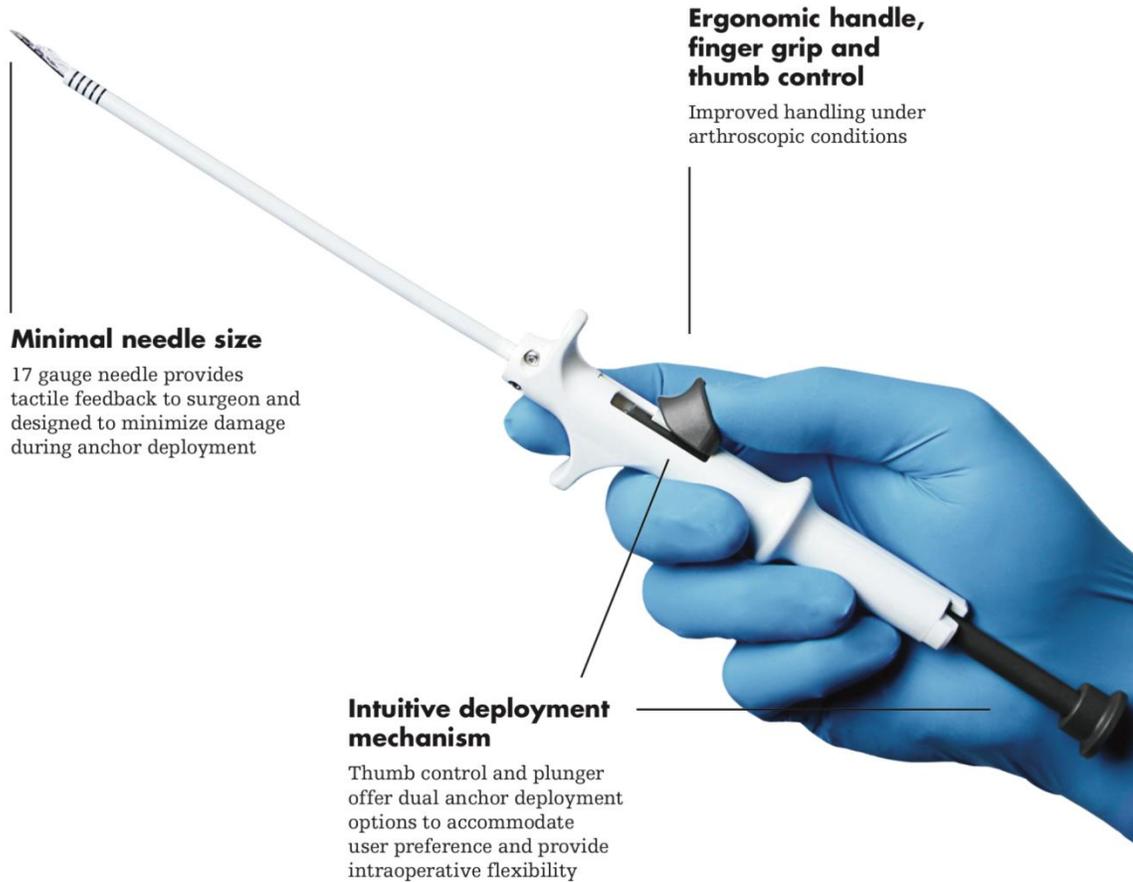


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Stryker AIR Meniscal Implant

The most REPRODUCIBLE and RELIABLE All-Inside-Repair in the market



Minimal needle size

17 gauge needle provides tactile feedback to surgeon and designed to minimize damage during anchor deployment

Ergonomic handle, finger grip and thumb control

Improved handling under arthroscopic conditions

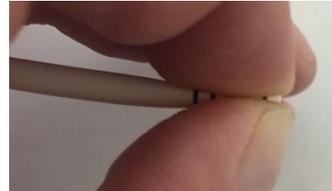
Intuitive deployment mechanism

Thumb control and plunger offer dual anchor deployment options to accommodate user preference and provide intraoperative flexibility

