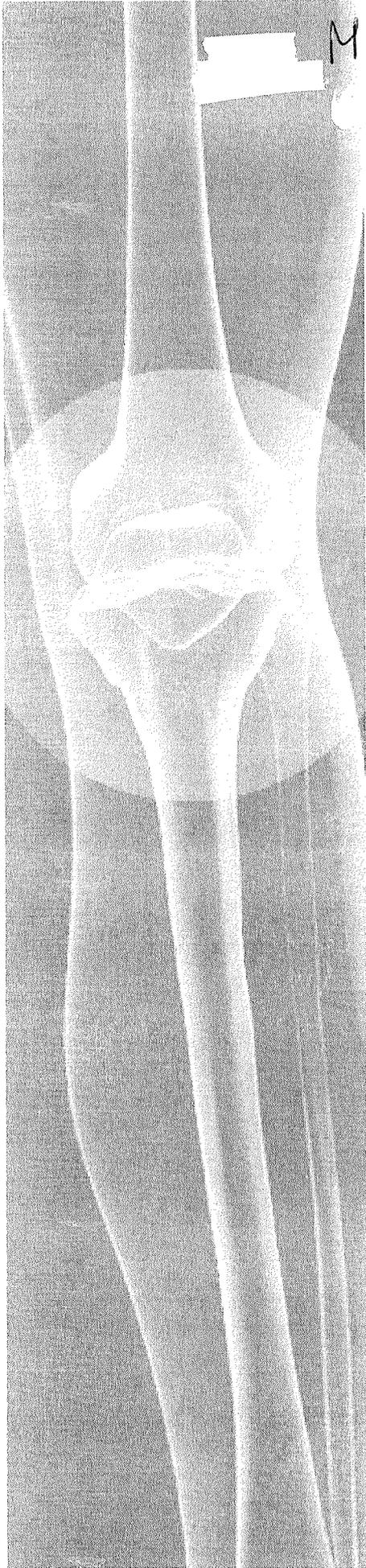


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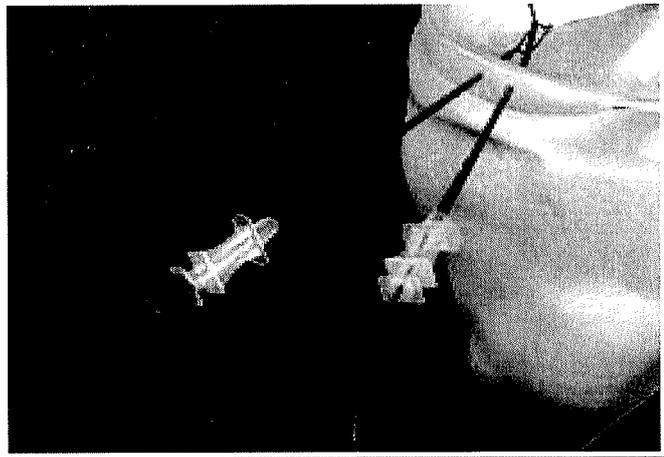
Menisko siuvimo sistemos rinkinys
Smith & Nephew



Meniscal Repair

Using the Smith & Nephew MENISCUS MENDER II Repair System

A Knee Series Technique Guide Described by:
Nick Sgaglione, MD
Charles Brown, MD



Vienkartinis naudojimas

Meniscus Mender II Disposable Suture Kit

Meniscus Mender II (MMII)
REF 7209485



Sterizacijos patvirtojimas

Sistemos sudaro dvi lenktos spinalines adatotas dvi tiesios adatotas su obturatoriomis ir dvi šilpimai ištraukti šilpai sušalti.

Device Description

The Smith & Nephew Meniscus Mender II Disposable Suture Kit is comprised of two curved spinal needles, two straight spinal needles, four stylets, and two patented suture loops. These components, combined with the outside-in approach, minimize the risk of damage to neurovascular structures during meniscal repair.

