



UNITE[®]
FOOT & ANKLE

Achilles Midsubstance Repair System

FORCECORD[™]

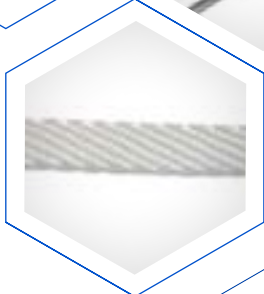
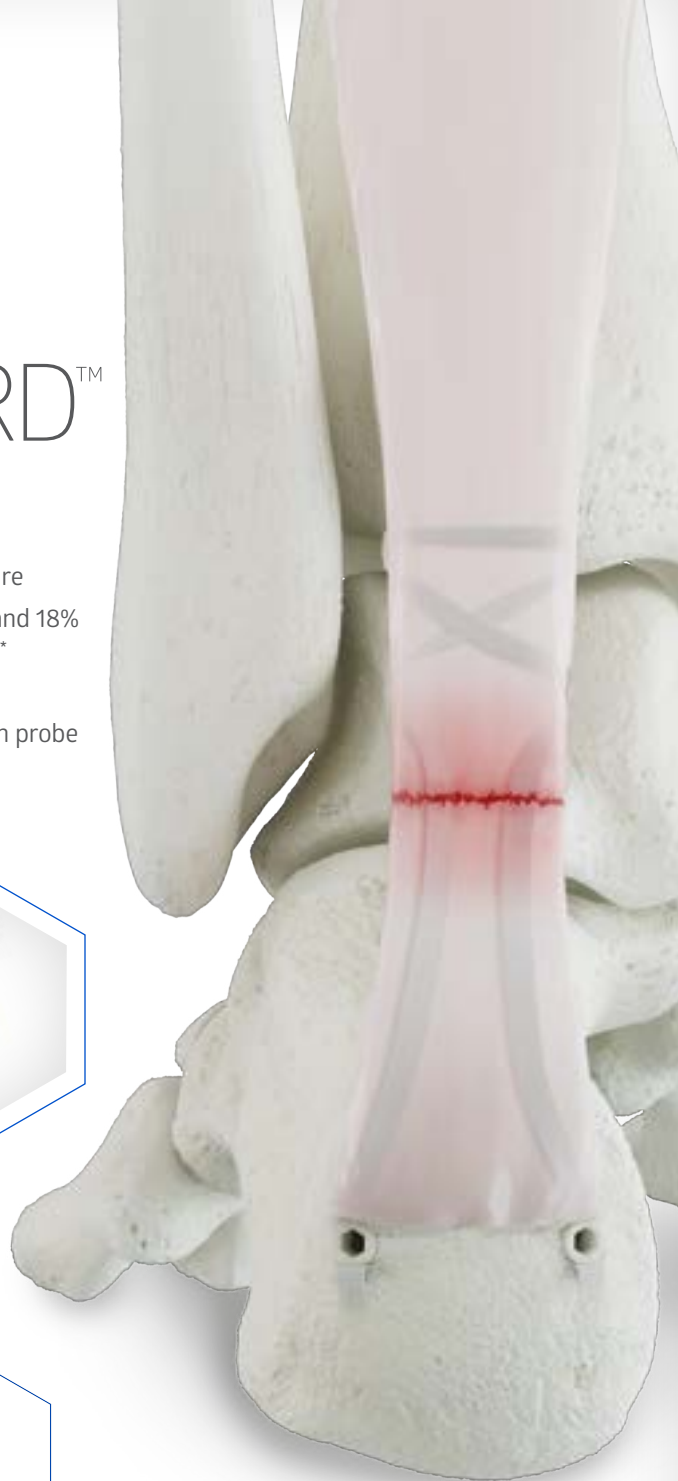
SURGICAL TECHNIQUE



FORCECORD™

MIDSUBSTANCE REPAIR SYSTEM

- Synthetic, non-resorbable polyester
- Densely woven flexible, tubular structure
- 26% greater ultimate tensile strength and 18% greater pull-out strength vs. 2mm tape*
- Broad coverage (5.5 x 800 mm)
- Flat, tapered ends for easy passing with probe
- Option to perform percutaneously
- Compatible with DEXLOCK® Knotless Suture Anchors*



SUPPLEMENTAL STRENGTH WITH SIMPLIFIED APPROACH

Performance	Pull-out strength	Ultimate tensile strength
2 mm Suture Tape	402 N	452 N
FORCECORD	476 N	571 N

*Data on file.

