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United States Patent [19][11] **Patent Number:** **5,527,343****Bonutti**[45] **Date of Patent:** **Jun. 18, 1996**[54] **SUTURE ANCHOR**[76] Inventor: **Peter M. Bonutti**, 1303 W. Evergreen Plz., P.O. Box 1387, Effingham, Ill. 62401[21] Appl. No.: **344,466**[22] Filed: **Nov. 23, 1994**

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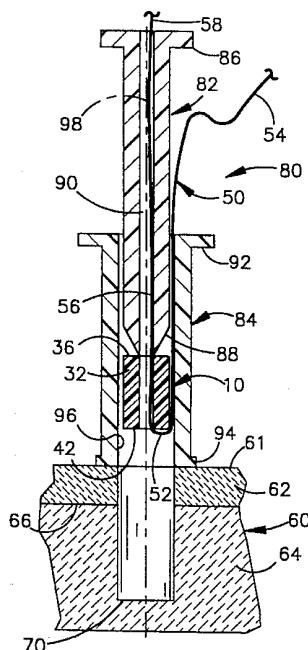
[62] Division of Ser. No. 62,295, May 14, 1993, Pat. No. 5,403, 348.

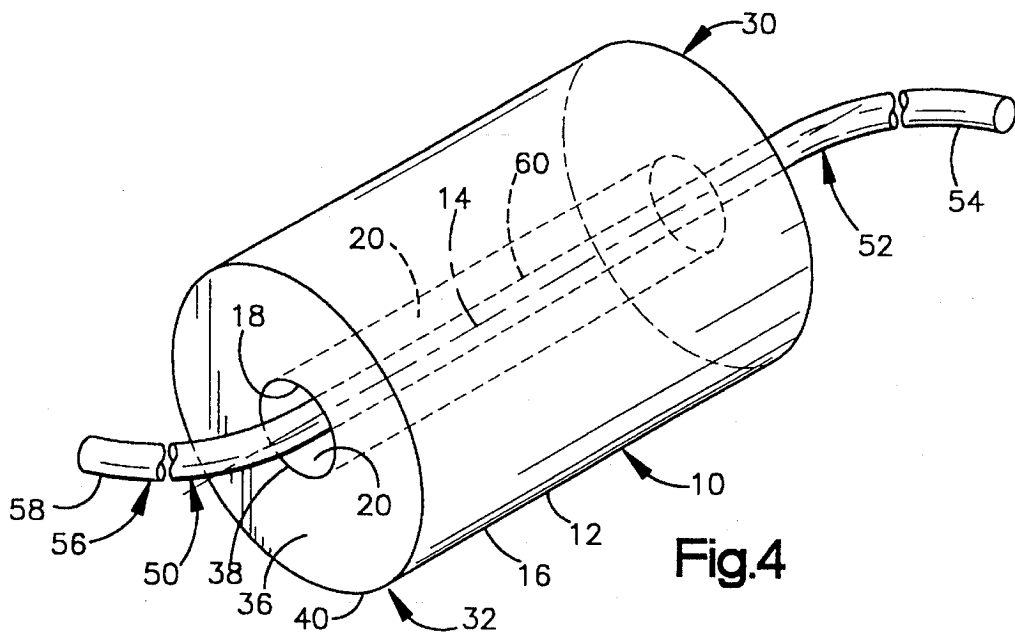
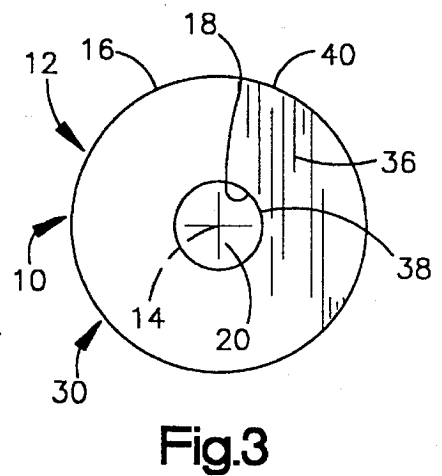
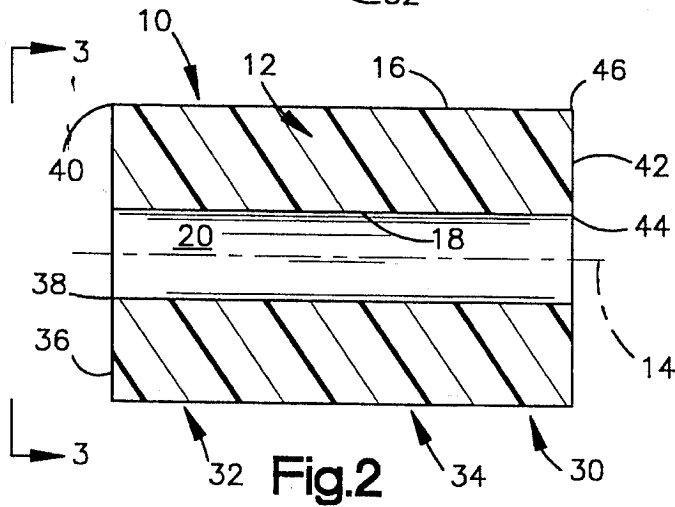
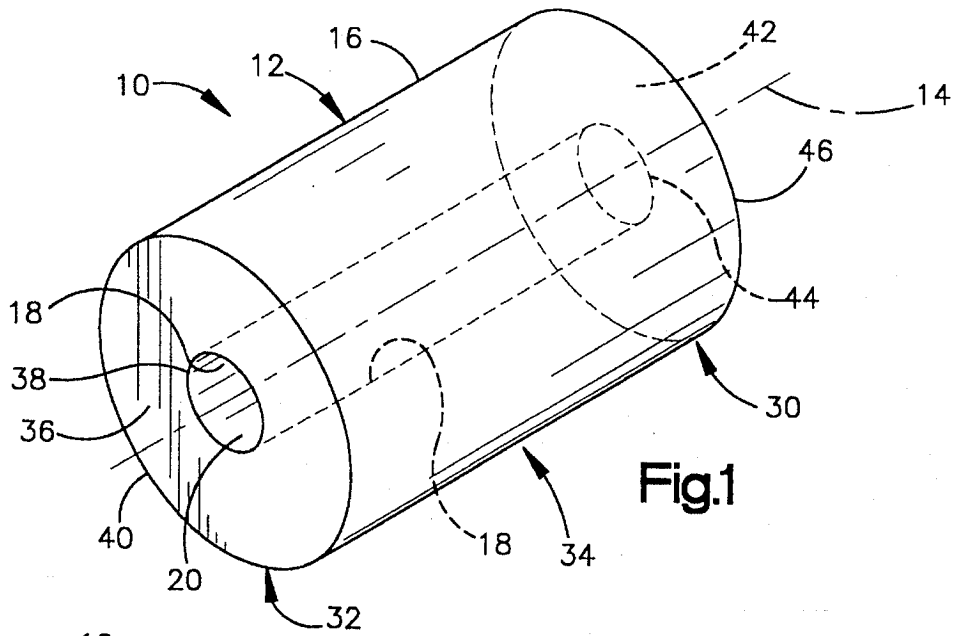
[51] **Int. Cl.⁶** **A61B 17/04**[52] **U.S. Cl.** **606/232; 606/139**[58] **Field of Search** 606/72, 74, 139, 606/151, 232*Primary Examiner*—Gary Jackson*Attorney, Agent, or Firm*—Tarolli, Sundheim, Cov Tummino & Sza[57] **ABSTRACT**

