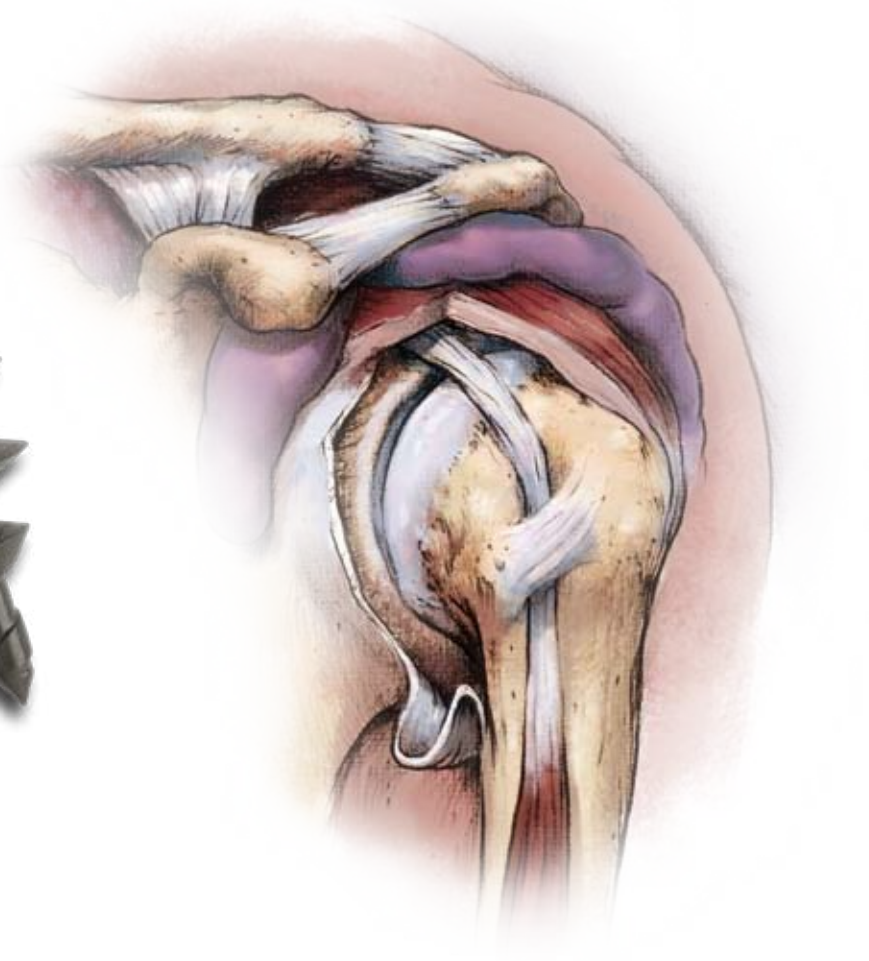
TI-SCREW
SUTURE ANCHOR



Surgical Techniques
For Labral and
Rotator Cuff Repair

BIOMET®
SPORTS MEDICINE

Options…

TI-SCREW
SUTURE ANCHOR

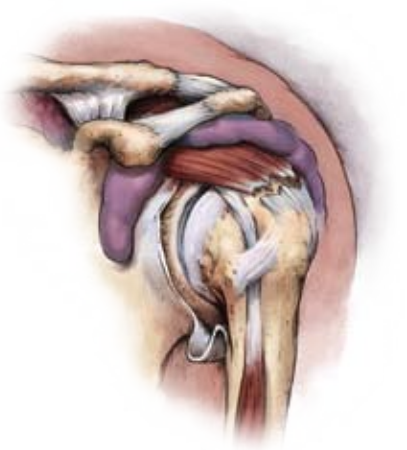
5.0mm
- Cancellous thread
- Options with needles
- Pullout strength: 120 lbs.[1]
- Loaded with two #2 MaxBraid™ Suture

3.0mm
- Cancellous thread
- Options with needles
- Available with one #2 or two 2-0 suture

6.5mm
- Cancellous thread
- Options with needles
- Loaded with two #2 MaxBraid™ Suture

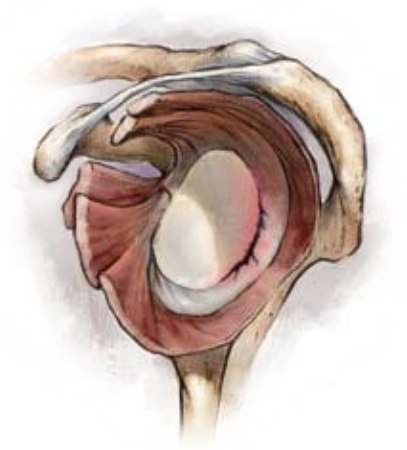
MaxBraid™ PE Suture

Suture plays a significant role in repairs made with suture anchors. Biomet Sports Medicine's incredible strength MaxBraid™ Suture is comprised of polyethylene, to help eliminate suture fray and resist breakage. MaxBraid™ Suture has high tensile strength, but also possesses great knot tying characteristics. The unique braid cinches on itself, providing confidence when tying knots.



Rotator Cuff Repair. Repairing a torn rotator cuff can present a multitude of challenges. Biomet Sports Medicine offers the Ti-Screw Suture Anchor with EasySlide™ surface treatment in 5.0 and 6.5mm sizes. Multiple suture configurations and options with needles allows the surgeon to select fixation methods based on the needs of the patient. Biomet Sports Medicine also offers the SportMesh™ Soft Tissue Reinforcement to augment the repair.

