

MEDACTA ANCHORS



Surgical Technique

Joint

Spine

Sports Med

NOTE

This document describes the surgical techniques for all Medacta Suture Anchor applications.

ADDITIONAL INSTRUCTIONS

Prior to performing this technique, consult the Instructions for Use documentation provided with individual components - including indications, contraindications, warnings, cautions, and instructions.

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1. MECTALOCK PEEK SUTURE ANCHOR

1.1 PRODUCT OVERVIEW

Medacta MectaLock PEEK Suture Anchor is a non-absorbable implantable device indicated for the treatment of hip and shoulder instability refixating the acetabular or glenoidal labrum to bone. It is composed of an anchoring component and a spare USP#2 non-absorbable braided suture.

The Medacta MectaLock PEEK Suture Anchor is a knotless suture anchor.

The instrument set for the MectaLock PEEK Suture Anchor includes:

- A reusable obturator and a cannulated aimer with different tip design options (see images 1-4)
- A drill to prepare the pilot hole in the bone according to the anchor diameter

Each instrument is available in two working configurations (long: 170mm and short: 125mm) according to intended use (hip or shoulder).

The following aimer tip options are available:

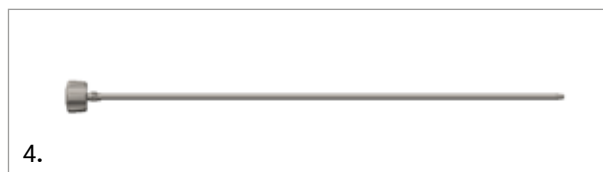
Crown Tip Aimer



Fishmouth Tip Aimer



Fork Tip Aimer



The MectaLock PEEK Ø configurations are provided with long (300mm) and short (255mm) inserters:

- MectaLock PEEK Ø2.4mm
- MectaLock PEEK Ø2.9mm
- MectaLock PEEK Ø3.4mm



1.2 SURGICAL APPROACH - SHOULDER

NOTE: For hip surgical approach go to paragraph 1.3.

Place the patient in either a beach chair or lateral decubitus position.

Create access to surgical site by creating standard shoulder arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

Debride damaged soft tissue and prepare the glenoid bone for anchor placement.

1.3 SURGICAL APPROACH - HIP

NOTE: For shoulder surgical approach go to paragraph 1.2.

Place the patient in either a supine or lateral decubitus position.

Use a Medacta Hip Access Kit (See Product Catalogue Ref. 99.104SMH.180) and a Medacta Hip General Set (See Product Catalogue Ref. 99.105SMH.180) to access the joint cavity.

Create access to surgical site by creating standard hip arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

Insert a capsular blade in the hip cannula through the anterior portal to perform an interportal capsulotomy. Prepare the acetabular rim for anchor placement.

Medacta Hip Access Kit (See Product Catalogue Ref. 99.104SMH.180)



1.4 "SUTURE FIRST" ANCHOR PLACEMENT

Pass the USP#2/EP#5 HS Fiber 39" UHMWPE suture through the soft tissue with surgeon's preferred suture passing technique. Disengage the sutures from the suture passer leaving the two suture tails to come out from the arthroscopic portal.



Select a suitable aimer design (fish mouth, crown or fork tip) according to anatomical structure. Insert the selected Medacta Arthroscopic Aimer coupled with a cannulated obturator through the cannula. Point the desired location of the pilot hole in the bone and use the aimer as a drill guide. Make sure to drill until the laser marking of the drill is aligned with the laser marking of the aimer or until drill is flush with the aimer handle.

