



## FDL Tendon Transfer

*Using Actiflip Cinch Loop*

Surgical Technique Guide

# FDL Tendon Transfer *Using Actiflip Cinch Loop*



step  
**1**

Place the patient in a supine position. Make an incision from the tip of the medial malleolus extending distally to the level of the naviculocuneiform joint. The incision is deepened through the subcutaneous tissue while care is taken to identify and retract all neurovascular structures.

Dissection is performed to the level of the posterior tibial tendon sheath. The sheath is then incised allowing for direct visualization of the posterior tibial tendon. Debridement and tubularization of the posterior tibial tendon is then performed if necessary.



step  
**2**

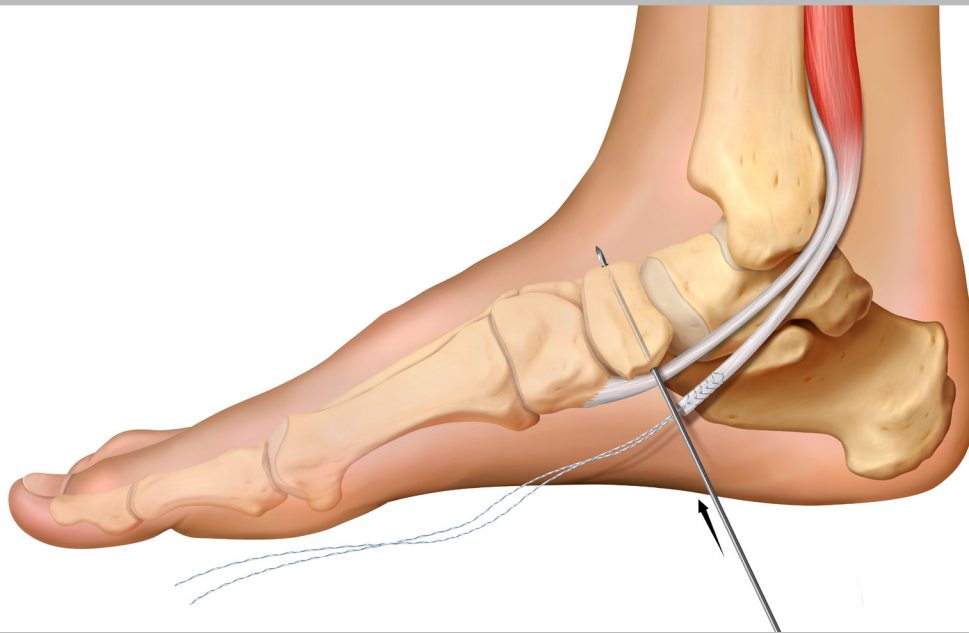
The posterior tibial tendon is then retracted superiorly. Identification of the flexor digitorum longus tendon sheath is then performed. Incision into the sheath is created. Dissection is then taken distally down to the level of the Master knot of Henry. The FDL tendon is then incised.



step  
**3**

The FDL tendon is then whipstitched using the Infinity Loop (20053S, 20056S or 20174S).

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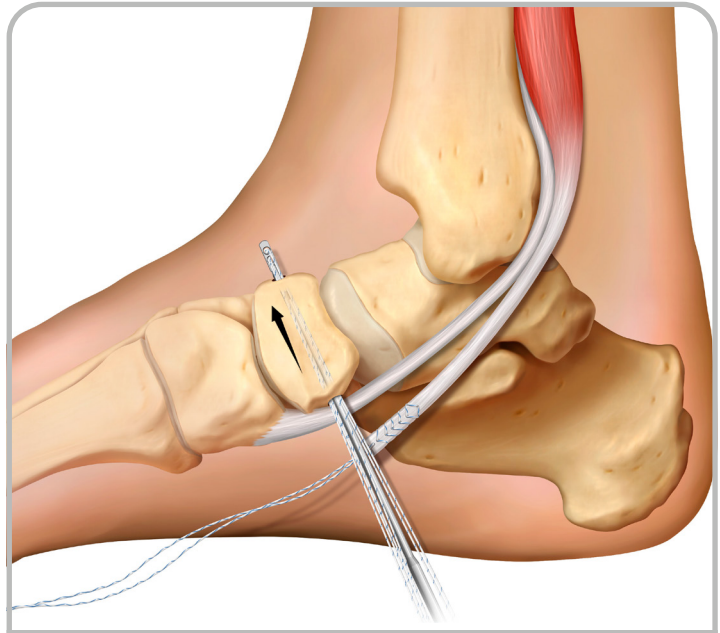
step  
**4**

