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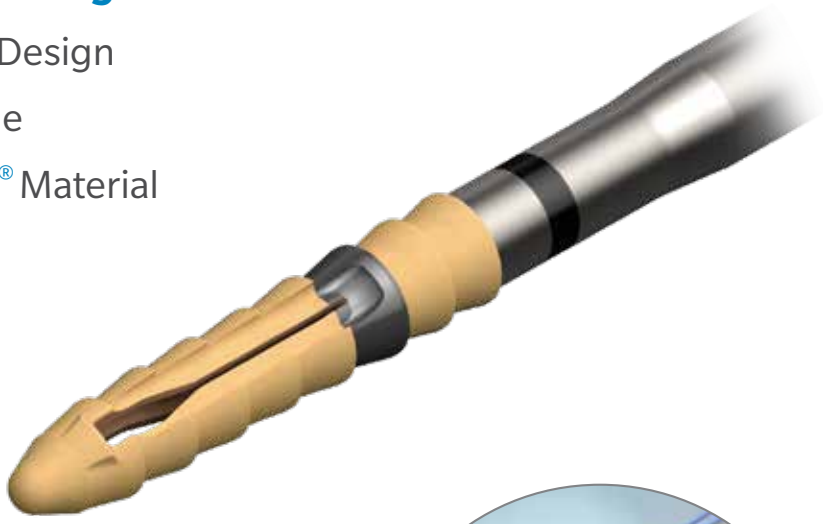
Quattro® Link 2.9 mm Knotless Anchor

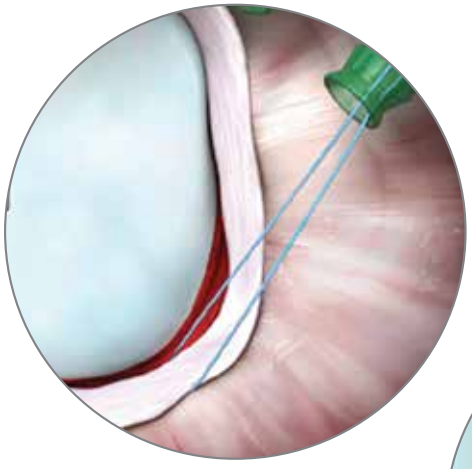
Bankart Repair – Simple Stitch

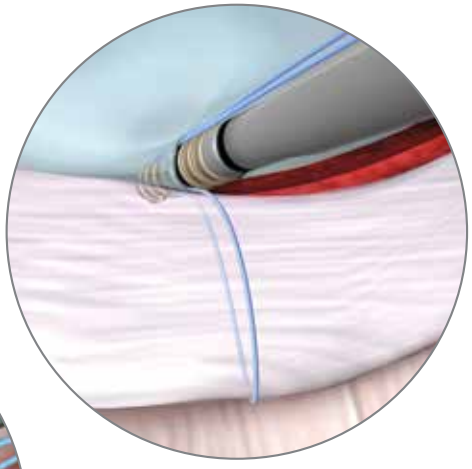
Surgical Technique

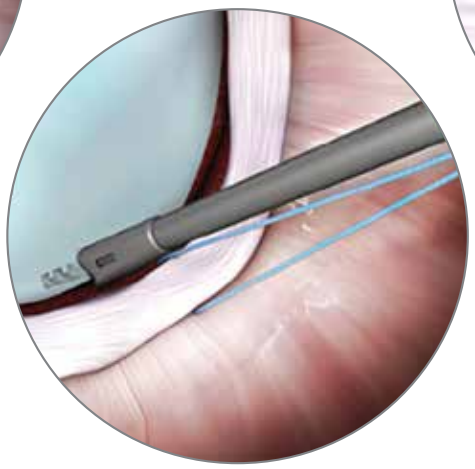
Quattro® Link 2.9 mm Knotless Anchor

- **Surgeon-Controlled Tensioning** After Anchor Insertion
- **Secure** Suture Cleat Eyelet Design
- **Simple, Knotless** Technique
- **2.9 mm All PEEK-OPTIMA®** Material