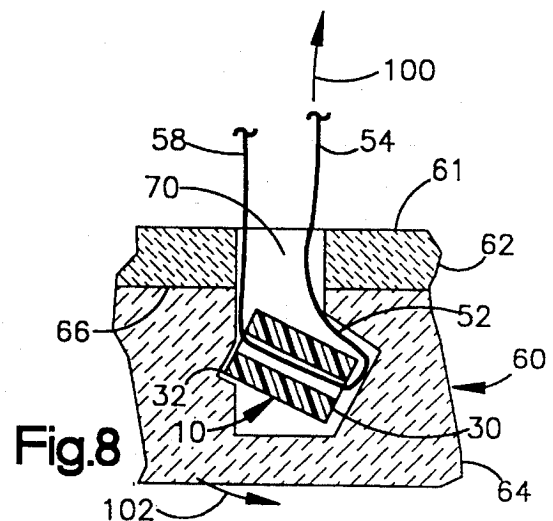
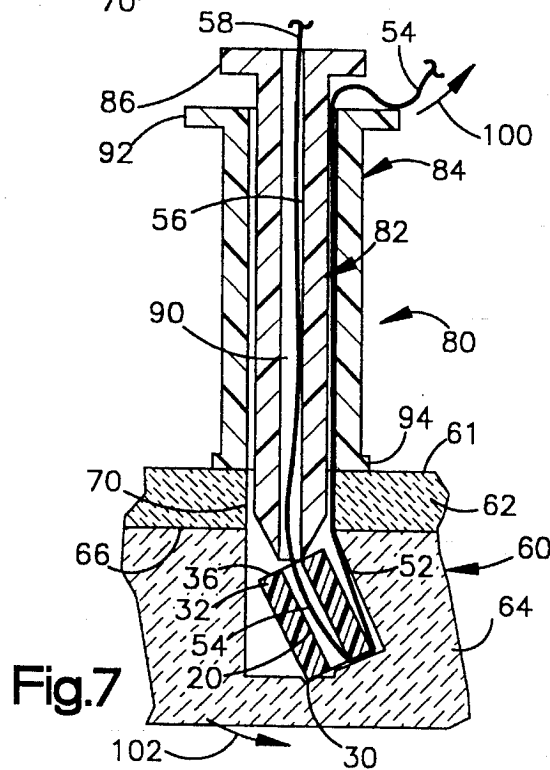
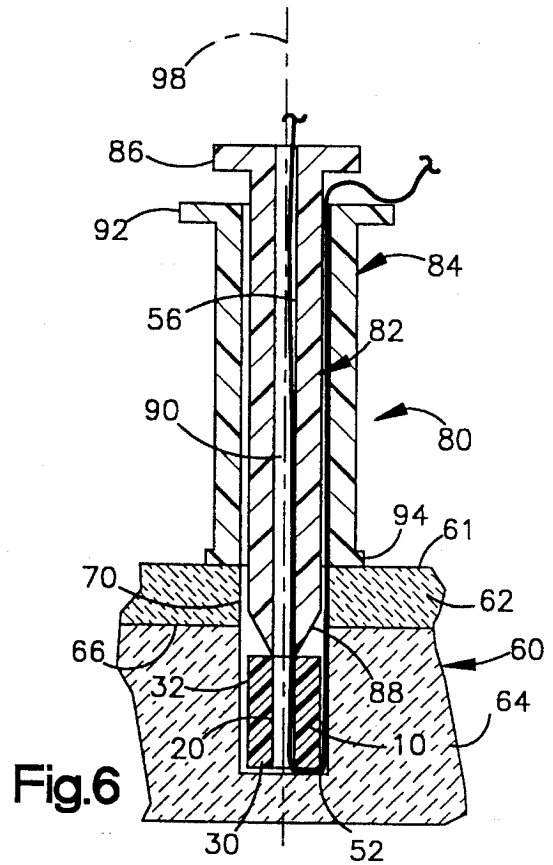
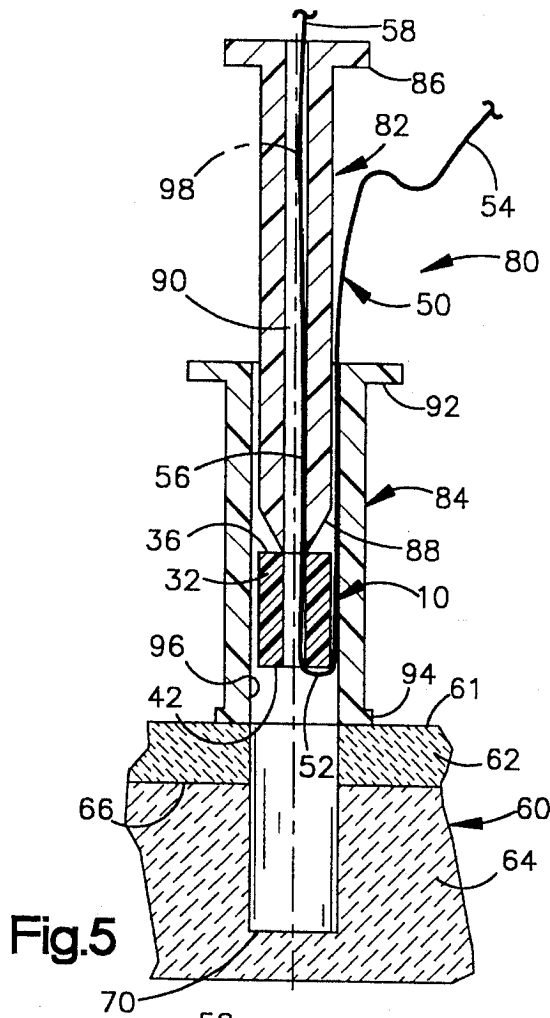
The present invention is an anchor for securing a suture in the body. The anchor includes a tubular wall having a central axis. The tubular wall has a proximal end and a distal end each free of axially inwardly extending slots. The tubular wall has an inner surface extending for the entire length of the tube and defining in the anchor a central opening extending between the proximal end and the distal end. The anchor has a width less than its length. A suture may extend through the anchor within the central opening. First and second end portions of the suture extend out of opposite ends of the anchor and are sufficiently long to project out of the body when the suture is secured in the body by the anchor. The anchor has an anchoring orientation in the body achieved by manipulation of the distal end of the anchor by pulling on the second end portion of the suture. The anchor has a removal orientation in the body achieved by manipulation of the proximal end of the anchor by pulling on the first end portion of the suture. The present invention also relates to a method of anchoring to a bone a suture having first and second end portions.

