OCTOPI™
FIXATION EVOLVED

OCTOAnchor™

+ OCTOExtend™ THUMB UCL

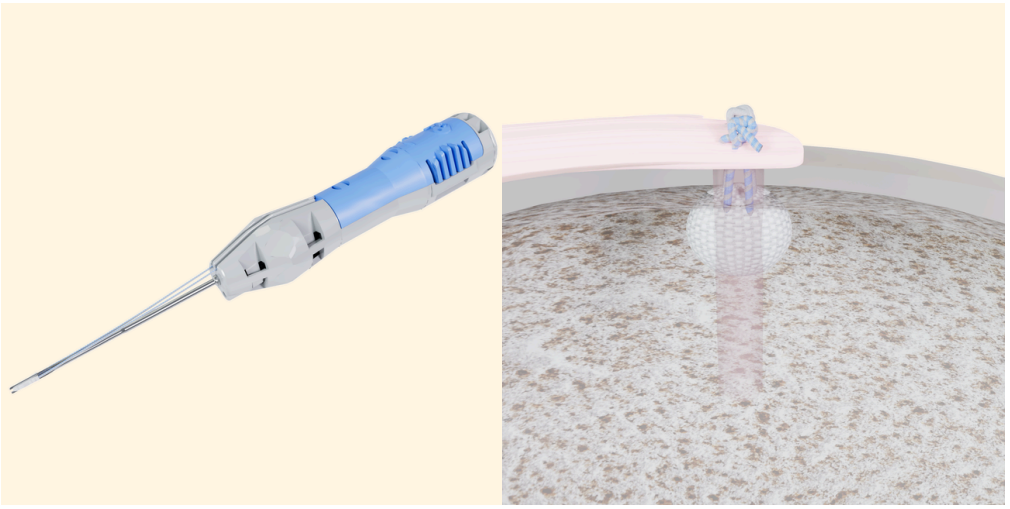
OCTOAnchor™ 1.4, 1.7, and 2.4 Suture Anchor Surgical Technique

CONTENTS

PRODUCT HIGHLIGHTS & SPECIFICATIONS	3
OCTOANCHOR™ SOFT TISSUE FIXATION TECHNIQUE	4
OCTOEXTEND™ THUMB UCL PRODUCT HIGHLIGHTS	6
OCTOEXTEND™ THUMB UCL SURGICAL TECHNIQUE	7
CATALOG	11
REFERENCES	12

PRODUCT HIGHLIGHTS & SPECIFICATIONS

- Small drill holes minimize bone removal
- Short tunnel length from 12mm means anchors can be used unicortically in a variety of hand and wrist bones
- All suture material with high ultimate failure load[1]
- Designed to be used individually or part of wider OCTOPi™ modular family to form pathology-specific constructs
- Easy to insert and deploy[1]



*

ALL SUTURE ANCHOR KITS

- **1.4mm All Suture Anchor**
- Double loaded with #2-0 Suture
- 1.4mm K-wire

- **1.7mm All Suture Anchor**
- Double loaded with #0 Suture
- 1.0mm K-wire + 1.75mm Cannulated Drill

- **2.4mm All Suture Anchor**
- Double loaded with #2 Suture
- 1.2mm K-wire + 2.4mm Cannulated Drill

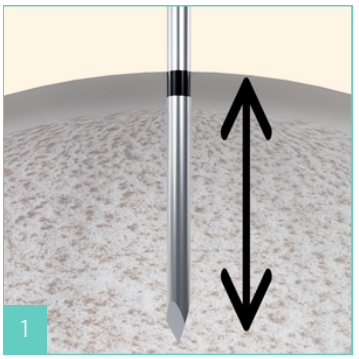


OCTOAnchor™	1.4	1.7	2.4
Instrumentation	1.4mm K-wire	1.0mm K-wire + 1.75mm Drill	1.2mm K-wire + 2.4mm Drill
Suture USP	#2-0	#0	#2
Needle	15mm, 3/8 circle	22mm, 3/8 circle	22mm, 3/8 circle
Drill Depth	12mm	12mm	17mm

OCTOANCHOR™ SOFT TISSUE FIXATION TECHNIQUE

PREOPERATIVE PLANNING

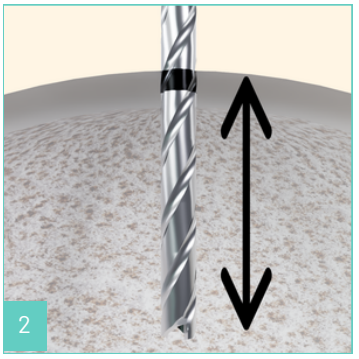
A comprehensive clinical examination inclusive of history and radiographic investigation will determine the need for surgical intervention. Ensuring all appropriate equipment is available for the procedure is essential.