The 1.5mm K-Wire (11220) for the Actiflip device is then placed from either inferior to superior or superior to inferior depending on surgeon preference. The 1.5mm K-Wire is originated to be placed in a slight oblique fashion through the plantar medial navicular tuberosity. Fluoroscopic exam is used to confirm placement of the K-Wire. For example, the K-Wire may be placed from inferior medial to superior lateral. This allows for better visualization of the landing zone superiorly while ensuring appropriate origin in the medial inferior navicular. Care should be taken to ensure no violation into the talonavicular joint has occurred.



step  
**5**

The 3.5mm reamer (included in the 11220) is then introduced over the K-Wire and a bone tunnel is created through the navicular.

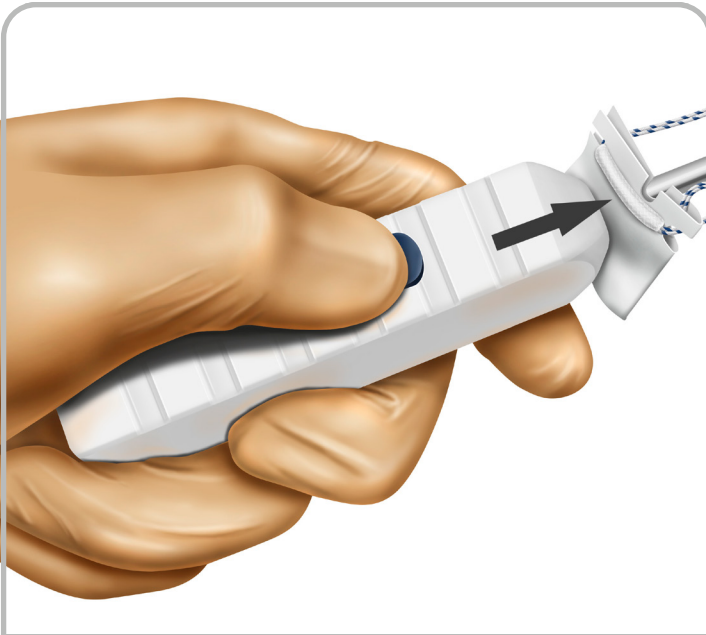


step  
**6**

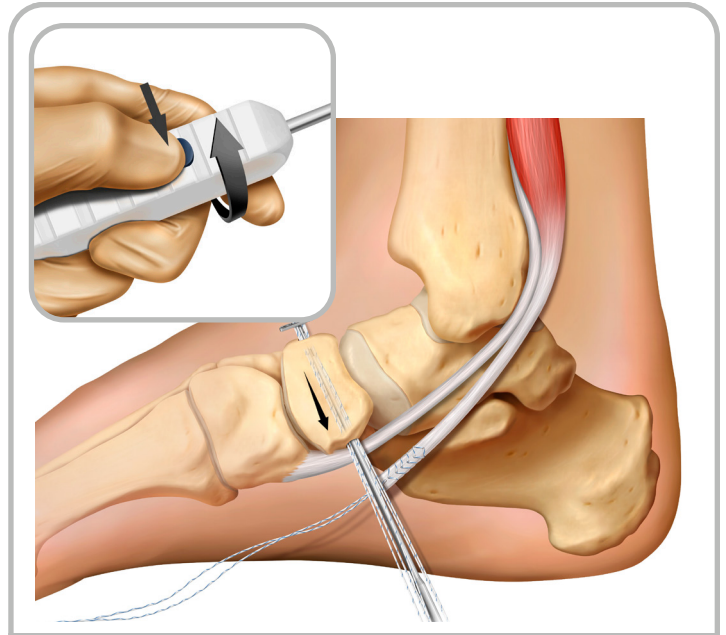
The Actiflip Small Button (SB) with cinch loop (11183SB) is inserted from inferior to superior. Insert the Actiflip implant until direct visualization of the button is noted superiorly.

