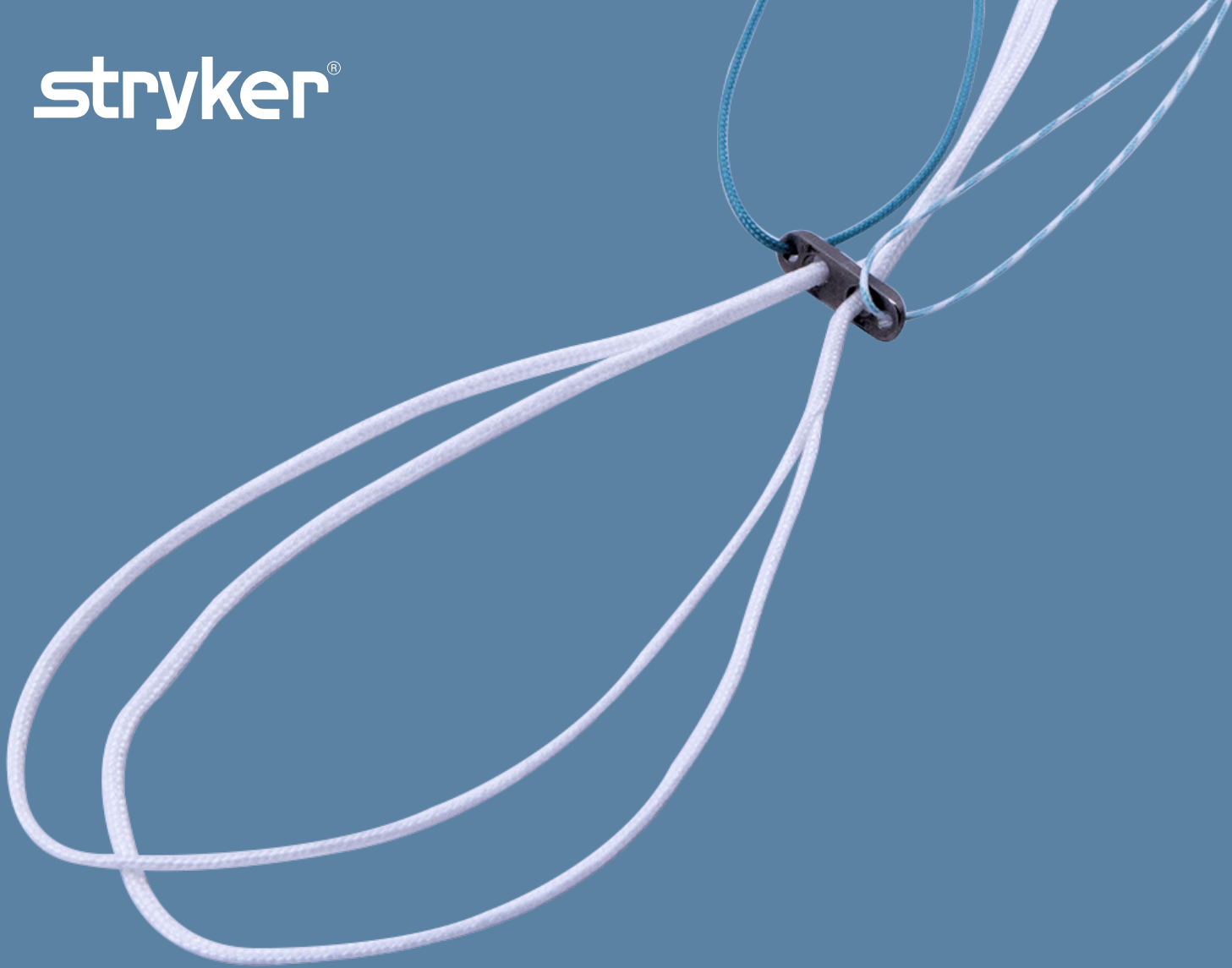


stryker<sup>®</sup>



**ProCinch**<sup>™</sup> *with IntelliBraid Technology*

Reference Guide

---



## Adjustable Cortical Fixation for ACL and PCL Repair

ProCinch utilizes Stryker's proprietary IntelliBraid technology to deliver a best in class adjustable loop that maximizes implant strength and minimizes suture slippage during cyclic loading.<sup>1</sup> To accommodate surgeon preference, the ProCinch implant comes in two options: ST to tension through the AM portal or RT to tension through the lateral femoral cortex. Using ProCinch eliminates the need to calculate the implant loop size and allows surgeons to completely fill femoral sockets.

