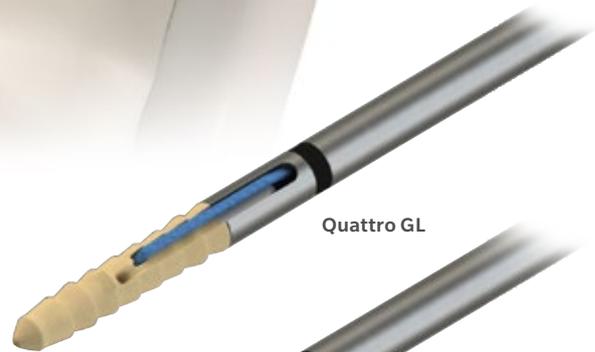


Quattro[®] GL Suture Anchor

SLAP Repair – Dual Cannula

Surgical Technique

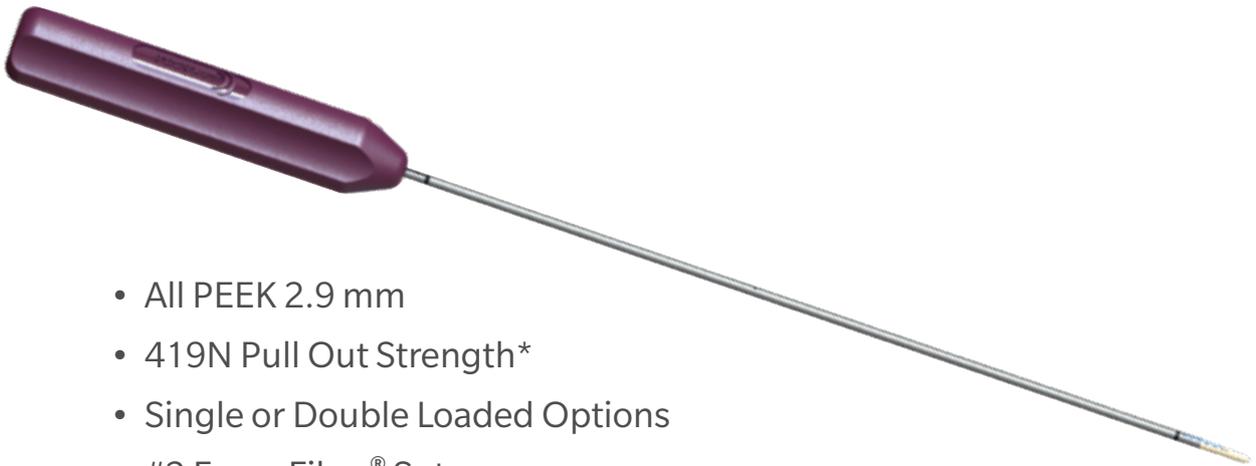


Quattro GL



Quattro GL2

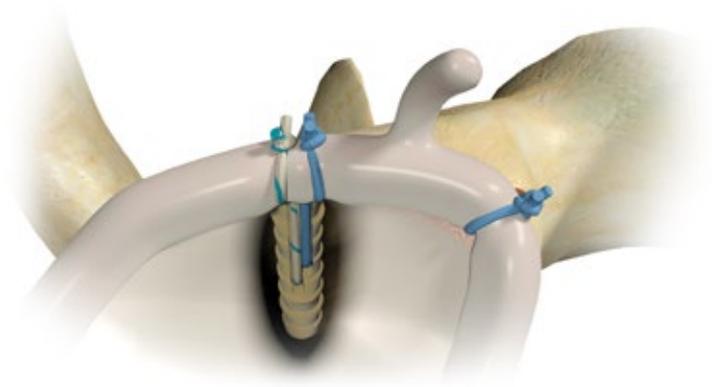
Quattro GL/GL2 Suture Anchors



- All PEEK 2.9 mm
- 419N Pull Out Strength*
- Single or Double Loaded Options
- #2 Force Fiber® Suture
- Easy Suture Sliding & Management



