CompositCP™

Suture Anchors with BroadBand™ Tape

4.5 mm, 5.5 mm, 6.5 mm

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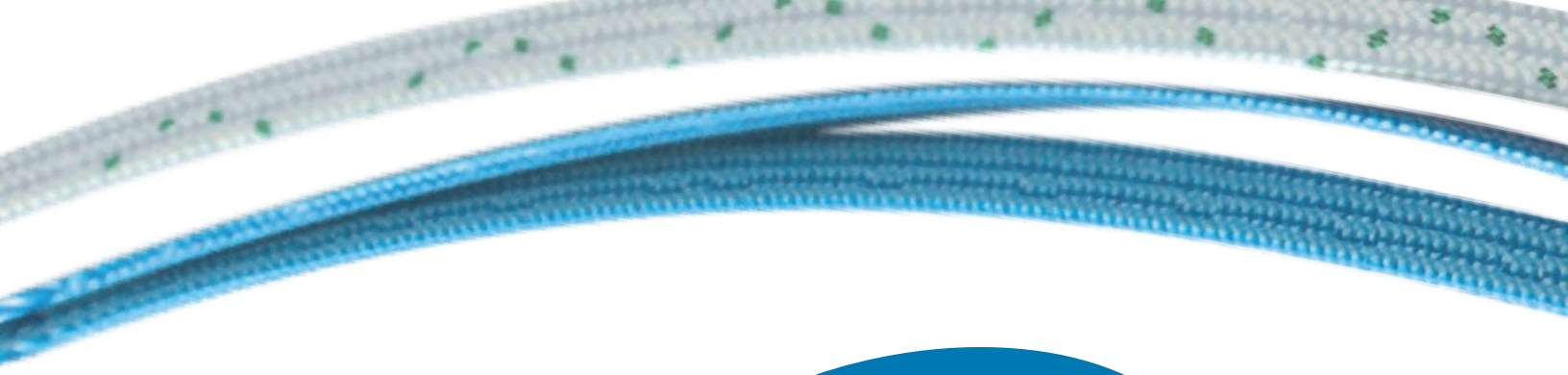

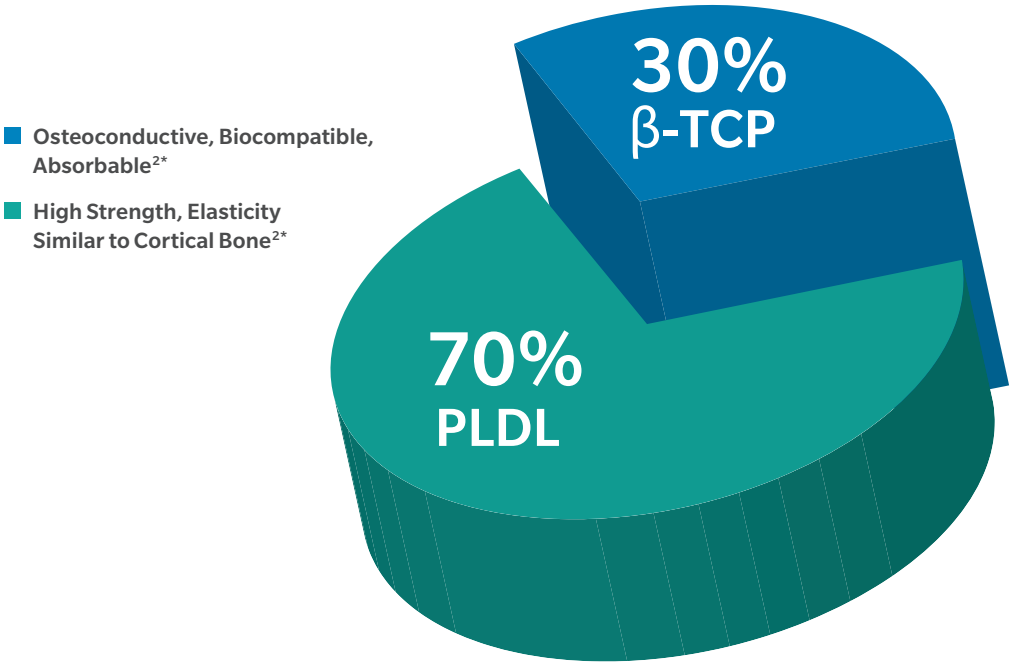

The Material Difference
for Rotator Cuff Repair

ComposiTCP Suture Anchors are made of Duosorb®, a synthetic biocomposite material composed of 30% β-Tricalcium Phosphate (β-TCP) and 70% Polylactic Acid (PLDL).

Osteoconductive
β-TCP is designed to provide a scaffold for bone ingrowth.