MIDSUBSTANCE ACHILLES RUPTURE REPAIR

FORCECORD™ and
DEXLOCK® Knotless Anchors

Step 1 | Incisional approach

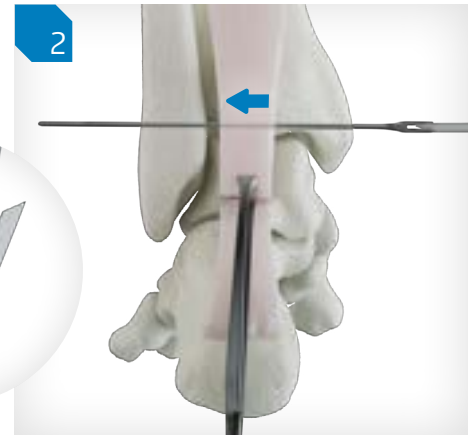
Make a 3 cm vertical incision central to the rupture site (Fig. 1). Optionally, a percutaneous approach can be used (see page 5). Grasp the proximal end of the rupture site with an Allis clamp to reproducibly tension the Achilles tendon and to permit passage of the passing probe. Utilize an elevator to mobilize the tendon proximally and distally.



Step 2 | Longitudinal pass

Pass 1 inch of the FORCECORD implant through the eyelet of the passing probe (Fig. 2a).

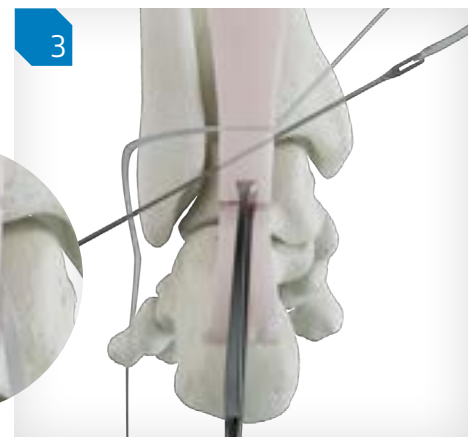
Use the passing probe to make a longitudinal pass from medial to lateral through the tendon approximately 4 cm above the rupture site and all frayed tendon mop ends (Fig. 2). Shuttle the passing probe and FORCECORD fully through the tendon. Pull on the tails to remove any adhesions and to address any proximal tendon retraction. Ensure that the implant tails are equal on both sides.



Step 3 | Proximal diagonal passes

Load the medial FORCECORD tail through the passing probe. Utilize the passing probe to make a diagonal pass through the Achilles tendon, starting medially and slightly distal to the initial longitudinal pass. Aim the passing probe to exit laterally, approximately 2 cm distal to the longitudinal pass (Fig. 3). Shuttle the passing probe and FORCECORD tail fully through the tendon.

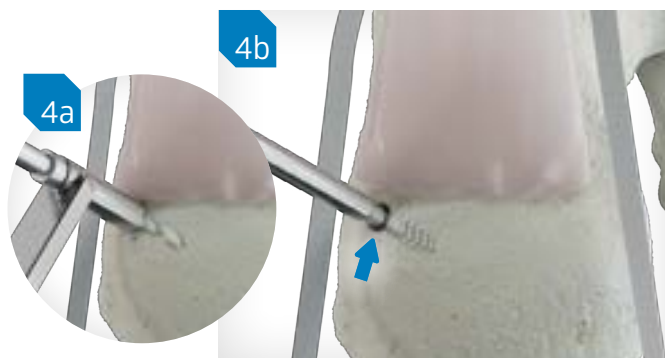
Repeat with the lateral tail so that it exits medially and at the same distance. Tighten to remove any slack. (Fig. 3a) Optionally, a secondary diagonal crossing pattern may be applied if enough ample, undamaged tissue.



