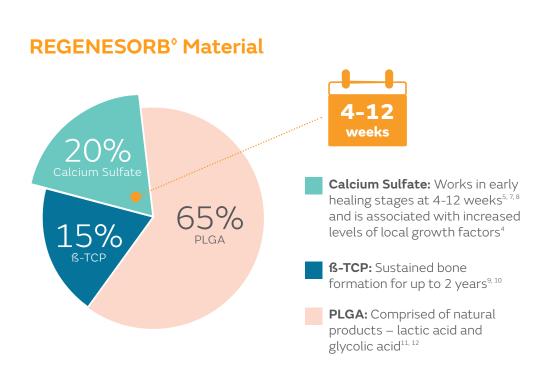




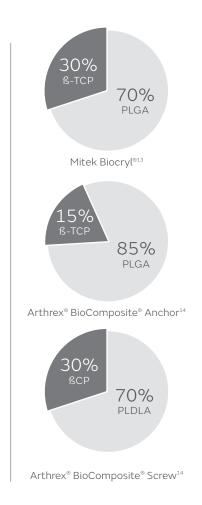
Designed to provide a jump start in bone healing

A micro-class anchor with a shallow drill depth that can be absorbed and replaced by bone in 24 months^{1, 2} while providing a solid finished construct.



Most biocomposite materials rely solely on the osteoconductive properties of $\text{B-TCP}^{\text{5-7}}$ REGENESORB material contains two osteoconductive components – B-TCP and calcium sulfate – which act during different stages in the bone healing process and through different mechanisms of action, physical and biochemical. REGENESORB Material is unique in this regard.

No other biocomposite material can claim this. $^{4,\,6,\,8}$



MICRORAPTOR® REGENESORB® Anchor Features

+ Compact size

The MICRORAPTOR REGENESORB Suture Anchor's small diameter (2mm area) allows you to place multiple anchors for increased points of fixation around the acetabulum or glenoid, contributing to a secure repair.

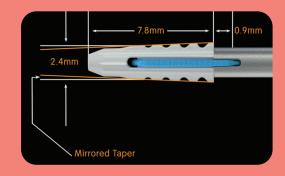


Pilot hole depth of the MICRORAPTOR REGENESORB suture anchors compared to the Stryker $^\circ$ NanoTack $^\circ$, Mitek GRYPHON $^\circ$ and Arthrex $^\circ$ SutureTak $^\circ$ anchors.

+ Shallow 15mm drill depth¹⁵

Shorter drill depth than the Stryker® Nanotack®, Mitek GRYPHON®, and Arthrex® SutureTak® anchors.

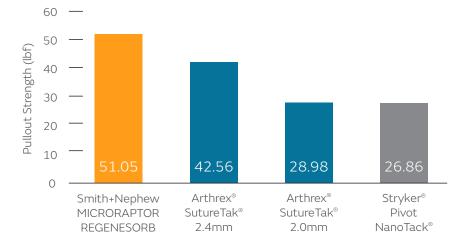




A Unique, Rectangular Anchor

Anchor tapers toward the distal tip increasing points of fixation





♣ Replaced by bone¹⁻²

Smith+Nephew REGENESORB material is designed to remain mechanically stable for a minimum of six months* before being absorbed and replaced by bone within 24 months.** 1,2



^{*} As demonstrated in vitro

Replaced by bone

^{**} Demonstrated clinically and in vivo

Improved Access

The Curved Guide System improves access to challenging hip and shoulder pathology

MICRORAPTOR° REGENESORB° has the shortest drill depth among micro-class suture anchors, the risk of articular surface perforation, bicortical perforation, and converging tunnels may be reduced.³

Unique tactile and visual cues

The Curved Drill Guide has intuitive visual and tactile cues that facilitate drill guide positioning and anchor placement.



The posterior laser mark helps with orientation when in the hip. The crescent-shaped laser mark indicates the orientation of the curvature.



An 'orientation bump' provides tactile feedback that corresponds with the direction of the curve.

Curved and cannulated obturators available

By offering a flexible cannulated obturator option, the surgeon may use a curved or straight guide for a percutaneous approach.



Hip and shoulder indications

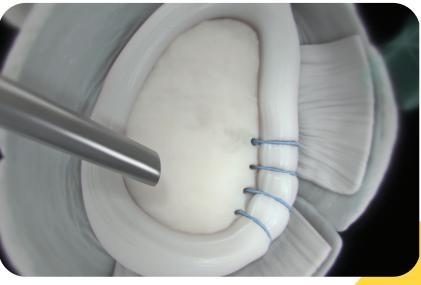
Hip

For hip labral repair, the Curved Drill Guide is designed to provide improved access to the acetabular rim when compared to traditional straight instruments. It allows for the anchor to be positioned closer to the articular side of the acetabular rim, with less risk for penetration of the articular cartilage when compared to straight delivery systems.



