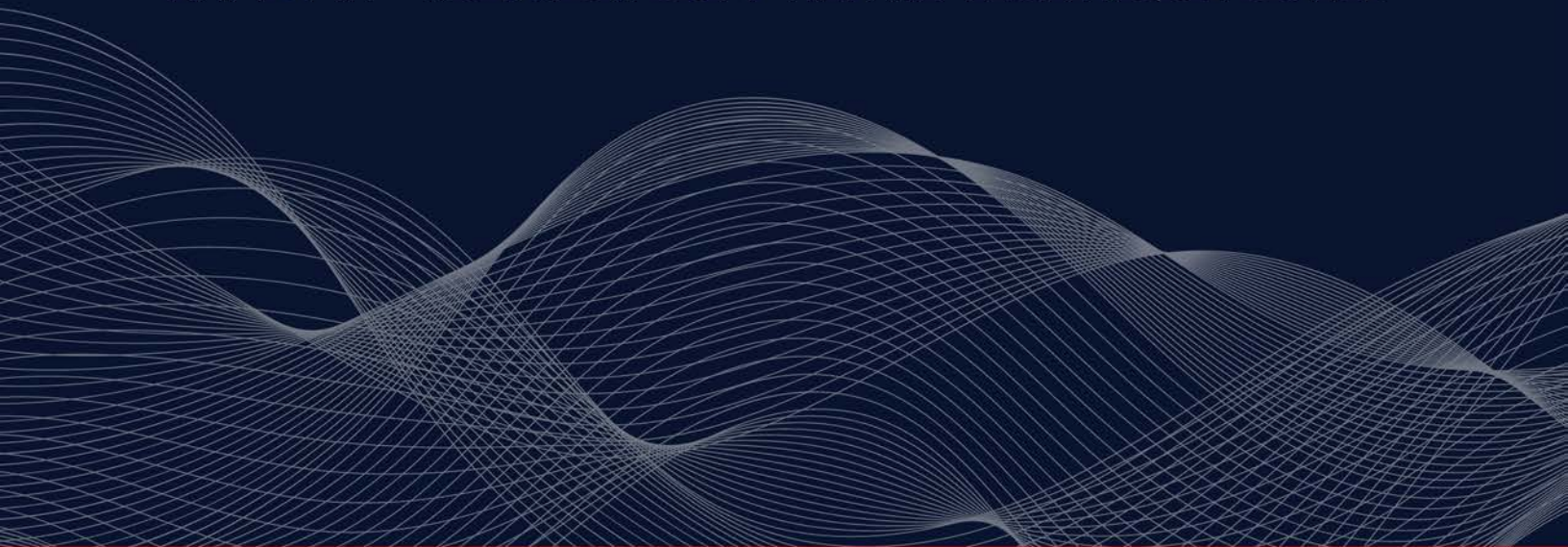




SUTURETECH

WHERE INNOVATION MEETS
ORTHOPEDIC EXCELLENCE

RAPIDFIX™ ROTATOR CUFF REPAIR TECHNIQUE GUIDE



RapidFix™ All-Suture Dual Anchor Mattress Repair System

The RapidFix All-Suture Dual Anchor Mattress Repair System is used for the fixation of soft tissue to bone during orthopedic surgical procedures. The system features a dual-anchor, all-suture design to provide compression and stabilization at the repair site.

RapidFix is available in a sterile, single-use procedure pack, for efficiency and ease of use in the operating room.

Key Features & Characteristics of RapidFix

The RapidFix All-Suture Dual Anchor Mattress Repair System uses a verified 3-step process designed for surgical workflow and simplicity. Its versatile design supports a range of indications and soft tissue repair types.

The RapidFix Implant:

Is a 100% suture-based design engineered to achieve soft tissue fixation and demonstrated in preclinical testing to meet established performance standards

Utilizes a dual-anchor configuration within a single implant delivery system, which achieves the necessary fixation of a mattress construct and is designed to minimize bone removal compared to techniques requiring multiple traditional anchors.

Repairs tendons in a horizontal mattress configuration, a technique that has demonstrated biomechanical advantages in load distribution and fixation strength over simple suture anchor repairs in comparative studies.¹⁻⁴

Indications

For Indication for Use, contraindications, potential complications, adverse reactions, warnings and precautions associated with this device, please refer to the device specific instructions for use at www.suturetech.com/resources.



