HEALIX TRANSTEND™ IMPLANT SYSTEM

A percutaneous solution for partial tears of the rotator cuff.
The HEALIX TRANSTEND Implant System is a DePuy Synthes Mitek Sports Medicine solution for the treatment of partial thickness rotator cuff tears. This comprehensive percutaneous solution, featuring HEALIX TRANSTEND Anchors and the PERCANNULA™ System, enables the reattachment of a partially torn rotator cuff while potentially reducing tendon trauma and enhancing procedural visualization.

Engineered for the repair of both small and large partial thickness rotator cuff tears, this novel solution not only aids in the prevention of tear propagation, but it also allows for the retention of the connected tendon, ultimately preserving the patient’s natural anatomy.1,2

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*Surgical technique contributions provided by Amir R. Moinfar, M.D., Baltimore, MD.
The HEALIX TRANSTEND Implant System is available in 1- or 2-anchor sets.

Each set includes:
- 1 or 2 BIOCRYL RAPIDE™ (BR), PEEK, or Titanium (Ti) HEALIX TRANSTEND anchor(s)
- PERCANNULA System (Cannula, Obturator and Guidewire)

HEALIX TRANSTEND Anchors
- 3.4 mm BR anchor
- 3.4 mm PEEK anchor
- 2.9 mm Ti anchor

PERCANNULA System
- 4.0 mm Cannula
- Cannulated Obturator
- 1.1 mm Guidewire
FEATURES AND BENEFITS:
HEALIX TRANSTEND ANCHORS

The HEALIX TRANSTEND Anchor features:

- Material choice: BIOCRYL RAPIDE (BR), PEEK, TITANIUM (Ti)
- Small diameter anchors to provide necessary strength while allowing for more tissue to bone contact
- Cannulation to channel blood to the surface
- Dual thread pattern to maximize pull-out strength by independently engaging both cortical and cancellous bone
- Preloaded with ORTHOCORD® high strength suture
  - 55 lbs of tensile strength
  - 45% less stiff than Fiberwire, *

* Fiberwire is a registered trademark of Arthrex, Inc.

Anchor Pull-Out Strength

![Graph showing anchor pull-out strength](image)

Laser markings represent suture eyelet orientation

Cannulation channels blood to the surface

Dual Thread technology

Material choice: BIOCRYL RAPIDE (BR), PEEK, TITANIUM (Ti)
FEATURES AND BENEFITS: PERCANNULA SYSTEM

The PERCANNULA System is designed to enhance procedural efficiency and features:

- **4.0 mm Cannula**
  - Small diameter cannula to potentially reduce tendon trauma
  - Double dam aids in the prevention of fluid leakage
  - Distal rib allows for the retraction of the rotator cuff, ultimately enhancing visualization during the procedure

- **Cannulated Obturator**
  - Trocar-tipped obturator fits easily over the Guidewire and aids in cannula insertion through the rotator cuff

- **1.1 mm Guidewire**
  - Sharp-tipped Guidewire allows for ease of penetration in the tissue
  - Roughened surface allows for easier gripping in the wet surgical environment
  - 3 mm laser markings available for reference

Guidewire features a sharp tip allows for ease of penetration in the tissue

Guidewire features 3 mm laser markings for reference

Cannula features a double dam to prevent fluid leakage

Cannula features an innovative distal rib for rotator cuff retraction, enhancing visualization

Guidewire features a roughened surface for easy gripping
ANCHOR INSERTION TECHNIQUE

Step 1
Insert the trocar-tipped Guidewire percutaneously through the rotator cuff and to the location on the humeral head where anchor insertion is desired (typically on the medial footprint). Maintaining the shoulder in abduction and external rotation may aid in visualization and Guidewire placement.

Step 2
Place the cannula and obturator assembly over the Guidewire. Insert into the shoulder and through the rotator cuff. Occasionally a more lateral insertion approach may be necessary to penetrate the rotator cuff.

Step 3
Remove the Guidewire and obturator, leaving only the cannula through the rotator cuff. For enhanced visualization, pull back on the cannula allowing for the distal rib to retract the rotator cuff.
**Step 4**
For the BR or PEEK anchor, insert the Awl/Tap: mallet the Awl/Tap until the distal threads are inserted and the smooth section of the Awl/Tap is buried. Then continue to insert by turning in a clockwise direction until the distal laser line is flush with the bone surface. Do not use the Awl/Tap for the Ti anchor.

**Step 5**
Insert the anchor by turning clockwise until the anchor is fully inserted and the distal laser line is flush with bone. For the BR and PEEK anchor make sure to insert the anchor at the same angle as the Awl/Tap. There are laser markings distally and proximally to represent suture eyelet orientation.

**Step 6**
If inserting only one anchor, remove the cannula and complete the **one-anchor repair** as outlined on page 7.

If inserting a second anchor, start from Step 1 and choose another location for the placement of the second anchor. Complete the **two-anchor repair** as outlined on page 6.
TWO-ANCHOR REPAIR

Continued from steps 1-6

**Step 7**
Once two anchors are inserted, place the arthroscope in a posterior portal in the subacromial space. Insert a cannula laterally in the same portal used for subacromial decompression.

**Step 8**
Retrieve one suture limb from each anchor outside of the cannula. Outside of the shoulder, place a clamp on the sutures. Tie the two suture limbs together down to the clamp.

**Step 9**
Shuttle the knot into the shoulder by pulling on the two remaining percutaneous limbs.

**Step 10**
Retrieve the remaining two limbs through the cannula. Tie them using a non-sliding knot to complete the repair. Use the CordCutter to remove excess suture.
ONE-ANCHOR REPAIR

Continued from steps 1-6

**Step 7**
Once one anchor is placed, insert the Grasper–Grabber device to retrieve one suture limb through an anterior cannula.

Insert a spinal needle through the rotator cuff at the location to pass suture.

**Step 8**
Insert a CHIA PERCPASSER® through the spinal needle and retrieve through the anterior cannula. Place the suture limb into the CHIA kite, remove the spinal needle and pull back on the distal end of the CHIA to pass the suture limb. Repeat steps 7 and 8 on this page to pass the second suture limb.

**Step 9**
Place the arthroscope in the posterior portal of subacromial space. Remove the cannula from the anterior portal and place in a lateral portal in the subacromial space. Retrieve both suture limbs through the cannula.

**Step 10**
Tie an arthroscopic knot through the lateral cannula to complete the repair. Use the CordCutter to remove excess suture.
# ORDERING INFORMATION

## HEALIX TRANSTEND Implant System and Instrumentation

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<th>Description</th>
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<td>HEALIX TRANSTEND 3.4 mm Awl/Tap (for BR and PEEK Anchors)</td>
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<td>HEALIX TRANSTEND 2.2 mm Drill Bit (optional for Ti anchor)</td>
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## PERCANNELLA System

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## Instruments to complement the HEALIX TRANSTEND Implant System Technique

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<td>270120</td>
<td>Grasper-Grabber Suture/Traebnbdeorn G</td>
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## EXPRESSSEW® INSTRUMENTS

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<td>214124</td>
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<td>EXPRESSSEW III w/o Hook</td>
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<td>214141</td>
<td>EXPRESSSEW III Needle (for use with E II and EIII)</td>
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## CLEAR CANNULAR SYSTEM

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<td>Clear Cannula Threaded, 5.5 mm x 75 mm</td>
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References

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