Indications for Use

The disposable Meniscus Mender II Kit is intended for use in the repair of torn menisci in the knee joint.

Contraindications

None known.

Warnings

 Do not use if package is damaged. Do not use if the product sterilization barrier or its packaging is compromised.

- Contents are sterile unless package is opened or damaged. **DO NOT RESTERILIZE.** For single use only. Discard any open, unused product. Do not use after the expiration date.
- It is the surgeon's responsibility to be familiar with the appropriate surgical techniques prior to use of this device.
- Read these instructions completely prior to use.
- Associated instruments for the Meniscus Mender II kit are sold separately and are provided **NON-STERILE.** These instruments must be properly cleaned and sterilized prior to use.

Precautions

 U.S. Federal law restricts this device to sale by or on the order of a physician.

- Reuse may result in patient infection and/or device malfunction.
- Prior to use, inspect the device to ensure it is not damaged. Do not use a damaged device.
- Sterile technique must be exercised during surgical procedure and handling of this device. Prophylactic antibiotics may be administered at the discretion of the surgeon.
- Use of this kit is recommended only for those tears that appear in the outer one-third of the meniscus. Use in other regions of the meniscus, though not harmful, will not render the same results.
- The Meniscus Mender II Kit should be stored at room temperature.
- Careful attention must be paid to asepsis and avoidance of anatomical hazards.
- After use, this device may be a potential biohazard and should be handled in accordance with accepted medical practice and applicable local and national requirements.

Warranty

For single use only. This product is warranted to be free from defects in material and workmanship. Do not reuse.

For Further Information

If further information on this product is needed, please contact Smith & Nephew Customer Service at +1-800-343-5717 in the U.S., or your authorized representative.