Step 4 | Calcaneal anchor preparation

Make small medial and lateral incisions on each side of the Achilles tendon, slightly below the superior aspect of the calcaneal tuberosity. Utilize the provided drill guide and $\varnothing 3.6$ mm drill until the positive stop to prepare the tunnels for the $\varnothing 4.5$ mm DEXLOCK® Knotless Suture Anchors (Fig. 4a).

Utilize the $\varnothing 4.5$ mm tap until the second laser line is flush with the cortical surface of the bone (Fig. 4b). Confirm appropriate tapping depth via fluoroscopy or through a direct visualization with a freer elevator. Repeat this step to prepare for a second calcaneal anchor.



Step 5 | Distal stump passes

Create a slight bend on towards the eyelet-end of the passing probe (Fig. 5a).

Note: The passing probe can be contoured to the desired curvature based on the patient's anatomy and surgeon preference to facilitate passage through the distal stump of the Achilles tendon.

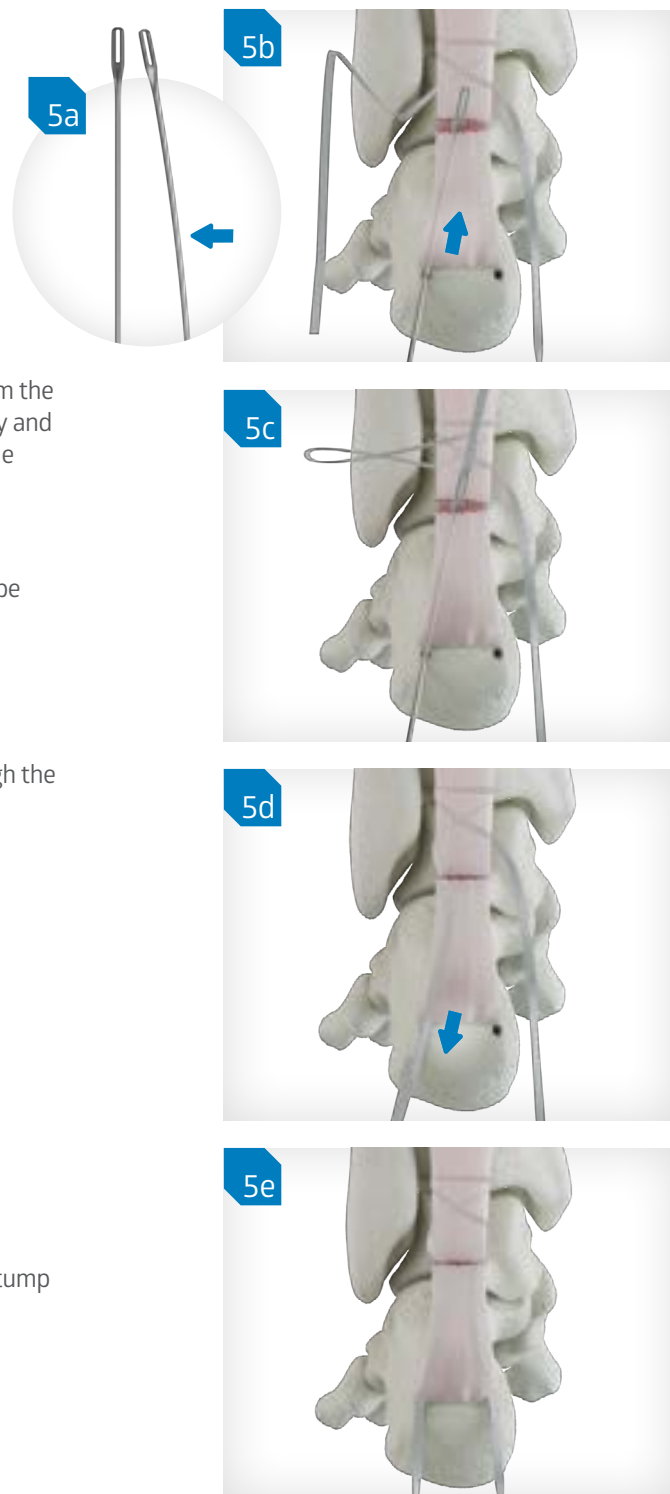
Place the eyelet-end of the probe through the distal medial incision from the calcaneal anchor site. In a retrograde fashion, pass the probe proximally and intratendinous through the distal stump of the Achilles tendon. Continue advancing until the eyelet has exited the distal stump (Fig. 5b).

