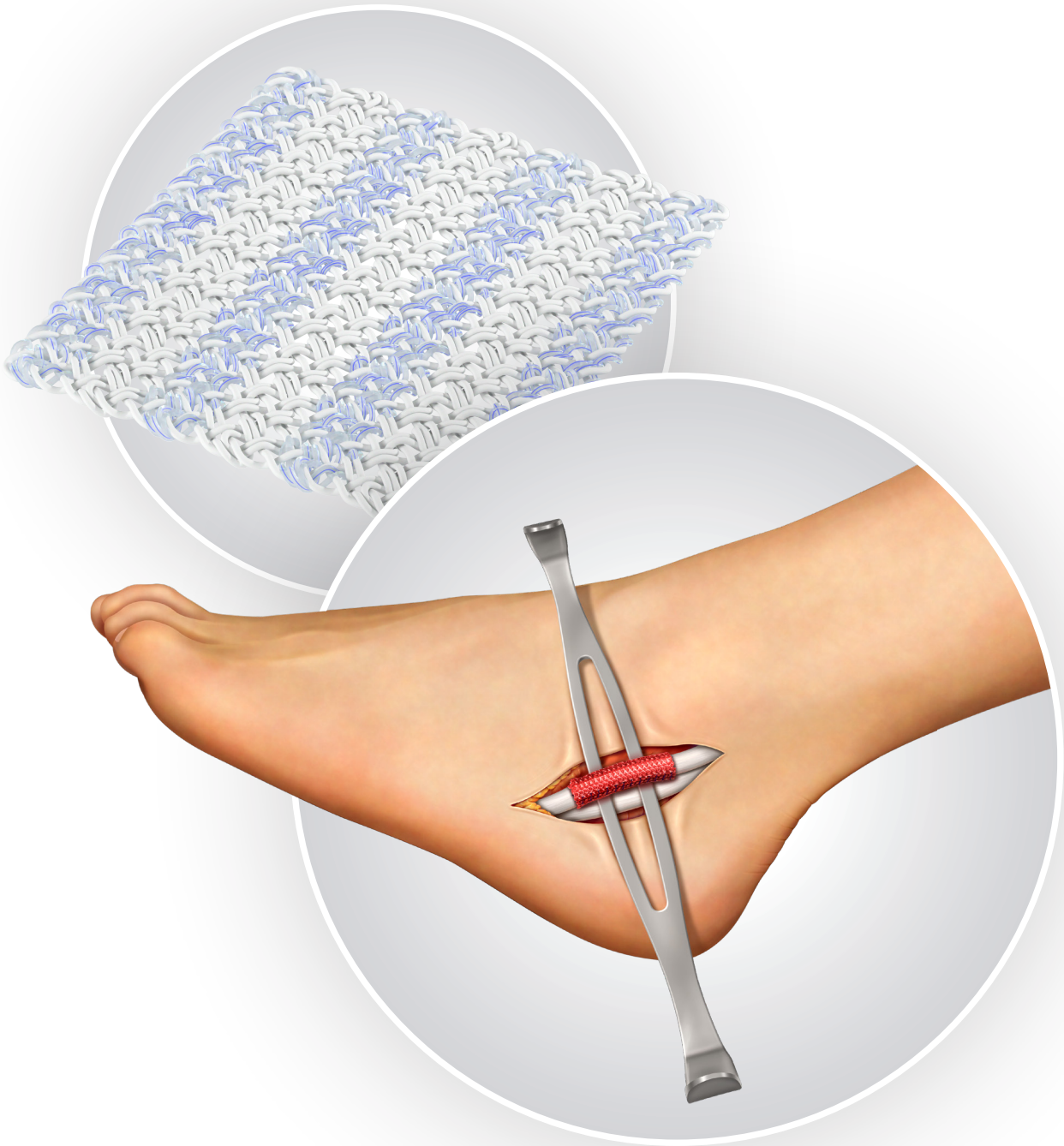


Integrity™ Implant

Peroneal Tendon Repair
Surgical Technique Guide



Peroneal Tendon Repair *Integrity Implant*

SURGICAL TECHNIQUE GUIDE

STEP 1

Place the patient in a supine position with a lateral hip bump to lateralize the ankle. Anatomic landmarks for incision placement include the tip of the fibular malleolus, the retromalleolar groove and posterior border of the fibula down to the level of the peroneal tubercle. Care is taken not to make the incision too plantar to avoid the sural nerve course. The incision is placed from the retromalleolar groove coursing distal to the tip of the lateral malleolus to the level of the peroneal tubercle. Length of incision is determined by the location of the tear as demonstrated by the MRI.

