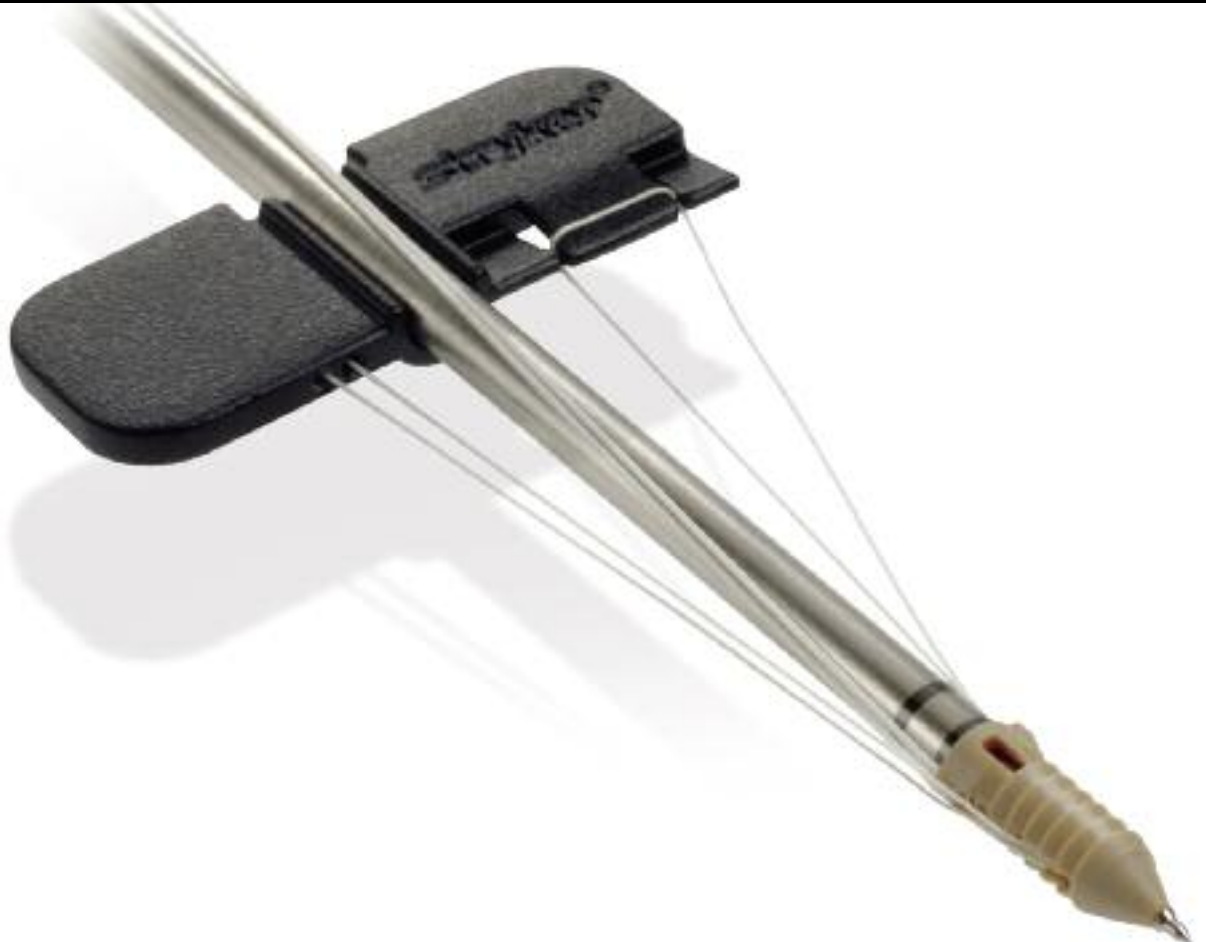


ReelX STT™

Knotless Anchor System Quick Reference Guide



ReelX STT™

Knotless Anchor System Quick Reference Guide

The ReelX STT knotless anchor is designed for patient **Specific Tissue Tensioning** during arthroscopic rotator cuff repair. Combined with the RP 360° suture passer, Stryker Joint Preservation offers a quick and simple technique for completing knotless rotator cuff repair.

The ReelX STT features a 5.5mm PEEK body with an implant grade stainless steel inner mechanism. The ReelX STT is self tapping, and features a sharp tip.