RapidFix Shoulder Repairs



**Double Row
Knotless**



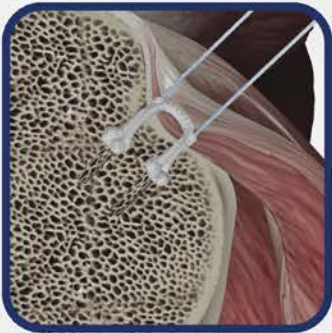
**Single
Row**



**Graft
Fixation**



**Novel Repair
Constructs**



Remplissage



**PASTA
Repair**



**Subscapularis
Repair**

System Components

RapidFix Arthroscopic Cannula | 90-STK-200100

The RapidFix Arthroscopic Cannula features a barbed design intended to support instrument assembly and assist with fluid management during arthroscopic procedures.



RapidFix Arthroscopic Cannula Inserter | 90-STK-200200

The RapidFix Arthroscopic Cannula Inserter is designed to penetrate tissue and facilitate placement of the cannula.



RapidFix Inserter Guide | 90-STK-300100

The RapidFix Inserter Guide features a low-profile design with tines intended to facilitate access and positioning while reducing contact with surrounding tissue and bone.



RapidFix Dual Awl | 90-STK-300200

The RapidFix Dual Awl is designed to create pilot holes and an insertion path for the RapidFix All-Suture Dual Anchor Mattress Repair Suture. The device incorporates a dual-tip design intended to support controlled bone and tissue access.



System Components

RapidFix Inserter | 90-STK-400100

The RapidFix Inserter features a contoured handle designed to facilitate placement of the All-Suture All-Suture Dual Anchor Mattress Repair Suture. Hashmarks on the tines are intended to assist with insertion depth control.



RapidFix 1.2 mm Suture Tape | 90-STK-100100

The RapidFix™ All-Suture Dual Anchor Mattress Repair Suture is a preloaded, dual-anchor configuration designed to provide compression between tissue and bone surfaces during fixation.



Rotator Cuff Repair Technique Guide

Phase 1: Portal Establishment & Rotator Cuff Preparation

- 1 Beginning in the subacromial space, a standard lateral portal incision (approximately 2–3 cm lateral to the acromion) is made.

The bursa is debrided to identify and inspect the rotator cuff. The rotator cuff tear is identified, released and mobilized as necessary.

We recommend minimal decortication of the tuberosity with a rasper or shaver to maximize pull-out resistance.

Phase 2: Tendon Repair

- 2 A superior lateral portal incision is made adjacent (approximately 1–1.5 cm) from acromion to allow for proper medial row insertion angle for the RapidFix.

Through this incision, the RapidFix Arthroscopic Cannula and Inserter Guide are inserted [Fig. 1].

The Arthroscopic Cannula Inserter is removed from the cannula after insertion [Fig. 2].

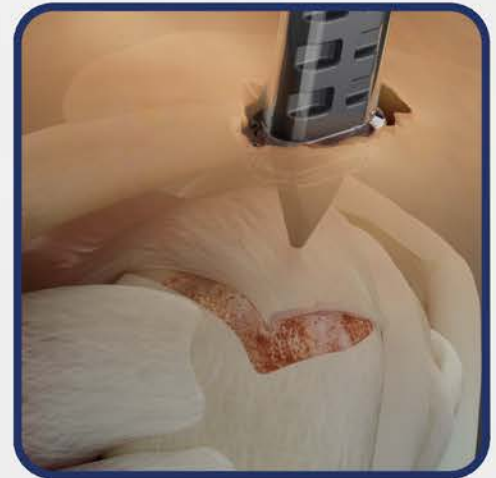


Figure 1



Figure 2

Phase 2: Tendon Repair (cont.)

- 3 The torn tendon is pulled and positioned to the repair site via a grasper from the lateral or accessory portal.

The RapidFix Dual Awl comes preassembled with the RapidFix Inserter Guide. Verify integrity before insertion.

While used to control and tension the tendon, the grasper is held about 3–4 mm lateral to the desired repair site, e.g., the articular margin. The RapidFix Dual Awl and Inserter Guide are inserted into the desired repair site, just medial to the tip of the grasper.



Figure 3

- 4 The Inserter Guide features metal tines that engage bone to create precise channels for subsequent RapidFix 1.2 mm Suture Tape (Implant).

It is important to angle the RapidFix Dual Awl 60–90° to the tendon, maximizing perpendicularity.