Part No.	Size	Suture		Needles	Packaged
902571	5.0mm	Two #2	MaxBraid™ Suture	Yes	Single
902572	5.0mm	Two #2	MaxBraid™ Suture	No	Single
902596	5.0mm	Two #2	MaxBraid™ Suture	Yes	Pkg. of 2
902576	5.0mm	Two #2	Polyester	No	Single
902579	5.0mm	Two #2	Polyester	Yes	Single
902573	6.5mm	Two #2	MaxBraid™ Suture	No	Single
902587	6.5mm	Two #2	MaxBraid™ Suture	Yes	Single
902580	6.5mm	Two #2	Polyester	Yes	Single



Capsulabral Repair. Shoulder instability is often the result of a Bankart tear. Biomet Sports Medicine offers the 3.0mm Ti-Screw Suture Anchor with EasySlide surface treatment in multiple suture configurations to help restore stablity to the shoulder. The surgeon can select the appropriate fixation for Bankart tears or SLAP lesions based on the needs of the patient.

Part No.	Size	Suture		Needles	Packaged
902482	3.0mm	Two 2-0	MaxBraid™ Suture	No	Single
902569	3.0mm	One #2	MaxBraid™ Suture	Yes	Single
902570	3.0mm	One #2	MaxBraid™ Suture	No	Single
902574	3.0mm	One #2	Polyester	No	Single
902578	3.0mm	One #2	Polyester	Yes	Single

Surgical Technique—Rotator Cuff Repair

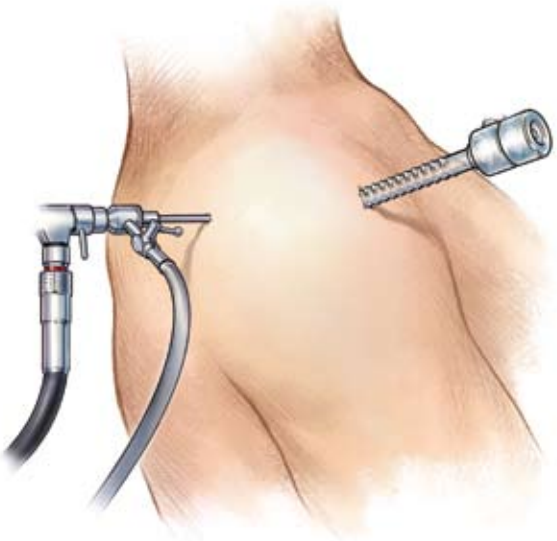


Figure 1

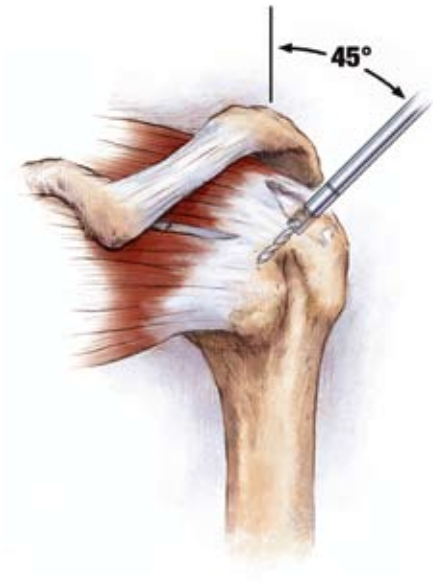


Figure 3

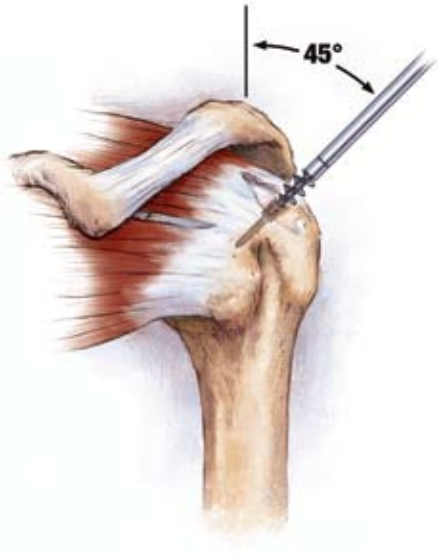


Figure 4

Portal Placement

A standard posterior portal is utilized along with a traditional anterior portal for instrument passage for diagnostic arthroscopy. The arthroscope is placed in the subacromial space through the posterior portal to visually assess pathology (Figure 1).

A tissue grasper is passed through a standard lateral portal into the subacromial space to reduce the cuff to the lateral aspect of the tuberosity to determine the medial-to-lateral mobility of the defect (Figure 2).

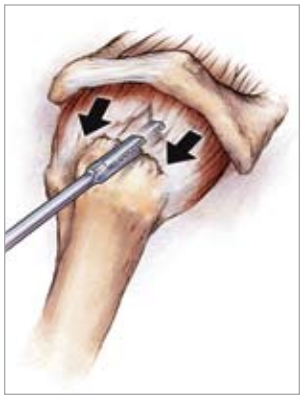


Figure 2

Complete Preparation of Tuberosity

The Ti-Screw 2.5mm step-drill (902567) and/or the 5.0mm Ti-Screw tap (902565) is utilized prior to inserting the 5.0 mm Ti-Screw Suture Anchor. The drill and/or tap is to be positioned at a 45˚ "Deadman's" angle to increase the resistance of suture anchor pull-out (Figure 3). The holes are placed approximately 4 – 5mm off the articular margin. Advance the drill and/or tap until the horizontal laser etch line is flush with the proximal aspect of the cortical bone.

