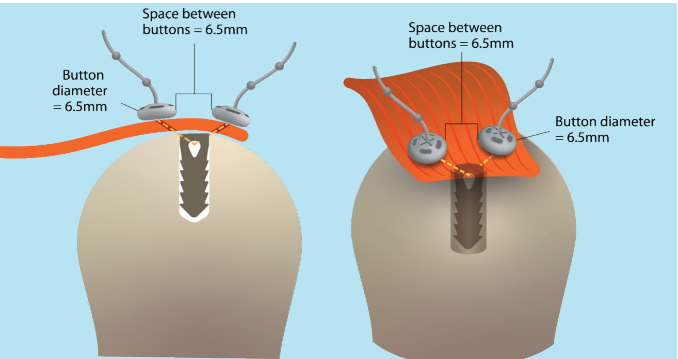


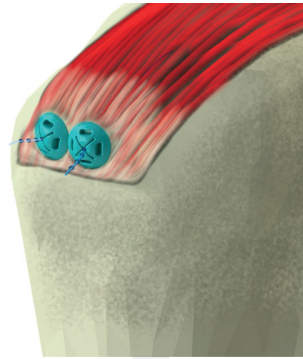
ZipE® Suture Configuration-Flexibility for multiple surgical considerations

ZipE® allows for multiple suture configurations depending on the needs of a particular surgical case

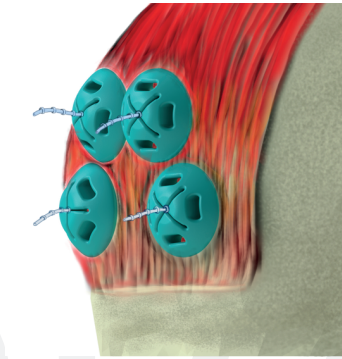
Suture configurations recommendations for the ZipE® suture retention capture include: single parallel, double parallel, horizontal mattress, double row or a single series with a “drop back series suture strand” to the main screw or additional screw. However, each surgery is different and surgeons should choose the best options based on each patient’s specific surgical condition.



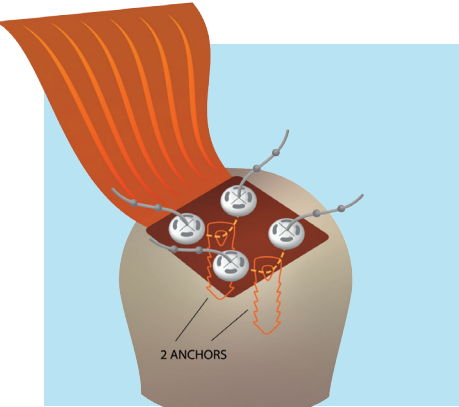
1. Button/Anchor Spacing Relationship



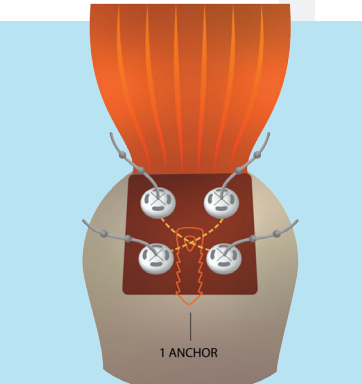
2. Single Parallel



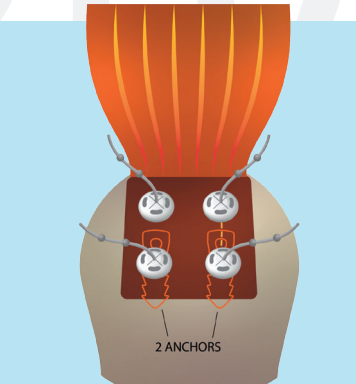
3. Double Parallel
Four captures are seated upon the tendon.