Step 1

1.4 OCTOAnchor™ only:
Position K-wire at the desired angle and location on bone. Drill 1.4mm K-wire to the laser line (12mm depth). Skip to Step 3.

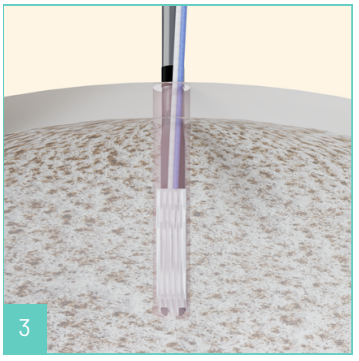
1.7/2.4 OCTOAnchor™ only: Position K-wire at the desired angle and location on bone. Drill 1.0 K-wire to 12mm depth for 1.7 anchor or 1.2mm K-wire to 17mm depth for 2.4 anchor.



Step 2

1.7 OCTOAnchor™ only: Overdrill K-wire with 1.75mm cannulated drill to the laser line (12mm depth).

2.4 OCTOAnchor™ only: Overdrill K-wire with 2.4mm cannulated drill to a depth of 17mm. Remove K-wire and drill.

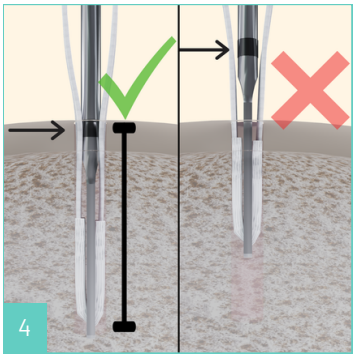


Step 3

Insert the OCTOAnchor™ into the pilot hole.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

The angle of insertion must be the same trajectory as the pilot hole.

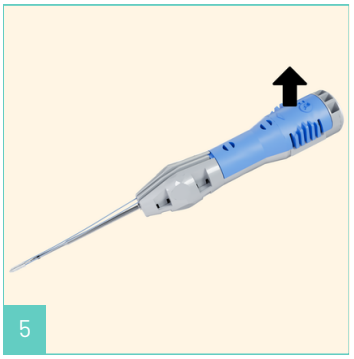


Step 4

Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

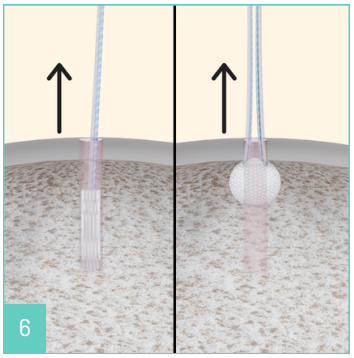
If the laser line is still visible above the cortex the anchor may not deploy.

OCTOANCHOR™ SOFT TISSUE FIXATION TECHNIQUE



Step 5

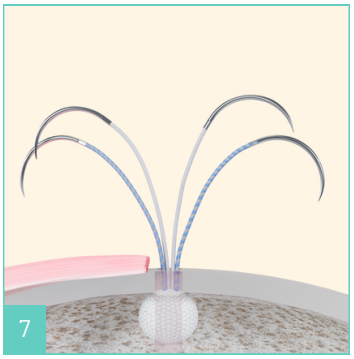
Remove blue suture cover and carefully remove the sutures and needles (x4) inside anchor inserter handle.



*

Step 6

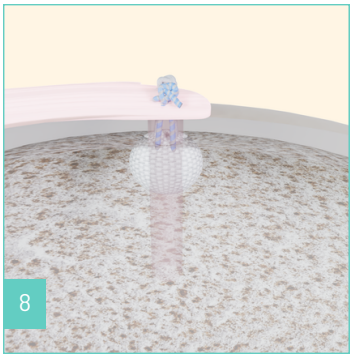
Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.



*

Step 7

Pass individual sutures through soft tissue intended to be repaired using preferred technique.