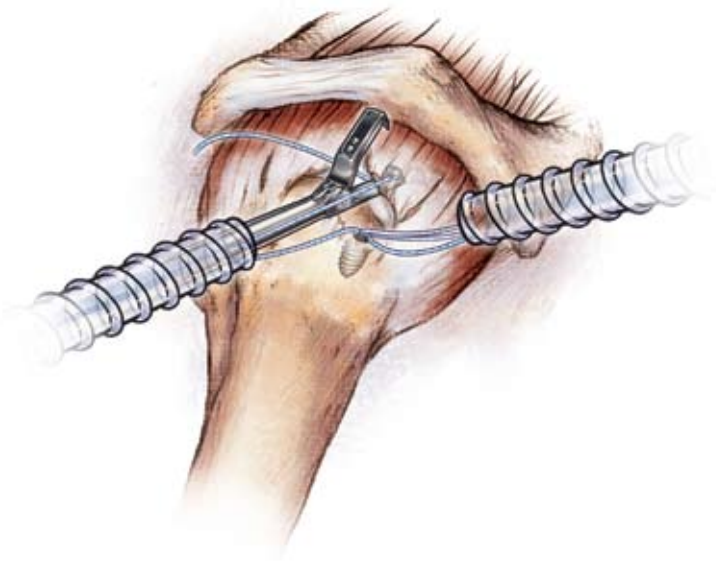


Figure 6

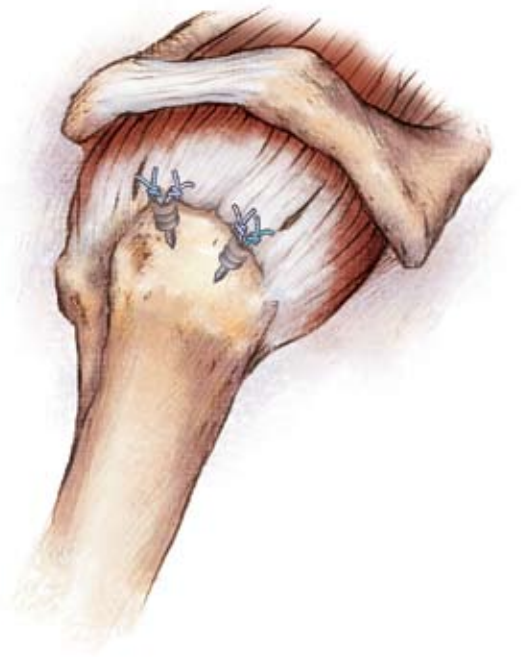


Figure 7

Insert the Anchor

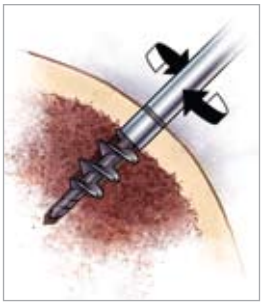


Figure 5

Place the 5.0mm Ti-Screw Suture Anchor in the pre-made holes at the existing 45˚ angle (Deadman's Angle) (Figure 4). Screw in the anchor manually until the horizontal laser etch line is flush with the proximal aspect of the cortical bone (Figure 5). The vertical laser etched lines are in line with the suture anchor eyelets to assist with anchor orientation for knot tying.

Pass Suture Through the Cuff

The BiPass™ Suture Passer is used for passing the sutures through the torn rotator cuff. The MaxBraid™ Suture is loaded approximately 3 cm from the end of the suture to maximize ease of passing. The Biomet Sports Medicine 7mm cannula is to be used with the BiPass™ Suture Passer (Figure 6).

After passing the MaxBraid™ Suture through the rotator cuff, knots are to be tied in order from posterior to anterior. Use a probe to check fixation. The rotator cuff tear is now complete utilizing the 5.0mm Ti-Screw Suture Anchors (Figure 7).

Surgical Technique—SLAP Repair

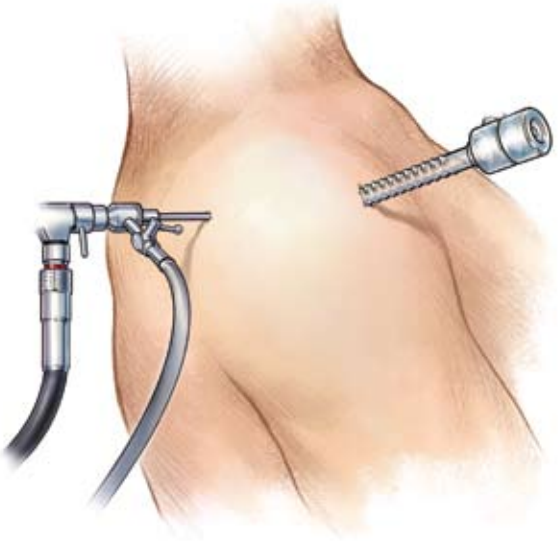


Figure 1

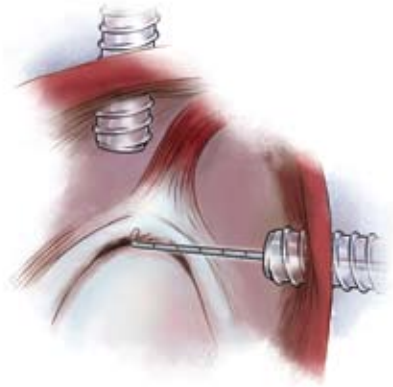


Figure 2

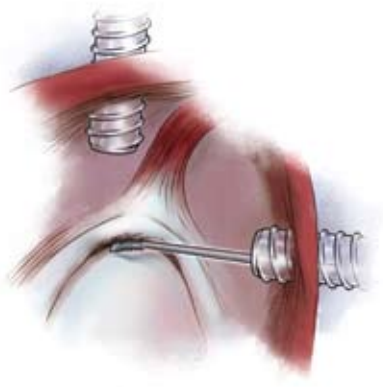


Figure 3

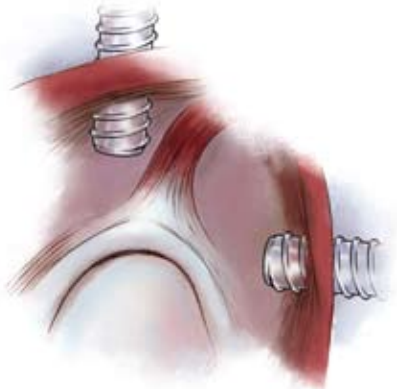


Figure 4

Portal Placement

With the scope in the glenohumeral joint, visually assess the SLAP tear through a standard posterior portal (Figure 1). A probe is passed through a standard anterior rotator interval portal into the glenohumeral joint space to assess the superior labrum (Figure 2).