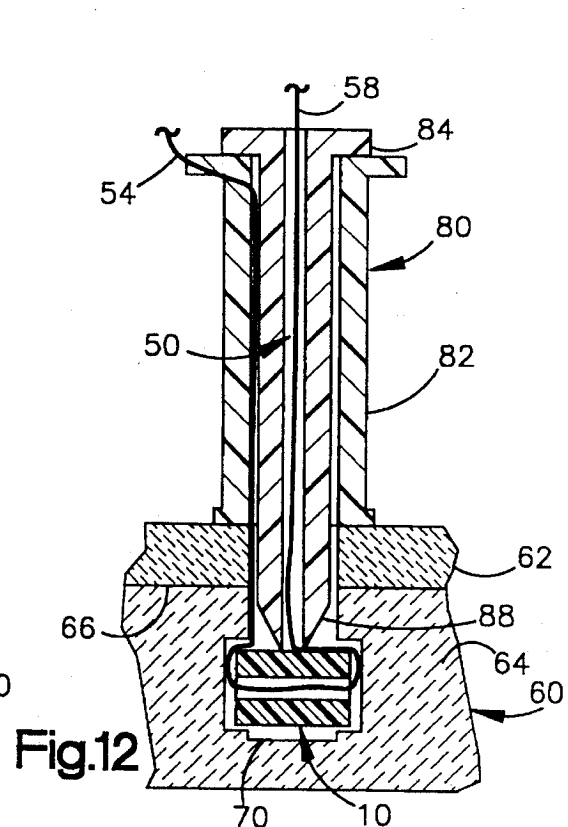
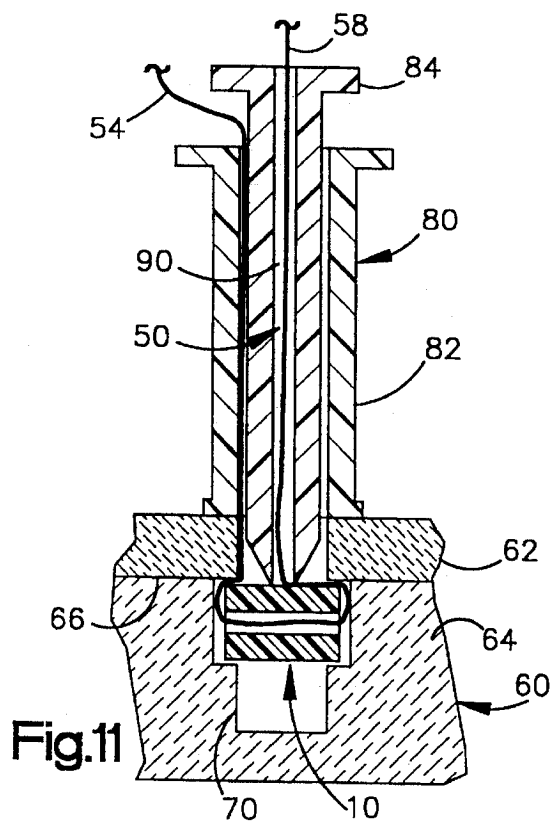
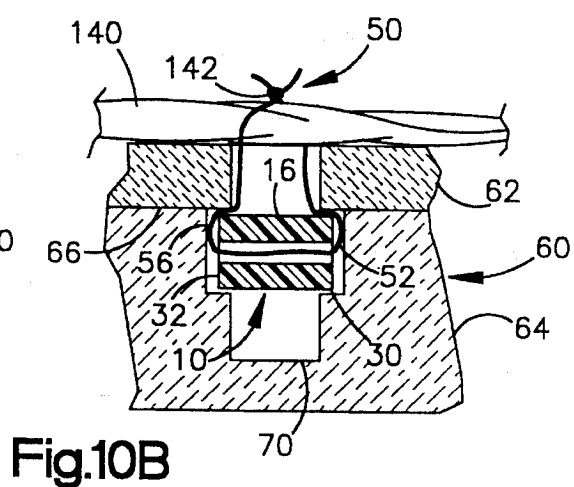
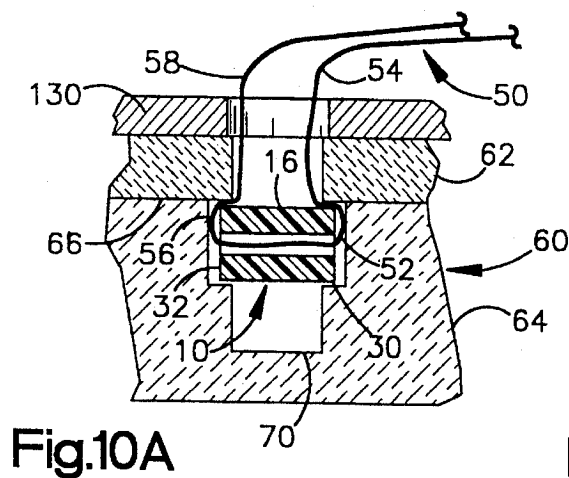