- ❖ PEEK Implants
- ❖ 2-0 UHMWPE Suture
- ❖ Flexible Needle Design
- ❖ Ultra-Pliable Measurement Sheath
- ❖ Sheath Trims to preferred depth
- ❖ Tactile and Audible Deployment
- ❖ Requires 2 lbs Pressure for deployment



Lower Profile than Competitors



Ultra-Pliable and Trimable Measurement Sheath

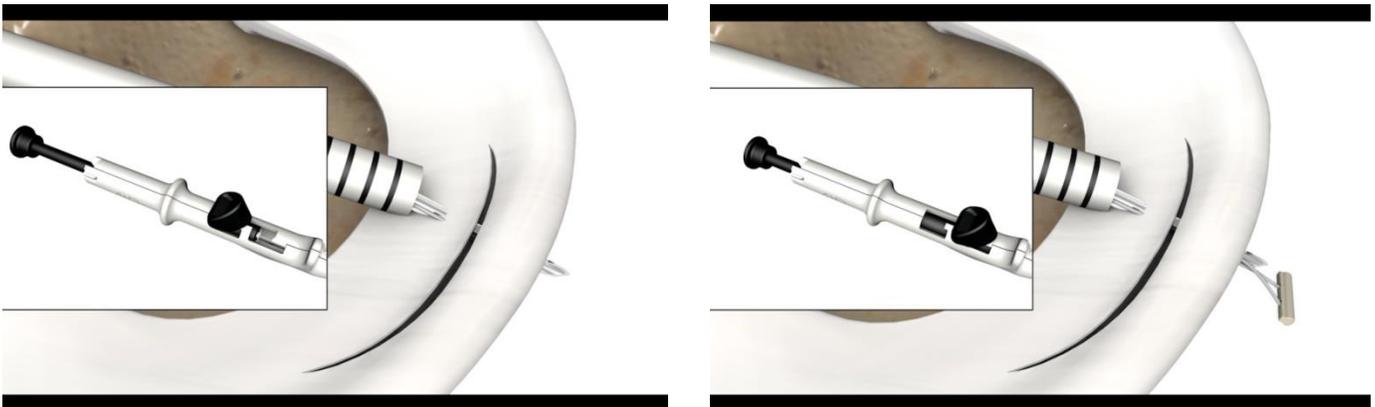
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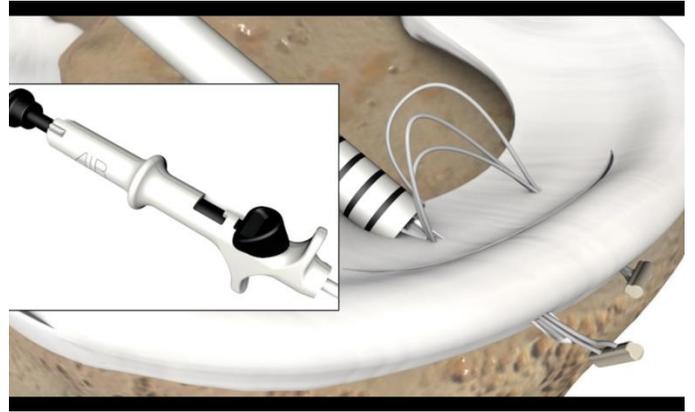
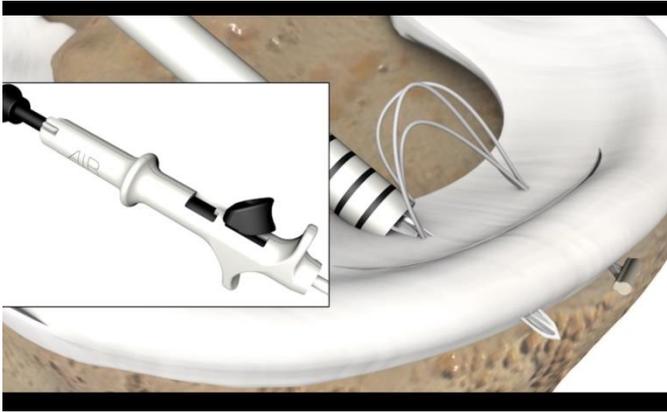
A skid or sled is placed in the appropriate portal to maintain as perpendicular a trajectory as possible. The inserter then slid down the sled.