Prepare the labrum

The glenohumeral ligaments may be scarred down to the scapular neck. Utilize the curved rasp with elevator to free the labrum from the scapular neck to gain lateral mobility (Figure 3). Prepare the superior glenoid bone by abrading with a small burr to a bleeding surface. This will assist with fibroblastic healing.

Establish Mid-lateral Portal

Establish a mid-lateral portal superiorly (Figure 4). Position a spinal needle transversely through the myotendonous junction of the supraspinatus to establish portal placement. The spinal needle is removed and replaced with a 7mm cannula. This size is recommended for suture passing instruments.

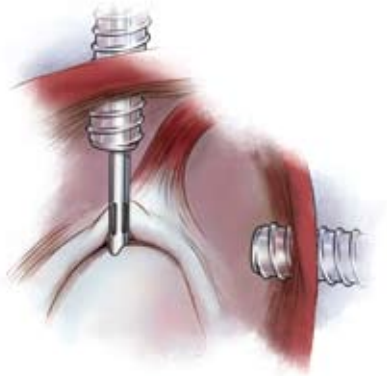


Figure 5

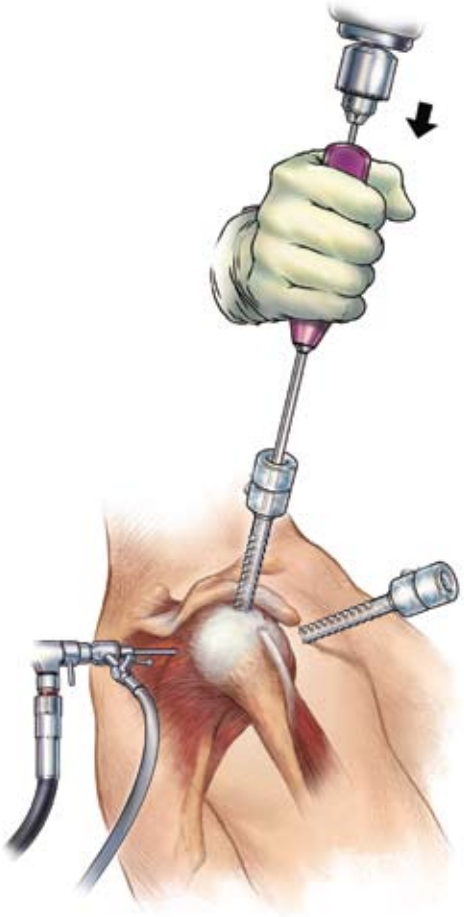


Figure 6

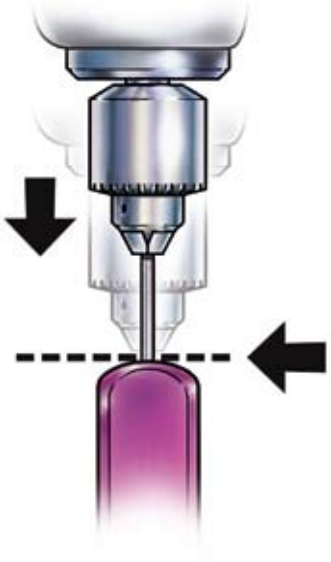


Figure 7

Pre-drill or Tap

Place the offset fish mouth guide through the mid-lateral portal on to the glenoid rim superiorly (Figure 5). Use the Ti-Screw 1.5mm step-drill (902562) and/or the 3.0mm Ti-Screw tap (902566) to create a pre-made bone hole prior to inserting the 3.0mm Ti-Screw Suture Anchor (Figure 6). Proceed to drill and/or tap until the horizontal laser etch line is flush with the proximal aspect of the cortical bone (Figure 7).

Surgical Technique—SLAP Repair

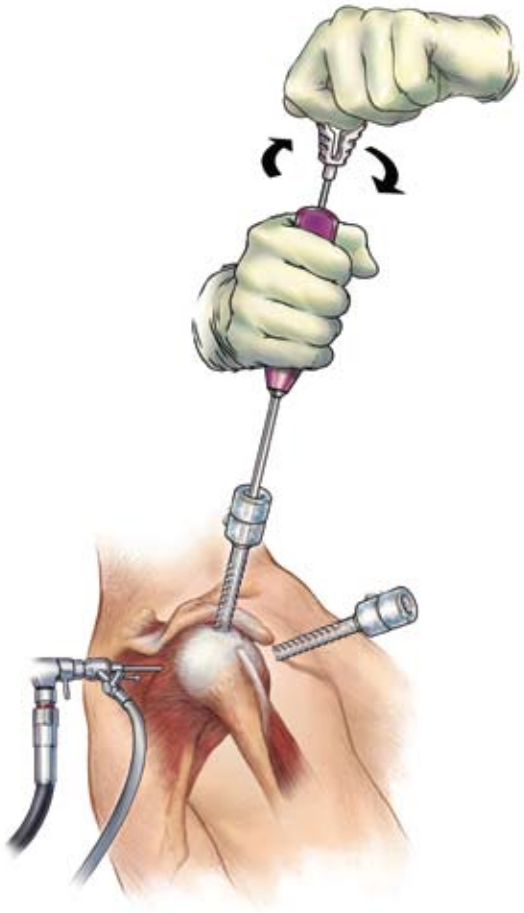


Figure 8

Insert Ti-Screw Suture Anchor

Insert the 3.0mm Ti-Screw Suture Anchor through the offset guide until the anchor meets bone (Figure 8). Screw in the anchor manually until the horizontal laser etched line is flush with the proximal aspect of the cortical bone. The vertical laser etched lines are in line with the suture anchor eyelets to assist with anchor orientation for knot tying.

