HEALIX ADVANCE™ KNOTLESS Anchor PEPPER QUESTIONS

1. What sizes does the HEALIX ADVANCE™ KNOTLESS Anchor (HAK) come in?
   a. 4.75, 5.5, and 6.5mm

2. What material is the HEALIX ADVANCE KNOTLESS Anchor available in?
   a. BR and PEEK

3. How many sutures can the HEALIX ADVANCE KNOTLESS Anchor hold?
   a. Up to 6 #2 tails of high strength suture

4. Is the HEALIX ADVANCE KNOTLESS Anchor compatible with FiberTape®?
   a. Yes, HAK Anchor is compatible with 2 tails of FiberTape (2mm).

5. What instrument do you use for the 4.75mm implant?
   a. 222314 – HEALIX ADVANCE™ 4.5 Awl

6. What instrument do you use for the 5.5mm implant?
   a. 222223 – HEALIX Universal Awl and mallet to the 5.5/6.5 laser line

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8. How does HEALIX ADVANCE KNOTLESS Anchor fixate sutures?
   a. The HAK Anchor locks sutures between anchor and bone. There are two types of knotless anchors on the market, anchors that lock sutures between anchor and bone and anchors that lock suture between two different components of anchor. We have knotless solutions to satisfy either preference...HAK Anchor and VERSALOK™ Suture Anchors.

9. Do I need to lock sutures into the cleats during tensioning?
   a. No, the cleats are only there if you want to use them, but you don’t have to lock sutures in the tensioning cleats. There are two methods of tensioning that surgeons can utilize with the HAK Anchor;
      i. The “pass-point” technique where the surgeon holds tension on all sutures at once, then drops the nose of the anchor into the bone hole, drop the sutures, and screws in the anchor.
      ii. If they want to individually tension, surgeons can zip-line down the sutures, leave some slack, drop the nose of the anchor in the bone hole up to the first cancelous thread and then individually tension each strand. Pull tension, then drop the suture in a cleat and it will maintain tension on each strand.

10. How does the anchor stay on the inserter?
    a. We have a #2 ORTHOCORD® High Strength Orthopaedic Suture stay-stitch that wraps around a distal suture bridge and back up into this inserter.

11. Can I use the stay-stitch in my repair?
a. Yes, it is a sliding #2 ORTHOCORD High Strength Orthopaedic Suture that can be incorporated into your repair if you have a dog-ear or want to tie down a corner.

12. Can I pull the anchor back out of the cannula if I need to re-awl or if I want to go back in and clean up some soft tissue?
   a. Yes, that is one of the great benefits of having the stay-stitch. You can slide the suture window up and push down with your thumb on the stay stitch you can remove the anchor from your inserter without the anchor falling off the inserter shaft.

13. What if I get the anchor down but I am not happy with my tension?
   a. You are actually able to back the anchor up and re-tension your sutures

14. Can I readjust the tension once the anchor is seated?
   a. No you cannot pull on your sutures and adjust your tension once the anchor is seated but you can unscrew the anchor, re-tension, and then screw the anchor back in.

15. If I dock my sutures into the cleats can I leave them or do I have to remove them before screwing the anchor in?
   a. No you must remove the sutures from the cleats before seating the anchor. This is because ours works like “tank-treads”, as you screw the anchor in the distal tip locks the sutures coming from your repair between anchor and bone and pulls suture in from the inserter so that the anchor will never increase tension on your repair as you seat the anchor.

**Selling Scenarios**

**SwiveLock® User**

Q: How does HAK Anchor work compared to SwiveLock and what I am used to?

A: Both anchors lock suture between anchor and bone

Q: My Arthrex® rep said SwiveLock is stronger because it locks suture on both sides of the anchor

A: Both HAK Anchor and SwiveLock lock sutures between anchor and bone and while HAK Anchor only locks suture between the anchor and bone on one side of the anchor the suture slippage to 3mm of displacement is better than or equivalent to SwiveLock in all sizes and materials. And in terms of anchor pull out strength HAK Anchor is greater than or equal to each size and material, this is because HAK Anchor has more interaction with bone because it only locks suture between anchor and bone on one side. The idea of their two sided fixation can also be slightly misleading because the reality is that they only have one sided fixation of the suture until the eyelet actually migrates 2.5mm which equates to 5-6mm of suture slippage and locks into the anchor body. At that point you have already compromised your overall repair and hit clinical failure, so even though you now have the two sided fixation you have already failed your repair.

Q: What affects the suture slide?
A: The thread design of the HAK Anchor and the cortical flair in the most proximal 1mm of the anchor

Q: I prefer to use FiberTape®, can I?

A: No problem, HAK Anchor is compatible with FiberTape

Q: I like to tension my sutures individually and lock them into the handle of SwiveLock

A: No problem we have a sliding ring feature on HAK Anchor and it has cleats on it that will allow you to do just that. As you tension each stitch you can drop each one into the cleats and it will maintain tension on each stitch as you go. Then once you get the desired tension you will make sure the anchor is pushed down to the first cancelous thread, release the sutures from the cleats, and with downward force screw in the anchor.

Q: Wait, if I have to release the sutures from the cleats wont I lose the tension I just created?

A: No, you will not lose tension as long as you have dropped the nose of the anchor up to that first cancelous thread because the interference between that thread and the cortical bone is enough to maintain your tension and lock those sutures in place.

PushLock® user

Q: How does HAK Anchor work compared to PushLock and what I am used to?

A: Both anchors lock suture between anchor and bone

Q: My Arthrex® rep said PushLock is stronger because it locks suture on both sides of the anchor

A: Both HAK Anchor and PushLock lock sutures between anchor and bone and while HAK Anchor only locks suture between the anchor and bone on one side of the anchor the suture slippage to 3mm of displacement is better than or equivalent to PushLock in all sizes and materials. And in terms of anchor pull out strength HAK Anchor is superior in each size and material, this is because HAK Anchor has more interaction with bone because it only locks suture between anchor and bone on one side. The idea of their two sided fixation can also be slightly misleading because the reality is that they only have one sided fixation of the suture until the eyelet actually migrates 3mm which equates to 5-6mm of suture slippage and locks into the anchor body. At that point you have already compromised your overall repair and hit clinical failure, so even though you now have the two sided fixation you have already failed your repair.

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Q: I like to tension my sutures individually and lock them into the handle of PushLock

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