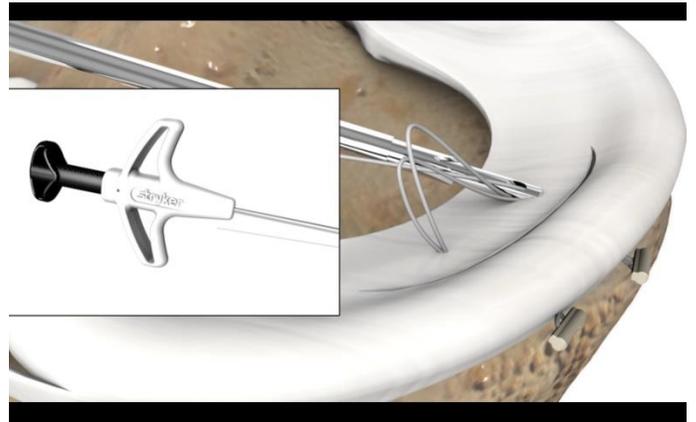
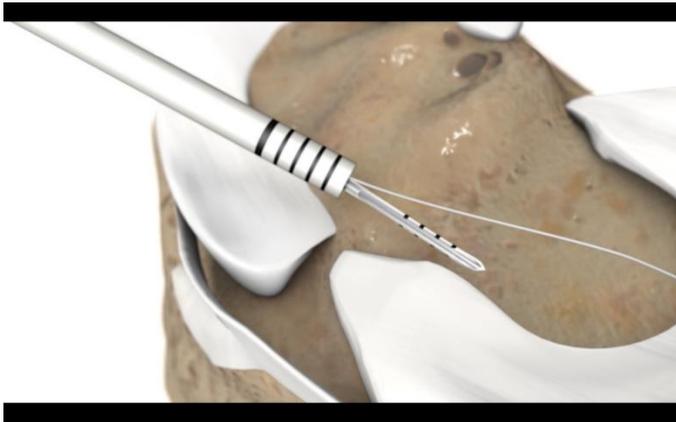
The thumb control button remains in the original position until the first implant is ready to be deployed. Insert to appropriate depth. Depth is 18mm out of the box with a trimmable inserter. Lines have 2mm spacing.



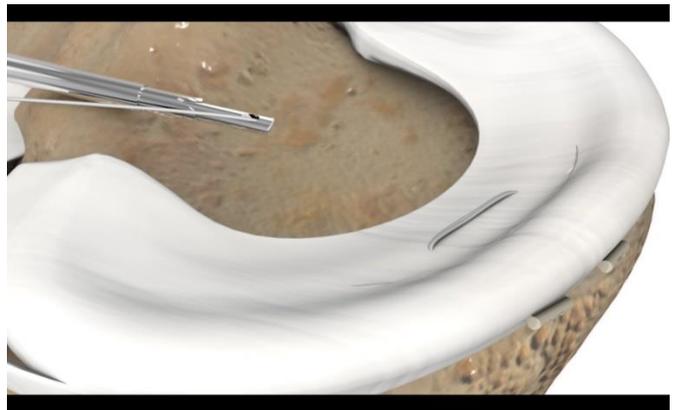
When ready to deploy, move the thumb controller to the bottom left position and advance controller forward to the top left position to advance the implant and eject off the inserter. You will feel approximately 2lbs of pressure as you deploy the anchor. After deploying, the button should remain in this position until ready to deploy the second implant. Remove inserter slowly by backing it out with a slight twisting motion.



