

Surgical Technique Guide

KNOTLESS FIBERKNOT

Knotless Bankart Repair
a single portal technique
using the All-Suture
Knotless Fiberknot



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MOBILITY**

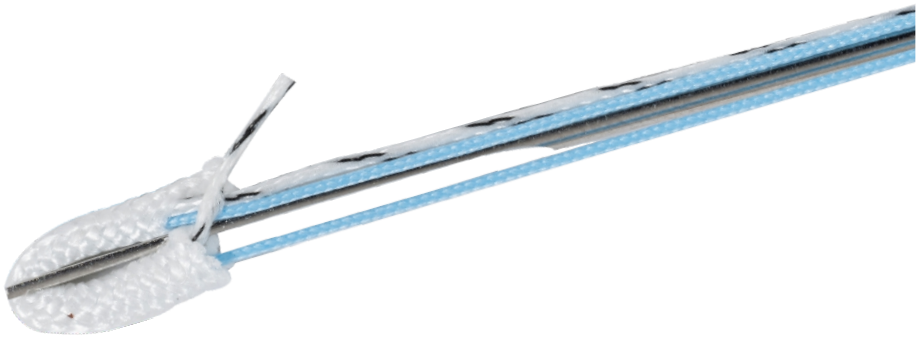
Introduction

The Bankart repair is a widely utilized surgical procedure for addressing anterior shoulder instability, specifically in cases involving a Bankart lesion—an avulsion of the anteroinferior labrum and associated capsuloligamentous structures from the glenoid rim. This injury is commonly seen in young, active individuals following a traumatic anterior shoulder dislocation and, if left untreated, predisposes the shoulder to recurrent instability and dysfunction.

Orthopaedic surgeons performing Bankart repair aim to restore shoulder stability by reattaching the labrum and tightening the inferior glenohumeral ligament complex. The procedure can be performed through either open or arthroscopic techniques, with arthroscopic approaches gaining preference due to their minimally invasive nature, decreased morbidity, and faster recovery times. Successful surgical repair not only restores the anatomic integrity of the glenohumeral joint but also reduces the risk of recurrent dislocation, improving long-term functional outcomes for patients

Featured Technology

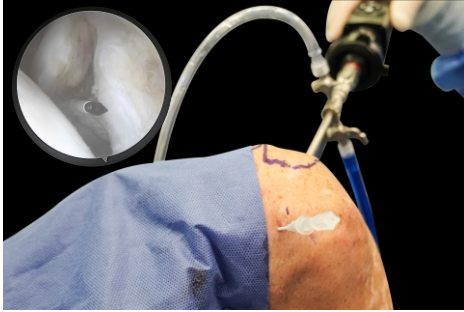
- 1.8mm Suture jacket that bulges to a 4.2mm ball subcortically.
- Size 2 repair suture for strong fixation of the labrum to the glenoid rim.
- Blue shuttling suture to shuttle the repair suture through the anchor.



Surgical Technique

Portal Placement and Cannula Insertion

Step 1:



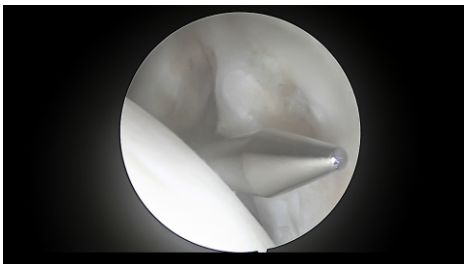
Establish the **anterior working portal** through the **rotator cuff interval**, ensuring proper alignment for optimal drilling, suture passage, and fixation.

Step 2:

Use a **spinal needle** to confirm the correct angle before making a **stab incision** at the portal site.



Step 3:

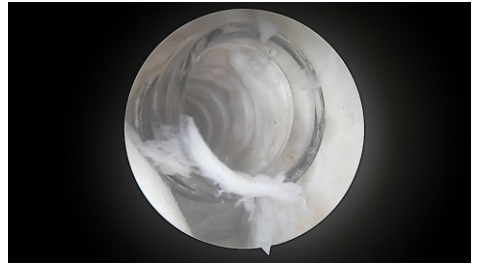


Insert a **switching stick** into the joint through the incision.



