Transforming
the nature of tissue closure

Extend your reach in orthopedic surgery with greater speed and security

- With its unique bidirectional barbed design, the Quill™ Knotless Tissue-closure Device is the only one that completely eliminates the need to tie knots and the potential for knot-related complications in soft tissue closure.

- In dynamic testing, the Quill™ device has been shown to be as strong as traditional interrupted closure and more resistant to failure when disrupted.¹

- The bidirectional barbed structure of the Quill™ device is engineered to evenly distribute tension along the closure.

- Ability to use running closure may significantly reduce closure times²,³
Demonstrated advantages in orthopedic surgery

- Based on their combined experience in more than 8,000 arthroplasty procedures, five expert surgeons report the Quill™ device:
  - Makes closures “stronger, more watertight, and more resistant to failure when cut, with better distribution of tension along the length of the wound”
  - May enable closures to be performed with fewer needles, which may reduce the chance of glove perforation
  - Facilitates closures of suboptimal tissue, in very tight wounds, and in limited-access environments
  - Speeds closure time by eliminating knots as well as by enabling two assistants to close together, which may result in significant cost savings

— Drs. Keith R. Berend, Michael E. Berend, Fred D. Cushner, Craig J. Della Valle, and Michael A. Mont, in a clinical roundtable discussion

- Used in more than 150,000 orthopedic procedures to date

Close multiple soft tissue layers with the Quill™ device

- Available in both long- and short-term absorbable material, the Quill™ device can be used to close the capsule, subcutaneous, and subcuticular layers

Three-layer closure using the Quill™ device:
1. capsule layer using size 2 Quill™ PDO device
2. subcutaneous layer using size 0 Quill™ PDO device
3. subcuticular layer using size 3-0 Quill™ MONODERM™ device
Closure can be completed with staples, cyanoacrylate, or other additional support as per surgeon preference.