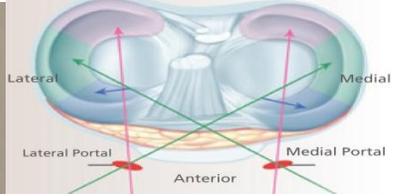
Once the second insertion site is determined, advance the inserter to the appropriate depth. Once you are ready to deploy the second anchor, move the thumb controller to the right and advance forward until you feel the release of the second implant following by an audible click.



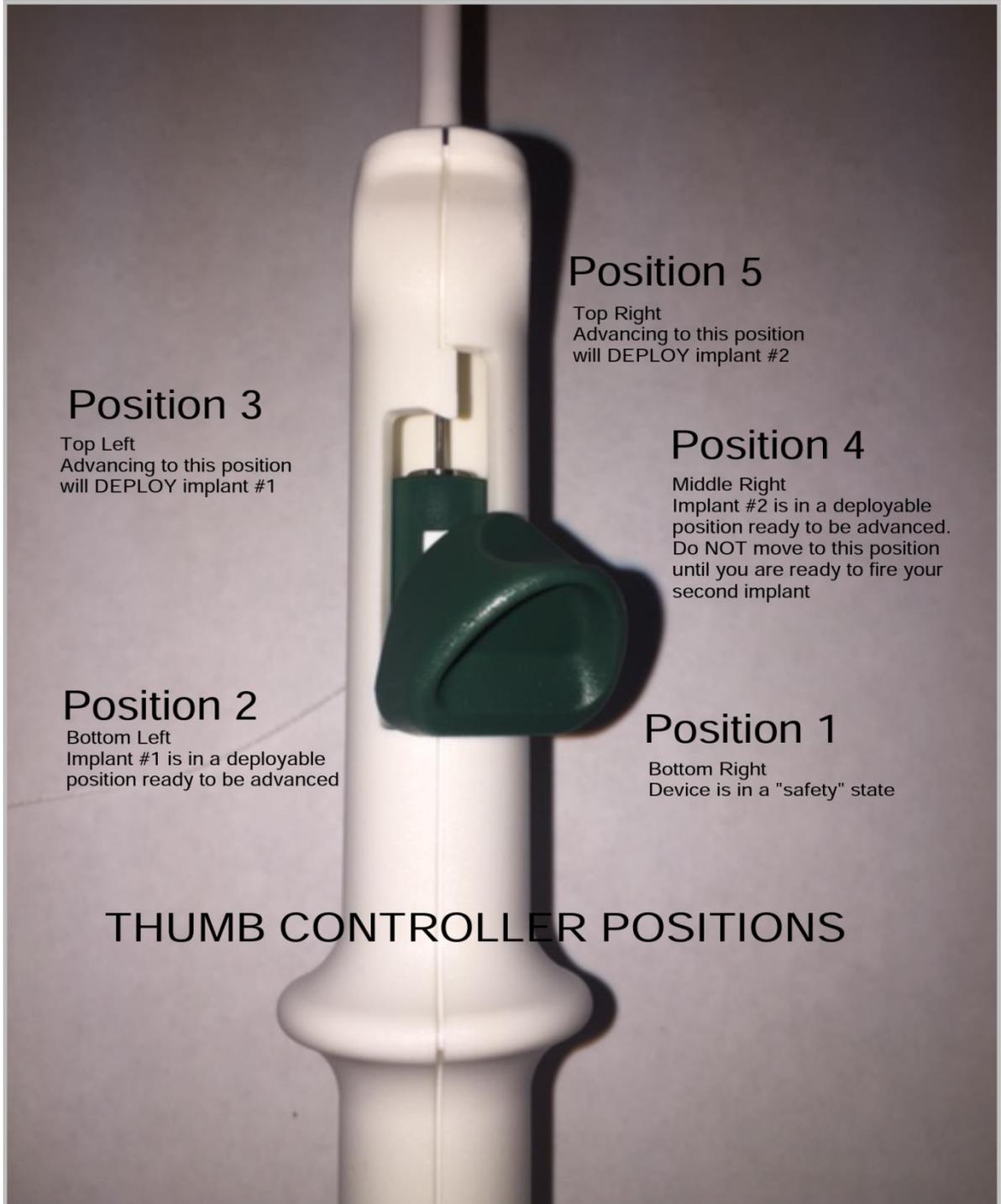
Slowly back out the inserter with a slow twisting motion. The remaining suture is then loaded in a knot pusher/ suture cutter. The sliding, locking knot is advanced towards the first implant insertion site to take slack out of the implant suture.