The SpeedPass™ Suture Passer is used for passing the sutures lateral to medial through the superior labrum (Figure 9). After passing the MaxBraid™ Suture through the rotator cuff, knots are to be tied in order from posterior to anterior. Use a probe to check fixation (Figure 10). The SLAP tear is now complete utilizing the 3.0mm Ti-Screw Suture Anchors.

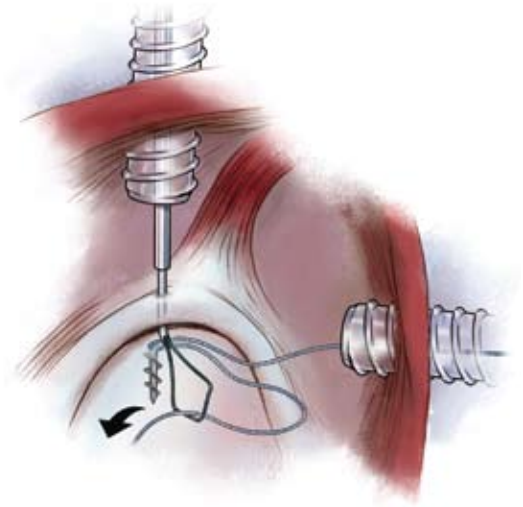


Figure 9

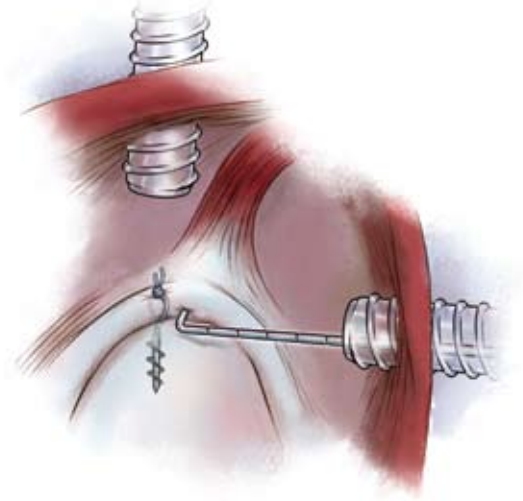


Figure 10

Package Insert

Biomet Sports Medicine, Inc.
4861 E. Airport Drive
Ontario, CA 91761

21282003
Rev. A
Date: 03/07

Biomet Sports Medicine™ Non-Resorbable, Soft Tissue Anchoring Devices

ATTENTION OPERATING SURGEON

DESCRIPTION

Biomet Sports Medicine manufactures a variety of internal fixation devices intended to aid in arthroscopic and orthopedic reconstructive procedures requiring soft tissue fixation, due to injury or degenerative disease. Implants used for this application include: screws, washers, anchors, pins, and suture. Specialty implants are available for specialized treatments.

Materials

316 LVM Stainless Steel
Titanium Alloy
Ultra-High Molecular Weight Polyethylene (UHMWPE)
Polyester
Polyetheretherketone (PEEK)
Polypropylene

INDICATIONS

The Metal Screw Anchor and ALLthread™ PEEK Suture Anchor are indicated for use in soft tissue reattachment procedures in the shoulder, wrist/hand, ankle/foot, elbow, and knee. Specific indications as follows:

Shoulder Indications – Bankart repair, SLAP lesion repair, acromio-clavicular separation, rotator cuff repair, capsule repair or capsulolabral reconstruction, biceps tenodesis, deltoid repair.

Wrist/Hand Indications – Scapholunate ligament reconstruction **(not including Allthread™ Ti Suture Anchors)**, ulnar/radial collateral ligament reconstruction.

Ankle/Foot Indications – Lateral stabilization, medial stabilization, Achilles tendon repair/reconstruction, hallux valgus reconstruction, mid- and forefoot reconstruction.

Elbow Indications – Ulnar or radial collateral ligament reconstruction, biceps tendon reconstruction

Elbow Indications **(ALLthread™ PEEK Suture Anchor Only)** – Lateral epicondylitis repair

Knee Indications – Medial collateral ligament repair, lateral collateral ligament repair, posterior oblique ligament repair, joint capsule closure, iliotibial band tenodesis, and patellar ligament/tendon repair.

Harpoon® (and Mini-Harpoon®) Suture Anchors and the Hitch™ PEEK Suture Anchors include use in soft tissue reattachment procedures. Specific Indications are:

Shoulder Indications **(Harpoon® and Mini-Harpoon® Suture Anchors; and Hitch™ PEEK Suture Anchors)** – Bankart repair, SLAP lesion repair, acromio-clavicular separation, rotator cuff repair, capsule repair or capsulolabral reconstruction, biceps tenodesis, deltoid repair.

Wrist **(Mini-Harpoon® Suture Anchor only and Hitch™ PEEK Suture Anchors)** – Scapholunate ligament reconstruction

Elbow **(Harpoon® and Mini-Harpoon® Suture Anchors; Hitch™ PEEK Suture Anchors)** – Biceps tendon reattachment, Ulnar or radial collateral ligament reconstruction,.

Knee Indications **(Harpoon® and Mini-Harpoon® Suture Anchors; Hitch™ PEEK Suture Anchors)** – Extracapsular Repair: Medial collateral ligament repair, lateral collateral ligament repair, posterior oblique ligament repair, joint capsule closure, iliotibial band tenodesis reconstruction, and patellar ligament and tendon repair, vastus medalis obliquus (VMO) muscle advancement.

