



## Knee Preservation System™

Sequential Meniscal Running Stitch  
Surgical Technique



Multiple continuous stitches for repair  
of any size meniscal tear.



SURGICAL  
TECHNIQUE

The Sequent® All-Inside, Stay-Inside Meniscal Repair Device affords simplicity (completely all-inside knotless repair), versatility (multiple continuous stitches) and predictability (individually fixed and tensioned stitches) in a cost effective, time efficient manner.

– **David Caborn, MD**

*Department of Orthopaedic Surgery  
University of Louisville*

The Sequent All-Inside, Stay-Inside Meniscal Repair Device allows for versatility in approaching meniscus tears. The flexibility of multiple stitches that can be placed in almost an infinite number of configurations allows the arthroscopist to confidently address almost any type of meniscus tear, providing a strong and stable repair that allows the patient to rehabilitate aggressively.

– **Akbar Nawab, MD**

*Ellis and Badenhause Orthopaedics  
Louisville, KY*

# Sequential Meniscal Running Stitch Repair Using the Sequent® Meniscal Repair Device

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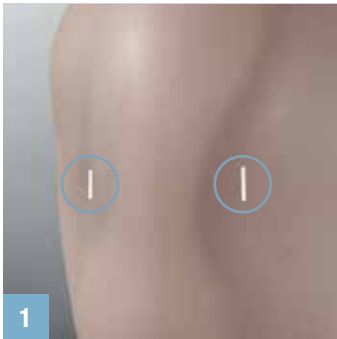
The Sequent® Meniscal Repair Device is an All-Inside, Stay-Inside system offering multiple implants, each with suture locking technology. This allows for individually tensioned and fixed stitches, creating a knotless repair in any configuration. This technology provides surgeons with a simple meniscal repair technique with an opportunity for faster repair, reduced risk of failures, reduced risk of meniscal trauma, and reduced risk of chondral damage.

Target small, medium, or large meniscal repairs with ease, using as few as two or as many as six continuous stitches. The Sequent system offers three different size configurations, allowing surgeons to choose the right tool to repair virtually any meniscal tear using the easy-to-master PRDT™ technique.



SURGICAL  
TECHNIQUE

## SEQUENTIAL MENISCAL RUNNING STITCH TECHNIQUE

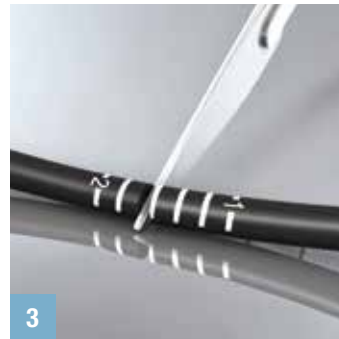


Create vertical portal incisions for improved joint access and to compensate for posterior slope of the tibial plateau.



Use a probe to ensure access to the entire tear. Approximate the deepest depth of penetration needed.

NOTE: This should be from the needle entry point on the meniscus to the capsule.



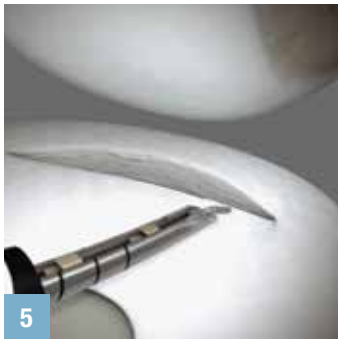
Cut the Depth Stop Sheath to the appropriate graduation marking.

NOTE: Ensure that the Depth Stop Sheath will allow the needle to penetrate through the meniscus and capsule at the deepest portion of the tear.



To aid in insertion of the Sequent<sup>®</sup> device into the joint, the Sequent Entry Cannula can be inserted into the portal. Introduce the Sequent device along the concave surface of the entry cannula. For additional protection, position the Depth Stop Sheath so that it covers the tip of the needle while entering the joint space.

Remove the entry cannula.



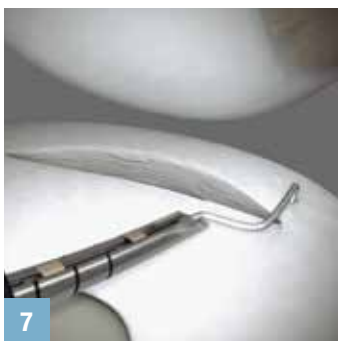
Once near the meniscal repair site pull back on the Depth Stop Sheath until it engages fully onto the handle.



Ensure the switch is forward in the Freewheel position. Pierce the needle completely through the meniscus, using the needle markings to ensure the proper depth of penetration.