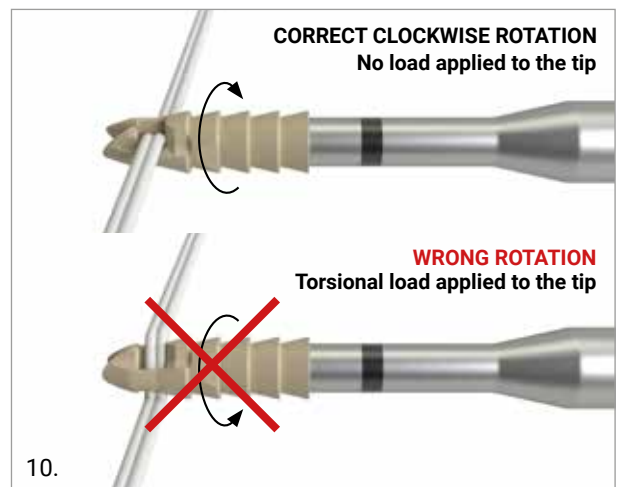


The two free suture limbs are loaded through the MectaLock PEEK anchor eyelet: while firmly holding the two ends of the suture with one hand, align them with the slot of the anchor's tip. Gently push the anchor against the suture to let it slip into the tip's eyelet.



WARNING

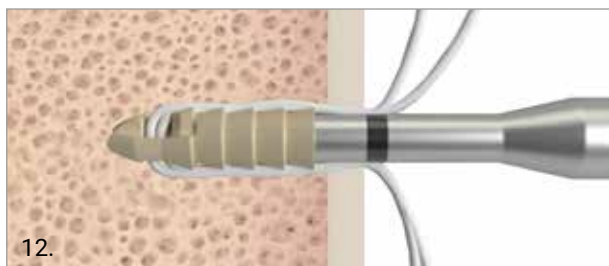
Rotate the anchor clockwise by 90° before inserting into portal.



Align the main axis of the inserter with the suture and then, while still holding the suture gently tensioned, slide the anchor over the suture towards the patient through the arthroscopic portal, until the pilot hole is reached.



When reaching the pilot hole, regulate the suture tension and tap the plastic handle of the inserter until the MectaLock PEEK anchor is correctly placed. The correct depth is achieved when the laser marking is flush with the cortical bone.



CAUTION

Only insert anchor under full visibility to avoid missing the pilot hole with subsequent possible fracture of the anchor.

Unscrew and remove the disposable inserter.

Palpate the repaired soft tissue using an arthroscopic probe to ensure that the repair is secure.

Cut and remove excess sutures.

2. MECTALOCK TI SUTURE ANCHOR

2.1 PRODUCT OVERVIEW

MectaLock TI Suture Anchor is a non-absorbable implantable device used for soft tissue refixation within the shoulder joint (rotator cuff repair, biceps tenodesis). It is composed of an anchoring component and preloaded with two USP#2 non-absorbable braided sutures.

The preassembled Titanium Anchor offers a self-threading screw design which allows sound interference with the surrounding bone.

MectaLock TI configurations:

- MectaLock TI Ø5.0mm
- MectaLock TI Ø6.5mm



2.2 SURGICAL APPROACH

Place the patient in either a beach chair or lateral decubitus position.

Create access to surgical site by creating standard shoulder arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

Debride damaged soft tissue and prepare the location for anchor placement. Lightly decorticate the neck of the humerus adjacent to the articular cartilage.

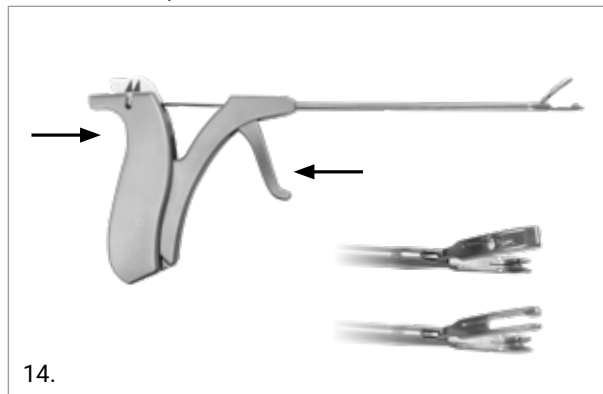
Find the desired location for the placement of the MectaLock TI anchor and insert the preloaded MectaLock TI anchor through the selected arthroscopic portal to reach the location previously defined.