The suture tail is then cut, and the repair is complete.



Use with or without sheath. Use appropriate portal to maintain perpendicular trajectory.



Position 3

Top Left
Advancing to this position
will DEPLOY implant #1

Position 5

Top Right
Advancing to this position
will DEPLOY implant #2

Position 4

Middle Right
Implant #2 is in a deployable
position ready to be advanced.
Do NOT move to this position
until you are ready to fire your
second implant

Position 2

Bottom Left
Implant #1 is in a deployable
position ready to be advanced

Position 1

Bottom Right
Device is in a "safety" state

THUMB CONTROLLER POSITIONS

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Pearls and Tips

- ❖ Make sure thumb control is in “back right safety position” before entering knee and maintain that position until ready to deploy first anchor.
- ❖ Depth sheath is automatically set at 18mm. If you want a shorter depth, don't advance as far. If you want a longer depth, take sheath off, and cut the sheath which is marked in 2mm increments and reapply sheath. Otherwise, device is ready to implant right out of package.
- ❖ Use the appropriate portal to maintain a perpendicular approach.
- ❖ Using a 4-6mm metal skid or sheath may be helpful to enter the joint.
- ❖ When inserting needle into Meniscus, using a two finger approach is best. The needle is more flexible than S&N so you don't want to bend/break with unneeded force. Use the flex to your advantage to get into hard to reach areas.
- ❖ If using the plunger on back of device to deploy 1st implant, make sure your lined up for 1st implant and not inadvertently position in 2nd implant deployment zone. You will deploy both implants at same time if not in correct position.
- ❖ When needle is inserted into Meniscus, it is ok to take hand off device to make sure your deployment mechanism is in correct position. Device isn't going to retract out of Meniscus when you don't have hand on it.
- ❖ When retracting device after deploying first implant, make sure white depth stop sheath comes back with device and doesn't get stuck on cannula.
- ❖ Using a two fingered twisting motion to retract needle out of Meniscus slowly helps maintain control and avoids backing out too far.
- ❖ Do not move into Thumb Controller into Position 2 until you are ready to advance implant #1.
- ❖ After deploying the first implant at Position 3, move to your next intended deployment site before you move the thumb control to Position 4. ONLY move to Position 4 if you are ready to proceed deploying implant #2.
- ❖ Using a knot pusher/cutter will help alleviate strain on the repair when cinching the knot down. The knot will move to the first deployed anchor.
- ❖ If you notice one of the sutures, going across Meniscus from one implant to the other, being slack and the other tightening, use a probe to pull both sutures out about a centimeter. There is a kink in one of the sutures which if pulled too hard might break before kink comes out. Or, you will have to pull so hard to get kink out that implant may fail.
- ❖ If you notice that both implants are still in device after retracting needle out of Meniscus for 1st implant, go directly back in and push a little harder on deployment button. Device is still good. Continue with next steps.
- ❖ If failure occurs, the most likely two reasons are tissue quality or failure to breach the outside of the meniscus due to inadequate penetration depth. Inadequate penetration depth can be due to not trimming back the measurement sheath far enough or not plunging far enough.