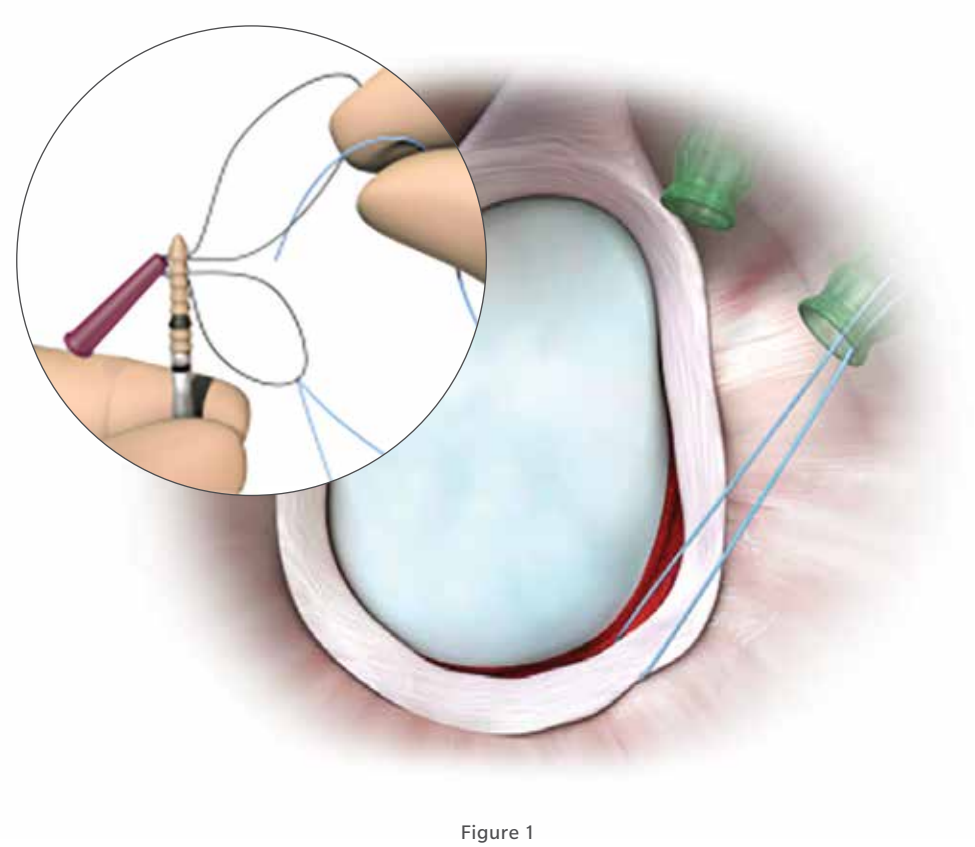


Figure 1

Quattro Link Knotless Anchor – Bankart Repair – Simple Stitch

Step 1

Prepare the insertion site with a Tissue Elevator to free the labrum from the glenoid. A shaver/burr/rasp can be used to enhance tissue to bone healing. Pass a #2 TRU-LINK™ (CM-0202/CM-0201) high strength suture through the labrum at the desired location to create a simple stitch. Retrieve the suture limbs out from the anteroinferior cannula (Figure 1).

Step 2

Load the dual-looped suture snare with one suture limb per loop (see inset image). Once loaded, pull the purple snare tab to thread the suture limbs through the anchor eyelet.