21

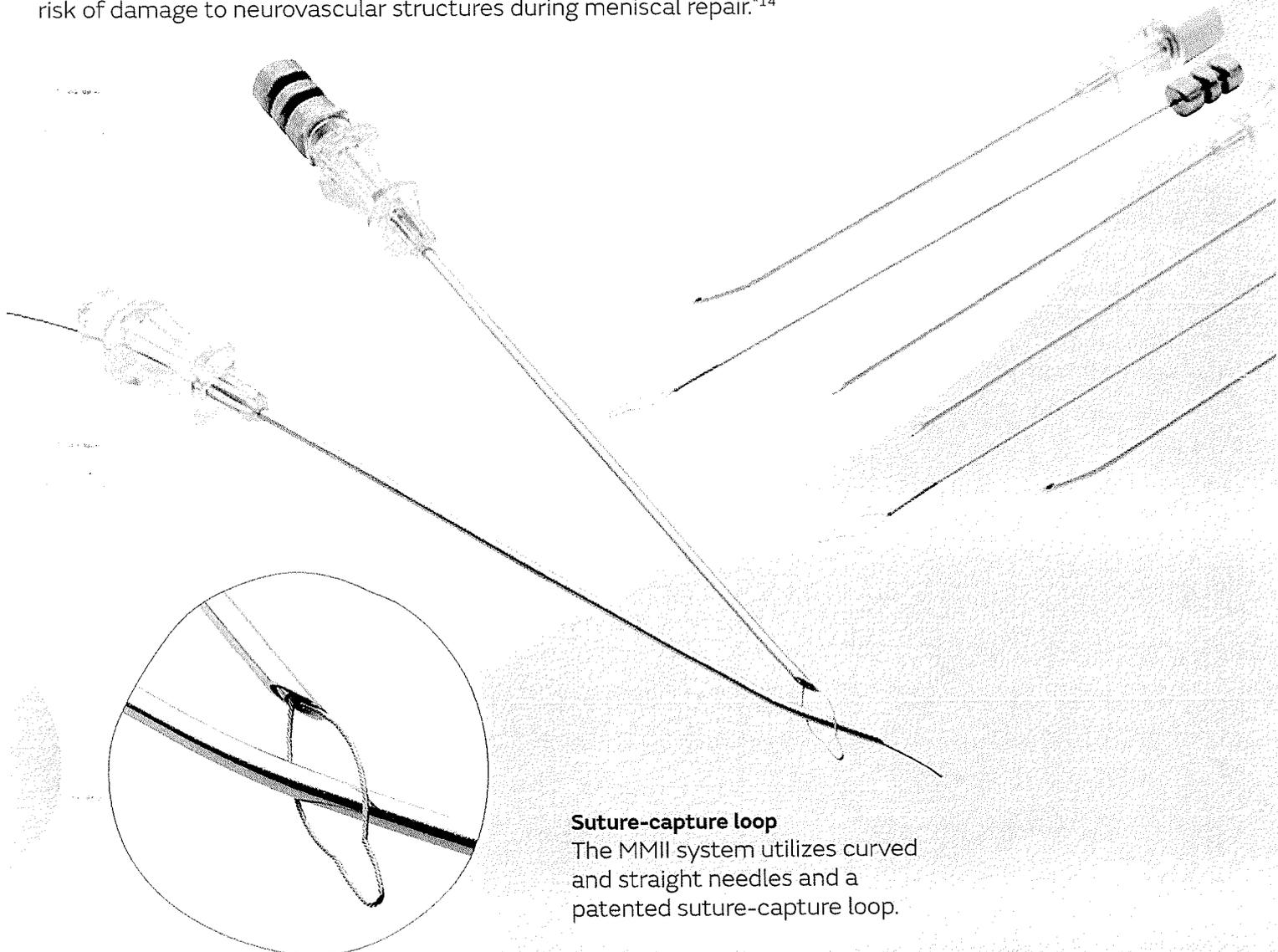
MENISCUS MENDER II

Repair System

Outside-in access to anterior tears

The MENISCUS MENDER II (MMII) Repair System is designed for repairing the meniscus under arthroscopic visualization and is ideally suited for anterior horn tears and middle-third tears. The system allows surgeons to work from the outside of the knee into the joint, instead of starting sutures inside the capsule and exiting less predictably out the back.^{3,4}

The MMII system utilizes curved and straight needles and a patented suture-capture loop. Depending on the patient's anatomy, the surgeon may use a combination of curved or straight needles in order to best access the tear. These components allow the surgeon to use the outside-in approach, which may help minimize the risk of damage to neurovascular structures during meniscal repair.^{*14}



Suture-capture loop

The MMII system utilizes curved and straight needles and a patented suture-capture loop.

*Compared to inside-out approach

LOT # 7209485
DATE 2124293

Outside-In Meniscal Repair System,
Meniscus Mender II

Outside-In-System zur Meniskusreparatur, Meniscus Mender II • Système externe de réparation du ménisque, Meniscus Mender II • Sistema di riparazione menisco fuori-dentro, Meniscus Mender II • Sistema inverso para reparación de menisco, Meniscus Mender II • Sistema inverso para reparo do menisco, Meniscus Mender II

Sterile unless opened or damaged. • Bei ungeöffneter und unbeschädigter Packung steril. • Stérile sauf si l'emballage est ouvert ou endommagé. • Prodotto sterile solo se in confezione chiusa e integra. • Steril tenzij geopend of beschadigd. • Estéril si no está abierto ni dañado. • Steril om ej oppnået eller skadet. • Steril hvis uåbnet og uskadet. • Estéril, a menos que esteja abierto ou danificado. • Steril, medmindre pakningen er åbnet eller beskadiget

Sterilnoje pakovanje

USE 2028-07-08

STERILE R
IRRADIATION STERILIZED



NO FLAME INSTRUCTIONS CAUTION

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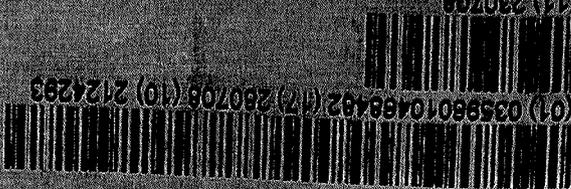
Endoscopy
Smith & Nephew, Inc.
150 Munsterman Road
Andover, MA 01810 USA



