

Case Report

The use of Quill® barbed suture in tissue closure after Total knee arthroplasty (TKA).



1. Capsule closure with Quill RX-2066Q bi-directional suture, two people closing at the same time.



2. Subcutaneous closure with Quill VLM-I020 uni-directional suture.



3. Subcuticular closure with Quill VLM-2012 uni-directional suture.

Patient history:

- 70-year-old male with right knee osteoarthritis (ICD-10-CM: M17.11).
- Left TKA complicated by arthrofibrosis.
- History of Dupuytren's disease in hands and trigger finger.
- > 6 months of pain in the right knee, severe intensity.
- Limited activities of daily living.
- Walking tolerance impaired.
- Failed to improve with 3 months of NSAIDs.
- Cane did not help.
- Failed to improve with physical therapy.
- Knee ROM 0 –125°, 5° varus.
- X-Ray of right knee demonstrates severe knee osteoarthritis.

Surgical scenario:

- Primary, elective surgery.
- Outpatient surgery.
- Robotic-assisted right total knee arthroplasty.
- Performed under tourniquet and spinal anesthesia.
- Medial parapatellar approach.
- Quill barbed suture used for closure.
- Skin glue on the skin surface.
- Periarticular injection performed at the end for post operative pain control.
- Anti-microbial dressing applied for 10 days.

Scan to read and watch the **TKA case study**



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Conclusion:

- Reduced closure time by 15 minutes with the use of Quill barbed sutures.
- In turn, it helped reduce our operation time by approximately 15 minutes.
- Reduced wound dehiscence.
- Enhanced distribution of wound tension.
- Reduced leakage with a water-tight closure
- Reduced the need for additional hemostatic sutures.
- Reduced strangulation of tissue.
- Improved skin cosmesis.

Post-operative outcome:

Enhanced cosmetic results by eliminating track marks.



1. Immediately after the procedure.



2. Two weeks post-op.



3. Six weeks post-op

Suture preference card:

- **RX-2066Q:** Quill PDO, Violet, 2, 45cm x 45cm, Reverse Cutting, CP, Bi-Directional
- **VLM-1020:** Quill Monoderm, Undyed, 0, 45cm, Taper Point, SH, Uni-Directional
- **VLM-2012:** Quill Monoderm, Undyed, 2-0, 45cm, Precision Reverse Cutting, PS-1, Uni-Directional

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Quill® is available through distribution or direct. For procedural videos, visit: [youtube.com/CorzaMedical](https://www.youtube.com/CorzaMedical)

References: The case report demonstrates the use of a surgical device by Dr. Jonathan Danoff, MD, Orthopedic Surgeon, New York USA. All information listed is according to the surgeon's preference, experience and patient needs.



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Quill Barbed sutures are indicated for soft tissue approximation. Absorbable barbed sutures shall be used where the use of absorbable suture is appropriate and nonabsorbable barbed sutures are excluded from closure of the epidermis. Barbed sutures are not intended to be used by tying surgical knots. To avoid small bowel obstruction, care should be taken to not leave barbed suture ends adjacent to the peritoneum in extra-peritoneal tissue closure. As with all surgical sutures, adverse effects may include wound dehiscence, failure to provide adequate wound support, infection, minimal acute inflammatory tissue reaction at the wound site amongst others. For complete indications, contraindications, warnings, precautions, and adverse reactions, refer to the instructions for use (IFU)..

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