ComposiTCP Anchors have 2x the amount of β-TCP as the Biocomposite Corkscrew® FT Suture Anchor[1]

Biocompatible
Higher β-TCP content has shown to limit inflammatory responses in an animal study[2*]

Absorbable
The Duosorb material has been shown to gradually be replaced by newly formed bone and have shown to absorb over time in an animal study.[2*]

Double-Loaded with BroadBand Tape

Seamless Loading into Instrumentation

1.5 mm BroadBand Tape (flat) transitions into #2 MaxBraid™ suture ends (round)

"Broader" Footprint over Tissue

Suture tape is designed to provide greater load distribution than standard suture to address suture/tissue tear through †

Tie-Ability & Low Knot Profile

Coreless, single weave braid allows for low profile knots to be tied, while maintaining knot strength of standard suture [4]

Multiple Options

ComposiTCP Suture Anchors are also available double-loaded with #2 MaxBraid Suture.

Smooth, Silk-Like Feel

Non-abrasive, easy to handle and gentle on tissue and gloves

Strong Fixation

The 4.5 mm ComposiTCP suture anchor shows a higher average fixation strength of 267 N when compared to Arthrex's 4.5 mm BioComposite Corkscrew FT suture anchor with 246 N in testing.[3*]

Ordering Information

ComposiTCP Suture Anchors with BroadBand Tape

Description	Size	Part Number
ComposiTCP Suture Anchors with BroadBand Tape	4.5 mm	110026108
	5.5 mm	110026109
	6.5 mm	110026110

Reusable Instrumentation (Non-Sterile)

Description	Size	Part Number
Punch/Tap, ComposiTCP Suture Anchors	4.5 mm	110026111
	5.5/6.5 mm	110026112

ComposiTCP Suture Anchors with MaxBraid Suture

Description	Size	Part Number
ComposiTCP Suture Anchors with MaxBraid Suture	4.5 mm	110026105
	5.5 mm	110026106
	6.5 mm	110026107

References

1. https://www.arthrex.com/shoulder/corkscrew-ft/resources. BioComposite SutureTak, BioComposite Corkscrew FT and BioComposite PushLock: An In Vitro Degradation Study. 2009.
2. Aunoble S, Clement Dl, Frayssinet P, et al.Biological performance of a new β-TCP/PLLA composite material for applications in spine surgery: In vitro and in vivo studies. J Biomed Mater Res. 2006; 78A:416-422.
3. Data on File, SBM. Project No. 867, PR 2002.03. Insertion and pullout tests for standard (knotted) and knotless shoulder implants. 2018.
4. Data on File, Zimmer Biomet. Project Number: BSM24. Suture Constructs & Medial Row Soft Anchors w/ Tape Verification Report. 2015.

*Bench/animal testing is not necessarily indicative of clinical performance. Testing was not performed with finished product.

† Size comparison of suture vs tape; Suture tape provides greater surface area leading to greater load distribution

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Indications

The ComposiTCP threaded anchor system is intended for fixation of suture (soft tissue) to bone in the shoulder, foot/ankle, knee, hand/wrist, and elbow, but not limited to, the following procedures:

Shoulder: Rotator Cuff Repair, Bankart Repair, SLAP Lesion Repair; Biceps Tenodesis; Acromioclavicular Separation Repair,Deltoid Repair; Capsule Shift or Capsulolabral Reconstruction; Ankle/Foot: Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair, Hallux Valgus Reconstruction, Mid-foot Reconstruction, Metatarsal Ligament Repair/Tendon Repair,Bunionectomy Knee: Anterior Cruciate Ligament Repair; Medial Collateral Ligament Repair; Lateral Collateral Ligament Repair; Patellar Tendon Repair; Posterior Oblique Ligament Repair; Iliotibial Band Tenodesis; Wrist/Hand: Scapholunate Ligament Reconstruction; Ulnar or Radial Collateral Ligament Reconstruction, Elbow: Biceps Tendon Reattachment; Ulnar or Radial Collateral Ligament Reconstruction; Tennis Elbow Repair and Lateral Epicondylitis Repair.

Contraindications

- Insufficient quantity or quality of bone.
- Blood supply limitations and previous infections, which may retard healing.
- Foreign body sensitivity. Where material sensitivity is suspected, appropriate tests should be made and sensitivity ruled out prior to implantation.
- Any active infection or blood supply limitations.
- Conditions that tend to limit the patient's ability or willingness to restrict activities or follow directions during the healing period.
- The use of this device may not be suitable for patients with insufficient or immature bone. The physician should carefully assess bone quality before performing orthopedic surgery on patients who are skeletally immature. The use of this medical device and the placement of hardware or implants must not bridge, disturb or disrupt the growth plate.