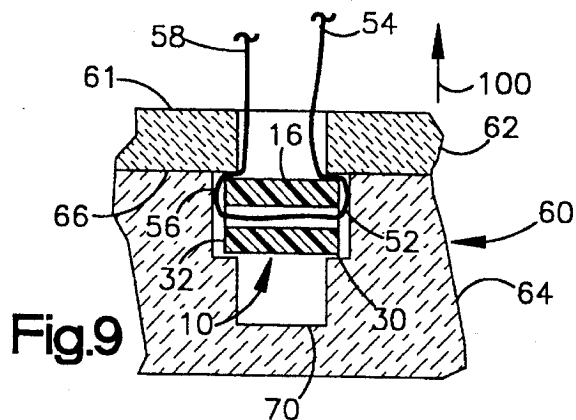
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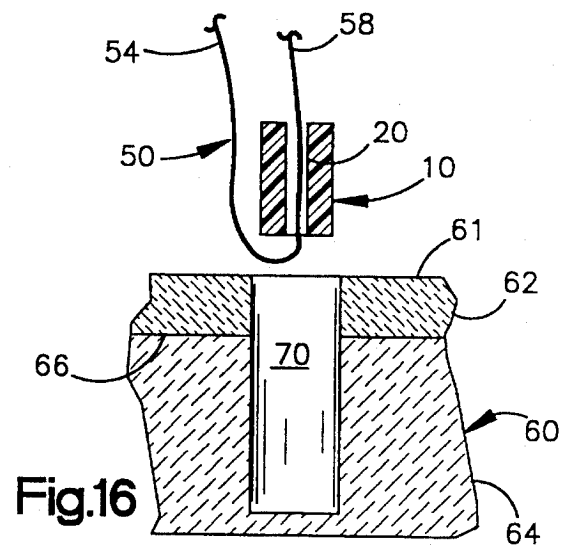
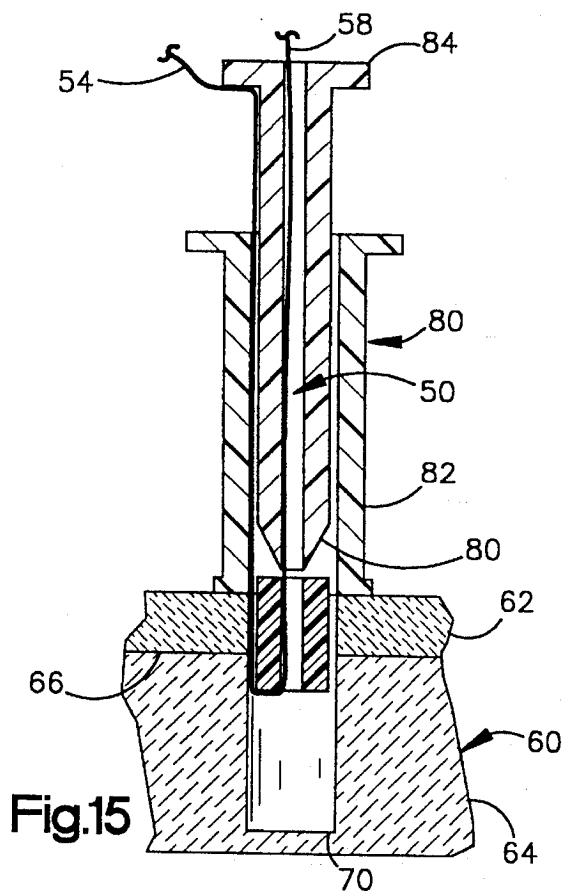