Quattro GL
Bankart Repair



Quattro GL2
Double-loaded #2 Force Fiber Suture

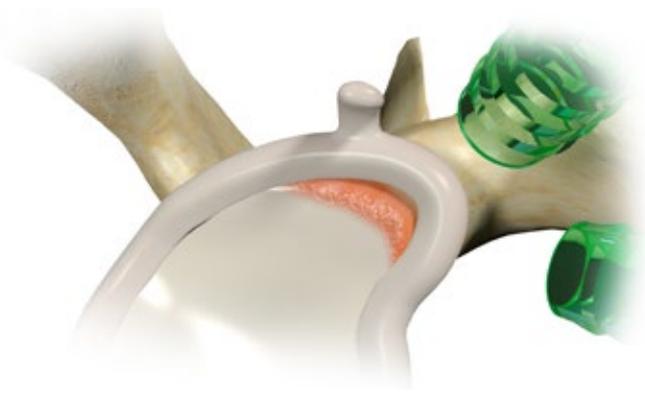


Figure 1

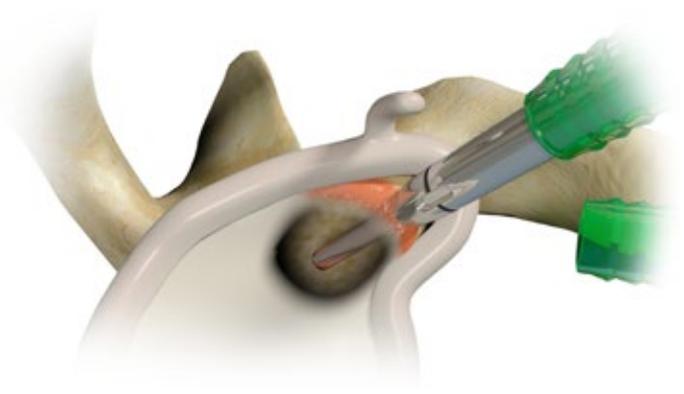


Figure 2

Quattro GL Suture Anchor

SLAP Repair – Dual Cannula Technique

The Cayenne Medical, Inc. Quattro GL Suture Anchor is intended for the reattachment of soft tissue to bone for Bankart repair and SLAP lesion repair. The anchor is pre-loaded with one (GL) or two (GL2) strands of #2 Force Fiber suture (GL color: solid blue & GL2: solid blue/blue co-braid). The unique eyelet design within the body of the PEEK anchor allows for easy suture sliding and suture management (Figure 1).

Step 1

Prepare the insertion site with a shaver/burr/rasp. This will help promote tendon-to-bone healing.

- ⓘ **Note:** an anterosuperior cannula (working) & anteroinferior cannula (shuttling) are shown.

Step 2

Place the Quattro GL “fish mouth” drill guide through the anterosuperior portal and onto the rim of the glenoid. While holding the drill guide steady on the glenoid, drill the pilot hole. A positive stop will indicate proper depth has been reached. Remove the drill (Figure 2).

- ⓘ **Note:** Use the fluted drill as your primary drill CM-9324ST.



Figure 3

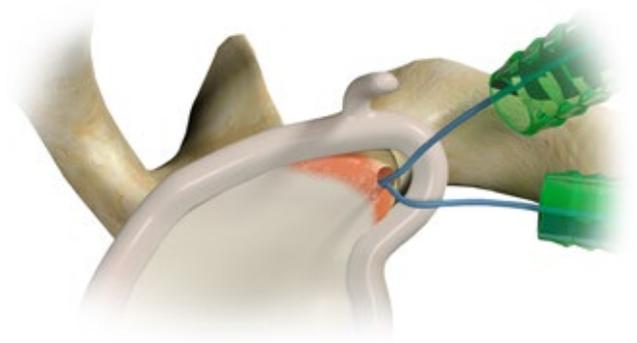


Figure 4

Step 3

Maintain alignment and position of the drill guide on the glenoid. Place the Quattro GL Anchor through the drill guide. Align sutures (visible through the windows) toward the labrum. Lightly mallet until the distal marker band on the inserter shaft aligns with the marker band on the windows of the drill guide (Figure 3).

ⓘ **Note:** External verification of proper depth is also shown when the marker band near the inserter handle aligns with the handle of the drill guide.