*

Step 8

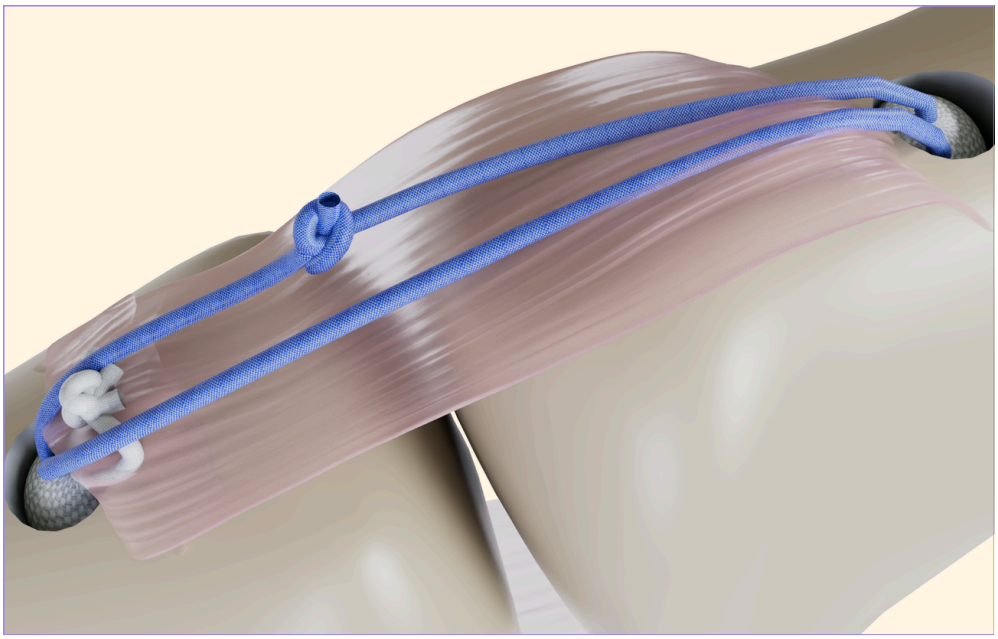
Tie a minimum of 4 locking knots and cut suture limbs to complete repair.

Surgeon to use own discretion on repair technique.

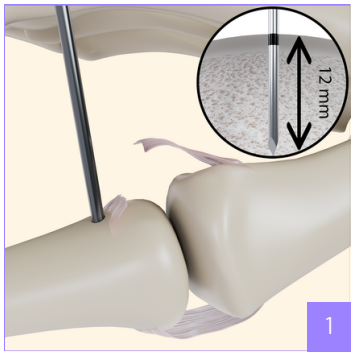
OCTOEXTEND™ THUMB UCL PRODUCT HIGHLIGHTS

ADDING THE 1.7 OCTOEXTEND™ TO THE 1.4 OCTOANCHOR™ FOR THUMB UCL REPAIR ACHIEVES THE FOLLOWING:

- Unicortical fixation and only 12mm drill depth
- Innovative connected design that allows surgeons to build repair constructs intraoperatively
- Preloaded with needles to repair torn ligament
- All suture material with high ultimate failure load[1]
- Easy to insert and deploy with intuitive technique flow and needles attached to allow for soft tissue augmentation[1]

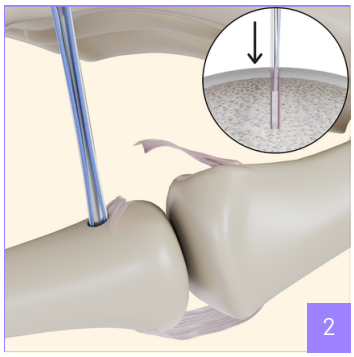


OCTOEXTEND™ THUMB UCL SURGICAL TECHNIQUE



Step 1

Drill 1.4mm K-wire into insertion point of the ulnar collateral ligament at the volar base of the proximal phalanx to the laser line (12mm depth).

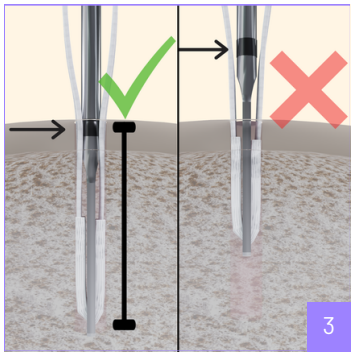


Step 2

Insert OCTOAnchor™ 1.4 into the pilot hole.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

The angle of insertion must be the same trajectory as the pilot hole.



Step 3

Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

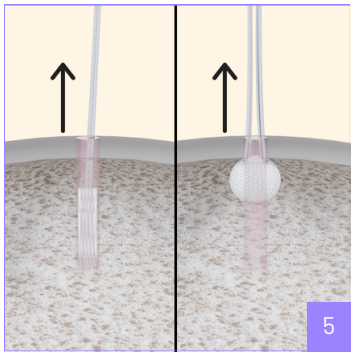
If the laser line is still visible above the cortex the anchor may not deploy.