3b. Double Row
Horizontal Parallel



3c. Double Row
Single Squad

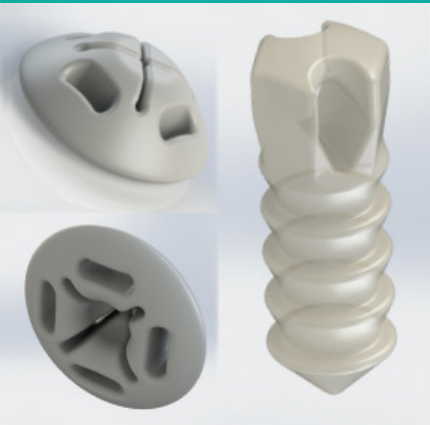


4. Double Row
Vertical Parallel

ZipE® Instrumentation and Implants



Titanium Anchors available in 4.5 and 5.0mm



Biocomposite Plugs: 5.0mm, 6.5mm

Ordering Information



CATALOGUE	SKU	PRODUCT DESCRIPTION
0002	RA6-6550-S	ZipE® 5.0 mm resorbable plug kit RA6-6550-S
0033	A6-6545-S	ZipE® 4.5 mm titanium screw kit A6-6545-S
0009	RA6-6550-S	ZipE® 5.0 mm resorbable plug kit RA6-6550-S Master Shipper (Qty. 6)
0030	A6-6545-S	ZipE® 4.5 mm titanium screw kit A6-6545-S Master Shipper (Qty. 6)
0071	C7-50160-SS	ZipE® Punch C7-50160-SS
0078	C7-50160-SS	ZipE® Punch C7-50160-SS Master Shipper (Qty. 6)
0026	A6-6545-S	ZipE® 5.0 mm titanium screw kit A6-6550-S
0023	A6-6545-S	ZipE® 5.0 mm titanium screw kit A6-6550-S Master Shipper (Qty. 6)
0061	RB41-S-4	ZipE® Qty. (2), 36 in. #2 USP Braided UHMPE Suture with Capture Holster Resorbable Captures Qty. (4): RB41-S-4 Master shipper Qty. (6)
0064	RB41-S-4	ZipE® Qty. (2), 36 in. #2 USP Braided UHMPE Suture with Capture Holster Resorbable Captures Qty. (4): RB41-S-4

Surgical Indications

- **Shoulder repair:** Rotator cuff repair, Bankcartrepair, SLAP lesion repair, Biceps tenodesis, Acromio-clavicular separation repair, Deltoid repair, and Capsulolabral reconstruction
- **Foot and ankle repair:** Lateral stabilization, Medial stabilization, Achilles tendon repair, Hallux valgus reconstruction, Midfoot reconstruction, metatarsal ligament repair
- **Knee:** Medial collateral ligament repair, Lateral collateral ligament repair, Patellar tendon repair, Posterior oblique ligament repair
- **Hand/Wrist:** Scapholunate ligament reconstruction, Ulnar collateral ligament reconstruction, Radial collateral ligament reconstruction
- **Elbow:** Bicep-tendon reattachment, Tennis elbow repair, Ulnar or radial collateral ligament reconstruction

Surgeons!:

* The 5 mm titanium screw and the 6.5 mm biocomposite plug should be placed through a “stab” incision in the skin and once seated, the sutures should be shuffled out another portal or second stab incision. Following a cannula can be placed through the stab incision and the sutures retrieved back out through the cannula - the driver for these two anchors will fit through an I.D. of 8.1 mm but the sutures will not.

** 4.5 mm screw fits through standard cannulas of an inner diameter of 8.1 mm

*** Capture Holster - when loading each capture onto the suture, avoid using the crimp area created by each pass, as this weakens the nitinol loop.

***** The end of the driver is sharp and the driver must be kept parallel to the suture when pushing the capture down the suture - it takes a little force - firmly, but slowly - increase pressure and it will move at 7-8 lbs.