Use ProCinch in conjunction with VersiTomic® and Biosteon to achieve a complete anatomic ACL reconstruction.

### Standard Tensioning (ST)

Tension through AM Portal



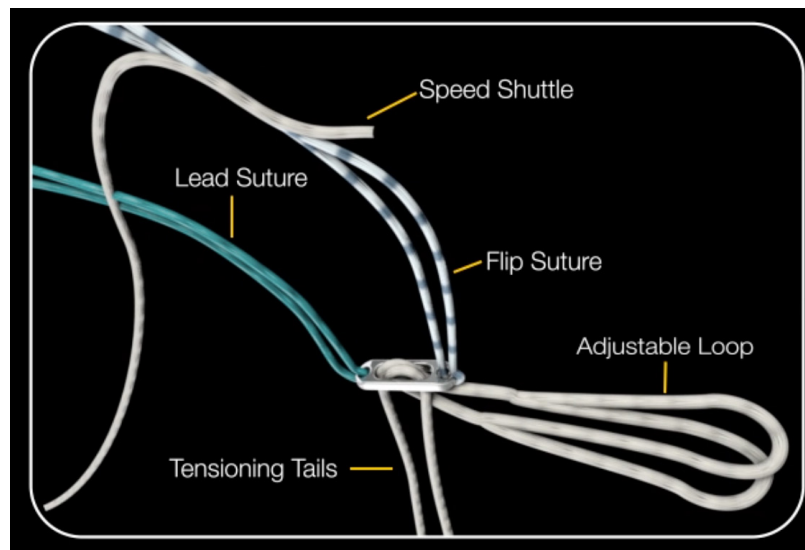
### Reverse Tensioning (RT)

Tension through lateral femoral cortex

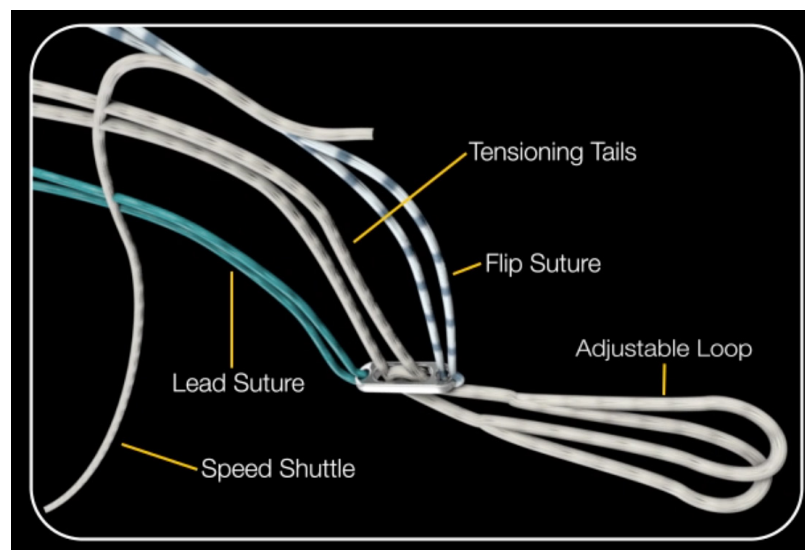


## Features and Benefits of ProCinch

- One size offering to replace all fixed loops
- Maximize the graft in the tunnel with adjustability when compared to a fixed loop
- ProCinch's IntelliBraid maximizes braid strength with minimizing suture slippage<sup>1</sup>
- Loaded with a speed shuttle to help organize and shuttle sutures through the tunnels while helping with suture management
- Comes with a lead and a flip suture to assist in flipping the button and providing tactile feedback that it has flipped
- Has spliced eyelets to indicate when graft tails are equal
- Indicated for use for both ACL and PCL reconstruction
- ST - Ultimate Load of 1141.1N<sup>1</sup>; RT - Ultimate load of 1109.1N<sup>1</sup>
- Compatible with G-Lok® XL in case of backwall blowout
- 4mm x 13mm button designed to maximize button strength on Femoral Cortex