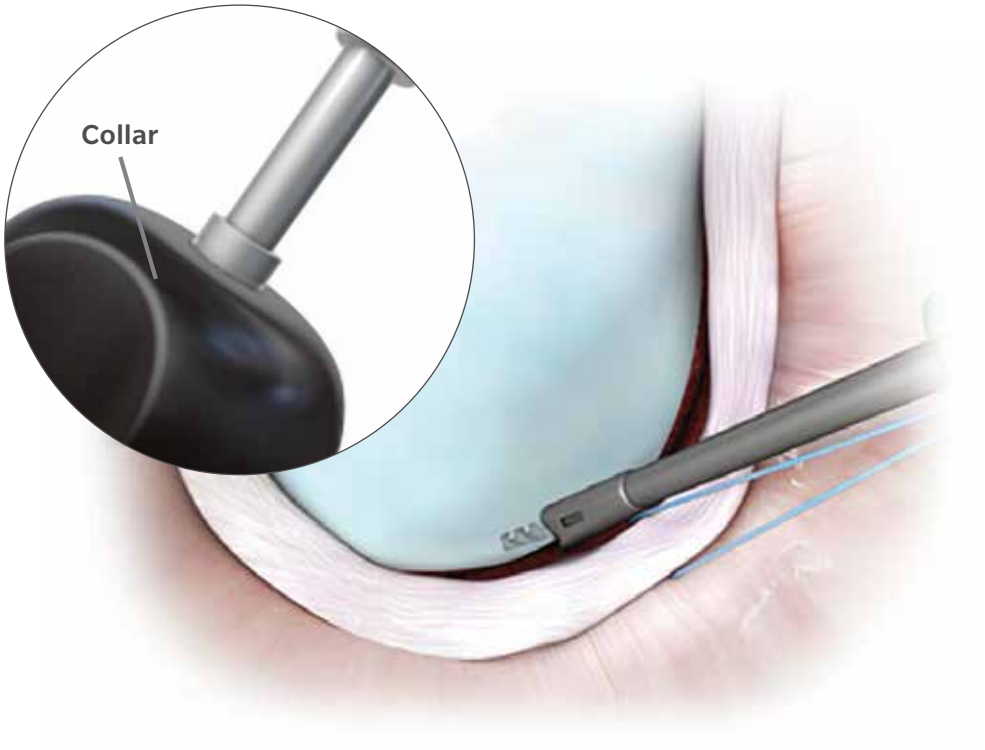


Figure 2

Step 3

Place the drill guide through the anteroinferior cannula and onto the glenoid rim at the desired insertion site. Maintain alignment and position of the drill guide on the glenoid. An Offset Drill Guide is offered to allow the Quattro Link 2.9 mm anchor to be placed 1.5 mm from the rim of the glenoid to create a larger labral bumper. If the Offset Drill Guide is used, place the fish-mouth tip on the glenoid rim with the center window facing the glenoid cavity.

Step 3a

Insert the drill through the proximal end of the drill guide and drill until the collar on the drill contacts the drill guide handle (See inset image).

Step 3b

Remove the drill and drill guide. Immediately insert the Quattro Link 2.9 mm to maintain bone socket location (Figure 2).

Note: Patient bone quality should be determined prior to drilling. Depending on bone quality, a fluted (hard bone) drill CM-9324ST, and a spade (soft bone) drill CM-9300ST are available.

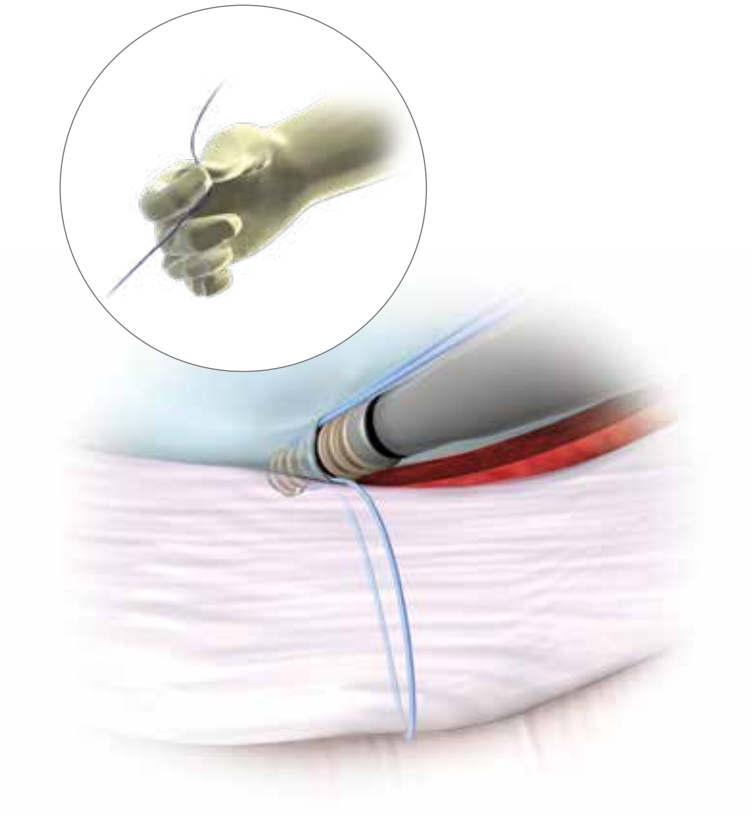


Figure 3

Figure 4

Figure 5

Step 4

While maintaining proper axial alignment of the inserter and light tension on the suture limbs, advance the anchor to the bone socket. Confirm the anchor eyelet position is facing the location of the passed stitch. The free ends of suture must be placed on the side of the anchor adjacent to the glenoid (Figure 3).

Step 4a

Mallet the proximal end of the inserter handle until the 1st marker band on the anchor is flush with the bone surface.

Step 4b

Apply light forward pressure on the inserter handle and tension each suture limb until the tissue is approximated to the proper location.

Step 4c

Rotate the Post Tension Knob clockwise until it stops, then mallet to the 2nd marker band on the inserter shaft (Figure 4).

Step 4d

Push and hold down the Anchor Release Slide and rotate the Post Tension Knob clockwise to release the inserter from the anchor. Gently pull axially on the inserter during rotation to release. Discard inserter (Figure 5).

Note: If a simple stitch is being used, the suture cleats on the inserter handle can be used to maintain tension on the sutures.