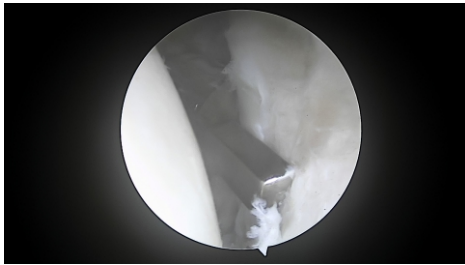
Step 4:

Slide the **C-Thru cannula** over its obturator and advance it into the joint over the switching stick. Once positioned, remove the obturator.



Labral Mobilization and Glenoid Preparation

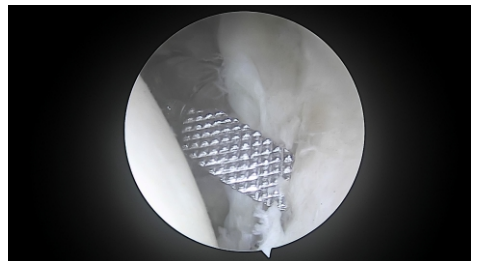
Step 5:



Use a **curved liberator** (up or down) to **elevate the labrum** from the anterior glenoid rim.

Step 6:

Create a **bleeding bed** beneath the labrum using a **glenoid rasp**, enhancing biological healing at the repair site.



Anchor Placement

Step 7:



Insert the **straight two-pronged spear (10040)** and **trocar (10042)** through the cannula.

Step 8:

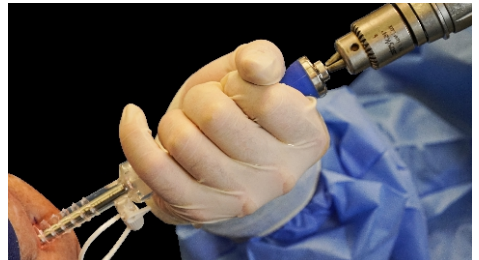
Position the **spear's mouth** just superior to the labral tear. Remove the obturator once the spear is in place.



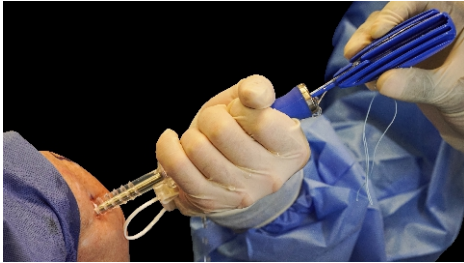
Step 9:



Advance a **1.8mm drill bit (10219)** down the spear until it reaches the mechanical stop.



Step 10:



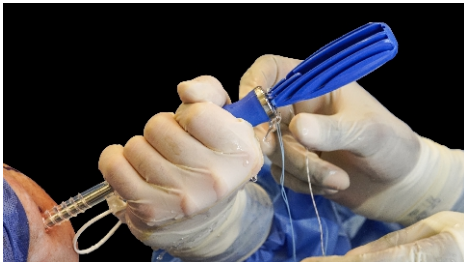
Remove the drill and immediately insert the **Knotless FiberKnot anchor (10441)** down the spear until it contacts the bone.

Step 11:

Tap the anchor into position until the handle reaches the back of the spear.



Step 12:

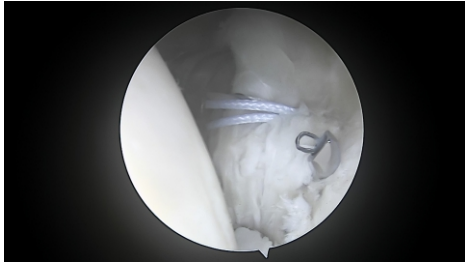


Loosen all sutures around the handle, remove the inserter, and seat the anchor by pulling the sutures in line with the spear before removing it.



Suture Passage and Labral Repair

Step 13:

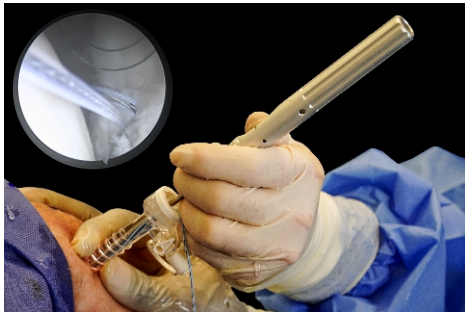


Use a **reusable suture passer (BAS-9125)** loaded with **nitinol wire** to pass through the **labrum just inferior to the anchor**, ensuring proper tensioning and the formation of a **bumper effect** to enhance shoulder stability.

Step 14:

If necessary, include **capsular tissue** for additional stability and capsular shift.