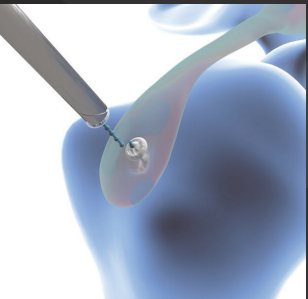
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Ziptek
1250 S. Tamiami Trail
Suite 303
Sarasota, FL 34239 USA
PRO-4400-7-1
www.ziptekglobal.com

WWW.ZIPTEKGLOBAL.COM
845.631.2287



Knotless Repair and Attachment Device



Improved fixation in a novel knotless design

*Novel resorbable tissue fixation technology
engineered both mechanically and chemically*

- to optimize resistance to suture rip-through and gapping
- to sync with natural tissue healing for complete remodeling



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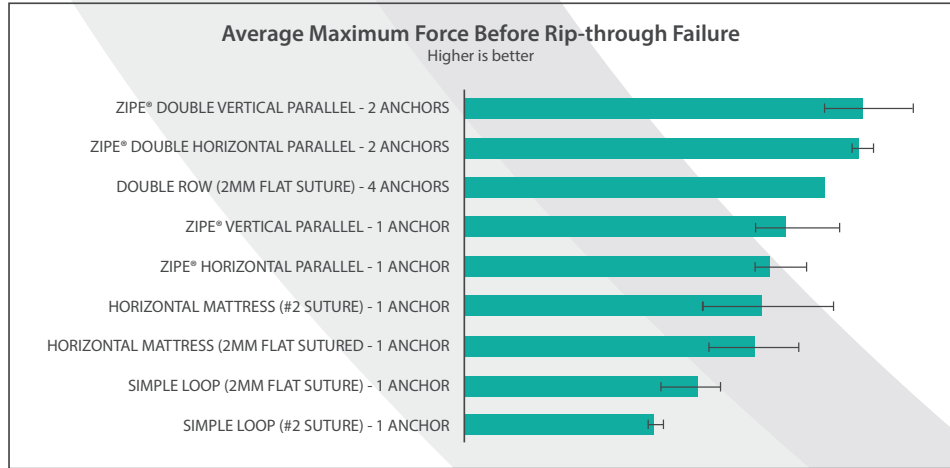
ZipE® “Zipoplasty” Knotless Tissue Repair and Attachment Device

ZipE® is a knotless repair and attachment device that facilitates secure fixation of tissue and tendon to bone in an easy-to-use knotless design, making it ideal for use in arthroscopic and endoscopic surgical procedures.

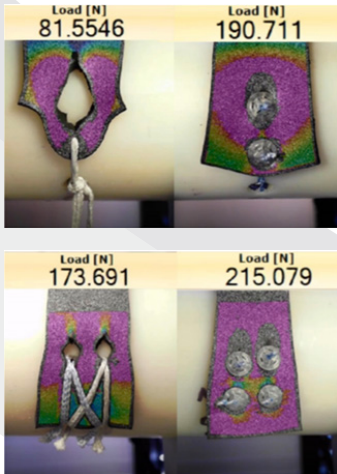
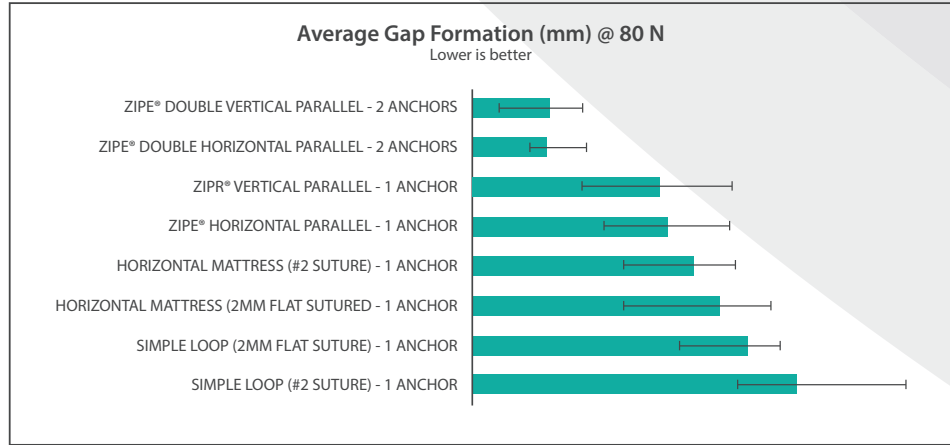
1. ZipE® resists rip-through and gapping

Optimized contact, minimized complications

ZipE®’s technology has been shown to decrease the likelihood of tissue rip-through.