***ProCinch ST***



***ProCinch RT***



## Technique for Standard Tensioning (ST)

Step 1:

- Drill an anatomic femoral tunnel using the VersiTomic system and measure the tunnel length.  
For questions refer to literature #: LJPVTACL-TG

Step 2:

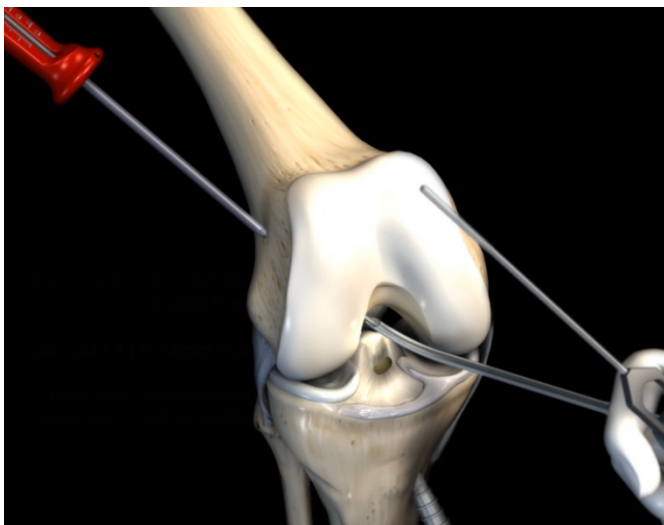
- Drill tibial tunnel using Stryker's ACL instrumentation.

Step 3:

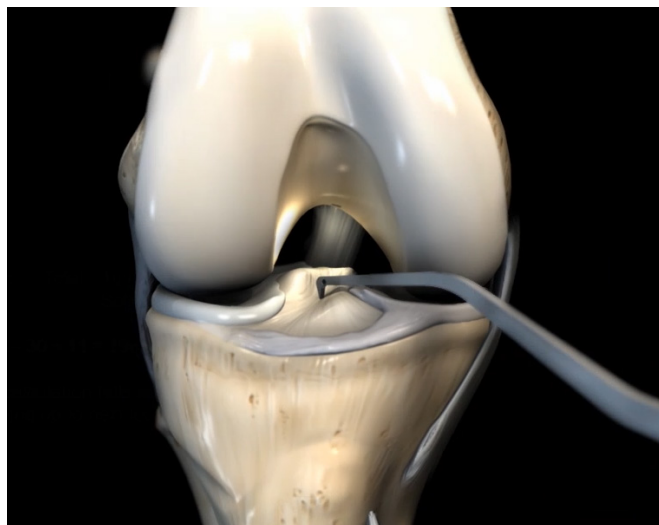
- Utilize a loop retriever to grab the passing suture loop down through the tibial tunnel.

Step 4:

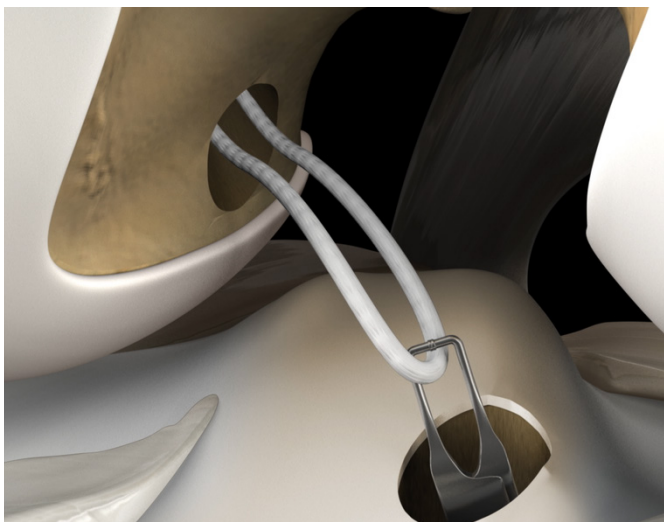
- Insert the speed shuttle tail of the ProCinch through the loop and pull in the same direction as the femoral tunnel to pass the implant into the tunnel. Pull using the green lead suture while maintaining enough tension on the co-braid suture to minimize slack until the button is through the tunnel just beyond the desired cortex. Unthread the speed shuttle by gently pulling the speed shuttle tail.



