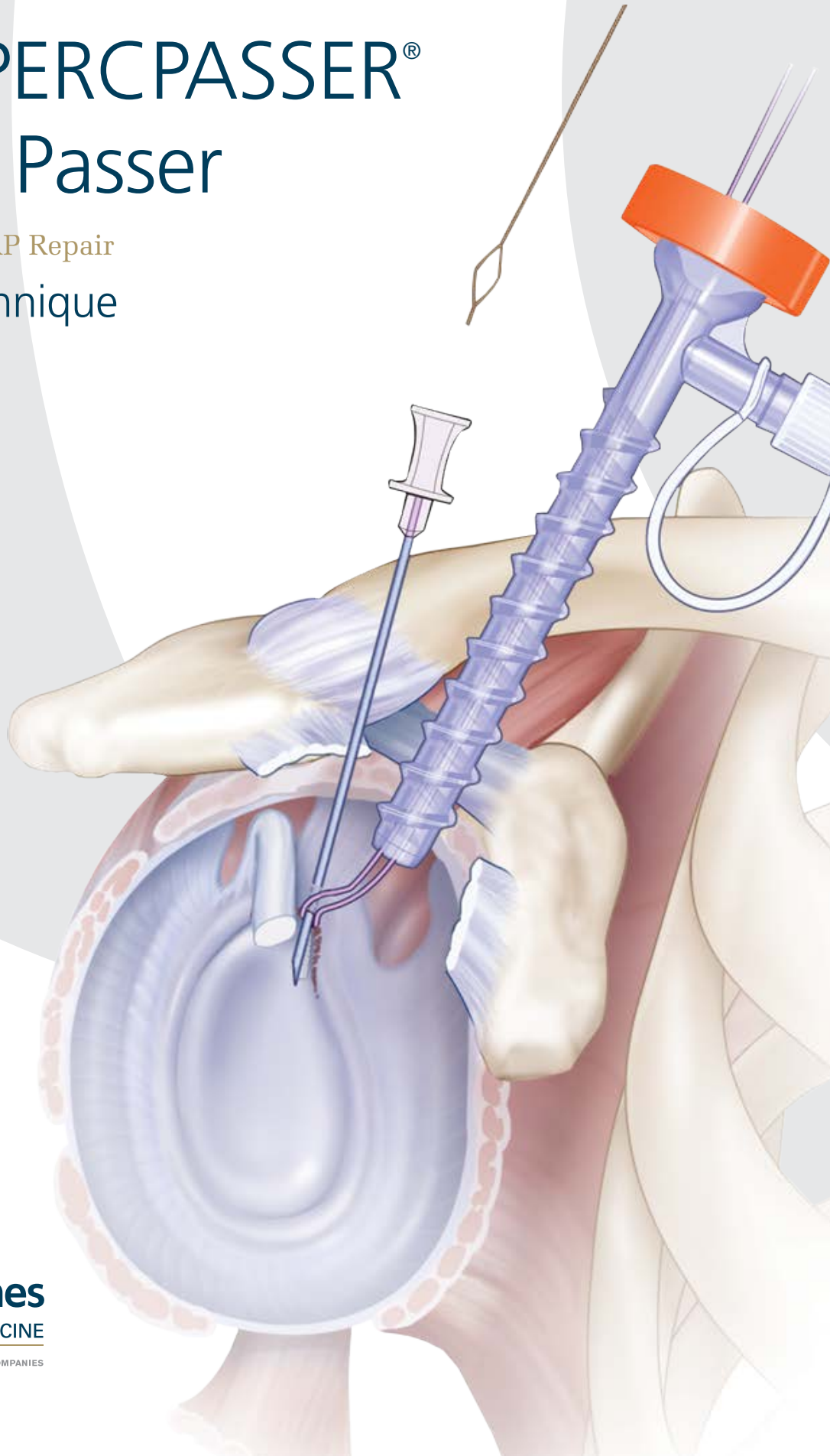


CHIA PERCPASSER[®] Suture Passer

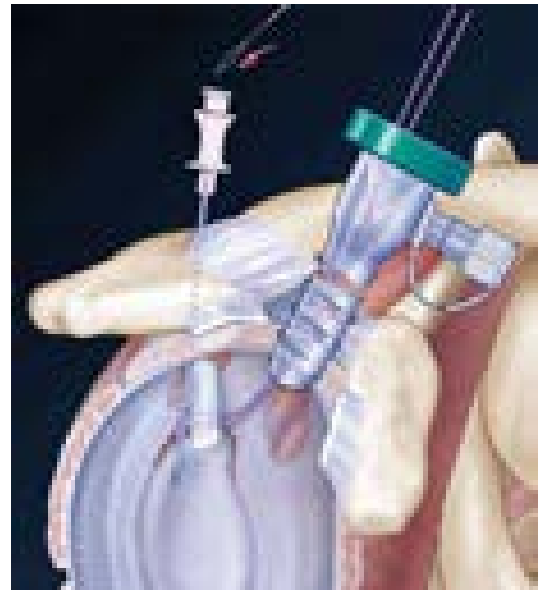
Single Portal SLAP Repair
Surgical Technique



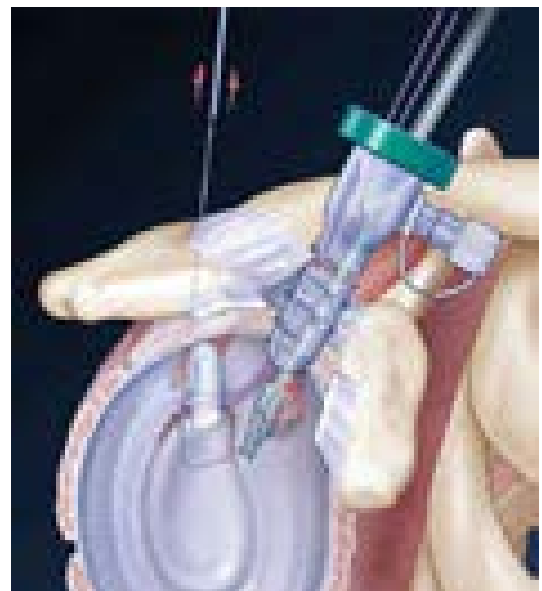
Single Portal SLAP Repair using the CHIA PERCPASSER® Suture Passer

Patient Set-Up

The procedure can be performed from a beach chair, modified beach chair or a lateral decubitus position. The upper extremity and chest wall are then