Gently tap on the back handle of the disposable inserter to let the MectaLock TI anchor tip pierce the bone in the chosen spot; while keeping a gentle axial force on the disposable inserter, screw the MectaLock TI anchor into the bone until the laser marking on the inserter is flush with cortical bone.

Unlock the sutures from the plastic handle and gently disengage the inserter tip from the MectaLock TI and remove inserter through the arthroscopic portal.

Shuttle the 2x USP#2/EP#5 HS Fiber 39" UHMWPE sutures through soft tissue with surgeon's preferred suture-passing and knotting technique.

Medacta FastShuttle Suture Passer and FastShuttle Suture Passer & Retriever (See Product Catalogue Ref. 99.116SM.180)



Palpate the repaired soft tissue using an arthroscopic probe to ensure that the repair is secure.

Cut and remove excess sutures.

3. MECTATAP TI SUTURE ANCHOR

3.1 PRODUCT OVERVIEW

MectaTap TI Suture Anchor is a non-absorbable implantable device used for soft tissue refixation within the shoulder joint (rotator cuff repair, biceps tenodesis). It is composed of an anchoring component and two preloaded USP#2 non-absorbable braided sutures.

The Titanium Anchor is a preloaded self-tapping bullet shape screw ensuring better interference with the surrounding bone.

MectaTap TI configurations:

- MectaTap TI Ø5.0mm
- MectaLock TI Ø6.5mm



3.2 SURGICAL APPROACH

Place the patient in either a beach chair or lateral decubitus position.

Create access to surgical site by creating standard shoulder arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

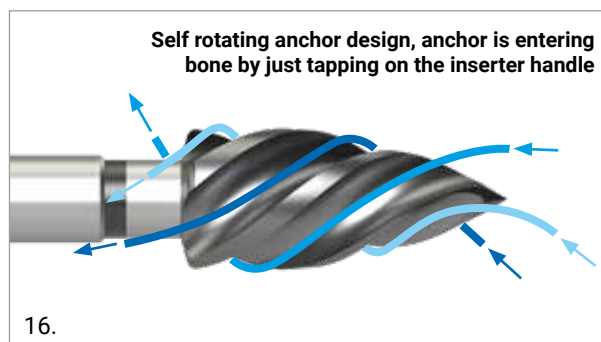
3.3 ANCHOR PLACEMENT

Debride damaged soft tissue and prepare the location for anchor placement. Lightly decorticate the neck of the humerus adjacent to the articular cartilage.

Find the desired location for the placement of the chosen MectaTap TI Suture Anchor and insert the anchor through the selected arthroscopic portal to reach the location previously defined.

Gently tap on the back handle of the disposable inserter to let the MectaTap TI Suture Anchor tip pierce the bone in the selected spot.

The self-rotating anchor enters the bone by just tapping on the back of the inserter handle.



Keep tapping with light and repeated strokes on the back handle of the disposable inserter to let the MectaTap TI Suture Anchor enter the bone until the laser marking on the inserter is flush with cortical bone.

Unlock the sutures from the plastic handle and gently disengage the inserter tip from the MectaTap TI Suture Anchor by pulling the inserter through the arthroscopic portal.

Shuttle the 2x USP#2/EP#5 HS Fiber 39" UHMWPE sutures through soft tissue with surgeon's preferred suture-passing and knotting technique.

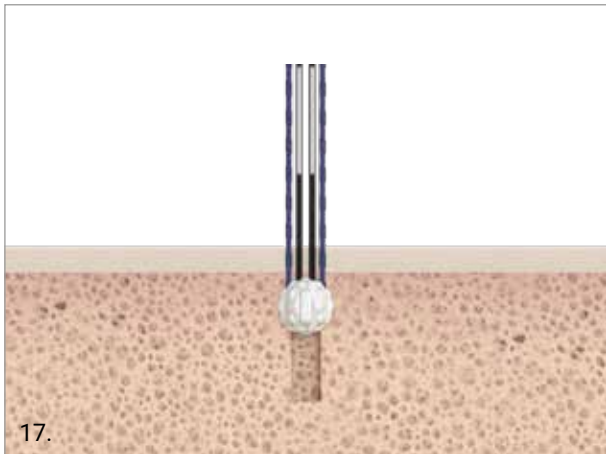
Palpate the repaired soft tissue using an arthroscopic probe to ensure that the repair is secure.