Pull back and release the trigger to deploy an implant.

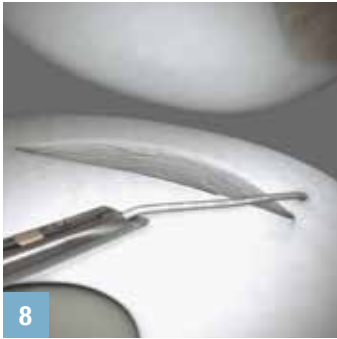


Withdraw the needle from the meniscus.

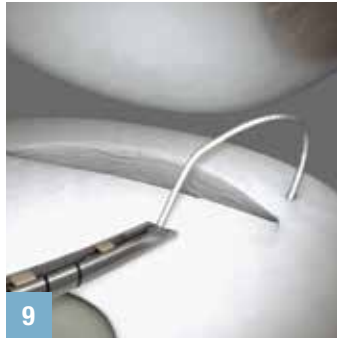
Then, move the switch backwards to the Ratchet position. The red dot should be exposed.

SURGICAL  
TECHNIQUE

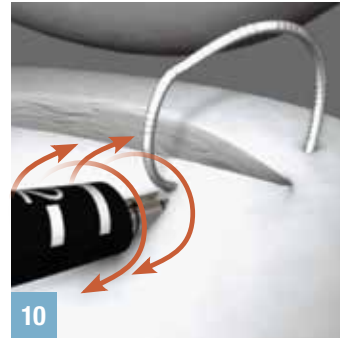
## SEQUENTIAL MENISCAL RUNNING STITCH TECHNIQUE CONTINUED



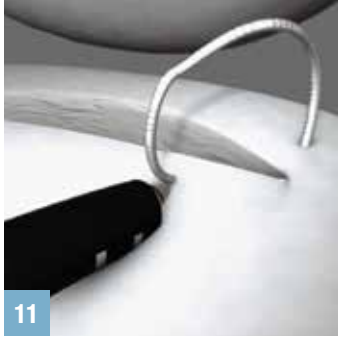
Tension the suture and ensure that the implant is set by pulling back on the device and using the thumb wheel to reel in the suture.



Move the switch forward into Freewheel position. Create slack (1cm-2cm) in the suture and target the position of the next implant.



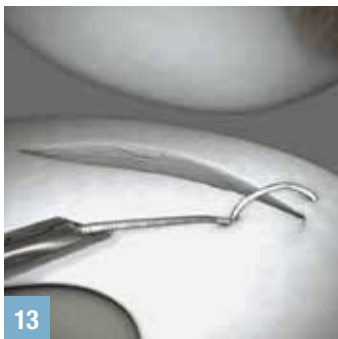
Insert the needle into the meniscus. Rotate the device two full revolutions either clockwise or counter clockwise to initiate the knotless fixation.



Advance the trigger forward to prepare the device for implant deployment.



Pull back and release the trigger to deploy an implant.



Withdraw the needle from the meniscus.



Move the switch backwards to the Ratchet position. Tighten the stitch by pulling back on the device and reeling the thumb wheel to remove excess suture slack.



Repeat steps 9-14 to create multiple sequential stitches until the repair is complete using the PRDT™ Technique.

**SURGICAL  
TECHNIQUE**

## CUTTING THE SUTURE TAIL

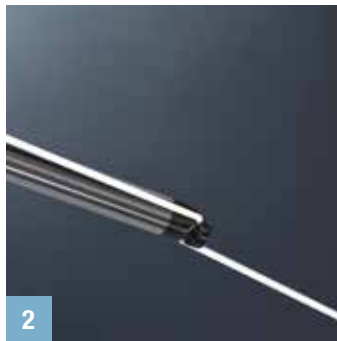


Once the repair is complete, remove the Sequent® device from the joint and move the switch backwards to the ratchet position so that the suture can be pulled taut.

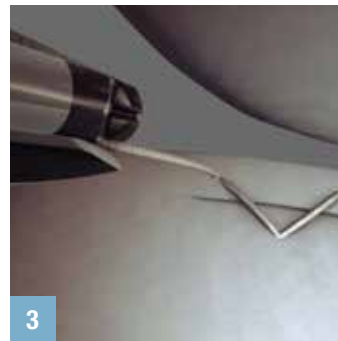
The entry cannula can be inserted into the portal to facilitate entry of the Sequent Disposable Suture Cutter.