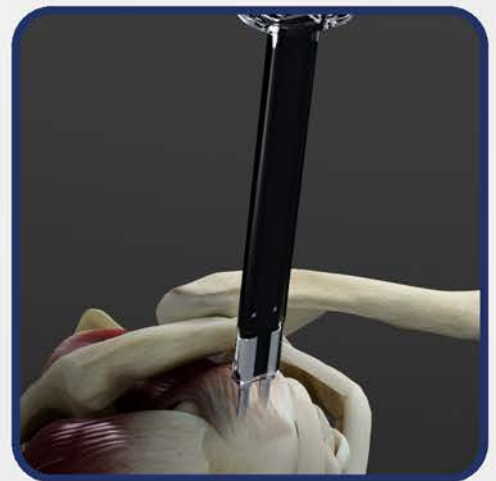


Figure 4

- 5 Impact the RapidFix Dual Awl with the attached Inserter Guide through the RapidFix Cannula, through the rotator cuff tendon, and into the bone [Fig. 5a].

Insert both until the Inserter Guide makes contact with the tendon, and the hash mark on [Fig. 5b] the RapidFix Dual Awl is visible through the side window of the RapidFix Inserter Guide.



Figure 5b



Figure 5a

Phase 2: Tendon Repair (cont.)

- 6 While holding the RapidFix Inserter Guide handle firmly, rotate the knob on the Dual Awl handle clockwise five (5) full rotations until hard stop.

This loosening action disengages the Dual Awl from the Inserter Guide, preventing inadvertent Inserter Guide extraction when removing Dual Awl.



Figure 6

- 7 Remove the Dual Awl and arthroscopically confirm Inserter Guide remains stable and well-seated in tendon and bone.



Figure 7

- 8 Introduce RapidFix Implant loaded on Inserter into Inserter Guide lumen.



Figure 8

Phase 2: Tendon Repair (cont.)

- 9 Use a mallet to impact the RapidFix Inserter handle, driving RapidFix Implant through tendon and into bone tunnels.

Impact until hash mark on RapidFix Inserter is at tendon surface.

Note: Device is designed to be slightly under-tensioned after initial insertion, allowing for subsequent controlled tensioning as desired.

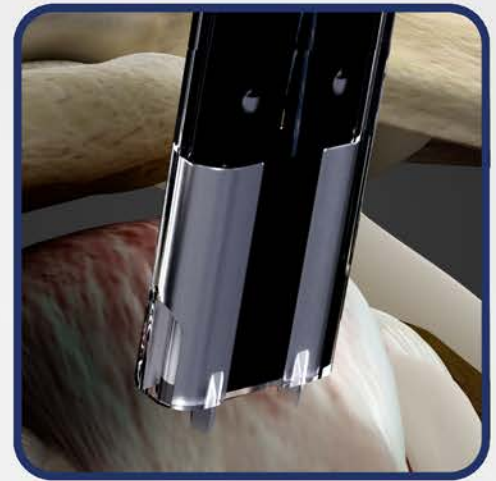


Figure 9

- 10 Rotate the Inserter Guide handle clockwise until hard stop is encountered. Typically, four (4) full rotations are required until hard stop.

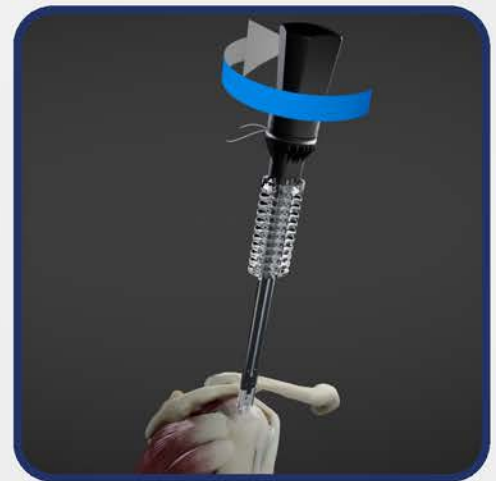


Figure 10

- 11 Slide the O-ring [Fig. 11a] off the RapidFix Inserter handle and free the sutures. Separate the #2 tensioning sutures from the 1.2 mm accessory suture tape, and ensure clear visualization of each suture limb without tangling.

Maintain stable position of RapidFix Inserter with one hand (critical to prevent Implant migration). Apply firm, steady traction to both tensioning suture limbs simultaneously.

Pull until resistance increases, indicating anchor deployment within bone. Continue pulling to achieve desired initial compression of tendon to bone.