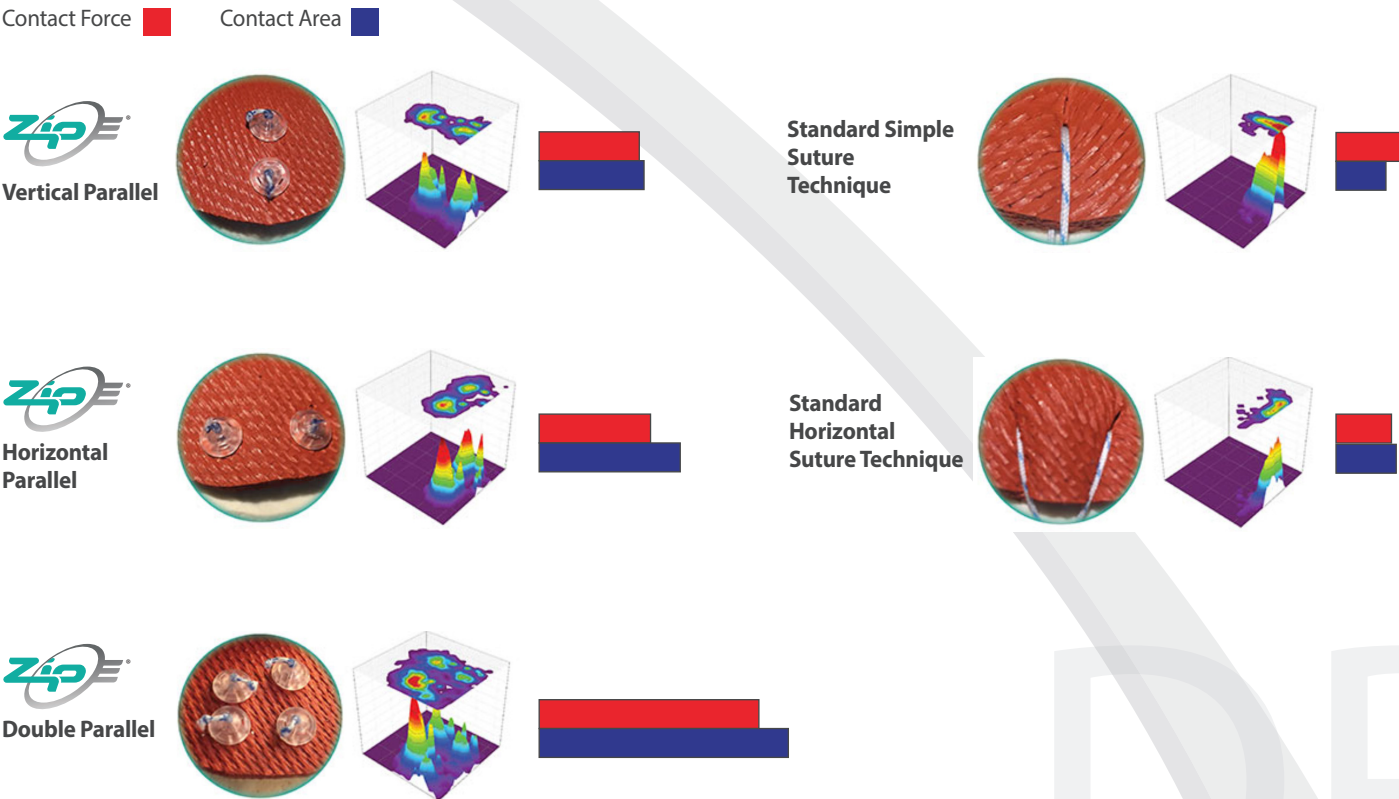


Shin YK, Ryu KN, Park JS, Jin W, Park SY, Yoon YC.
Predictive Factors of Retear in Patients with Repaired Rotator Cuff Tear on Shoulder MRI. American Journal of Roengenology 2018 210:1, 134-141