prepped and draped in the normal sterile manner. A sterile arm holder is used for joint distraction. All anatomic landmarks are drawn on the skin.



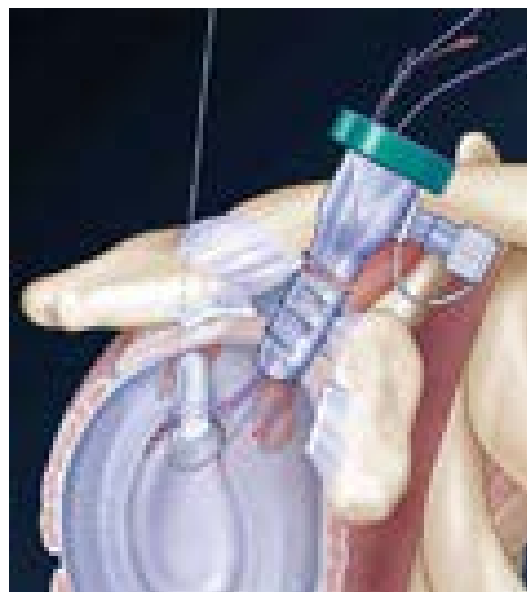
Posterior anchor is inserted through the anterior portal. An 18g Spinal needle is placed percutaneously via a Neviaser approach and through the torn labrum. Kite (loop) end of CHIA PERCPASSER Suture Passer is delivered through spinal needle.