Step 4

Remove blue suture cover and carefully remove the sutures and needles (x4) inside anchor inserter handle.

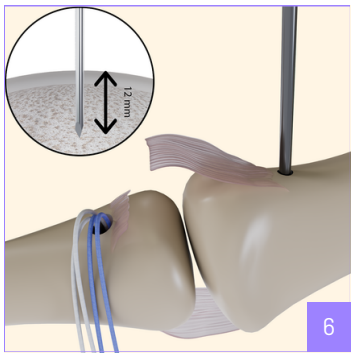
OCTOEXTEND™ THUMB UCL SURGICAL TECHNIQUE



*

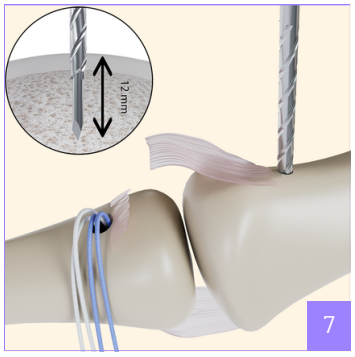
Step 5

Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.



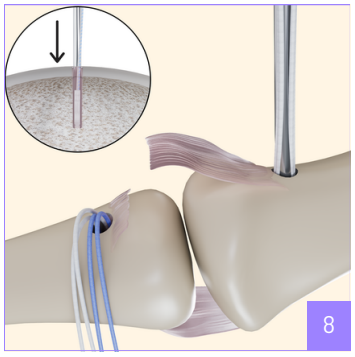
Step 6

To place the 1.7 OCTOExtend™ anchor, drill 1.0mm K-wire into the origin of the ulnar collateral ligament at the dorsal-ulnar metacarpal head to a depth of 12mm.



Step 7

Overdrill K-wire with 1.75mm cannulated drill to the laser line (12mm depth). Remove K-wire and drill.



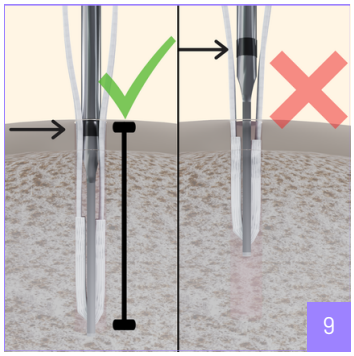
Step 8

Insert the OCTOExtend™ 1.7 anchor into pilot hole.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

The angle of insertion must be the same trajectory as the pilot hole.

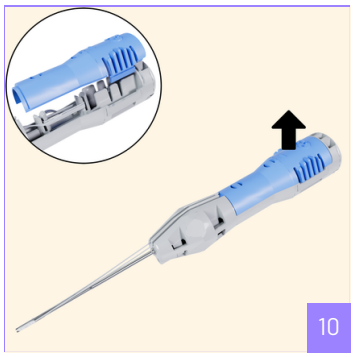
OCTOEXTEND™ THUMB UCL SURGICAL TECHNIQUE



Step 9

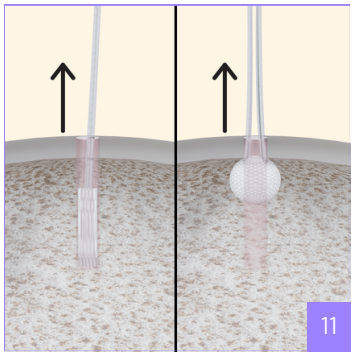
Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

If the laser line is still visible above the cortex the anchor may not deploy.



Step 10

Remove blue suture cover and carefully remove the sutures inside anchor inserter handle including suture loop.



*

Step 11

Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.

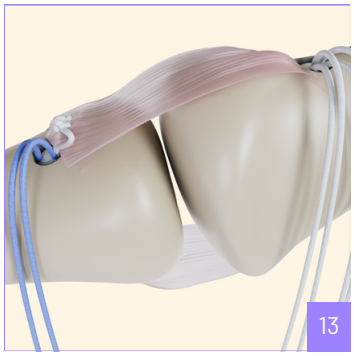


Step 12

Use white sutures from OCTOAnchor™ 1.4 with needles attached to repair the torn ligament back using a direct repair technique.

