

UniCort™ Distal Biceps

Surgical Technique



The other angle on surgery.

 **ParallaxMedical**®

Distal Biceps Repair Using the UniCort Distal Biceps™ and Tension-Slide Technique

Background

Distal biceps tendon repair using the UniCort™ Button and tension-slide technique allows the surgeon to tension and repair the biceps tendon through a single anterior incision. This unicortical fixation system ensures a strong, anatomically fixation, preventing damage to the Posterior Interosseous Nerve.

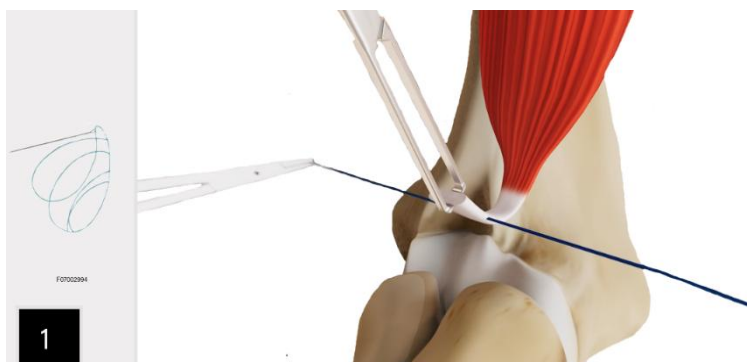


UniCort™ Distal biceps repair implant system

Surgical Technique

Place the patient in a supine position on the operating room table under a general anesthesia with a tourniquet applied but not regularly inflated. Make a 4 cm transverse incision approximately 3 cm distal to the elbow flexion crease. Identify the lateral antebrachial cutaneous nerve and retract it laterally. Identify the retracted distal end of the biceps tendon and deliver it through the incision. Debride the end of the tendon to remove any degenerative or diseased tissue. The tendon should pass through a 7 mm sizing block to ensure that it will fit through an 8 mm bone tunnel.

Whipstitch 2.5 cm of the distal end of the biceps tendon using a Parallax looped suture with straight needle, making sure to lock the sutures by making the final pass proximal to the previous pass. Cut the looped suture near the needle, ensuring adequate length suture limbs. Mark a line on the tendon 1 cm from the end to help visualize the tendon docking into the radial tuberosity.



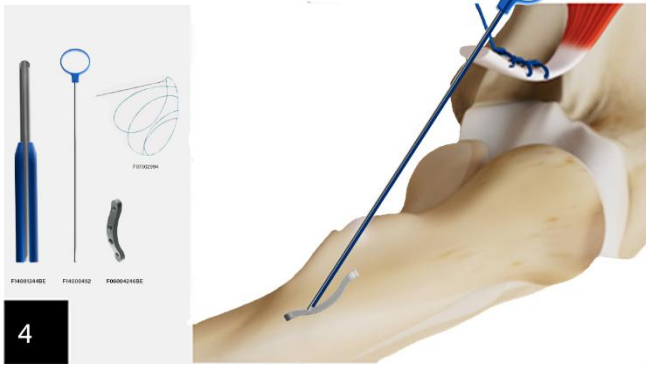
Thread one limb of suture through one side of the UniCort™ button and back through the opposite side. Thread the other suture limb through the button in the same manner, starting on the opposite side from the first suture limb. Make certain that the suture limbs are not tangled. Pull on each suture limb simultaneously to ensure that the button slides freely on the sutures.



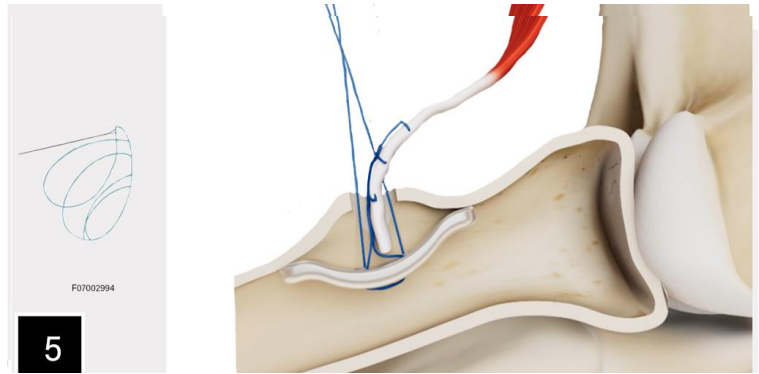
With the elbow in full extension and full supination, expose the radial tuberosity and debride it of any remaining soft tissue. Drill a 2.4 mm drill tip passing pin unicortical through the radial tuberosity, aiming 45° distally, using the Slotted Drill guide and sleeve for guide pin. Use fluoroscopy to confirm drill placement in the radial tuberosity.



Remove the sleeve for guide pin while holding the Slotted drill guide in place. Drill an 8 mm unicortical tunnel over the 2.4 mm guide pin until just before you reach the second cortex. Remove drill guide, drill pin and reamer. Copiously irrigate the wound to remove bone dust and fragments.



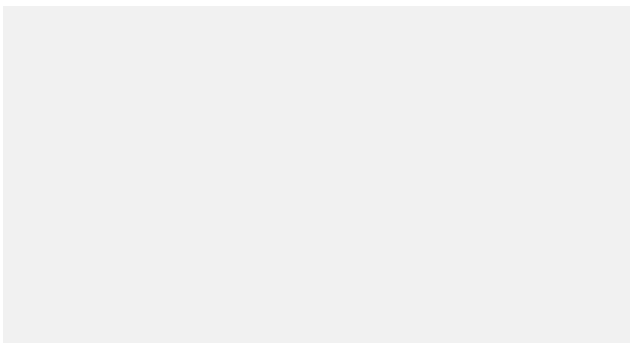
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 Insert one end of the sutures coming out of the Unicort™ Button through the distal opening of the knot pusher and maintain tension on both sutures so that the Unicort™ Button is positioned laterally next to the knot pusher. Push the Unicort™ Button into the drilled tunnel using the knot pusher.



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 Pull on the free suture limbs to seat the button against the radius. Use fluoroscopy to confirm button deployment. Grasp each limb of suture and slowly apply tension to dock the tendon into the bone tunnel. The previously marked line may also aid in visual confirmation that the tendon is fully docked into the bone tunnel. Flexing the forearm 20° to 30° can aid in button and tendon insertion. Use the knot pusher to secure the tendon by tying a non-sliding knot.



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 Once the tendon is fully seated, use a free needle and pass one limb of suture through the tendon and tie a knot, using the knot pusher if necessary.



Post-Op Protocol

Place the patient in a soft dressing and allow active supination and pronation of the forearm. Active flexion and extension as tolerated is permitted, but patients should lift nothing heavier than a coffee cup for the first 2 weeks.

Ordering Information

Product Description	Item Number
Implants	
UniCort™ Distal Biceps (suture button)	F06004246BE
Suture Loop	F07002994

Required Instruments:	
Knot Pusher for Biceps Button	F14001342BE
Sleeve for Guide Pin	F14001343BE
Slotted Guide	F14001344BE
Cannulated Drill Bit	F14001346BE
Passing Pin	DGP1000
Eye Needle	319W

This surgical technique has been developed in cooperation with MD PhD van Riet Roger , MD Caekebeke Pieter and is based on the paper: Anatomical intramedullary distal biceps tendon fixation.

Our first experience

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This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Parallax BV products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's Directions For Use. Postoperative management is patient specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.