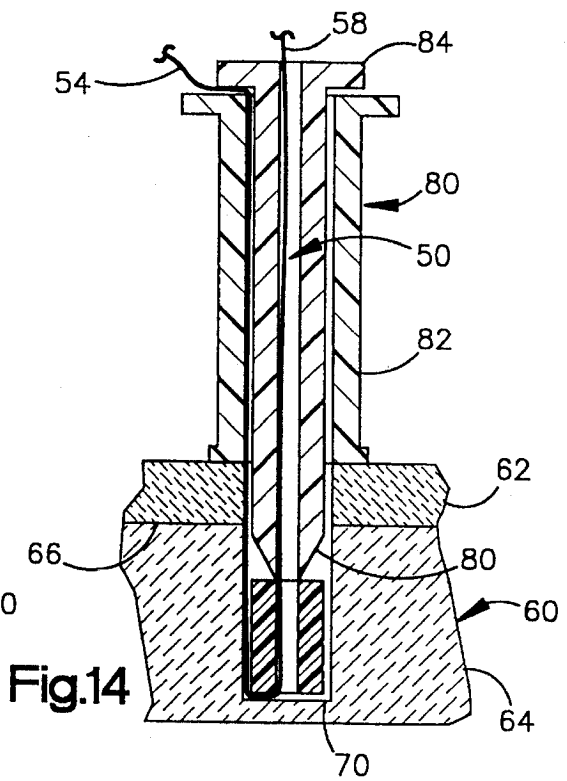
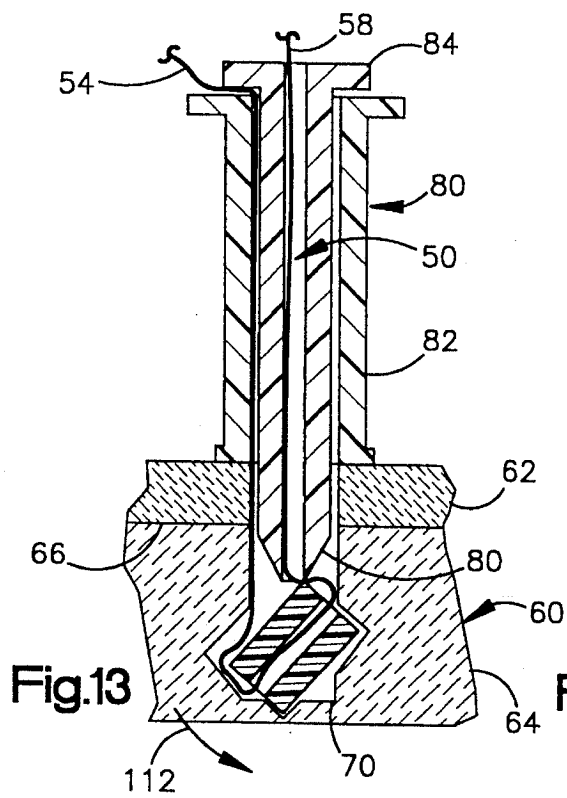
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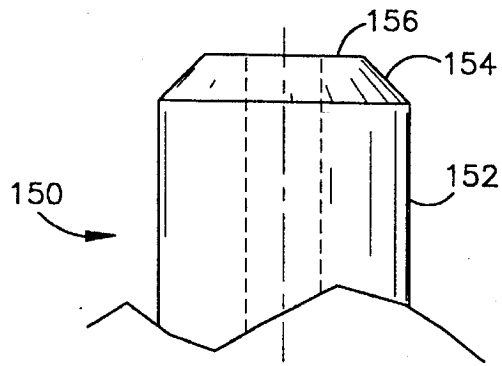