Load the medial FORCECORD tail through the eyelet of the passing probe (Fig. 5c).

Pull the passing probe antegrade to shuttle the FORCECORD tail through the distal stump and out of the medial calcaneal incision site (Fig. 5d).

Repeat to pass the lateral FORCECORD tail distally through the lateral calcaneal incision site (Fig. 5e).

Note: The FORCECORD tails may be shuttled through the ipsilateral calcaneal anchor sites for an alternative crossing pattern in the distal stump as desired.



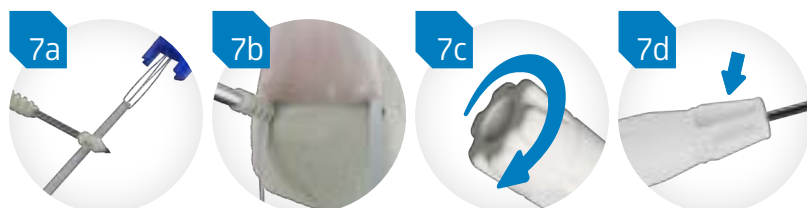
Step 6 | Achilles tensioning

Pull tension on both ends of the FORCECORD tails to reapproximate both ends of the Achilles tendon (Fig. 6).



Step 7 | Calcaneal anchor placement

Prior to anchor insertion, use the contralateral leg to gauge tension and increase plantarflexion by 15°.



Load 1 inch of one FORCECORD tail into the whip wire of the $\varnothing 4.5$ mm DEXLOCK Knotless Suture Anchor and insert the anchor eyelet into the prepped calcaneal hole. Advance the anchor eyelet until the anchor body meets the cortex. A mallet may be used to facilitate eyelet insertion. Twist the proximal knob of the anchor handle until a tactile click is felt, then hold the distal collar of the handle and twist the handle body to advance the anchor down to the laser line on the driver shaft (Fig. 7a-7d).

Load the remaining FORCECORD tail into the second anchor. Repeat the insertion steps for the second anchor (Fig. 7e).

Note: The passing probe may be inserted into the pre-drilled anchor hole as a guide to facilitate anchor insertion trajectory and placement.

Note: A freer elevator may be used to assist with visualization to ensure the anchors are fully seated.



Step 8 | Final tendon repair

Trim the remaining FORCECORD tails (Fig. 8). Use an absorbable suture to reapproximate the tendon at the rupture site if desired.

Optional alternative construct (Fig. 8a).

PERCUTANEOUS MIDSUBSTANCE ACHILLES RUPTURE REPAIR

FORCECORD™ and DEXLOCK® Knotless Anchors

Palpate the rupture site prior to marking the incision sites and drawing the passing lines. Incision sites will be medially and laterally approximately 4 cm and 2 cm proximal to the rupture, longitudinally across and just above the rupture, and at the calcaneal anchor sites.

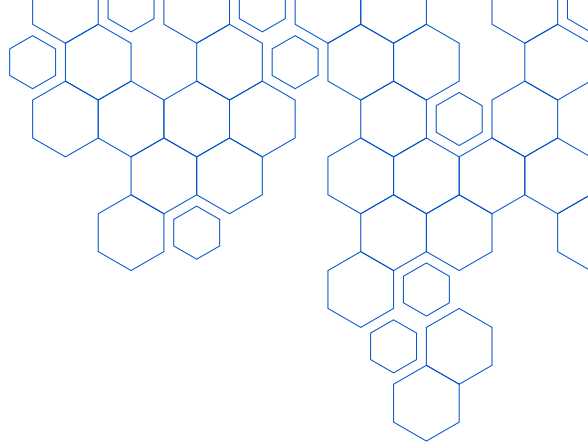


Use a freer elevator to dissect superficial and deep to the Achilles tendon. Pull tension on the Achilles tendon with an Allis clamp and utilize the passing probe to shuttle the FORCECORD implant longitudinally through the proximal tendon.



All remaining FORCECORD passes, and calcaneal anchor preparation/insertion can be followed in the same fashion as the open method, except through the previously designated incision sites.





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