STEP 2

Upon dissection to the peroneal tendon sheath, care is taken to retract inferiorly to protect the sural nerve. A small incision is made in the sheath at the fibular tip and utilizing a tenotomy scissor, the sheath is incised distally to the level of the peroneal tubercle or to the distal aspect of the peroneal tear. Identification of the peroneus brevis and longus is performed. Easy identification of the tendon is performed by mobilizing the first ray, and the peroneus longus tendon excursion will be identified. Care is taken then to isolate the peroneus brevis tendon, and a retractor is placed under the tendon to isolate the tendon and to protect the adjacent structures.

STEP 3

Examination of the peroneus brevis tendon is performed to determine the extent of the tear and if the tear is full thickness through the tendon. The superior and inferior extent of the tendon tear is identified and preparation for repair is accomplished by debriding the excess tendon and roughening up the inner surface of the tendon for repair (Figure 1).

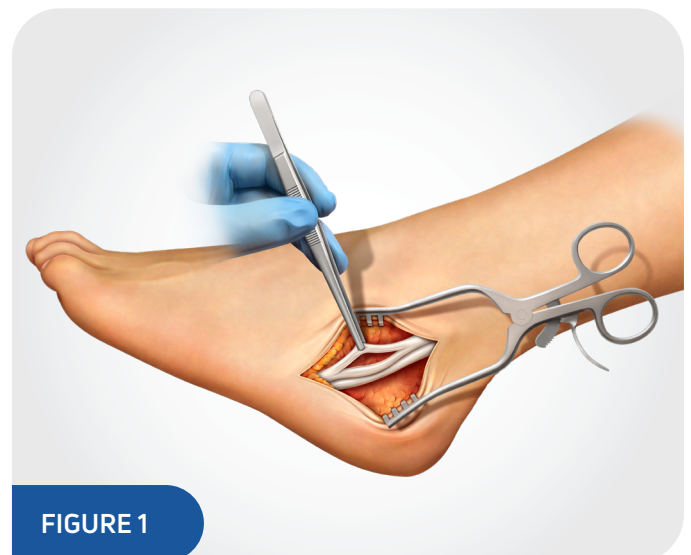


FIGURE 1

STEP 4

Initial repair of the tendon is performed utilizing suture of choice, and tubularization of the tendon is accomplished (Figure 2).



FIGURE 2

STEP 5

Once repair is completed, assessment for augmentation with Integrity Implant is performed. Hyaluronic acid-based scaffold is utilized for ingrowth of cells and synthesis of new collagen-like tissue into the implant site and to improve surgical repair.

OPTIONAL

Utilization of bone marrow aspirate concentrate (BMAC) can be utilized to hydrate the implant. BMAC has been associated with intrinsic growth factors to assist in healing of the tendon¹ (Figure 3).



FIGURE 3

Peroneal Tendon Repair Surgical Technique *Continued*

STEP 6

Carefully wrap the Integrity Implant around the tendon covering the affected area (**Figure 4**). Utilizing a 4.0 absorbable suture, incorporate the Integrity Implant and tendon together with a running suture pattern to minimize knot irritation (**Figure 5**).

Once the Integrity Implant scaffold is secured to the tendon, closure is performed in layers. Reapproximate the peroneal sheath to ensure proper gliding of the tendon within the sheath. Repair of the peroneal retinaculum is crucial to avoid post-surgical subluxation of the peroneal tendons.



Post-operative course involves 3 weeks of non-weight bearing of the extremity then protected weight bearing in a fracture boot for 3 weeks. Physical therapy is initiated at week 3-4 based on wound healing to promote peroneal tendon strength and to mobilize scar tissue.

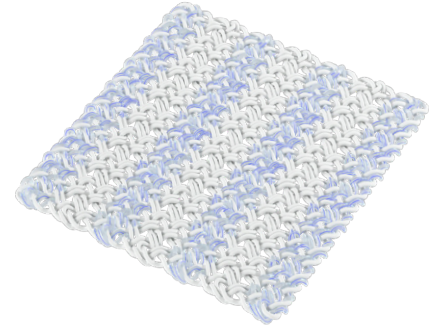
Peroneal Tendon Repair *Integrity Implant*

ORDERING INFORMATION

Integrity™ Implant

The Integrity Implant is a hyaluronic acid-based scaffold for tendon repair that provides reliable strength and regenerative biology.

The implant is constructed from Anika's Hyaff® material, a proven hyaluronic acid technology that supports tissue regeneration and resorbs over time, reinforced with non-absorbable PET (polyethylene terephthalate).



Integrity Implant

Part #	Description
6000100	20x25mm Integrity Implant
6000101	25x30mm Integrity Implant

For complete product information, please visit: www.anikaifu.com

1. McKenna, R. W., Riordan, N. H. "Minimally invasive autologous bone marrow concentrate stem cells in the treatment of the chronically injured Achilles tendon: a case report." *CellR4* 2014; 2 (4): e1100.

Anika Therapeutics, Inc.

32 Wiggins Ave., Bedford, MA 01730

1-888-721-1600 | customerservice@anika.com

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