Patient selection factors to be considered include: 1) need for soft tissue to bone fixation, 2) ability and willingness of the patient to follow postoperative care instructions until healing is complete, and 3) a good nutritional state of the patient.

CONTRAINDICATIONS

1. Infection.
2. Patient conditions including blood supply limitations, and insufficient quantity or quality of bone or soft tissue.
3. Patients with mental or neurologic conditions who are unwilling or incapable of following postoperative care instructions.
4. Foreign body sensitivity. Where material sensitivity is suspected, testing is to be completed prior to implantation of the device.

WARNINGS

Biomet Sports Medicine™ internal fixation devices provide the surgeon with a means to aid in the management of soft tissue to bone reattachment procedures. While these devices are generally successful in attaining these goals, they cannot be expected to replace normal healthy bone or withstand the stress placed upon the device by full or partial weight bearing or load bearing, particularly in the presence of nonunion, delayed union, or incomplete healing. Therefore, it is important that immobilization (use of external support, walking aids, braces, etc.) of the treatment site be maintained until healing has occurred. Surgical implants are subject to repeated stresses in use, which can result in fracture or damage to the implant. Factors such as the patient's weight, activity level, and adherence to weight bearing or load bearing instructions have an effect on the service life of the implant. The surgeon must be thoroughly knowledgeable not only in the medical and surgical aspects of the implant, but also must be aware of the mechanical and metallurgical aspects of the surgical implants.

1. Correct selection of the implant is extremely important. The potential for success in soft tissue to bone fixation is increased by the selection of the proper type of implant. While proper selection can help minimize risks, neither the device nor grafts, when used, are designed to withstand the unsupported stress of full weight bearing, load bearing or excessive activity.
2. The implants can loosen or be damaged and the graft can fail when subjected to increased loading associated with nonunion or delayed union. If healing is delayed, or does not occur, the implant or the procedure may fail. Loads produced by weight bearing and activity levels may dictate the longevity of the implant.
3. Inadequate fixation at the time of surgery can increase the risk of loosening and migration of the device or tissue supported by the device. Sufficient bone quantity and quality are important to adequate fixation and success of the procedure. Bone quality must be assessed at the time of surgery. Adequate fixation in diseased bone may be more difficult. Patients with poor quality bone, such as osteoporotic bone, are at greater risk of device loosening and procedure failure.
4. Implant materials are subject to corrosion. Implanting metals and alloys subjects them to constant changing environments of salts, acids, and alkalis that can cause corrosion. Putting dissimilar metals and alloys in contact with each other can accelerate the corrosion process that may enhance fracture of implants. Every effort should be made to use compatible metals and alloys when marrying them to a common goal, i.e. screws and plates.
5. Care is to be taken to assure adequate soft tissue fixation at the time of surgery. Failure to achieve adequate fixation or improper positioning or placement of the device can contribute to a subsequent undesirable result.
6. The use of appropriate immobilization and postoperative management is indicated as part of the treatment until healing has occurred.
7. Correct handling of implants is extremely important. Do not modify implants. Do not notch or bend implants. Notches or scratches put in the implant during the course of surgery may contribute to breakage. Intraoperative fracture of screws can occur if excessive force (torque) is applied while seating bone screws.
8. Do not use excessive force when inserting suture anchors. Excessive force (e.g. long hard hammer blows) may cause fracture or bending of the device. Prior to insertion of the implant, predrill, awl, or tap.
9. DO NOT USE if there is a loss of sterility of the device.
10. Discard and DO NOT USE opened or damaged devices, and use only devices that are packaged in unopened or undamaged containers.
11. Ensure contact of tissue to bone when implanting. DO NOT OVERTIGHTEN the screw. Structural damage to the tissue and implant may occur if the screw is overtightened.
12. Adequately instruct the patient. Postoperative care is important. The patient's ability and willingness to follow instructions is one of the most important aspects of successful fracture management. Patients effected with senility, mental illness, alcoholism, and drug abuse may be at a higher risk of device or procedure failure. These patients may ignore instructions and activity restrictions. The patient is to be instructed in the use of external supports, walking aids, and braces that are intended to immobilize the fracture site and limit weight bearing or load bearing. The patient is to be made fully aware and warned that the device does not replace normal healthy bone, and that the device can break, bend or be damaged as a result of stress, activity, load bearing, or weight bearing. The patient is to be made aware and warned of general surgical risks, possible adverse effects, and to follow the instructions of the treating physician. The patient is to be advised of the need for regular postoperative follow-up examinations as long as the device remains implanted.

PRECAUTIONS

Do not reuse implants. While an implant may appear undamaged, previous stress may have created imperfections that would reduce the service life of the implant. Do not treat with implants that have been, even momentarily, placed in a different patient.

Instruments are available to aid in the accurate implantation of internal fixation devices. Intraoperative fracture or breaking of instruments has been reported. Surgical instruments are subject to wear with normal usage. Instruments, which have experienced extensive use or excessive force, are susceptible to fracture. Surgical instruments should only be used for their intended purpose. Biomet Sports Medicine recommends that all instruments be regularly inspected for wear and disfigurement.

If device contains MaxBraid™ suture, refer to manufacturer package insert for further information.

POSSIBLE ADVERSE EFFECTS

1. Nonunion or delayed union, which may lead to breakage of the implant.
2. Bending or fracture of the implant.
3. Loosening or migration of the implant.
4. Metal sensitivity or allergic reaction to a foreign body.
5. Pain, discomfort, or abnormal sensation due to the presence of the device.
6. Nerve damage due to surgical trauma.
7. Necrosis of bone or tissue.
8. Inadequate healing.
9. Intraoperative or postoperative bone fracture and/or postoperative pain.

