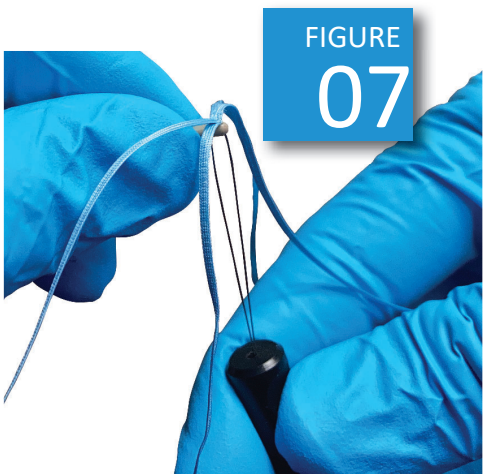
Pass Suture/Tape

Using surgeon's preferred suture passing method, pass one suture/tape (ICONN TetherTape shown in Figure 5) through/around labrum adjacent to anticipated anchor placement. Pull suture/tape until both ends meet and suture/tape is evenly distributed on each side of the labrum.



Thread Suture/Tape

Insert nitinol loop of suture threader into anchor eyelet. Place both ends of suture/tape at least 1.5" through nitinol loop as seen in Figure 6.

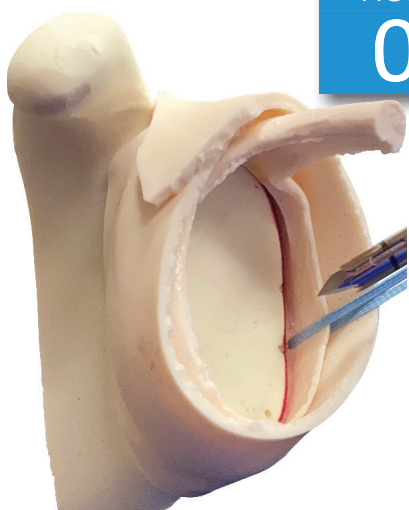


Thread Suture/Tape

Hold anchor at disposable inserter/eyelet connection ***making sure to support the underside of the eyelet*** as seen in Figure 7. Pull threader downward until both ends of suture/tape are pulled completely through eyelet. Use suture cleat in driver handle (small button closest to shaft) to avoid suture/tape sliding back through eyelet. Place anchor/driver with attached suture/tape to side until Step 4.

STEP 3 - PREPARE PILOT HOLE

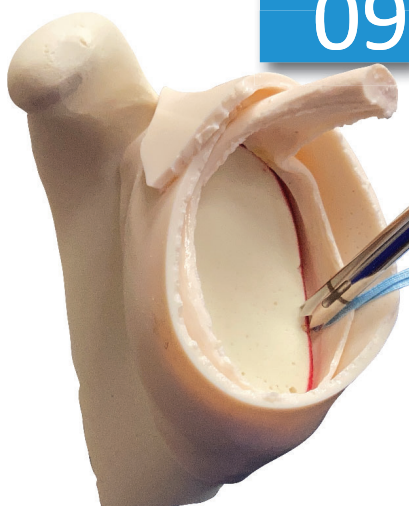
FIGURE
08



Introduce Drill Guide

Introduce preferred ICONN Square Drill Guide (225003SH ICONN Square Crown Tip Drill Guide - Straight shown) with Obturator (225005 ICONN Square Sharp Obturator shown) inserted into drill guide as shows in Figure 8.

FIGURE
09



Select Anchor Position

Remove obturator from drill guide and place drill guide on glenoid rim adjacent to suture/tape in location of desired anchor position. Make sure to angle drill guide as close to perpendicular to the cortical surface as possible as seen in Figure 9.