Cut and remove excess sutures.

4. MECTALOCK ALL-SUTURE ANCHOR

4.1 PRODUCT OVERVIEW

Medacta All-Suture Anchor is an implantable device indicated for the treatment of hip and shoulder instability (Size 1) and shoulder rotator cuff repair and biceps tenodesis (Size 2).



The instrument set for the MectaLock All-Suture Anchors includes:

- A reusable obturator and a cannulated aimer, with different tip design options (see images 16 - 19)
- A drill to prepare the pilot hole in the bone according to the anchor diameter (1.8mm or 2.4mm)

Each instrument is available in two working configurations (long: 170mm and short: 125mm) according to intended use (hip or shoulder).

The following aimer tip options are available:

Crown Tip Aimer



Fishmouth Tip Aimer



Fork Tip Aimer



MectaLock All-Suture Anchor Size 1 for hip and shoulder instability repair

Medacta offers a shorter anchor configuration for shoulder and a longer for hip. Both anchors are available with standard sutures or a tape option.

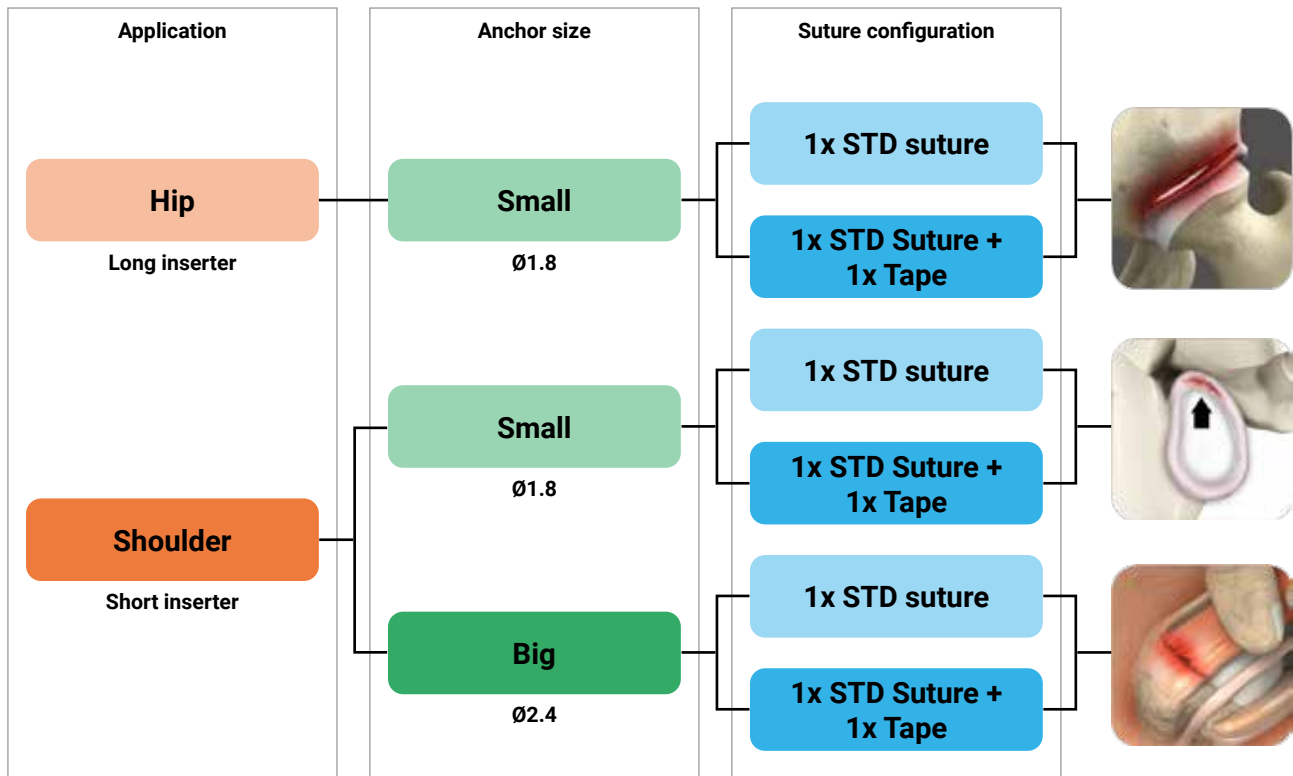
	MectaLock All-Suture Anchors shoulder and hip labrum refixation	Dedicated reusable instrumentation
Shoulder Instability	Size 1 short inserter 2 x USP#2	<ul style="list-style-type: none"> • Drill ø1.8mm short • Obturator short • Crown tip aimer short
	Size 1 short inserter 1 x USP#2/1 x Tape	<ul style="list-style-type: none"> • Fish mouth tip aimer short • Fork tip aimer short
Hip Instability	Size 1 long inserter 2 x USP#2	<ul style="list-style-type: none"> • Drill ø1.8mm long • Obturator long • Crown tip aimer long
	Size 1 long inserter 1 x USP#2/1 x Tape	<ul style="list-style-type: none"> • Fish mouth tip aimer long • Fork tip aimer long