Step 4

Pull the suture limbs completely out of the driver handle and release from cleat. Pull the driver handle axially to disengage the inserter shaft from the anchor. Remove the drill guide.

Step 5

Pull a suture strand with a suture grasper out of the anteroinferior cannula. This suture strand will be shuttled through the labrum (Figure 4).

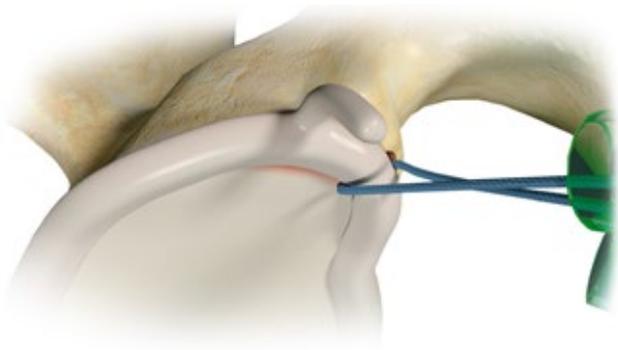


Figure 5

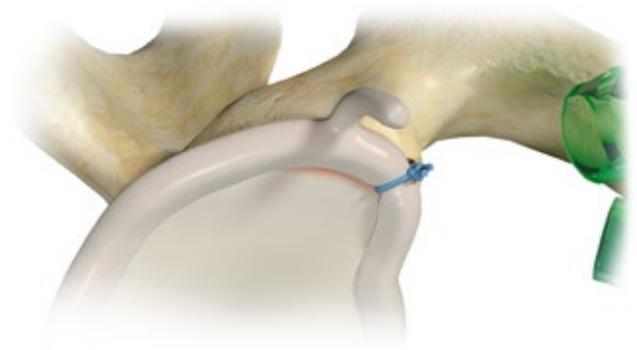


Figure 6

Step 6

Pass a Quattro suture shuttle through the anterosuperior cannula, behind the labrum and through the capsule. Pierce the tissue and enter out under the labrum. Grasp and pull the suture from the anteroinferior cannula back under the labrum and out the anterosuperior cannula (Figure 5).

Step 7

Tie knots with an arthroscopic knot pusher and cut suture (Figure 7).

Ordering Information

Quattro GL/GL2 Suture Anchors

Description	Part Number
Quattro GL Suture Anchor, 2.9 mm With (1) #2 Force Fiber Suture	CM-9329
Quattro GL2 Suture Anchor, 2.9 mm With (2) #2 Force Fiber Suture	CM-9329GL2
Fluted Drill, for 2.9 mm Quattro GL Suture Anchor	CM-9324ST
Spade Drill, for 2.9 mm Quattro GL Suture Anchor	CM-9300ST
Drill Guide, for 2.9 mm Quattro GL Suture Anchor	CM-9301
Obturator, for 2.9 mm Quattro GL Suture Anchor	CM-9302

TRU-LINK Suture (Sterile)

Description	Part Number
TRU-LINK blue braid (nonabsorbable) Size 2 suture	CM-0201
TRU-LINK white/blue co-braid (nonabsorbable) Size 2 suture	CM-0202

INDICATIONS FOR USE OUTSIDE OF THE UNITED STATES

The Cayenne Medical, Inc. Quattro GL Suture Anchors are intended to be used for the reattachment of soft tissue to bone for the following indications:

Shoulder

- Capsular stabilization
 - Bankart repair
 - SLAP lesion repairs

CONTRAINDICATIONS

- 1) Surgical procedures other than those listed in the INDICATIONS section.
- 2) Presence of infection.
- 3) Patient conditions including insufficient or immature bone.
- 4) Insufficient blood supply or previous infections which may hinder the healing process.
- 5) Foreign body sensitivity. If material sensitivity is suspected, testing should be completed prior to device implantation.
- 6) The physician should carefully assess the device within immature bone.
- 7) The placement of this device should not impact or disrupt the growth plate.
- 8) Conditions which may limit the patient's ability or willingness to follow postoperative care instructions.

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