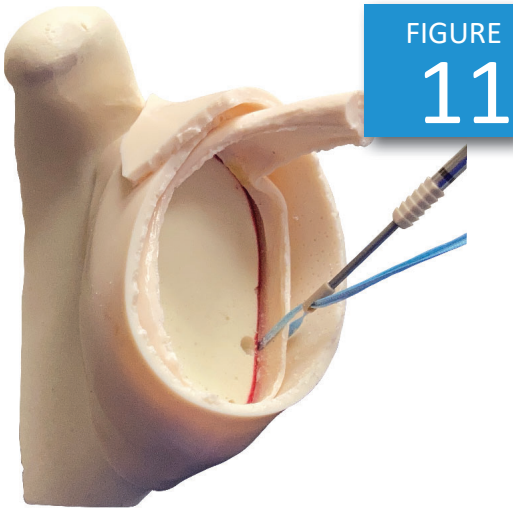
FIGURE
10



Drill Pilot Hole

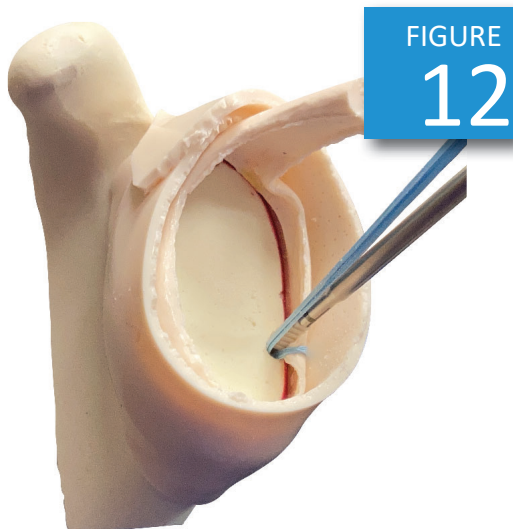
While maintaining drill guide position and angle, insert ICONN Square Suture Anchor Drill (225002R for shoulder and 225002HR for hip) into drill guide. With power in forward direction, drill until stop on drill meets back of drill guide handle as seen in Figure 10. Remove drill and drill guide from joint.

STEP 4 - ANCHOR INSERTION



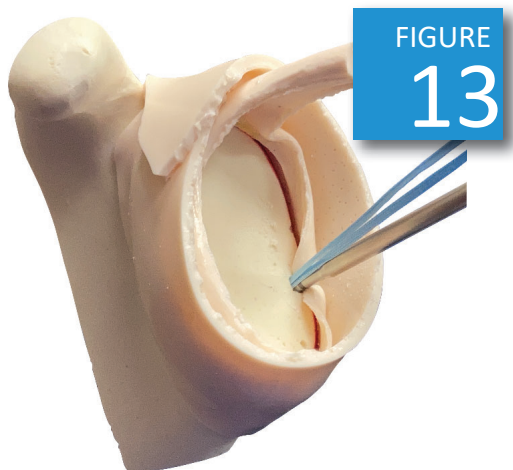
Advance Anchor

While holding ends of suture/tape, advance anchor into joint towards pilot hole allowing suture/tape to slide through eyelet as seen in Figure 11.



Insert Eyelet and Tension Suture/Tape

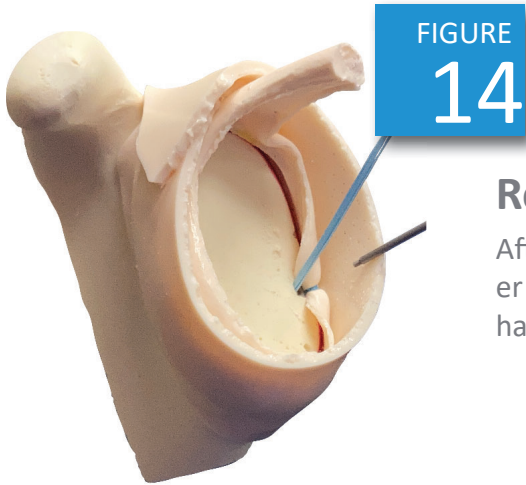
Insert eyelet into pilot hole until it bottoms out and leading end of anchor is just above the cortical surface. Tension suture/tape to desired amount of tension as seen in Figure 12 by pulling on ends of suture/tape.