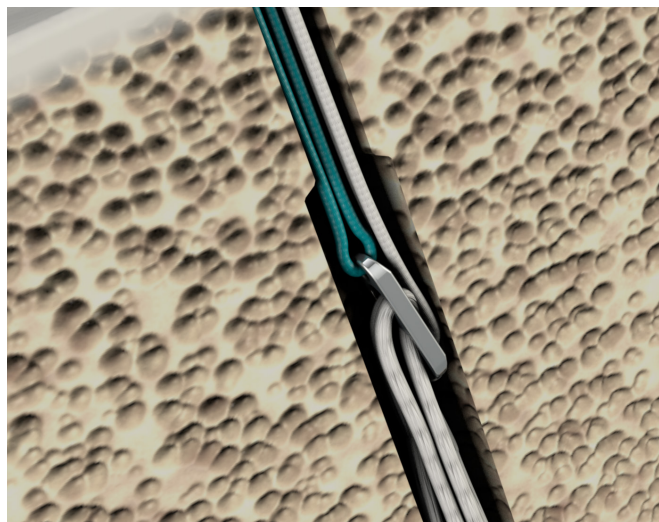
Step 1



Step 2



Step 3



Step 4



Step 5:

- While maintaining tension on the graft through the tibial tunnel, use the lead and flip sutures to toggle the button to ensure the button has flipped and is flush against the femoral cortex.

Step 6:

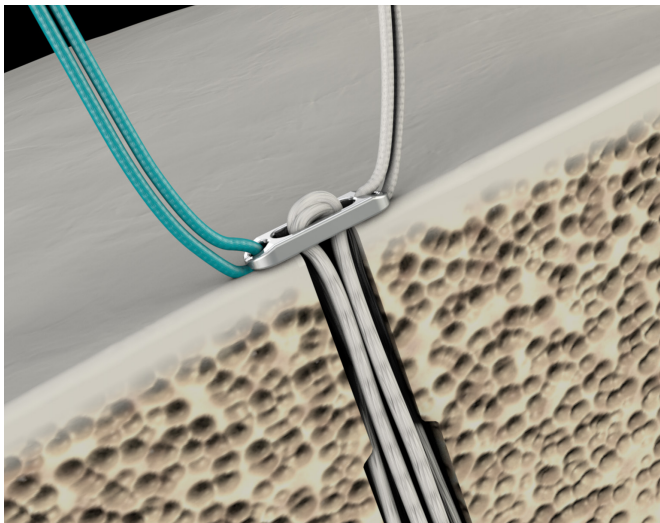
- Retrieve the tensioning sutures identified with the spliced eyelets through the AM Portal using a suture manipulator.

Step 7:

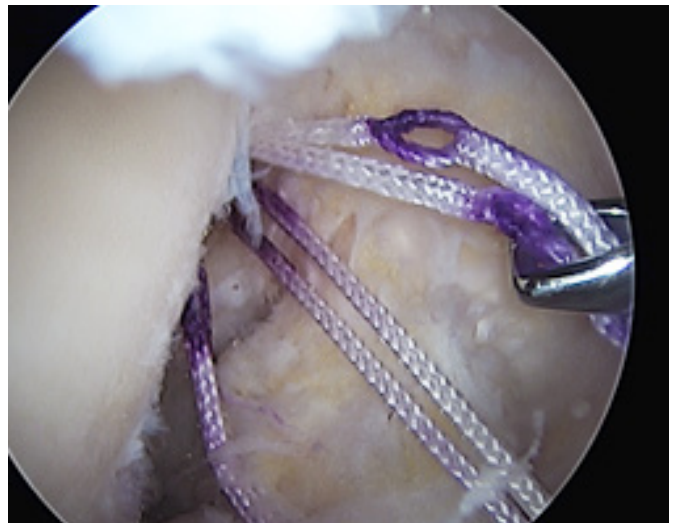
- While maintaining counter tension on the graft tails, incrementally adjust each tail individually to advance the graft into the Femoral Socket until the graft fills the tunnel. Ensure the construct is tight and the spliced eyelets are even.