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(1) 035960 10468482 (1) 280708 (10) 2124293

(11) 230708

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Introduction

The Smith & Nephew Meniscus Mender II (MMII) Meniscal Repair System is designed for repairing the meniscus under arthroscopic visualization and is ideally suited for anterior horn tears and middle-third tears. The MMII system allows the surgeon to work from the outside of the knee into the joint, instead of starting sutures inside the capsule and exiting less predictably out the back.

The MMII system utilizes curved and straight needles and a patented suture capture loop. Depending on the patient's anatomy, the surgeon may use a combination of curved or straight needles in order to best access the tear. These components allow the surgeon to use the outside-in approach, minimizing the risk of damage to neurovascular structures during meniscal repair.

The Smith & Nephew Suture Circle and Suture Passer (reusable) are optional for this technique. The suture circle arthroscopically assists the surgeon in stabilizing the meniscus during needle placement, and the straight or curved suture passer assists in passing suture material through the loop.

Meniscal Repair of a Lateral Meniscal Tear

1. Flex the knee to relax neurovascular structures. Palpate and transilluminate to locate the joint line plus other anatomical landmarks, e.g., peroneal nerve, fibular head, etc.
2. With the knee in flexion and internal visualization from the most advantageous portal (medial or lateral), place a straight or curved needle with stylet outside-in across the meniscal tear (Figure 1). This is achieved by external palpation and internal visualization. Advance the needle with stylet into the side wall of the meniscus through the tear. A suture circle may be used to stabilize the meniscus. After safe skin placement, the knee can be extended.
3. Make a 1 cm skin incision adjacent to the first needle, encompassing the needle in the incision. The first needle must be free in the incision. This is confirmed by moving the head of the needle to ensure it is free from the skin.
4. Use a regular hemostat to spread the small incision down to the capsule in order to provide an opening for placement of the second needle. Subsequent ligature will be tied over the capsule and not the subcutaneous fat. This maneuver also mobilizes small veins, cutaneous nerves, etc., to the side of the portal.
5. Pass the second needle (straight or curved) parallel to the first needle through the skin opening and into the joint to allow placement of suture to secure the meniscus (Figure 2).

Note: Parallel placement of the needles can be difficult because of space constraints. Therefore, the needles may cross on the outside of the joint in order to achieve the proper positioning on the inside for placement of vertical, horizontal, or oblique mattress stitches.