MectaLock All-Suture Anchor Size 2 for rotator cuff and biceps tenodesis repair

Anchor is offered either with standard sutures or a tape option.

	MectaLock All-Suture Anchors shoulder soft tissue refixation	Dedicated reusable instrumentation
Rotator Cuff and Biceps Tenodesis	Size 2 short inserter 2 x USP#2	<ul style="list-style-type: none"> • Drill ø2.4mm short • Obturator short • Crown tip aimer short
	Size 2 short inserter 1 x USP#2/1 x Tape	<ul style="list-style-type: none"> • Fish mouth tip aimer short • Fork tip aimer short

MectaLock All-Suture Anchor configurations are provided with long (300mm) and short (255mm) inserters.



4.2 SURGICAL APPROACH - SHOULDER

NOTE: For hip surgical approach go to paragraph 4.3.

Place the patient in either a beach chair or lateral decubitus position.

Create access to surgical site by creating standard shoulder arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

Debride damaged soft tissue and prepare the glenoid bone for anchor placement.

4.3 SURGICAL APPROACH - HIP

NOTE: For shoulder surgical approach go to paragraph 4.2.

Place the patient in either a supine or lateral decubitus position.

Use a Medacta Hip Access Kit (See Product Catalogue Ref. 99.104SMH.180) and a Medacta Hip General Set (See Product Catalogue Ref. 99.105SMH.180) to access the joint cavity.

Create access to surgical site by creating standard hip arthroscopy portals.

Use Medacta Hip cannulas (See Product Catalogue Ref. 99.103SM.180).

Insert a capsular blade in the hip cannula through the anterior portal to perform an interportal capsulotomy. Prepare the acetabular rim for anchor placement.

4.4 ANCHOR PLACEMENT

Select suitable aimer design (fish mouth, crown or fork tip) according to the anatomical structure. Insert the selected Medacta Arthroscopic Aimer coupled with a cannulated obturator through the cannula. Point the desired location of the pilot hole in the bone and use aimer as a drill guide. Make sure to drill until the laser marking of the drill is aligned with the laser marking of the aimer or until the drill is flush with the aimer handle.



Keeping the aimer in position, insert the MectaLock All-Suture Anchor inserter into the aimer to place the anchor within the pilot hole. Push it manually or with the help of a mallet until the plastic handle of the inserter reaches a hard stop.

Once the inserter has been fully seated into the pilot hole, release the functional sutures from the plastic handle.

By keeping the inserter in place, gently pull on the white suture only (deployment suture) to let the anchor start its deployment.

Gently remove anchor inserter and aimer.