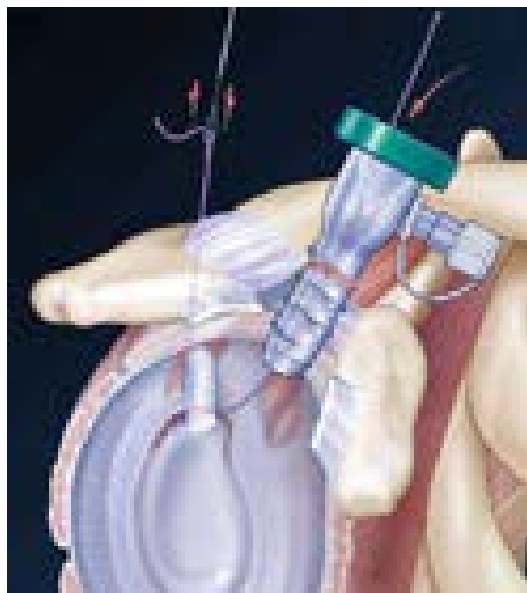
Spinal needle is withdrawn and CHIA PERCPASSER Suture Passer is grasped and retrieved through the anterior portal.

Arthroscopic Examination & Site Preparation

A standard posterior portal is opened using a #15 blade taking care to place the incisions in the Langer lines. A blunt obturator is used to enter the shoulder. The 4mm 30° arthroscope is placed in the shoulder and an anterior portal is opened using inside-out technique. A thorough diagnostic arthroscopy is performed. A standard posterior portal is used for viewing and an anterior superior portal is established as the working portal. The superior labral tear is identified. The glenoid is cleaned down to bleeding cortical bone.



Suture is placed through kite (loop) end of CHIA PERCPASSER Suture Passer



CHIA PERCPASSER Suture Passer with suture is withdrawn percutaneously. Percutaneous suture is retrieved through anterior portal and arthroscopic knot tied.

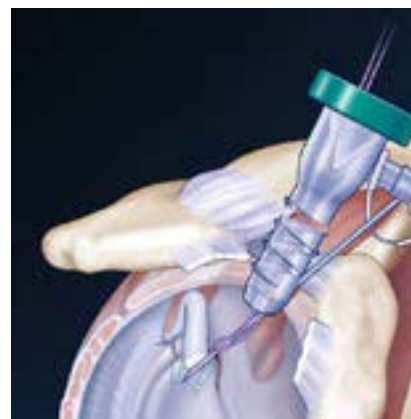
Anchor Placement & Suture Management

The LUPINE® Anchor Fishmouth Guide with obturator is brought into the glenohumeral joint through the anterior portal, passed medial to the long head of the biceps tendon and placed on the posterosuperior glenoid at a 45° angle. The obturator is removed; drill is placed, bottomed out on the drill guide and removed. Without removing the guide, the LUPINE Loop Anchor System is placed and tapped into position until the handle bottoms out on the guide. After releasing sutures from inserter handle, multiple counterclockwise turns are performed with the inserter handle to allow disengagement from the anchor. Nominal tension is placed on the suture ends to set the anchor.

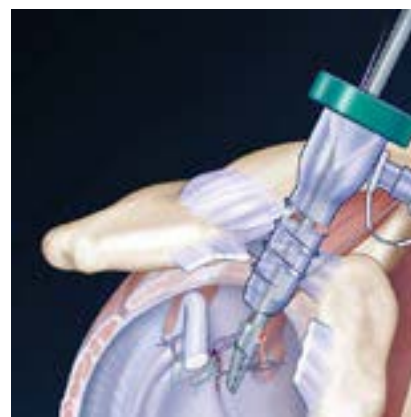
Through a percutaneous Neviaser portal an 18 gauge spinal needle is placed, entering the shoulder behind the biceps tendon. If the capsule is tight in this area an arthroscopic probe can be used to pull the capsule medially for better visualization. The spinal needle is directed under the labrum and seen to exit between the labrum and the glenoid. The CHIA PERCPASSER Suture Passer is introduced through the spinal needle kite (loop) end first. It is then grasped from the anterior portal, the spinal needle removed and the CHIA PERCPASSER Suture Passer withdrawn through the anterior cannula.