Fig.17

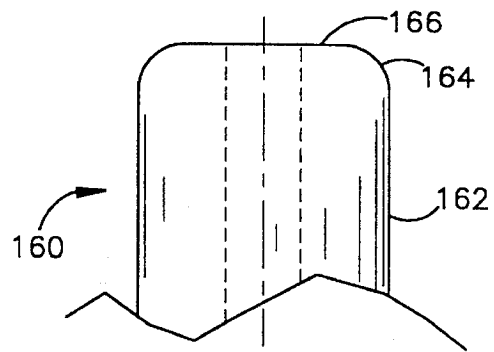


Fig.18

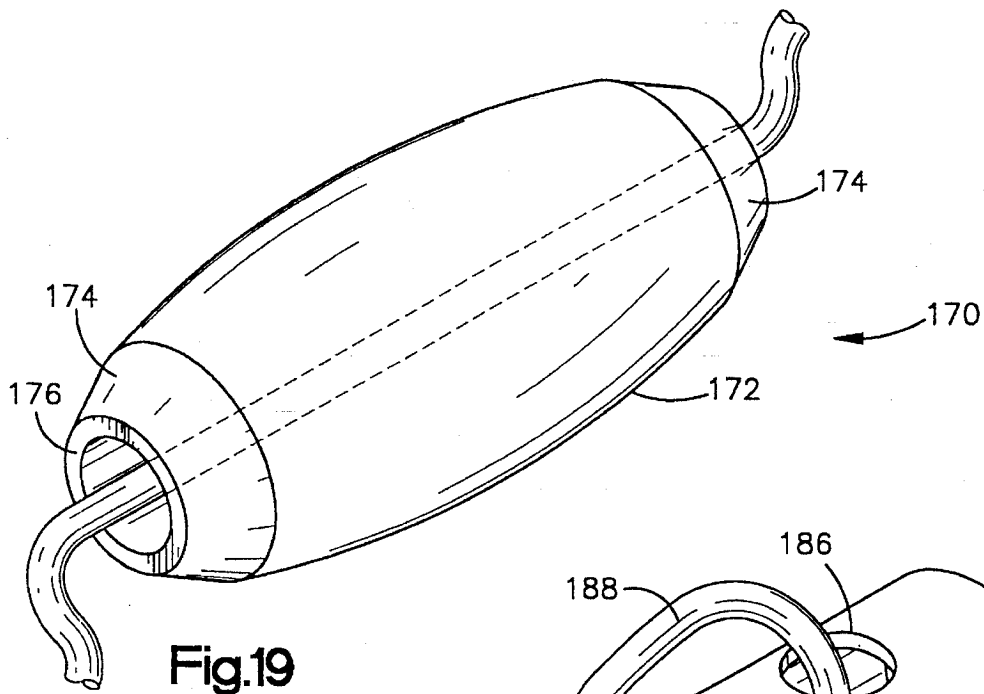


Fig.19

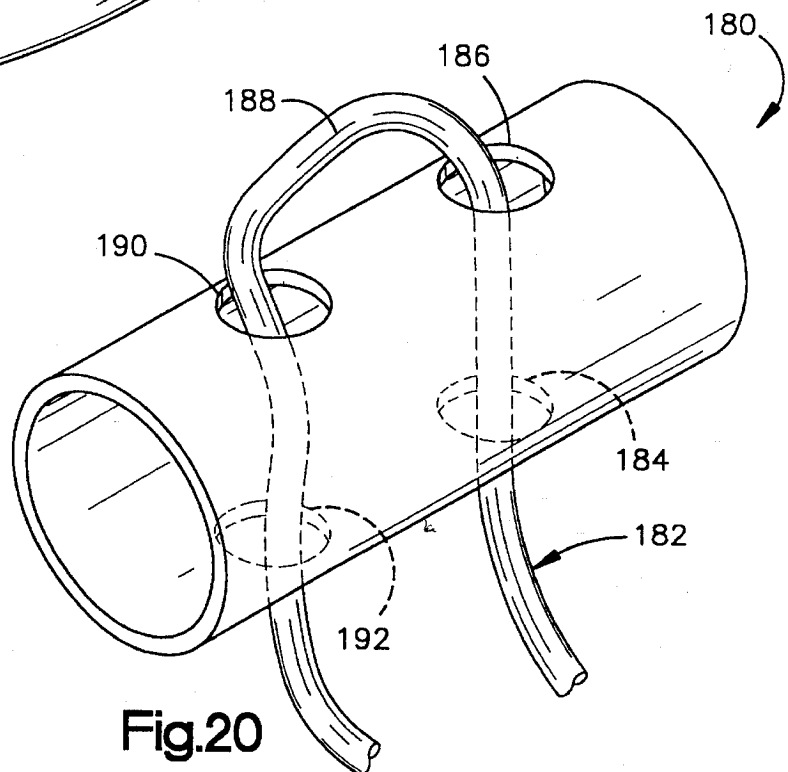


Fig.20