Pull firmly on the white suture only (deployment suture) until resistance from anchor engagement is felt. This denotes that the anchor is correctly deployed under the cortical layer.






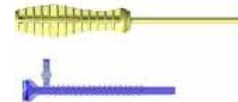
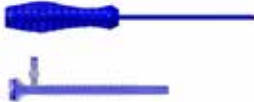

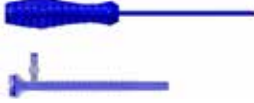

Shuttle the HS Fiber UHMWPE white/black or solid blue functional sutures (or HS SutureTape) through soft tissues with surgeon's preferred suture-passing and knotting technique.









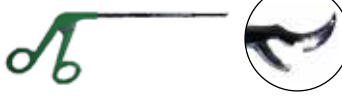

Palpate the repaired soft tissue using an arthroscopic probe to ensure that the repair is secure.

Cut and remove the deployment suture and any excess sutures.







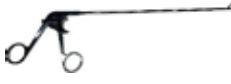





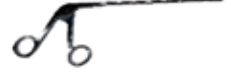







5. IMPLANTS AND INSTRUMENTS NOMENCLATURE

Ref. No.	Description	Indication	Picture
05.11.001	MectaLock PEEK Ø2.4 long driver	Hip	
05.11.002	MectaLock PEEK Ø2.9 long driver	Hip	
05.11.003	MectaLock PEEK Ø3.4 long driver	Hip	
05.10.001	MectaLock PEEK Ø2.4 short driver	Shoulder	
05.10.002	MectaLock PEEK Ø2.9 short driver	Shoulder	
05.10.003	MectaLock PEEK Ø3.4 short driver	Shoulder	
05.10.011	MectaLock TI Ø5.0	Shoulder	
05.10.012	MectaLock TI Ø6.5	Shoulder	
05.10.013	MectaTap TI Ø5.0	Shoulder	
05.10.014	MectaTap TI Ø6.5	Shoulder	
05.11.010	MectaLock All-Suture Size 1 short inserter 2 x USP#2	Shoulder Instability	
05.11.012	MectaLock All-Suture Size 1 short inserter 2 x USP#2/1 x Tape	Shoulder Instability	
05.11.011	MectaLock All-Suture Size 1 long inserter 2 x USP#2	Hip Instability	
05.11.013	MectaLock All-Suture Size 1 long inserter 2 x USP#2/1 x Tape	Hip Instability	
05.11.014	MectaLock All-Suture Size 2 short inserter 2 x USP#2	Shoulder Cuff / Biceps Tendon	
05.11.015	MectaLock All-Suture Size 2 short inserter 2 x USP#2/1 x Tape	Shoulder Cuff / Biceps Tendon	
05.11.10.0030	Crown Tip Aimer 170mm	Hip	
05.10.10.0010	Crown Tip Aimer 125mm	Shoulder	
05.11.10.0031	Fishmouth Tip Aimer 170mm	Hip	
05.10.10.0011	Fishmouth Tip Aimer 125mm	Shoulder	
05.11.10.0032	Fork Tip Aimer 170mm	Hip	
05.10.10.0012	Fork Tip Aimer 125mm	Shoulder	

Ref. No.	Description	Indication	Picture
05.11.10.0035	MectaLock drill Ø2.4 long	Hip	
05.11.10.0036	MectaLock drill Ø2.9 long	Hip	
05.11.10.0037	MectaLock drill Ø3.4 long	Hip	
05.10.10.0015	MectaLock drill Ø2.4 short	Shoulder	
05.10.10.0016	MectaLock drill Ø2.9 short	Shoulder	
05.10.10.0017	MectaLock drill Ø3.4 short	Shoulder	
05.11.10.0033	Obturator Long	Hip	
05.10.10.0013	Obturator Short	Shoulder	
05.11.10.0047	All-Suture drill Ø1.8 long	Hip Instability	
05.11.10.0045	All-Suture drill Ø1.8 short	Shoulder Instability	
05.11.10.0046	All- Suture drill Ø2.4 short	Shoulder Cuff / Biceps Tendon	
05.14.10.0001	Shoulder Cannula System Ø8.5x70mm	Shoulder	
05.14.10.0002	Shoulder Cannula System Ø8.5x90mm	Shoulder	
05.14.10.0020	Hip Cannula System Ø6.1x90mm	Hip	
05.14.10.0021	Hip Cannula System Ø6.1x120mm	Hip	
05.14.10.0022	Hip Cannula System Ø8.5x90mm	Hip	
05.14.10.0023	Hip Cannula System Ø8.5x120mm	Hip	
05.14.10.0005	Hip Cannula without trocar Ø6.1x90mm	Hip	
05.14.10.0006	Hip Cannula without trocar Ø6.1x120mm	Hip	
05.14.10.0007	Hip Cannula without trocar Ø8.5x90mm	Hip	
05.14.10.0008	Hip Cannula without trocar Ø8.5x120mm	Hip	