6. Perform this procedure using either braided or monofilament suture.

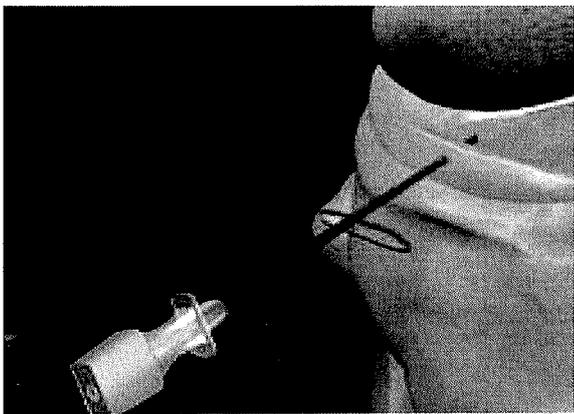


Figure 1

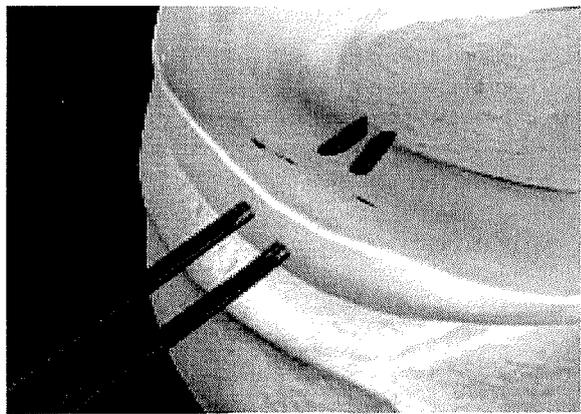


Figure 2

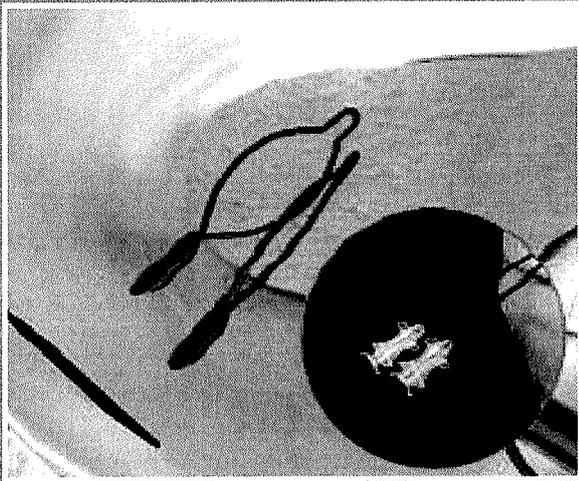


Figure 3

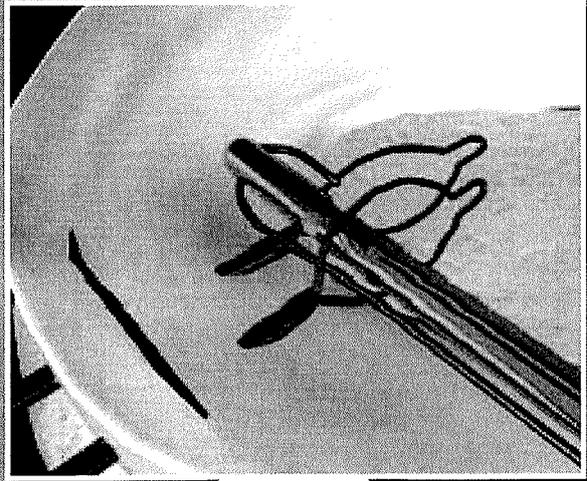


Figure 4



Figure 5

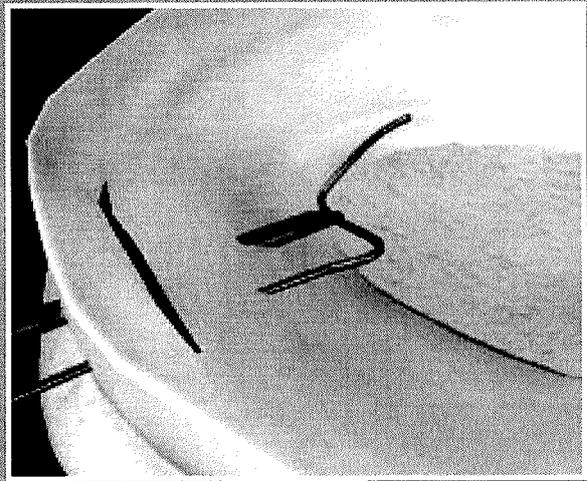


Figure 6

Using Braided Suture:

- ∂ Remove both stylets and insert loops through the needles. Rotate the loop to accept the suture (Figure 3).
- ∂ From the opposite portal, use a low profile linear grasper or a straight or curved suture passer to introduce the suture into the joint.

Note: The selection of a straight or curved suture passer depends upon the patient's anatomy. The curved suture passer is used for most lateral repairs and some posterior medial repairs.

Hold one end of the braided suture with the grasper. Pass both the grasper and suture through the loop (Figure 4). Release the suture by carefully opening and withdrawing the grasper from the loop, then

the joint, leaving the suture in the loop. Pull back on the loop, capturing the suture material and pull both loop and needle out of the joint together (Figure 5).