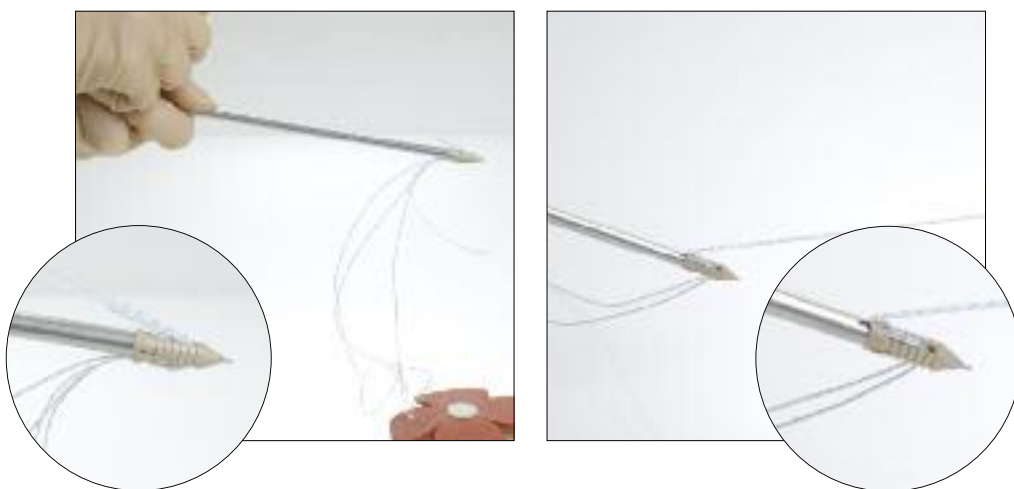
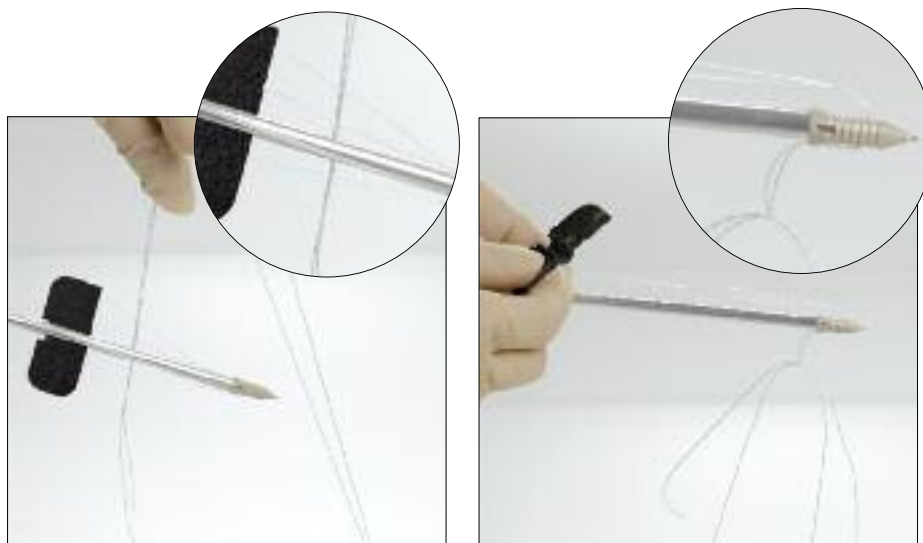
When loaded with suture, and then tensioned, the 5.5mm body expands up to 6.5mm.¹ Every full turn of the tensioning mechanism pulls in approximately 10mm of suture.

Step 1:

Remove the ReelX STT Suture Anchor System from the sterile packaging.

Step 2:

Load up to two #2 sutures through the ReelX STT using the suture threader tab. It is recommended that a maximum of 3 inches of suture tail is passed into the loop of the suture threader tab to enable easier suture loading through the ReelX STT. To facilitate easy sliding of the suture through the anchor pull the tab along the length of, and in line with, the inserter.

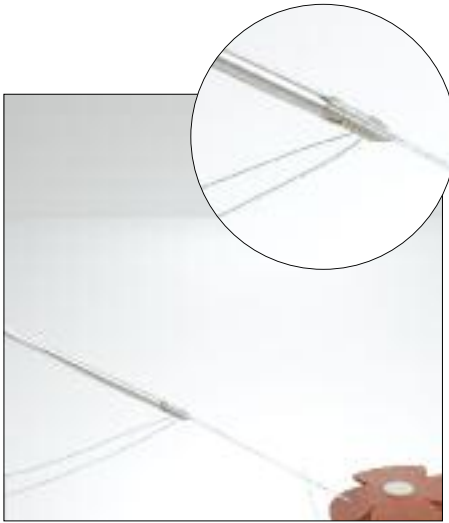


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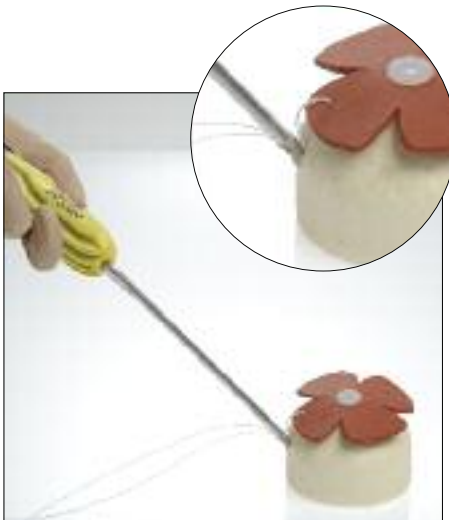
Step 3:

While maintaining slight tension on the suture, slide the ReelX STT to the desired insertion point. Remove any excess suture between the anchor and tissue by gently pulling on the ends of the suture. Ensure that the vertical laser line is facing the repair.