Step 15:



Advance the wire into the joint using a forward thumb motion until the **plastic sheath** is visible in the joint.

Step 16:

Reverse the suture passer out of the joint while feeding the wire into the joint.

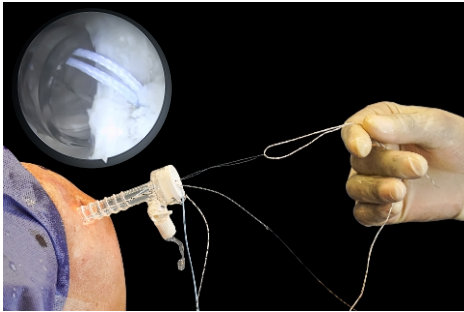


Step 17:

Use a **suture retriever** to grasp the wire and pull it through the cannula.

Suture Shuttling and Knotless Fixation

Step 18:



Load **5–10 cm of White-Black BioFiber repair suture** into the loop of the **nitinol wire** and pull the free end to shuttle the repair suture through the **labrum and capsule**.

Step 19:

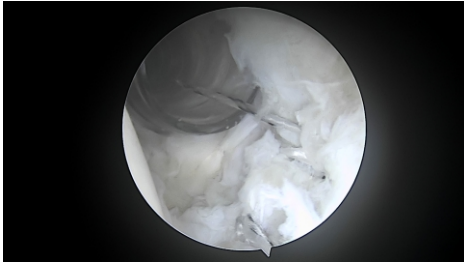
Once through, transfer the white and black repair suture into the **loop of the blue shuttling suture** and pull the free end of the **blue shuttling suture** to pass the repair suture into the **Knotless FiberKnot construct**.



Step 20:

Gradually pull the **Blue suture** until it reaches the anchor. Then, perform **2–3 sharp tugs** on the **blue suture** to ensure proper passage through the anchor.

Step 21:



Adjust the repair suture tension as needed.

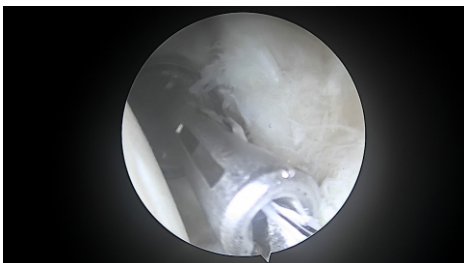
Suture Shuttling and Knotless Fixation

Step 22:

Load the repair suture into the **suture cutter** and advance it down to the **glenoid rim**.



Step 23:



The average pullout strength of the Knotless Fiberknot is 226.2N. Cut the suture at the rim to complete the repair.

This technique restores anterior shoulder stability by securing the labrum, optimizing the bumper effect, and re-establishing the joint's biomechanical integrity.



Ordering information – Implants

Cat Code	Description
10441	FIBERKNOT® Soft Ligament Anchor Knotless Dia. 1.8mm

Ordering information – Related Instruments and Disposables

Cat Code	Description
10040	Spear (Two-pronged), Straight for FIBERKNOT® Soft Ligament Anchor – Dia. 1.5mm & 1.8mm
10041	Spear (Two-pronged), Curved for FIBERKNOT® Soft Ligament Anchor – Dia. 1.5mm & 1.8mm
10042	Trocar , Straight for FIBERKNOT® Soft Ligament Anchor – Dia. 1.5mm & 1.8mm
10043	Trocar , Curved for FIBERKNOT® Soft Ligament Anchor – Dia. 1.5mm & 1.8mm
10045	Drill bit for FIBERKNOT® Soft Ligament Anchor – Dia. 1.5mm (SS)
10219	Drill bit For FIBERKNOT® Soft Ligament Anchor – Dia. 1.8mm (SS)
10203	Internal Sleeve for Spear – 10040
10222	Internal Sleeve for Curved Spear – 10041
BAS-9073	C-Thru Cannula Trocar Set , Dia 8.5mm leng 70mm
BAS-9072	C-Thru Cannula Trocar Set , Dia 6.5mm Leng 70mm
BAS-9125	Nitinol Loop Wire for Reusable Suture Passer



Disclaimer:

The information in this document is for educational purposes only. It is not intended to serve as comprehensive medical advice or a full description of the procedure. It is the responsibility of the operating surgeon to determine and utilise the appropriate products and techniques in accordance with their clinical experience and evaluation of each patient. Review and understand all product and safety information including indications for use, contraindications, effects, precautions and warnings.



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All Implants specified in the catalogue are CE certified