- § Repeat the previous step for the second needle (Figure 6).

Note: Place the opposite end of the suture through the same portal. Take care not to catch tissue in the portal. This can be avoided by clearing the portal with motorized instrumentation and increasing intra-articular fluid distention to create flow.

Using Monofilament Suture:

- ∂ Remove the stylet from the first needle. Insert the loop through the needle until the loop opens in the joint. Rotate the loop to accept the second needle (Figure 7).
- ∂ Advance the second needle through the loop opening and remove the stylet.
- ∂ Turn off or minimize fluid flow into the joint to allow the suture to pass through the needle.

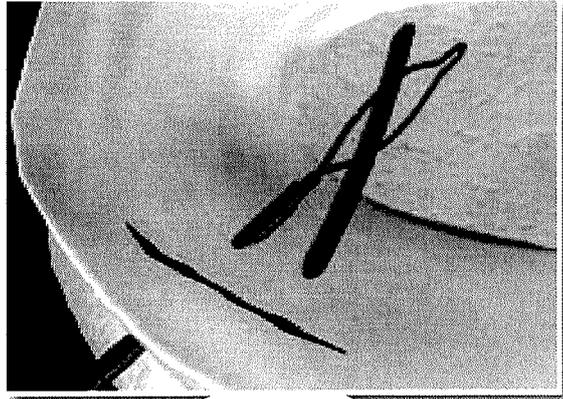


Figure 7

- ∂ Introduce the suture into the joint by threading it through the second needle and, thus, the loop. Slowly pull back on the second needle, ensuring the suture remains in the loop (Figure 8).

- ∂ Pull back on the loop, capturing the suture material (Figure 9).

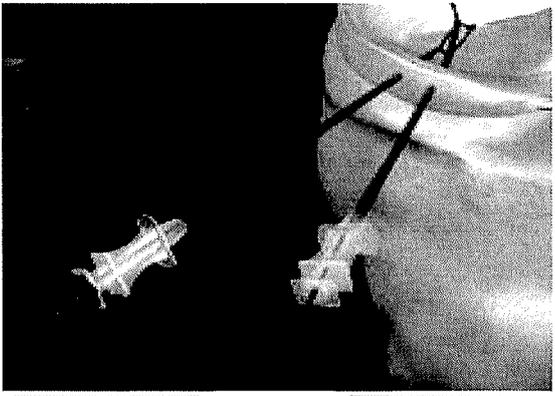


Figure 8

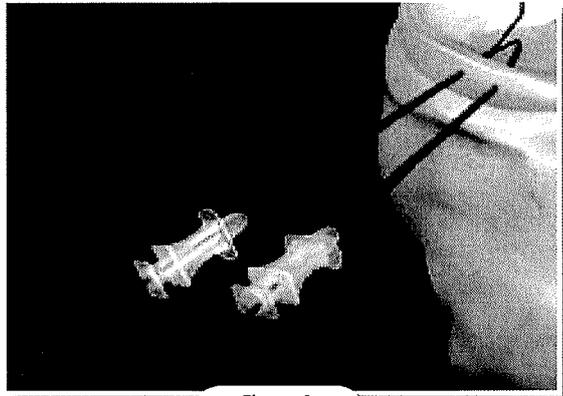


Figure 9

- ∂ Remove the second needle from the joint (Figure 10) under arthroscopic visualization.

- ∂ Remove the first needle with the loop from the joint (Figure 11).