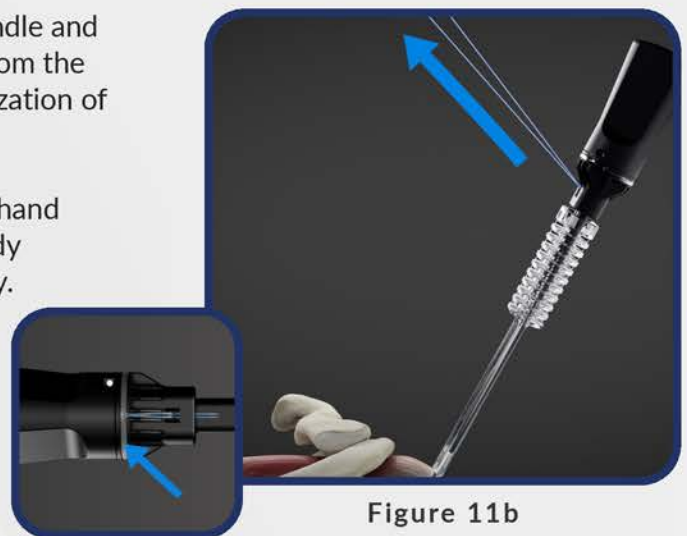


Figure 11a

Figure 11b

Phase 4: Completion

Option A: Single-Row Repair

- 12 Apply additional tension to tensioning suture limbs as desired.
- Pull both suture limbs simultaneously to maintain balanced compression. Arthroscopically observe footprint compression.

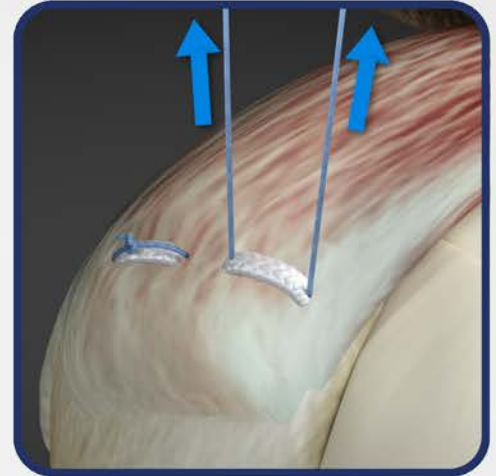


Figure 12

- 13 When satisfactory tension is obtained, the tensioning sutures are tied securely to finalize the repair. The non-tensioning sliding suture tape can be used as needed or pulled out.

Note: the knot is designed to sit on the RapidFix Implant and not directly on the tendon to minimize soft tissue trauma.

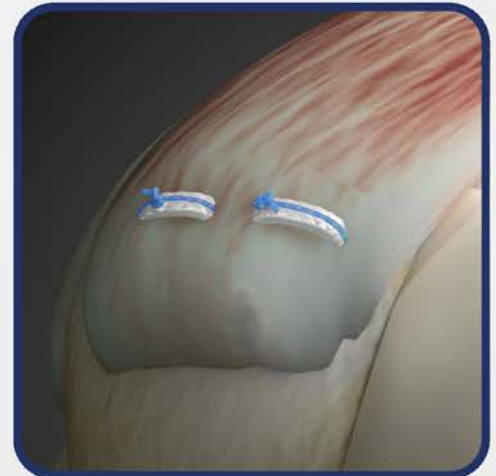


Figure 13

Option B: Double-Row Repair (Knotted or Knotless)

- 14 For knotless double row repair, do not tie the sutures as depicted in step 13.

Retrieve medial row sutures (both tensioning and accessory suture tape) through the standard lateral portal.

Load sutures into desired knotless lateral row anchor per manufacturer's instructions.

Phase 4: Completion (cont.)

Option B: Double-Row Repair (Knotted or Knotless)

- 15 Prepare lateral footprint bone with punch or drill per anchor system specifications.

Insert lateral anchor while maintaining tension on the medial Rapid Fix suture and or suturetape.

Deploy the anchor per manufacturer's technique. Verify tendon compression across entire footprint with minimal gap formation at medial or lateral edges.



Figure 14

Ordering Information

Product Name	Part Number
RapidFix™ All-Suture Dual Anchor Mattress Repair System	PKG-90-STK-100100



References

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2. Park MC, Jun BJ, Park CJ, Oh JH, Lee TQ. Biomechanical analysis of a knotless transtendon interimplant mattress repair for partial-thickness articular-sided rotator cuff tears. *Am J Sports Med.* 2009;37(12):2427-34. doi:10.1177/0363546509340227
3. Park MC, Cadet ER, Levine WN, Bigliani LU, Ahmad CS. Tendon-to-bone pressure distributions at a repaired rotator cuff footprint using transosseous suture and suture anchor fixation techniques. *Am J Sports Med.* 2005;33(8):1154-9. doi:10.1177/0363546504273053
4. Park MC, Idjadi JA, ElAttrache NS, Tibone JE, McGarry MH, Lee TQ. The effect of dynamic external rotation comparing 2 footprint-restoring rotator cuff repair techniques. *Am J Sports Med.* 2008;36(5):893-900. doi:10.1177/0363546507313092

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Patents: www.suturetech.com/patents

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