Ref. No.	Description	Indication	Picture
05.14.10.0010	Reusable Hip Metal Trocar-Ø6.1x90	Hip	
05.14.10.0011	Reusable Hip Metal Trocar-Ø6.1x120	Hip	
05.14.10.0015	Reusable Hip Metal Trocar-Ø8.5x90	Hip	
05.14.10.0016	Reusable Hip Metal Trocar-Ø8.5x120	Hip	
05.14.10.0030	Hip Obturator - 90mm	Hip	
05.14.10.0031	Hip Obturator - 120mm	Hip	
05.11.10.0041	Hip Access Kit	Hip	
05.15.10.0017	FastShuttle - Disposable Needle - STERILE	Shoulder	
05.15.10.0015	FastShuttle - Suture Passer & Retriever	Shoulder	
05.15.10.0016	FastShuttle - Suture Passer	Shoulder	
05.13.10.0122	Suture Retriever; W-L=220mm; Wishbone Handle	Hip	
05.13.10.0123	Suture passer R; W-L=155mm; Std Handle Green	Shoulder	
05.13.10.0124	Suture passer L; W-L=155mm; Std Handle Red	Shoulder	

* See Surgical Technique Ref. 99.111SMH.12

Ref. No.	Description	Indication	Picture
05.13.10.0125	Suture passer R; W-L=155mm; Axial Handle Green	Shoulder	 
05.13.10.0126	Suture passer L; W-L=155mm; Axial Handle Red	Shoulder	 
05.13.10.0127	Puncher medium; W-L=220mm; Std Handle	Hip	 
05.13.10.0128	Grasper cupped Ø2.7mm; W-L=220mm; W/ locking sys.	Hip	 
05.13.10.0129	Grasper 1x2 Tooth; W-L=220mm; W/ locking sys.	Hip	 
05.13.10.0130	Oval punch; W-L=125mm; Std Handle	Knee	 
05.13.10.0131	Suture retriever; W-L=155mm; Std Handle	Shoulder	 
05.13.10.0132	Suture passer; W-L=220mm; Wishbone Handle	Hip	 
05.13.10.0135	Suture Cutter Closed WL220 Wishbone Handle	Hip	 
05.13.10.0140	Suture Cutter Closed WL165 Forceps Handle	Shoulder	 

Part numbers subject to change.

NOTE FOR STERILISATION

The instrumentation is not sterile upon delivery. It must be cleaned before use and sterilised in an autoclave in accordance with the regulations of the country, EU directives where applicable and following the instructions for use of the autoclave manufacturer. For detailed instructions please refer to the document "Recommendations for cleaning decontamination and sterilisation of Medacta International orthopaedic devices" available at www.medacta.com.



**REDEFINING BETTER
IN ORTHOPAEDICS
AND SPINE SURGERY**

MEDACTA.COM



Medacta International SA
Strada Regina - 6874 Castel San Pietro - Switzerland
Phone +41 91 696 60 60 - Fax +41 91 696 60 66
info@medacta.ch

Find your local dealer at: [medacta.com/locations](https://www.medacta.com/locations)

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Medacta Anchors
Surgical Technique

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