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SHOULDER RESTORATION SYSTEM

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PopLok™ Anterior Instability

Portal Establishment:

The following Anterior Labral Reconstruction can be performed using either 2 or 3 portals. The 2-portal technique involves viewing from the Posterior Mid-Glenoid Portal while utilizing the Anterior Mid-Glenoid Portal as the "Working Portal".

The 3-portal technique employs an Anterior Superior Portal for viewing the entire procedure. The Working Portal is the same (Anterior Mid-Glenoid) as for the 2-portal technique while the Posterior Mid-Glenoid Portal facilitates easier suture management.

The following technique was developed and is described by John A. Randle, MD, Southlake Regional Hospital, Newmarket, Ontario.



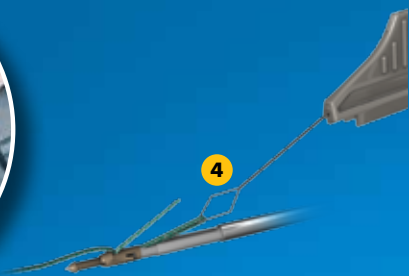
1. Using the Liberator Plus™ Shaver Blade, carefully elevate the damaged capsulo-labral tissue and debride the glenoid neck. The 2.8mm PopLok drill guide is placed just onto the articular surface of the glenoid.



2. The drill is advanced until the proximal depth stop makes contact with the drill guide ensuring that the distal laser (depth) line is just below the surface of the subchondral bone.



3. A free strand of Hi-Fi® suture is passed through the capsule and full thickness of labrum using the 45° hook (either Spectrum MVP™ or Spectrum® and Shuttle Relay™). Ensure that the curve of the hook is in the same direction as the operative side. For example, a right curve is used for anterior labral repairs in the right shoulder. If desired, a second Hi-Fi suture can be passed in a similar manner.



4. Both ends of the Hi-Fi suture are loaded into the eyelet of the PopLok anchor. Up to 4 suture limbs of #0 Hi-Fi suture can be loaded into the eyelet of the 2.8mm PopLok. A single suture repair can be performed by utilizing two limbs of #2 Hi-Fi suture.



5. Orient the suture eyelet on the anchor to face the labrum or repair site. The lever on the anchor handle is co-linear with the suture groove to aid in achieving this desired orientation. The PopLok is then fully seated into the pilot hole, the sutures individually tensioned and the anchor deployed making its characteristic audible "pop". Of note, the red safety lever must be disengaged prior to squeezing the handle.

Note: Drill guide can be used during insertion if desired.

6. The suture limbs are then cut in pairs using the Katana® suture cutter.

7. Repeat as required.



Complete Repair

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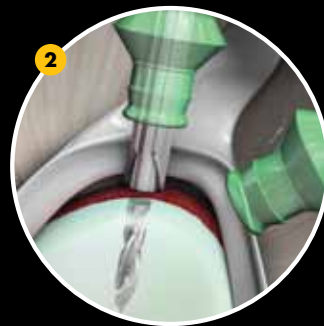
PopLok™ SLAP Repair

Portal Establishment:

The following SLAP reconstruction will be performed using 3 portals. The Posterior Mid-Glenoid portal will be the "viewing" portal. An "Accessory" (Anterior) Portal is made just superior to the subscapularis. The "working" portal is made either through the leading edge of the supraspinatus or through the rotator interval. A Dry-Doc® cannula is used in this portal to minimize the potential for abrasion damage to the superior articular surface of the humeral head.



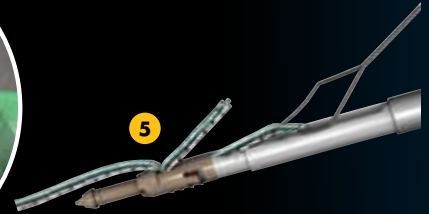
1. After the superior glenoid tubercle is prepared, using the Liberator Plus™ Shaver Blade, place the 2.8mm PopLok™ drill guide in the midpoint of the biceps "anchor" via the anterior superior portal.



2. The 2.8mm PopLok drill is advanced into the bone until its distal depth mark passes just below the bone surface. Proper depth is ensured when the proximal depth stop on the drill bit contacts the drill guide.



3. A free #0 Hi-Fi® suture is passed through the superior labrum using the 45° hook (either Spectrum MVP™ or Spectrum® and a Shuttle Relay™) just anterior to the biceps tendon and "stored" out the anterior portal. The direction of the hook should be opposite to the shoulder side. For example, a left-curved hook works best in a right shoulder.



5. All the ends of both #0 Hi-Fi sutures (4 total limbs) are loaded into the eyelet of the PopLok anchor located in the Anterior Superior Portal.



6. The PopLok is inserted into the pilot hole with the deployment lever oriented superiorly (toward the patient's head) thereby ensuring that the eyelet on the anchor faces the sutures/labrum. The tension of each suture strand can then be individually adjusted even with the implant fully seated.



7. Once desired suture tension is achieved, the safety lock is disengaged and the PopLok deployed by squeezing the lever until the characteristic audible "pop" is heard.

4. A second #0 Hi-Fi suture is passed in a similar fashion just posterior to the biceps tendon.



8. Suture limbs are then cut using the Katana® suture cutter.

Complete Repair

Note: If desired, a second anchor can be placed to address extension of the labral tear ensuring appropriate circumferential tension of the repaired labrum.

Note: Drill guide can be used during insertion if desired.

Cat. No.	Description	Suture
GKP-2801	2.8mm PopLok suture anchor with one #2 Hi-Fi suture	One #2 Green
GKP-2802	2.8mm PopLok suture anchor with two #0 Hi-Fi suture	One #0 Green and One #0 Black/White
GKP-3301	3.3mm PopLok suture anchor with one #2 Hi-Fi suture	One #2 Green
GKP-3302	3.3mm PopLok suture anchor with two #0 Hi-Fi suture	One #0 Green and One #0 Black/White
BKL-00M	2.8 and 3.3mm PopLok Drill Bit	
BGU-00M	PopLok Guide	

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