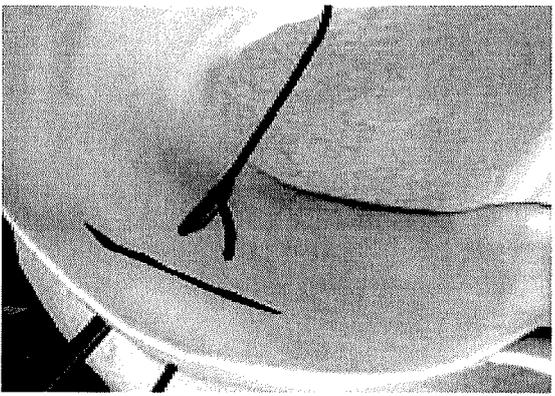


Figure 10

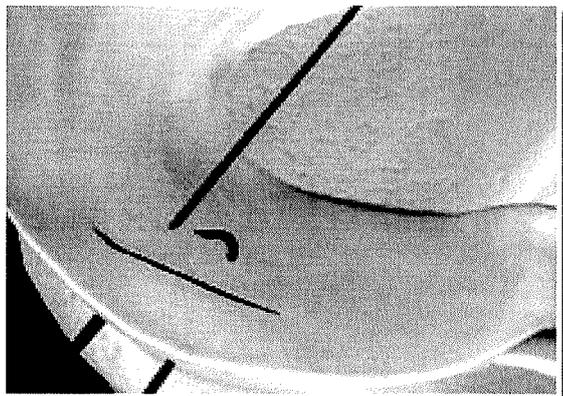


Figure 11

7. Ensure that both suture ends are outside of the joint (Figures 12 and 13).

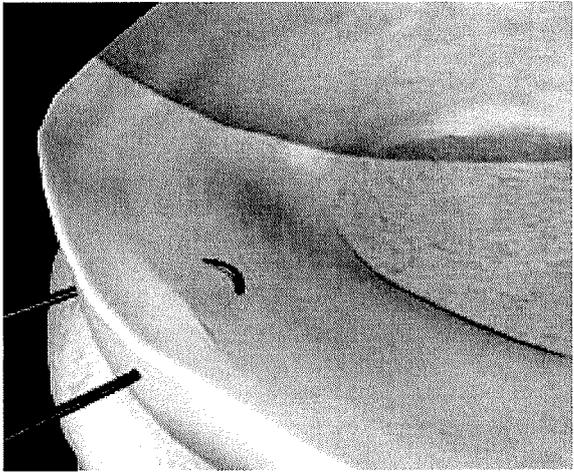


Figure 12

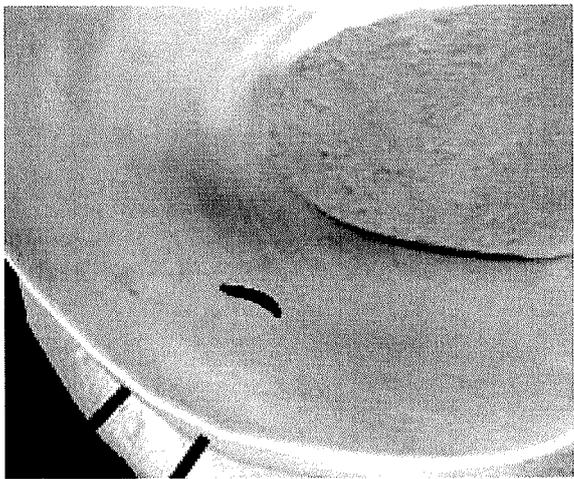


Figure 13

8. Relax the knee to a neutral position. Tie the suture subcutaneously, directly over the capsule (Figure 14). For multiple sutures, start anteriorly on the tear and work toward the posterior horn, beginning at step 2.