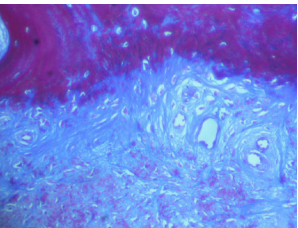
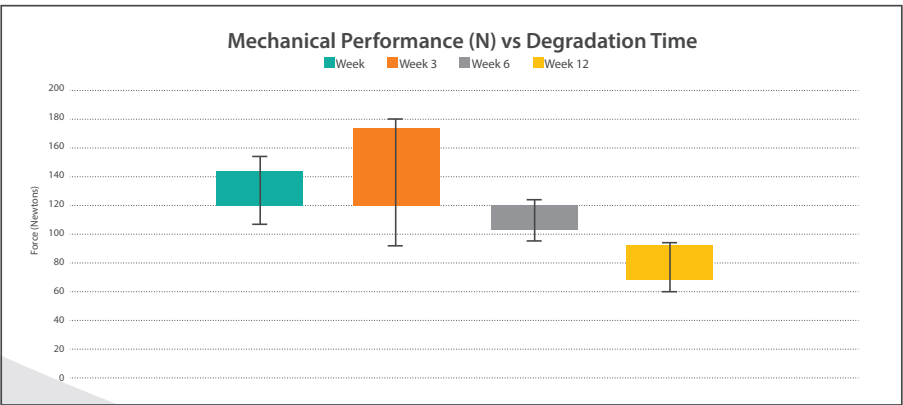
2. Increases and maintains surface contact between tendon and bone

ZipE® provides 2-3 times contact area and forces vs standard surgical
Comparison below of surface contact area with ZipE® Knotless Tissue repair and Zipoplasty Attachment Device versus Standard Simple Suture Technique:



3. Syncs with natural tissue healing by transitioning the load while healing

Transitions to Load Sharing



24 week post op goat study.

* ALL TEST RESULTS ON FILE AT ZIPTEC.COM

Surgical Applications

ZipE® has 24 surgical indications in arthroscopic and endoscopic repair

Below is a highlight of an achilles repair.

1. Ensure that all captures are centered on wire prior to surgical application

2. Incise tissues

3. Prepare bone surface for anchors

4. Insert punch to first etched line to create recesses for anchor*

5. Insert anchor to proper countersunk depth (1st etched line)*

6. Remove suture ends from underneath of the retaining O-ring

7. Separate knotted sutures and attach needles to the ends

8. Pass each suture through the tendon at the desired location

9. Pull sutures while re-approximating the tendon to the bone

10. Attach a capture to each suture using delivery tool

11. Slide capture over the suture knots by hand to provisionally secure the tendon

12. Insert the end of each suture into the end of the inserter driver prior to seating each capture

13. Hold the suture taut while advancing the inserter over knots until fully seated

14. Ensure all captures are fully seated before trimming the sutures

15. Trim each suture leaving two knots exposed

5.0MM BIOCOMPOSITE PLUGS

6.35mm 7.93mm

2.4mm 2.6mm 15.5mm 3.2mm 5mm

4.5MM TITANIUM SCREWS

Hardbone Softbone

*REMOVAL: Ti anchors are removed by reattaching the driver to the hex to turn the screw out. For the biocomposite anchor, you need to grasp the back end with a needle nose pliers to assist in pulling it out.