Place the suture cutter onto the suture outside of the joint. Hold the suture taut. With the cutter shaft perpendicular to the suture, load the suture into the cutter slot.



Rotate the cutter shaft to align it axially with the suture. Keep the thumb resting on the thumb rest until you are ready to cut the suture.



Keeping the suture taut, slide the suture cutter down the suture into the joint until it is flush with the meniscus. The concave surface of the entry cannula facilitates easy entry of the suture cutter into the joint.

When ready, press the red lever to cut the suture. Then remove the suture, cutter, and entry cannula from the joint.



## CUTTING THE SUTURE TAIL



Remove the Sequent® device from the joint and move the switch backwards to the ratchet position so that the suture can be pulled taut.

Cut the suture tail flush using the Sequent Disposable Suture Cutter.

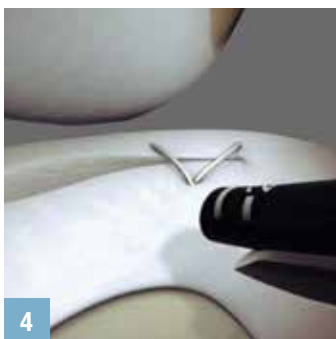
Note: Ensure there are enough implants remaining to create the desired number of stitches.



Tie a figure of eight knot leaving approximately 1cm or less of suture tail.



With the switch in the ratchet position, reel the suture in until the knot engages snugly into the first implant.



To aid in insertion of the Sequent device into the joint, the Sequent Entry Cannula can be inserted into the portal. Introduce the Sequent device along the concave surface of the entry cannula. For additional protection, use the sheath to protect the needle while re-entering the joint space.

Remove the entry cannula.

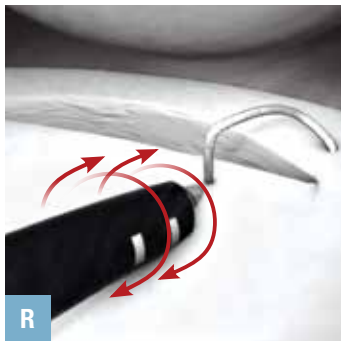
SURGICAL  
TECHNIQUE

## QUICK REFERENCE: REMEMBER THESE FOUR SIMPLE STEPS IN THE PRDT™ TECHNIQUE



### PIERCE

Pierce completely through the meniscus.



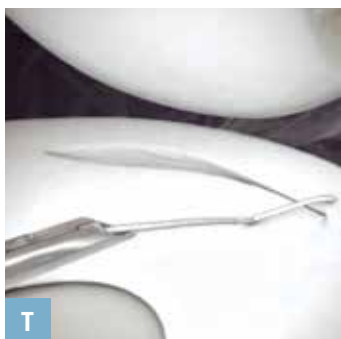
### ROTATE

Rotate the device two full revolutions.



### DEPLOY

1. Advance the trigger forward to ready the device.
2. Pull the trigger to deploy one implant.
3. Withdraw the needle from the meniscus.



### TENSION

To tension the stitch, pull back on the device and reel in suture with the red thumb wheel.

## ORDERING INFORMATION

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### SEQUENT® MENISCAL REPAIR SYSTEM

Sequent Meniscal Repair Device, Curved Needle, 3 Implants . .	MR003C
Sequent Meniscal Repair Device, Curved Needle, 4 Implants . .	MR004C
Sequent Meniscal Repair Device, Curved Needle, 7 implants . .	MR007C
Sequent Disposable Kit ( Suture Cutter, Entry Cannula) . . . . .	SCEC047
Sequent Disposable Suture Cutter . . . . .	SC047D
Sequent Reusable Entry Cannula . . . . .	EC047

### ACCESSORY INSTRUMENTS

Aggressor Forceps 3.4mm dia., 130mm Straight . . . . .	31.10034
Aggressor Forceps 3.4mm dia., 130mm 15° Up . . . . .	31.16337
Aggressor Forceps 3.4mm dia., 130mm 15° Left . . . . .	31.16136
Aggressor Forceps 3.4mm dia., 130mm 15° Right . . . . .	31.16235
30° Top Serrations . . . . .	C8542.1
30° Bottom Serrations . . . . .	C8541.1
30° Top and Bottom Serrations . . . . .	C8537.1
90° Top and Bottom Serrations . . . . .	C8536.1





ConMed Linvatec  
Knee Preservation System™  
Sequent® Meniscal Repair Device

525 French Road  
Utica, New York 13502

Local 727-392-6464  
Toll Free 800-237-0169

ConMed.com  
customer\_service@conmed.com

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