STERILITY

Biomet Sports Medicine™ internal fixation implants are supplied sterile, and are sterilized by exposure to a minimum dose of 25kGy of gamma radiation or by Ethylene Oxide Gas (ETO). Do not resterilize.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

Harpoon and Mni-Harpoon are registered trademarks in the United States

Authorized Representative: Biomet U.K., Ltd.
Waterton Industrial Estates,
Bridgend, South Wales
CF31 3XA, U. K.

CE 0086

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Package Insert

Distributed by:
Biomet Sports Medicine, Inc.
4861 E. Airport Dr.
Ontario, CA 91761

21404001
Rev. B
Date: 03/07

MaxBraid™
POLYETHYLENE SUTURE
Non-absorbable Surgical Suture
U.S.P. except for oversized diameter.

Sterile: Contents sterile unless package has been opened or damaged. Single Use Only, Do Not Resterilize.

DESCRIPTION

MaxBraid™ Polyethylene Surgical Suture is a nonabsorbable, sterile surgical suture composed of ultra high molecular weight polyethylene. MaxBraid™ Polyethylene Suture is provided braided as a co-braid of undyed polyethylene and blue monofilament polypropylene or undyed (white). MaxBraid™ sutures are U.S.P. except for diameter in the following sizes:

Size Suture	USP Ave. Diameter Specification (mm) <861>	Maximum Oversize Average Diameter (mm)	Maximum Oversize Average Diameter from USP (mm)
2-0	0.300 – 0.399	0.363	0.024
0	0.350 – 0.399	0.459	0.060
1	0.400 – 0.499	0.574	0.075
2	0.500 – 0.599	0.617	0.018

MaxBraid™ sutures exceed USP specifications for diameter.

INDICATIONS

MaxBraid™ Polyethylene Nonabsorbable Surgical Sutures are indicated for use in approximation and/or ligation of soft tissues, including use of allograft tissue for orthopedic surgeries.

ACTIONS

MaxBraid™ Polyethylene Surgical Suture elicits a minimal acute inflammatory reaction in tissues, which is followed by gradual encapsulation of the suture by fibrous connective tissue.

WARNINGS

Do not resterilize. Do not use if package is opened or damaged. Discard open, unused sutures. Users should be familiar with surgical procedures and techniques involving nonabsorbable sutures before employing Polyethylene Surgical Suture for wound closure, as the risk of wound dehiscence may vary with the site of application and the suture material used.

As with any foreign body, prolonged contact of this or any other suture with salt solutions, such as those found in urinary or biliary tracts, may result in calculus formation. Acceptable surgical practice must be followed with respect to drainage and closure of infected or contaminated wounds.

PRECAUTIONS

In handling this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing or crimping damage due to application of surgical instruments such as forceps or needle holders.

Adequate knot security requires the accepted surgical technique of flat, square ties, with additional throws as warranted by surgical circumstance and the experience of the surgeon.

Users should exercise caution when handling surgical needles to avoid inadvertent needle sticks. Discard used needles in "sharps" containers.

This device should be handled and disposed of in accordance with all applicable regulations including, without limitation, those pertaining to human health and safety and the environment.

ADVERSE REACTIONS

Adverse effects associated with the use of this device include: wound dehiscence, calculi formation in urinary and biliary tracts when prolonged contact with salt solutions such as urine and bile occurs, infected wounds, minimal acute inflammatory tissue reaction, and transitory local irritation.

HOW SUPPLIED

MaxBraid™ Polyethylene Surgical Suture is available in USP sizes 2–0 through 2 (metric sizes 3 through 5). MaxBraid™ Surgical Suture is provided sterile as a

co-braid of undyed polyethylene and blue monofilament polypropylene or undyed (white).The suture is provided in a variety of lengths, with and without needles, with or without pledgets, and may be supplied in a variety of cut lengths or on ligating reels. Finished suture may be packaged in cartons as single packs, multipacks, or procedure packs.

Sterility

MaxBraid™ Polyethylene Nonabsorbable Surgical Sutures are sterilized by exposure to Ethylene Oxide (ETO) Gas. Do not resterilize. Do not use past expiration date.

MaxBraid™ is a trademark of Biomet Sports Medicine, Inc.

Caution: Federal law (USA) limits this device to sale or use by or on the order of a physician.

Comments regarding this device can be directed to Attn: Regulatory Dept., Biomet Inc., P.O. Box 587, Warsaw, IN 46581 USA, Fax: 574-372-1683.

Manufacturer: Teleflex Medical
600 Airport Road
Fall River, MA 02720 USA
508-677-6600

Telephone 800-367-7874 (USA only)
+1-508-677-6600

Suture CE marked by Teleflex

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Biomet Sports Medicine
4861 E. Airport Dr.
Ontario, CA 91761

21282014
Rev. A
Date: 12/07

BiPass™ Pusher
Instructions for Use
ATTENTION OPERATING SURGEON

DESCRIPTION

The BiPass™ Pusher (Figure A) is designed for use with the BiPass™ Suture Passer (Figure B). The pushers are disposable, and for single-patient use only.

MATERIALS

Nitinol

Acrylonitrile butadiene styrene (ABS)

Stainless Steel

Aluminum

INSTRUCTIONS FOR USE

NOTE: Carefully read the following instructions prior to surgical use. Load BiPass™ Pusher into the instrument:

1. Locate the cannulated shaft on the proximal end of the BiPass™ Suture Passer handle (Figure A1). Insert the pusher forward until the button is even with the round notch of the pusher actuator (Figure A2). Slide button in place until fully seated in the Pusher Actuator.

Load Suture:

2. Locate the distal tip of your passing suture. Slide the suture into the lower jaw suture slot with the free end downwards to ensure suture passage (Figure C1). The suture will click into place. Leave one inch or less (thumb nail length) of suture below lower jaw to enhance suture passing.

