EXPRESSEW® III

FLEXIBLE SUTURE PASSER

A family of suture passing options

SURGICAL TECHNIQUE
The EXPRESSEW III devices were designed to facilitate precise suture passing during each rotator cuff procedure. When you perform a rotator cuff repair you want to use a suture passer that allows for direct and accurate suture manipulation. The EXPRESSEW III allows you to accurately manage your tissue bite, your suture passage and your suture retrieval.

The EXPRESSEW III Advantage

VERSATILE
• Hooked and Non-hooked Jaw design provides the surgeon with two technique options: all-in-one-cannula suture passing and retraction, or use of ancillary portal

PRACTICAL
• Lateral suture loading process allows EXPRESSEW III to pass smoothly without snagging tissue
• Lower jaw designed for stronger grip on tissue edges

RELIABLE
• Polymer-coated needle designed to maintain shape while flexing shape while flexing, for precise control
NOTE: All of the images shown are depictions of the EXPRESSEW III with hook.

**Step 1**
Load the needle by grasping the needle flag and sliding the tip of the needle through the back end of the device.

**Step 2**
Align the notch on the needle with the nub in the needle rack and drop the needle into place.

**Step 3**
With the jaw closed, actuate the needle deployment lever ONCE to confirm that the needle deploys and retracts.
**SURGICAL TECHNIQUE**

**Step 4**
Open the jaw in preparation for suture loading by pressing the jaw lever release button.

**Step 5**

**ANCILLARY PORTAL TECHNIQUE**
Load the suture by making a loop of suture that creates a short 1-2 cm tail. Load the loop, with the short tail down*, into the right side loading slot and slide it to the most proximal aspect of the suture slot.

NOTE: *It is important that the short suture limb is loaded in the down position on the EXPRESSEW III for optimal deployment. When loaded in this position, the short suture limb will fully deploy with 1 cm in length passed through the tissue. The surgeon will be able to retrieve the tip of the suture with a grasper-grabber device through an ancillary portal, avoiding the likelihood of the suture retracting back to the underside of the rotator cuff. This will also free the suture limb from the bottom jaw of the device once the needle has been deployed.

**OR**

**SINGLE PORTAL TECHNIQUE FOR EXPRESSEW III WITH HOOK**
(ALTERNATE STEP NOT PICTURED)
Load the suture by making a loop of suture that creates a 6-7 inch long tail, and place it through the right-sided loading slot and slide it to the most proximal aspect of the suture slot.

NOTE: **The long-tail technique enables the surgeon to avoid the use of an ancillary portal by using the hook feature on the upper portion of the jaw to retrieve the loop through the lateral portal.

**Step 6**
Close the jaw in preparation for use by pulling the jaw lever.
**SURGICAL TECHNIQUE**

**Step 7**
Pass the EXPRESSEW III down the cannula or percutaneously to access the tissue.

**Step 8**
Open the jaw by pushing the jaw lever release button. Engage tissue.

**Step 9**
Close the jaw by pulling the jaw lever. Avoid over-clamping the tissue once jaw has been closed.*

*NOTE: *Complete tissue clamping, while avoiding overclamping, will ensure an optimal smooth needle and suture deployment.*
Step 10
ANCILLARY PORTAL TECHNIQUE
Deploy the needle by pulling the needle deployment lever. Release the lever and the needle will automatically retract, passing the 1-2 cm tall suture through the tissue.

OR
SINGLE PORTAL TECHNIQUE FOR EXPRESSEW III WITH HOOK
Deploy the needle by pulling the needle deployment lever. Release the lever and the needle will automatically retract, passing the loop of suture through the tissue.
Step 11
ANCILLARY PORTAL TECHNIQUE
Use the accessory portal to grasp the suture with a DePuy Synthes Mitek Sports Medicine Grasper Grabber. Release the ratchet mechanism to open the jaw and slowly retract the E3 from the shoulder.

OR

SINGLE PORTAL TECHNIQUE FOR EXPRESSEW III WITH HOOK
Release the ratchet mechanism to open the jaw. Use the hook on the proximal jaw to “capture” the loop of suture. Slowly withdraw the E3 with the suture captured in the hook. The jaw should not be fully closed, as it will impinge the longer suture lead that is attached to the anchor. This may prohibit the surgeon from backing the suture out of the cannula and having the suture slide through the hook.
### ORDERING INFORMATION

**EXPRESSEW INSTRUMENTS**
- 214124  EXPRESSEW III w/ Hook
- 214140  EXPRESSEW III w/o Hook
- 214141  EXPRESSEW III Needle (for use with E II and EIII)

**VERSALOK® ANCHORS**
- 210808  VERSALOK with ORTHOCORD® EA
- 210818  VERSALOK PEEK with ORTHOCORD EA
- 214710  Deployment Gun 1/Box
- 214711  2.9 mm Awl 1/Box
- 215440  VERSALOK Caddy 1/Box

### HEALIX ANCHOR FAMILY

**HEALIX ADVANCE BR™ Anchor**
- 222295  4.5 HEALIX ADVANCE BR Anchor w/ORHTOCORD
- 222296  4.5 HEALIX ADVANCE BR 3-Suture Anchor w/ORHTOCORD
- 222297  5.5 HEALIX ADVANCE BR Anchor w/ORHTOCORD
- 222298  5.5 HEALIX ADVANCE BR 3-Suture Anchor w/ORHTOCORD
- 222300  6.5 HEALIX ADVANCE BR Anchor w/ORHTOCORD
- 222301  6.5 HEALIX ADVANCE BR 3-Suture Anchor w/ORHTOCORD
- 223128  4.5 HEALIX ADVANCE BR w/DS PERMACORD™
- 223129  4.5 HEALIX ADVANCE BR w/3S PERMACORD
- 223130  5.5 HEALIX ADVANCE BR w/DS PERMACORD
- 223131  5.5 HEALIX ADVANCE BR w/3S PERMACORD
- 223132  6.5 HEALIX ADVANCE BR w/DS PERMACORD
- 223133  6.5 HEALIX ADVANCE BR w/3S PERMACORD

**HEALIX TI™ Anchor**
- 222253  4.5 HEALIX TI w/ORHTOCORD
- 222271  4.5 HEALIX TI3 w/ORHTOCORD
- 222245  5.5 HEALIX TI w/ORHTOCORD
- 222243  5.5 HEALIX TI3 w/ORHTOCORD
- 222249  6.5 HEALIX TI w/ORHTOCORD
- 222241  6.5 HEALIX TI3 w/ORHTOCORD
- 223140  4.5 HEALIX ADVANCE TI w/DS PERMACORD
- 223141  4.5 HEALIX ADVANCE TI w/3S PERMACORD
- 223150  5.5 HEALIX ADVANCE TI w/DS PERMACORD
- 223151  5.5 HEALIX ADVANCE TI w/3S PERMACORD
- 223144  6.5 HEALIX ADVANCE TI w/DS PERMACORD
- 223145  6.5 HEALIX ADVANCE TI w/3S PERMACORD
HEALIX ANCHOR FAMILY (continued)

**HEALIX ADVANCE PEEK™ Anchor**

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MAINTENANCE
In order to preserve the useful life of the EXPRESSEW device, lubrication after each use is recommended using a hospital grade preserve or “milking” solution. Please see product IFU for further details.

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