Step 4:

Tap the back of the inserter handle with a mallet to drive the ReelX STT into bone. In hard bone, an appropriately sized starter hole may be made using either the Stryker Stop Drill (3910-004-040) or the Stryker Tapered Awl (3910-003-065) in order to help facilitate insertion. The recommended anchor insertion depth is when the proximal end of the implant, or the distal edge of the first laser line, is flush with the surface of the cortical bone. The second laser line is located 5mm from the first laser line, and is provided as a reference point only.



Step 5:

Release the tether suture from the proximal end of the inserter.

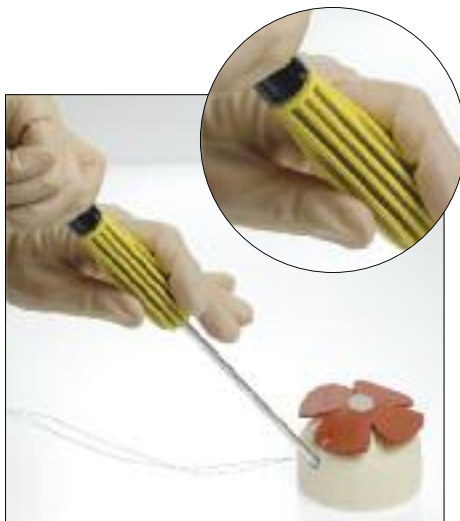


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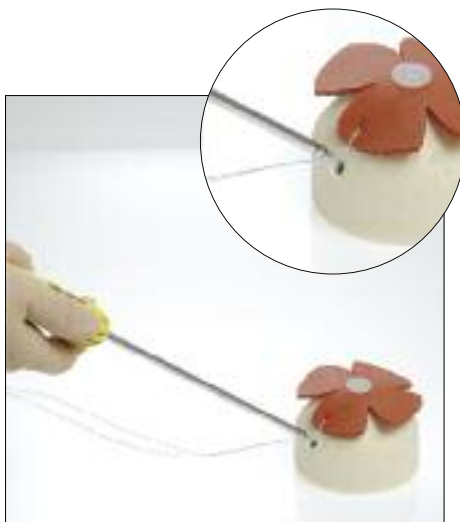
Step 6:

While holding the yellow part of the inserter handle stable, rotate the black portion of the handle clockwise to spool excess suture into the anchor. This will increase tension on the suture and approximate the repair. It is recommended that visualization of the repair is maintained, and tension on the repair is monitored, during tensioning. A minimum of one revolution should be completed, and a maximum of three revolutions can be made. To avoid excessive tension and damage to the suture or repair, do not rotate the handle more than ½ turn after the excess suture has been spooled into the anchor.



Step 7:

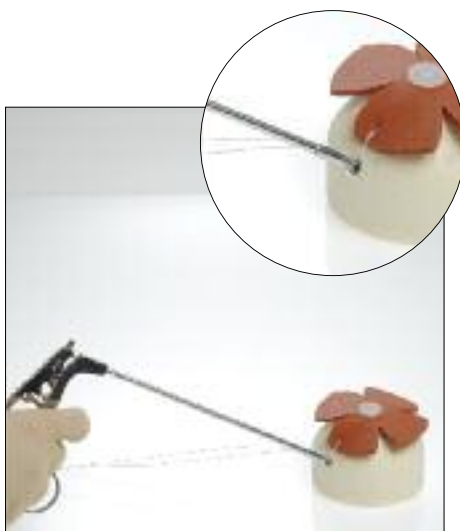
Once the desired tension is achieved, remove the tether suture from the distal end of the inserter. Remove the inserter shaft from the implant by pulling straight back.



Step 8:

Remove the tether suture from the implant, and trim the excess suture.

Note: Additional tension may be applied to the suture by re-engaging the inserter shaft and repeating Step 6.



ReelX STT™

Knotless Anchor System Quick Reference Guide

Is Designed For...

- Patient **Specific Tissue Tensioning** for enhanced control during rotator cuff repair surgery
- Enhanced fixation strength²
- Simplicity in knotless anchor repair with a self-tapping design
- Compatibility with both single and double row repair

Ordering Information

Part Number	Description
3910-600-060	ReelX STT Knotless Anchor*
3910-004-040	6.5mm Zip Drill (4.0mm x 13.5mm)
3910-003-065	6.5mm Tapered Awl

* (Packaged in Boxes of 5)



References:

1. ReelX DHD10326, March 2010.
2. Stryker Report Number DHD10402 ReelX STT 5.5mm Pullout Performance Comparison.



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