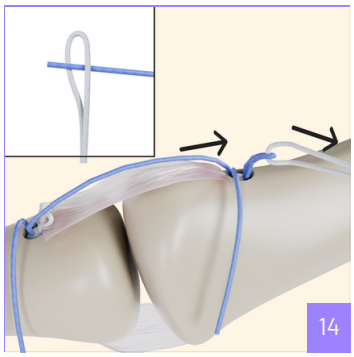
Surgeon to use own discretion on repair technique.

OCTOEXTEND™ THUMB UCL SURGICAL TECHNIQUE



Step 13

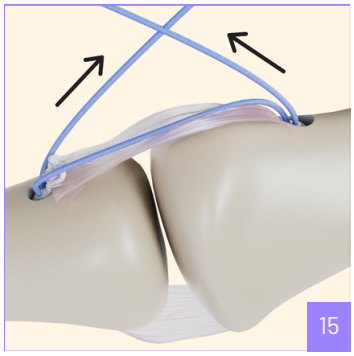
White sutures are tensioned and tied using a minimum of 4 locking knots, then cut suture limbs to complete repair.



Step 14

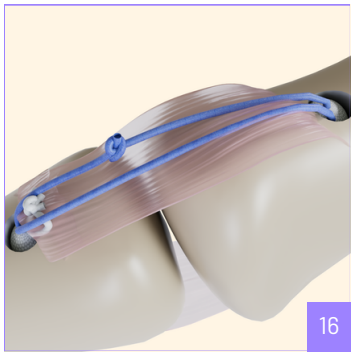
Cut off needles from both blue sutures.
Take one blue suture from the OCTOAnchor™ 1.4 and feed a minimum of 5cm through the shuttle suture loop from OCTOExtend™ anchor and double over. Pull free white suture ends from OCTOExtend™ to shuttle the blue suture through the OCTOExtend™ anchor.

Discard the white passing sutures once blue suture has passed through the OCTOExtend™ anchor.



Step 15

Pull both blue sutures to tension the suture construct across the joint line. Once satisfactory tension is achieved, a minimum of 4 locking knots are used to secure the construct and cut.



Step 16

Final construct of direct ligament repair plus double suture line augmenting repair across the joint line.

CATALOG

SKU	OCTOAnchor™
OCAN142N	OCTOAnchor™ Push 1.4 Double Loaded with Needles
OCAN172ND	OCTOAnchor™ Push 1.7 Double Loaded with Needles and Cannulated Drill
OCAN242ND	OCTOAnchor™ Push 2.4 Double Loaded with Needles and Cannulated Drill
OCAN142Ni	OCTOAnchor™ 1.4 Double with Needles
OCAN172Ni	OCTOAnchor™ 1.7 Double with Needles
OCAN242Ni	OCTOAnchor™ 2.4 Double with Needles

SKU	OCTOExtend™
OCEX17D	OCTOExtend™ Push 1.7 with Cannulated Drill
OCEX24D	OCTOExtend™ Push 2.4 with Cannulated Drill
OCEX17i	OCTOExtend™ 1.7

SKU	DISPOSABLE INSTRUMENT KITS
OCI14	OCTOPi™ 1.4 Instrument Kit
OCI17	OCTOPi™ 1.7 Instrument Kit
OCI24	OCTOPi™ 2.4 Instrument Kit

FIELDORTHOPAEDICS

Get in contact with your local sales representative today to discuss how to get started with the OCTOPi™ - Integrated Fixation Construct System.

www.fieldorthopaedics.com sales@fieldorthopaedics.com

REFERENCES

1. Data on file.

* Stylized representation of deployed anchor.

MANUFACTURER
Field Orthopaedics Pty Ltd
30 Florence St
Teneriffe QLD 4005 Australia
sales@fieldorthopaedics.com
www.fieldorthopaedics.com

This material is intended for healthcare professionals. Distribution to any other recipient is prohibited. For product information, including indications, contraindications, warnings, precautions, potential adverse effects, consult the Instructions For Use at www.fieldorthopaedics.com/brochures.

This technique was developed in conjunction with health care professionals. This document is intended for surgeons and is not intended for laypersons. Each surgeon should exercise his or her own independent judgment in the diagnosis and treatment of an individual patient, and this information does not purport to replace the comprehensive training surgeons have received. As with all surgical procedures, the technique used in each case will depend on the surgeon's medical judgment as the best treatment for each patient. Not all patients are candidates for this product and/or procedure. Rx only.

Products listed may not be available in all markets. Please contact Field Orthopaedics if you have any questions about the availability of products in your area

NOV2026

LSUT00010 v5

©2026 FIELD ORTHOPAEDICS