Step 8:

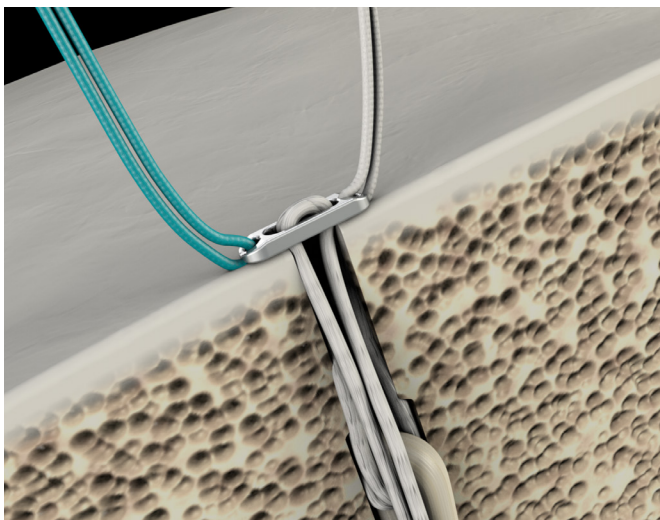
- Proceed with tibial fixation using the Biosteon interference screw and cut the tensioning tails where desired using the CrossCut suture cutter.



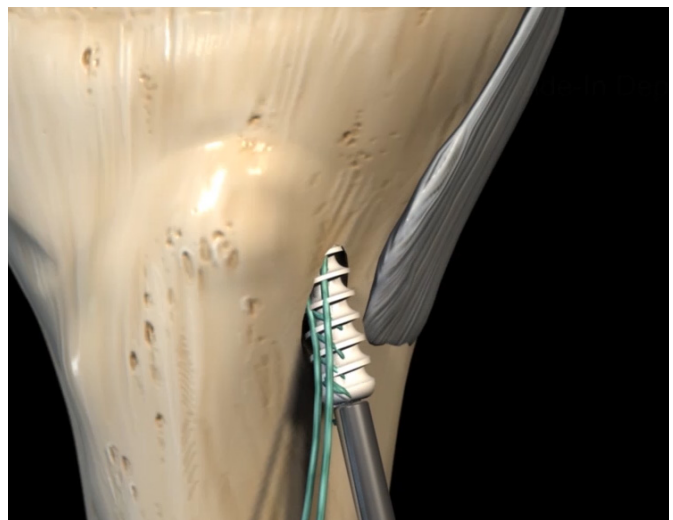
Step 5



Step 6



Step 7



Step 8

## Technique for Reverse Tensioning (RT)

Step 1:

- Drill an anatomic femoral tunnel using the VersiTomic system and measure the tunnel length.  
For questions refer to literature #: LJPVTACL-TG

Step 2:

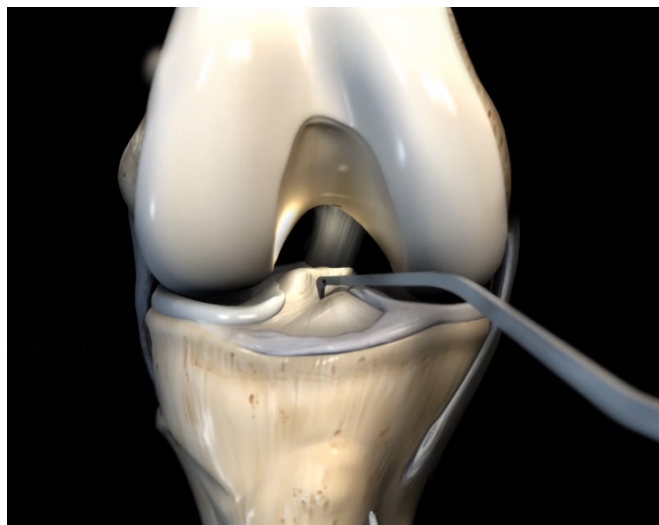
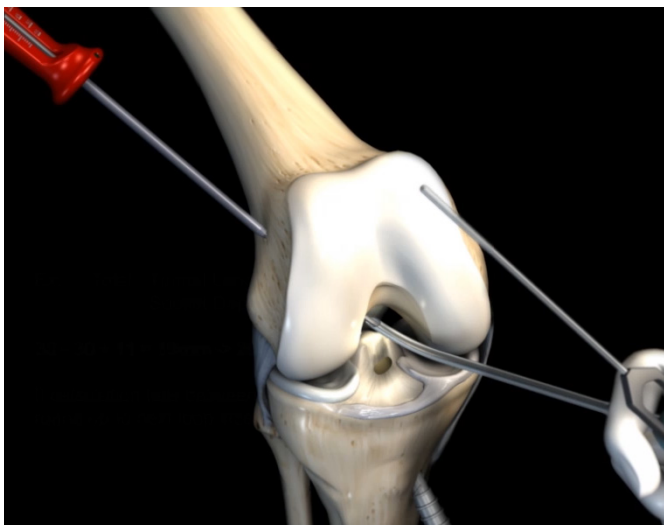
- Drill tibial tunnel using Stryker's ACL instrumentation.