Shoulder

For shoulder applications, the Curved Drill Guide allows anchors to be placed confidently in the inferior aspect of the glenoid and the curve design is intended to reduce the risk of bicortical perforation.





Ordering information

MICRORAPTOR° REGENESORB° Suture Anchors	
Reference #	Description
72204983	MICRORAPTOR REGENESORB Suture Anchor with ONE ULTRABRAID° #1 Suture (Blue)
72204984	MICRORAPTOR REGENESORB Suture Anchor with ONE ULTRABRAID #1 Suture (Blue COBRAID)
MICRORAPTOR REGENESORB Drill Guides, Drills and Obturators	
Reference #	Description
72204988	MICRORAPTOR Drill, 1.6mm
72205267	MICRORAPTOR Hard Bone Drill, 1.8mm
72204991	MICRORAPTOR Drill Guide, Crown Tip
72204992	MICRORAPTOR Drill Guide, Spike Tip
72204993	MICRORAPTOR Drill Guide, Crown Tip, Curved
72204995	MICRORAPTOR Drill Guide, Fishmouth Tip
72204999	MICRORAPTOR Obturator, Blunt Tip, Cannulated
72205000	MICRORAPTOR Obturator, Blunt Tip, Cannulated
72205001	MICRORAPTOR Obturator, Trocar Tip

Indications for Use

MICRORAPTOR REGENESORB Suture Anchors are intended to be used for soft tissue to bone fixation for:

- Shoulder: Capsular Stabilization including Bankart repair, anterior instability; SLAP lesion repair; capsular shift or capsulolabral reconstructions; biceps tenodesis.
- Hip: Acetabular repair or reconstruction.

Learn more at smith-nephew.com

Sports Medicine Smith & Nephew, Inc. 150 Minuteman Road Andover, MA 01810 www.smith-nephew.com T +978 749 1000 US Customer Service:

+1 800 343 5717

°Trademark of Smith+Nephew. ©2020 Smith+Nephew. All rights reserved. All trademarks acknowledged. Printed in USA. 29092 V1 02/21

References

1. Vonhoegen J, John D, Hägermann C. Osteoconductive resorption characteristics of a novel biocomposite suture anchor material in rotator cuff repair. Orthop Traumatol Surg Res. 2019;14(1):12. 2. Smith and Nephew 2010. Micro-CT and histological evaluation of specimens from resorbable screw study (RS-II / OM1-08) 24-month post-implantation. Internal Report. WRP-TE045-700-08. 3. Hak DJ. The use of osteoconductive bone graft substitutes in orthopaedic trauma. J Am Acad Orthop Surg. 2007;15(9):525-536. 4. Allison DC, Lindberg AW, Mirzayan R, Samimi B, Menendez LR. A Comparison of Mineral Bone Graft Substitutes for Bone Defects. US Oncology and Hematolog. 2011. 5. Constantino, Friedman. Synthetic Bone Graft Substitutes. Otolaryngol Clin North Am. 1994 27(5):1037-1074. 6. Ogose A, Hotta T, Kawashima H, et al. Comparison of hydroxyapatite and beta tricalcium phosphate as bone substitutes after excision of bone tumors. J Biomed Mater Res B Appl Biomater. 2005;72(1):94-101. 7. Calori GM, Mazza E, Colombo M, Ripamonti C. The use of bone-graft substitutes in large bone defects: Any specific needs? Injury. 2011;42(2):556-563. 8. Walsh WR, Morberg P, Yu Y, et al. Response of a calcium sulfate bone graft substitute in a confined cancellous defect. Clin Orthop Relat Res. 2003(406):228-236. 9. Arai E, Nakashima H, Tsukushi S, et al. Regenerating the fibula with beta-tricalcium phosphate minimizes morbidity after fibula resection. Clin Orthop Relat Res. 2005(431):233-237. 10. Gaasbeek RD, Toonen HG, van Heerwaarden RJ, Buma P. Mechanism of bone incorporation of betaTCP bone substitute in open wedge tibial osteotomy in patients. Biomaterials. 2005;26(33):6713-6719. 11. Park K, Skidmore S, Hadar J, et al. Injectable, long-acting PLGA formulations: Analyzing PLGA and understanding microparticle formation. J Control Release. 2019;304:125-134. 12. Chu C-C. Section IV:44, Biodegradable Polymeric Biomaterials: An Updated Overview. In: The Biomedical Engineering Handbook: Bronzino JD Ed. CRC Press.; 1995. 13. Milewski MD, et al. Bone r

^{*}Other compatible sutures are available