Insert Anchor

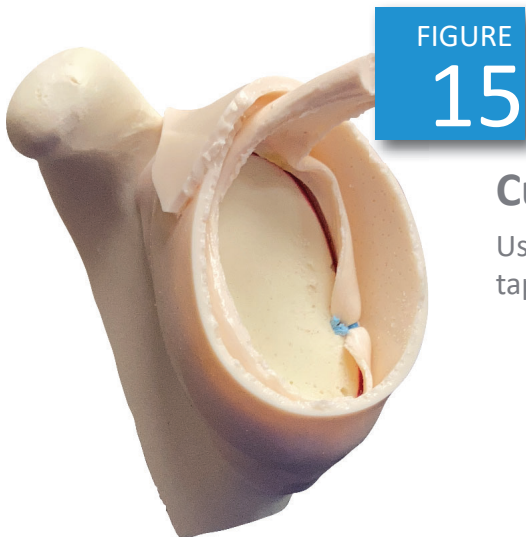
After setting tension (may use suture cleat on driver handle if desired), hold down Load/Lock button and mallet knob on driver to advance anchor towards eyelet. Continue to advance anchor until laser line meets cortical surface as seen in Figure 13.

STEP 5 - COMPLETE REPAIR



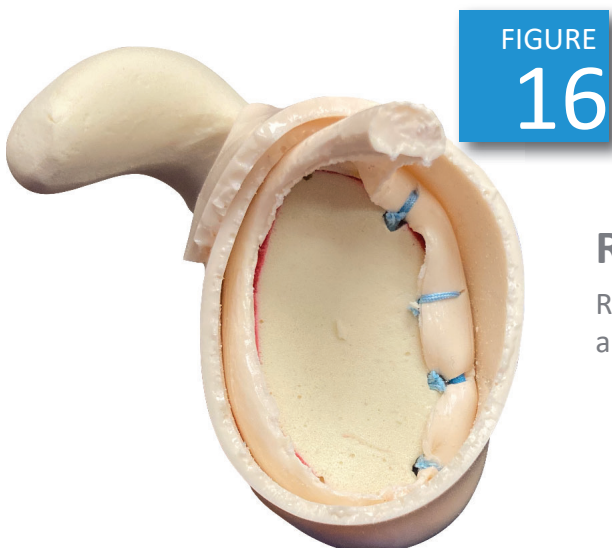
Remove Driver

After verifying anchor is seated below the cortical surface, rotate the driver handle counter-clockwise to detach from eyelet. Pull back on driver handle and remove from joint as seen in Figure 14.



Cut Suture/Tape

Using surgeon's preferred method of suture cutting, cut excess suture/tape as close to the back of the anchor as possible as seen in Figure 15.




Repeat

Repeat steps 1-4 until desired number of anchors are implanted and repair is complete.

IMPLANT AND INSTRUMENT LIST

PART NUMBER	DESCRIPTION
125000K	ICONN Square Suture Anchor - Knotless
225001K	ICONN Square Suture Anchor Driver - Knotless
225002R	ICONN Square Suture Anchor Drill - Rigid
225002HR	ICONN Square Suture Anchor Drill - Hard Bone, Rigid
225003SH	ICONN Square Crown Tip Drill Guide - Straight
225003CH	ICONN Square Crown Tip Drill Guide - Curved
225003SL	ICONN Square Crown Tip Drill Guide - Slotted
225004SS	ICONN Square Fish Mouth Drill Guide - Straight
225004CS	ICONN Square Fish Mouth Drill Guide - Curved
225005	ICONN Square Sharp Obturator
225006	ICONN Square Blunt Obturator
HSe-2C-NN	ICONN HS Fiber White/Blue #2 Suture
HSe-2K-NN	ICONN HS Fiber White/Black #2 Suture
HSe-2G-NN	ICONN HS Fiber White/Green #2 Suture
HSe-2XC-NN	ICONN HS Fiber Blue #2 Suture
HS169	ICONN HS Fiber White/Blue #2 Looped Suture
HS226	ICONN 1.6mm TetherTape, White/Blue
HS227	ICONN 1.6mm TetherTape, White/Black
HS228	ICONN 1.6mm TetherTape, White/Blue/Blue/Black
HS229	ICONN 1.6mm TetherTape, White/Green
TTBL1538	ICONN TetherTape, 1.5mm, Blue



We are designing products, and even more so,
a company which is equally as innovative from
a performance standpoint as from a
cost-reduction standpoint.

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