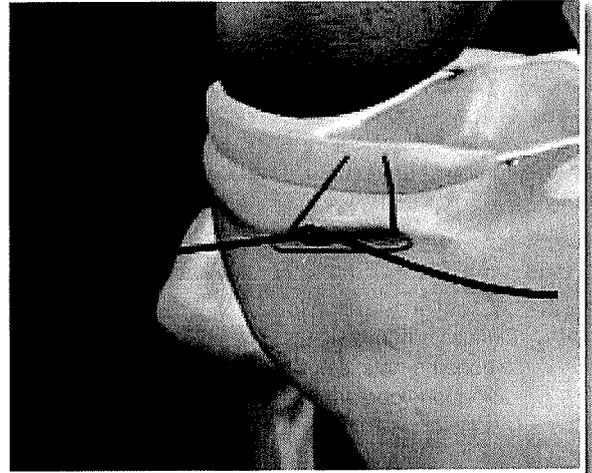


Figure 14

Note: If ACL reconstruction accompanies the meniscal repair, the sutures should be placed prior to ACL surgery but tied at the end of the case. The exposed sutures can be secured and held out of the way with skin tape.

Suture material is not included in the kit. #2-0 suture is preferred; however, the type of suture selected should be based on the patient's age, nature of the tear, and surgeon experience.

Postoperative Management

- Four weeks modified bracing (0° to 90°) avoiding extreme terminal flexion.
- Partial weight bearing with knee in full extension.
- Full motion and full weight bearing is initiated by six weeks.
- Restriction from acceleration/deceleration sports for up to six months when clinically healed.
- The remainder of rehabilitation progression should be individualized.

Additional Instruction

Prior to performing this technique, consult the Instructions for Use documentation provided with individual components – including indications, contraindications, warnings, cautions, and instructions.

Ordering Information

Some of the more common instruments for knee are listed below. Call +1 800 343 5717 in the U.S. or contact your authorized Smith & Nephew representative to order any of the following components.

REF	Description
7209485	Meniscus Mender II Disposable Set

Optional Instrumentation

REF	Description
7209477	Straight suture passer
7209478	Curved suture passer
7209481	Suture circle
7207357	Large sterilization tray with mat

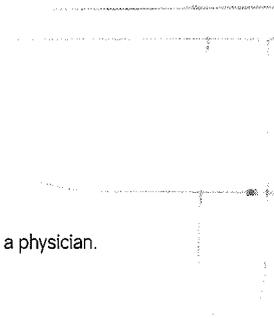
Replacement Parts

REF	Description
7209480	Set screw for suture passer, large
7209483	Set screw for suture passer, small

CAUTION: U.S. Federal law restricts these devices to sale by or on the order of a physician.



Meniscus Mender II Disposable Set



Meniscus Mender II Optional Instrumentation

Courtesy of Smith & Nephew, Inc., Endoscopy Division



Endoscopy
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USA

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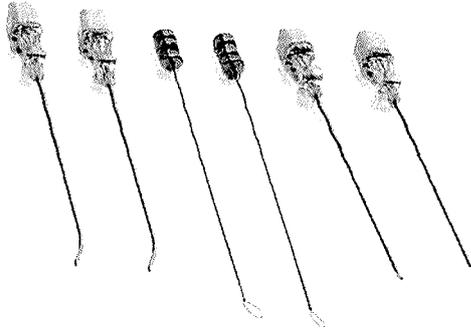
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Meniscal Repair Systems

Meniscus Mender II (outside-in)

Meniscus Mender II

The Meniscus Mender II, an outside-in suture technique that is designed for repairing the meniscus under direct arthroscopic monitoring. Ideal for anterior horn tears.



Komplektā sudarā:

• Tiesas, koniskas sūto pavedeļās, smailu, distāliem galu, ar obturētāri, 2 vnt.

• Ķērtas, koniskas sūto pavedeļās, smailu distāliem galu, 2 vnt.

Metālinis lēģas ar tilpe sūti lai
prevētā pro sūto pavedeļā

Reference #	Description
7209485*	Meniscus Mender II Disposable Set

Optional Components

7209477	Straight Suture Passer
7209478	Curved Suture Passer
7209481	Suture Circle
7207357	Large Sterilization Tray with mat, 8" W x 13" L x 1.25" H
7209480	Set Screw for Suture Passer, large
7209483	Set Screw for Suture Passer, small

* Item shown