*OPTIONAL:* A 4.5mm cannulated headed drill bit (11216) may be used to create a unicortical punch so that the FDL tendon may inlay slightly into the prepared bone tunnel.

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**step 7** Slide the suture needle packet down the inserter shaft approximately one inch to release tension.



**step 8** Press the activation button and twist the handle to flip the implant, allowing the button to rest on the superior cortex of the navicular. Leave the Actiflip inserter in place and gently pull the distal sutures to aid final position of the implant.



**step 9** Remove the inserter handle leaving the loop and sutures. Alternatively, a hemostat may be used to hold the button as the inserter handle is pulled back.



**step 10** The FDL tendon is pulled through the cinch loop and tension is evaluated. With the FDL pulled in the longitudinal direction, mark the tendon at the preferred point of fixation.



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step  
**11**

Pass one needle from deep to superficial, proximal to the preferred point of fixation and pass the other needle from deep to superficial, distal to the preferred point of fixation.



step  
**12**

Remove the needles from the suture. Pull the suture tails to reduce the cinch loop over top of the flexor digitorum longus tendon.



step  
**13**

Use preferred knot tying technique over the tendon sheath for final fixation. Trim the tendon leaving a tail of at least 10mm.

Tenodesis of the posterior tibial tendon to the flexor digitorum longus tendon may be performed with several interrupted/running sutures. The conjoined tendons are then placed back into the posterior tibial tendon sheath, which is reapproximated under standard fashion.

*ALTERNATIVE: The K-Wire is placed from medial to lateral through the central aspect of the navicular. The 3.5mm reamer is then introduced creating a bone tunnel through the central aspect of the navicular from medial to lateral. The Actiflip device is then inserted and a small stab incision is made over the lateral aspect of the navicular. The Actiflip button is deployed leaving the button on the lateral aspect of the navicular. Follow steps 7-13 to complete the repair.*

# Actiflip *Tenodesis System*



Actiflip is a button fixation system intended for fixation of soft tissue to bone in the foot and ankle for midfoot and hindfoot reconstruction. The titanium Actiflip button is designed for unicortical and bicortical techniques.

## Features & Benefits

### Actiflip Inserter

- Robust and reliable insertion of the button

### Retractable finger

- Ability to reload the button if needed

### Cinch loop

- Precise control and tension on the tendon

### Actiflip Tenodesis System

Part #	Width of Button (mm)	Length of Button (mm)	Description
11183SB	3	10	Actiflip SB, cinch loop, w/1, #2 suture (wht/blu), w/ needles (MO-6)

### Actiflip Instrumentation

Part #	Diameter (mm)	Description	Sterile/ Non-sterile	Single-use/ Reusable
11220	3.5	Cannulated reamer w/1.5mm K-Wire	Sterile	Single-use
11216	4.5	Cannulated headed drill bit, w/ guide wire (optional)	Sterile	Single-use

### Parcus Braid Infinity Loop

Part #	Size	Description
20053S	#2	Parcus Braid, infinity loop (wht), w/needle (ST)
20056S	#2	Parcus Braid, infinity loop (wht/blu), w/needle (ST)
20174S	1.6mm	Parcus Braid, infinity loop (wht/blu), w/needle (ST)



Actiflip Components	
1	Actiflip button
2	Inserter shaft with post
3	Retractable finger
4	Handle with activation button
5	Reload pin
6	Actiflip cinch loop



Parcus Medical has joined **Anika**

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### Key: Needles

Type	Description
MO-6	26mm, curved, taper point
ST	60mm, straight, taper point