Introduction and Passing of Suture:

3. The long end of suture should be placed on the right side of the BiPass™ Suture Passer during insertion into the subacromial space. A 7mm diameter or larger cannula must be used during arthroscopic approach. It can also be used percutaneously directly through the skin. The forward lever on the BiPass™ Suture Passer is used to close the jaw to gain access to subacromial space. Position jaw for appropriate bite and close jaw when ready to pass suture.

   A. Thick Tissue Technique: Extremely thick tissue may require the user to ensure that a path is formed for the pusher to advance the suture. Bite down 2 or 3 times and then hold jaw closed before passing the actuator.

   NOTE: Top jaw must be closed to ensure proper suture passing.

Removal of Suture:

4. With the top jaw closed, continue to compress pusher actuator with palm to advance pusher forward, passing suture through tissue.
5. Retract the pusher by removing pressure from the palm.
6. Release the forward lever to open jaw while pulling suture through an opening in the tissue and out of shoulder. The suture is captured by the "trap door" to reduce extra suture retrieval steps.

   A. If there is limited space between the rotator cuff and the acromion (tight sub-acromial space), you may have to turn the instrument to the side to eliminate contact with the instrument's top jaw and the rotator cuff.

7. Once the BiPass™ Suture Passer is removed from the cannula, pull on one end of suture towards the handle to release from the "trap door".

WARNINGS

1. The BiPass™ Pushers are for single-patient use only. Do not reuse.
2. The BiPass™ Suture Passer and Pusher were designed for use with MaxBraid™Suture. **Use of BiPass™ instruments with suture from other manufacturers may compromise the integrity of the instrument and/or suture.**
3. Do not over-stuff the jaw with tissue. Use laser etch line reference (16mm). Do not go beyond that point.
4. Do not apply excessive force to the Pusher Actuator. Repeat Step 3A if necessary to avoid excessive force.

STERILIZATION

The BiPass™ Pushers are sterilized by exposure to a minimum dose of 25 kGy of gamma radiation. Do not use any instrument from an opened or damaged package. Do not resterilize. Do not use past expiration date.

Caution: Federal law restricts this device to sale, distribution, or use by or on the order of a physician.

Authorized Representative:
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Figure A – BiPass™ Suture Passer

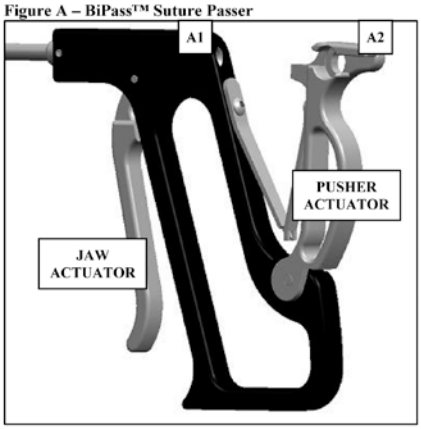


Figure B – BiPass™ Pusher

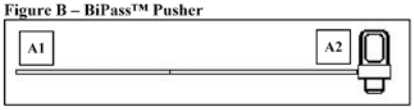
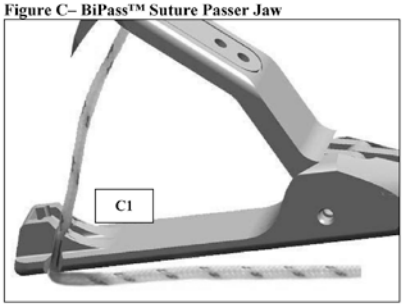


Figure C– BiPass™ Suture Passer Jaw



The information contained in these package inserts was current on the date this brochure was printed. However, the package inserts may have been revised after that date. To obtain a current package insert, please contact Biomet Sports Medicine at the contact information provided herein.

Ordering Information

3.0mm Ti-Screw Suture Anchor with EasySlide™ Surface Treatment	
Part No.	**Description**
902482	3.0mm — Two #2-0 MaxBraid™ Suture
902569	3.0mm — One #2 MaxBraid™ Suture with Needles
902570	3.0mm — One #2 MaxBraid™ Suture
902574	3.0mm — One #2 Polyester Suture
902578	3.0mm — One #2 Polyester Suture with Needles

5.0mm Ti-Screw Suture Anchor with EasySlide™ Surface Treatment	
Part No.	**Description**
902571	5.0mm — Two #2 MaxBraid™ Suture with Needles
902572	5.0mm — Two #2 MaxBraid™ Suture
902596	5.0mm — Two #2 MaxBraid™ Suture with Needles (pkg. 2)
902576	5.0mm — Two #2 Polyester Suture
902579	5.0mm — Two #2 Polyester Suture with Needles

6.5mm Ti-Screw Suture Anchor with EasySlide™ Surface Treatment	
Part No.	**Description**
902573	6.5mm — Two #2 MaxBraid™ Suture
902587	6.5mm — Two #2 MaxBraid™ Suture with Needles
902580	6.5mm — Two #2 Polyester Suture with Needles

BiPass™ Suture Punch

902096	Handpiece
902092	Disposable Nitinol Pusher— Qty. 1
902094	Disposable Nitinol Pusher— Qty. 10

SpeedPass™ Suture Passers

904001	70˚ Right Hook
904002	70˚ Left Hook
904003	Medium Up

AquaLoc ™ Disposable Cannulas

900362	5 x 75mm (pkg. 6)
900366	5 x 85mm (pkg.6)
900360	7 x 75mm (pkg. 6)
900364	7 x 85mm (pkg. 6)
900367	8.5 x 85mm (pkg. 6)

This brochure is presented to demonstrate the surgical technique utilized by Patrick M. Connor, M.D., Charlotte, North Carolina. Biomet Sports Medicine, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate techniques for such procedure for each individual patient. Biomet Sports Medicine is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.

For product information, including indications, contraindications, warnings, precautions and potential adverse effects, see the package insert and Biomet's website.

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