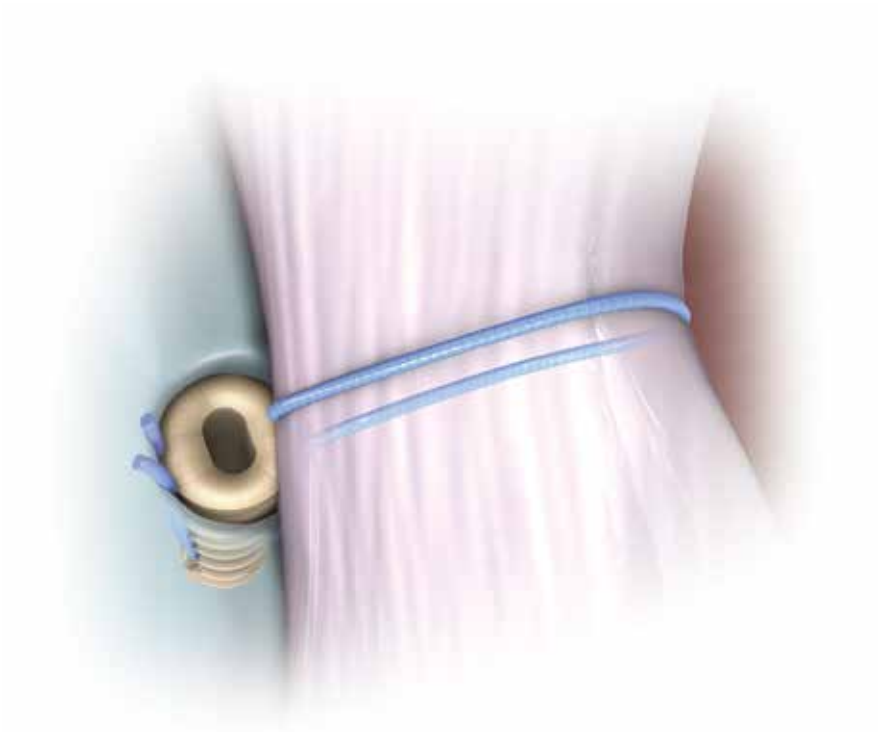


Figure 6

Step 5

Cut the TRU-LINK suture limbs. Repeat steps for additional anchors (Figure 6).

Ordering Information

Quattro Link Knotless Anchor

Description	Part Number
Quattro Link Knotless Anchor, 2.9 mm	CM-9129

Quattro Instruments

Description	Part Number
Drill (Fluted-Hard Bone), for Quattro Link 2.9 mm	CM-9324ST
Drill (Spade-Soft Bone), for Quattro Link 2.9 mm	CM-9300ST
Drill Guide, for Quattro Link 2.9 mm	CM-9301
Offset Drill Guide, for Quattro Link 2.9 mm	CM-9303

TRU-LINK Suture (Sterile)

Description	Part Number
TRU-LINK blue braid (nonabsorbable) Size 2 suture	CM-0201
TRU-LINK white/blue co-braid (nonabsorbable) Size 2 suture	CM-0202

INDICATIONS FOR USE

The Cayenne Medical, Inc. Quattro Link Knotless Anchors are intended to be used for the reattachment of soft tissue to bone for the following indications:

Shoulder

- Capsular stabilization
  - Bankart repair
  - Anterior shoulder instability
  - SLAP lesion repairs
  - Capsular shift or capsulolabral reconstructions
- Acromioclavicular separation repairs
- Deltoid repairs
- Rotator cuff repairs
- Biceps tenodesis

Elbow, Wrist, and Hand

- Biceps tendon reattachment
- Ulnar or radial collateral ligament reconstruction
- Lateral epicondylitis repair

Knee

- Extra-capsular repairs
  - Medial collateral ligament
  - Lateral collateral ligament
  - Posterior oblique ligament
- Patellar realignment and tendon repairs
- Illiotibial band tenodesis

Foot and Ankle

- Hallux valgus repairs
- Medial or lateral instability repairs/reconstructions
- Achilles tendon repairs/reconstructions
- Midfoot reconstructions
- Metatarsal ligament/tendon repairs/reconstructions
- Bunionectomy

CONTRAINDICATIONS

1) Surgical procedures other than those listed in the INDICATIONS section.
2) Presence of infection.
3) Patient conditions including insufficient quantity or quality of bone or soft tissue.
4) Insufficient blood supply or previous infections which may hinder the healing process.
5) Foreign body sensitivity. If material sensitivity is suspected, testing should be completed prior to device implantation.
6) The use of this device may not be suitable for patients with immature bone. The physician should carefully assess the device within cartilage epiphyseal growth plates or non-ossesous tissue.
7) Conditions which may limit the patient's ability or willingness to follow postoperative care instructions.

Notes

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