Step 3:

- Utilize a loop retriever to grab the passing suture loop down through the tibial tunnel.

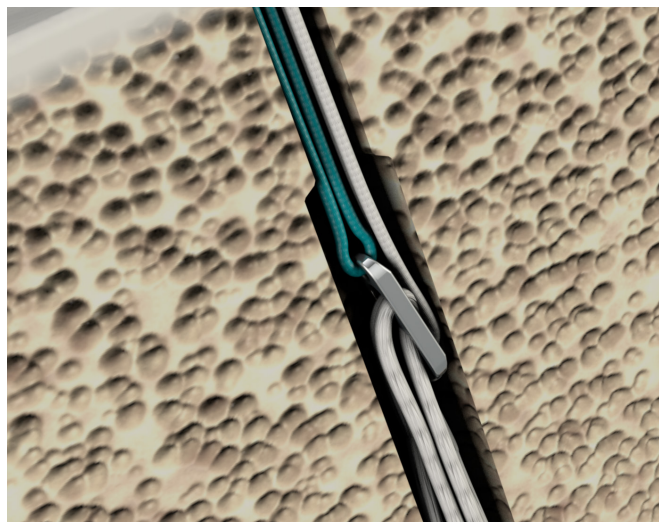
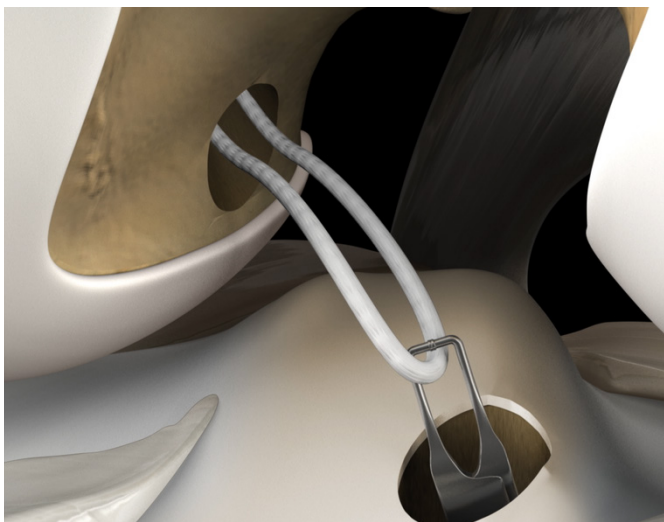
Step 4:

- Insert the speed shuttle tail of the ProCinch through the loop and pull in the same direction as the femoral tunnel to pass the implant into the tunnel. Pull using the green lead suture while maintaining enough tension on the co-braid suture to minimize slack until the button is through the tunnel just beyond the desired cortex. Unthread the speed shuttle by gently pulling the speed shuttle tail.



Step 1

Step 2



Step 3

Step 4



Step 5:

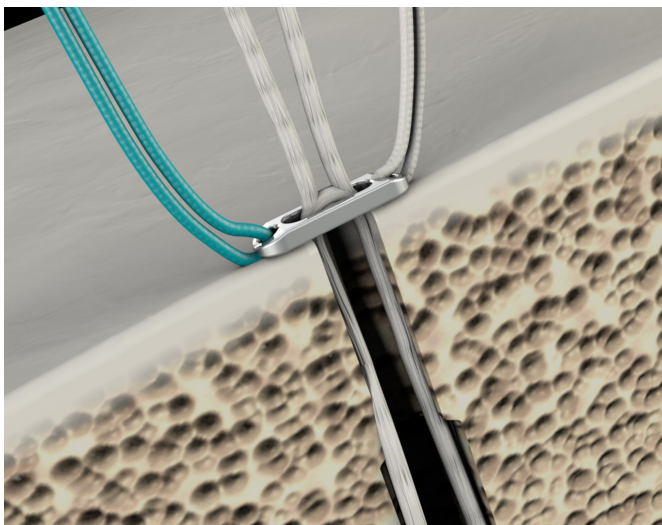
- While maintaining tension on the graft through the tibial tunnel, use the lead and flip sutures to toggle the button to ensure the button has flipped and is flush against the femoral cortex.

