CLINICAL TIPS & PEARLS

Sequent™
Meniscal Repair Device

ENSURE THAT THERE IS ENOUGH SUTURE SLACK IN THE SYSTEM WHEN CREATING STITCHES.

Slack in the system while stitching is critical. Prior to piercing the meniscus, ensure that there is 1cm to 2cm of suture slack. To create slack, move the Switch forward so that it is in the Freewheel Position. Then, move the needle tip back toward the edge of the anterior meniscus taking care to always keep the needle in the scope view.

KEEP THE NEEDLE TIP VISIBLE IN THE SCOPE VIEW AT ALL TIMES.

To avoid getting the device caught in soft tissue. In some cases, it may be necessary to adjust the scope view to maintain needle visibility.

ORIENT THE NEEDLE SO THAT THE SLOT IS FACING TO THE SIDE (MEDIAL OR LATERAL) OR DOWN WHEN WITHDRAWING THE NEEDLE FROM THE MENISCUS.

This helps avoid the suture catching on the implant tab and will relieve meniscal pressure on the needle, implants, and suture. Additionally, this needle position changes the contact point of the suture on the needle, minimizing the chance of the suture catching on the implant tabs in the slot.

REEL IN SUTURE SLACK KEEPING THE NEEDLE TIP CLOSE TO THE MENISCUS WHEN TENSIONING A STITCH.

The motion for tensioning a stitch should be straight back, with the device in line with the direction of penetration while reeling in suture slack as the stitch tightens. Reeling in the suture slack while tensioning the stitch keeps the needle tip close to the meniscus which helps to avoid catching the needle on soft tissue. Also, doing so keeps tension in the repair construct which helps to tension the stitch more continuously (versus multiple pulls).

OTHER CLINICAL TIPS & PEARLS

Always ensure that the device is in the Freewheel Position when PIERCING the meniscus, ROTATING the device, and DEPLOYING implants. The only time the surgeon wants to have the device in the Ratchet position is when TENSIONING a stitch or reeling in suture.

Move the needle in a side-to-side motion when piercing the needle through the meniscus or withdrawing the needle from the meniscus. This side-to-side motion will ease the needle into and out of the meniscus and help avoid over penetration that may occur when using just a “plunge” motion.

After rotating the device and deploying an implant, if you notice suture is too tight around the needle (potentially catching on an implant tab) do not pull back as this will tighten the suture around the needle. Manipulate the orientation of the needle, moving forward if necessary until the suture releases from the implant tab.

It is not necessary to pierce the meniscus all the way to the sheath if the penetration is through a more shallow portion of the meniscus.

Do not pierce the meniscus and deploy an implant at the location of the popliteal tendon. If the repair is near the popliteal tendon, position the implants so that they are on either side, therefore spanning the vein.