Note: It is important to remove the spinal needle prior to removal of the CHIA PERCPASSER Suture Passer.

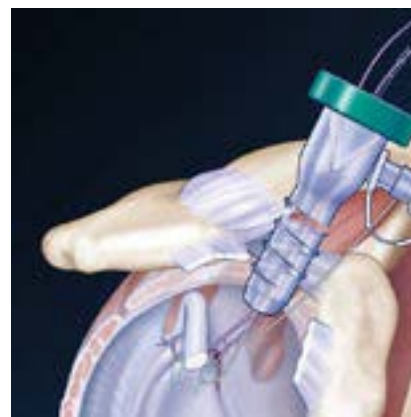
The suture limb closest to the labrum is placed through the kite (loop) end and the CHIA PERCPASSER Suture Passer is withdrawn leaving the suture percutaneous through the skin. This is the post for knot tying. This suture is then captured and retrieved through the anterior cannula. The sutures are tied using a sliding knot followed by half hitches. The excess sutures are cut using the CordCutter.



Anterior anchor is inserted through the anterior portal. An 18g spinal needle is placed percutaneously via a subclavicular approach and through the torn labrum. Kite (loop) end of CHIA PERCPASSER Suture Passer is delivered through spinal needle.

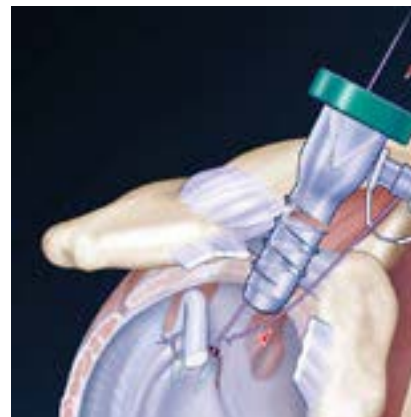


Spinal needle is withdrawn and CHIA PERCPASSER Suture Passer is grasped and retrieved through the anterior portal.



Suture is placed through kite (loop) Step 9. Final Repair end of CHIA PERCPASSER Suture Passer

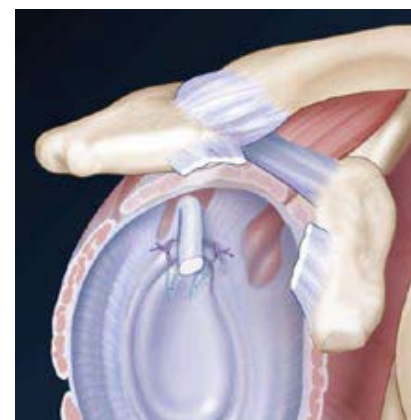
The LUPINE Loop Anchor System is then inserted in similar fashion just anterior to the biceps insertion. A spinal needle is placed percutaneously into the shoulder through a subclavicular approach. This is just medial and superior to the anterior cannula. The CHIA PERCPASSER Suture Passer is introduced through the spinal needle kite (loop) end first. It is then grasped from the anterior portal, the spinal needle removed and the CHIA PERCPASSER Suture Passer withdrawn through the anterior cannula. The suture limb closest to the labrum is placed through the kite (loop) end and the CHIA PERCPASSER Suture Passer is withdrawn leaving the suture percutaneous through the skin. This is the post for knot tying. This suture is then captured and retrieved through the anterior cannula. The sutures are tied using a sliding knot followed by half-hitches. The excess sutures are cut using the CordCutter. The integrity of the repair is assessed.



CHIA PERCPASSER Suture Passer with suture is withdrawn percutaneously. Percutaneous suture is retrieved through anterior portal and arthroscopic knot tied.

Post-Operative Protocol

All excess fluid is removed from the shoulder. The portals are closed. Passive range of motion exercises continue until the four week mark where active assisted and isometric exercises are instituted. Active strengthening begins at 6 weeks avoiding stress on the biceps in the forward plane for an additional 6 weeks.



Final Repair

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