Step 6:

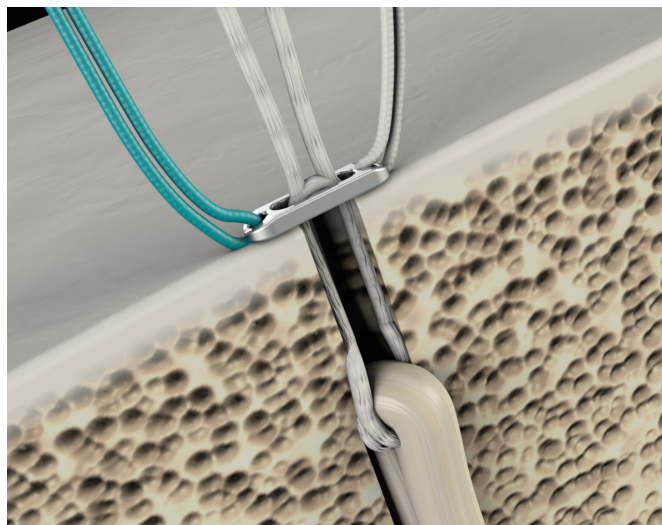
- While maintaining counter tension on the graft tails, incrementally adjust each tail individually to advance the graft into the Femoral Socket until the graft fills the tunnel. Ensure the construct is tight and the spliced eyelets are even.

Step 7:

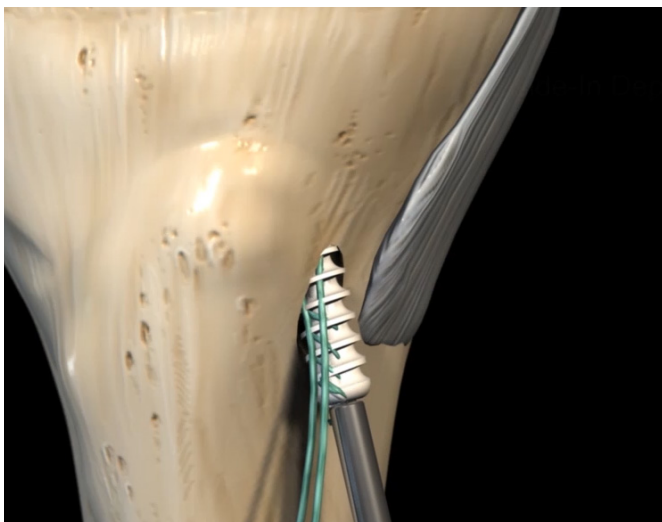
- Proceed with tibial fixation using the Biosteon interference screws and cut the tensioning tails where desired using the CrossCut suture cutter.



Step 5



Step 6



Step 7

---

**Joint Replacement**

---

**Trauma, Extremities & Deformities**

---

**Craniomaxillofacial**

---

**Spine**

---

**Biologics**

---

**Surgical Products**

---

**Neuro & ENT**

---

**Interventional Spine**

---

**Navigation**

---

**Endoscopy**

---

**Communications**

---

**Imaging**

---

**Patient Care & Handling Equipment**

---

**EMS Equipment****References:**

1. DHFD12761

---

5670 Greenwood Plaza Blvd. Ste. 200  
Greenwood Village, CO 80111  
t: 201 831 5000  
[www.stryker.com](http://www.stryker.com)  
[www.sportsmedicine.stryker.com](http://www.sportsmedicine.stryker.com)

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks; ProCinch, VerisTomic, G-Lok, Stryker. All other trademarks are trademarks of their respective owners or holders.

1000901896 Rev. A  
Copyright © 2015 Stryker  
Printed in USA  
12/15