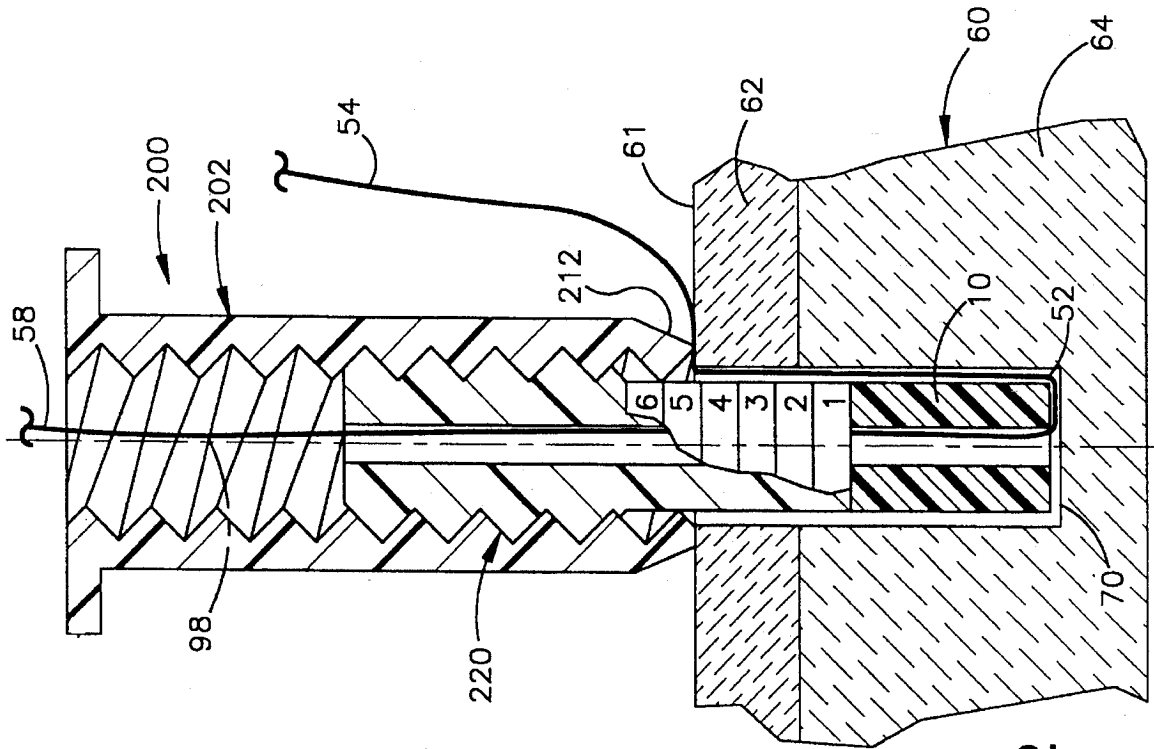


Fig. 22

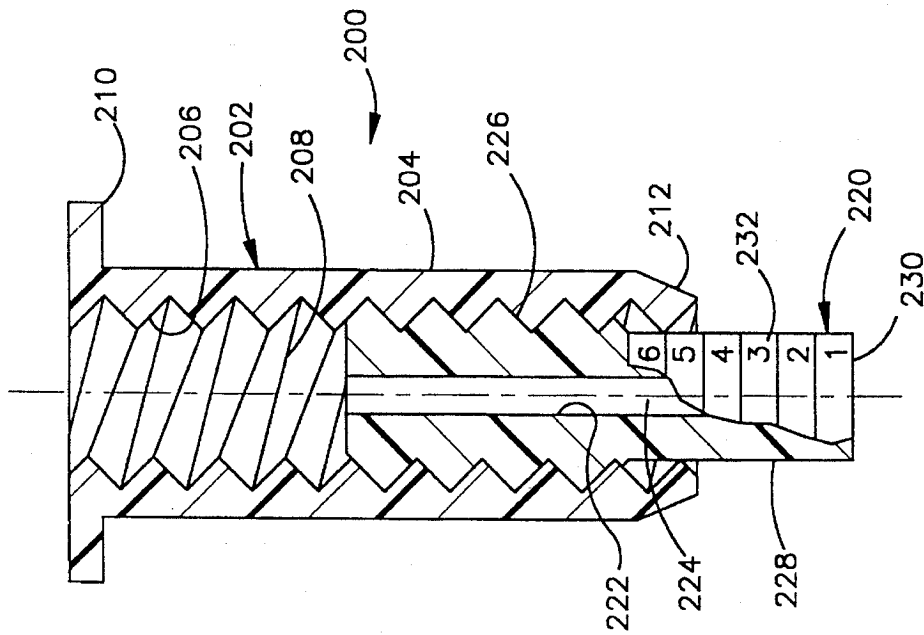


Fig. 21

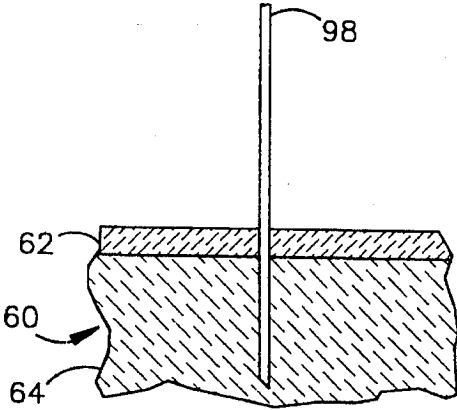


Fig. 23

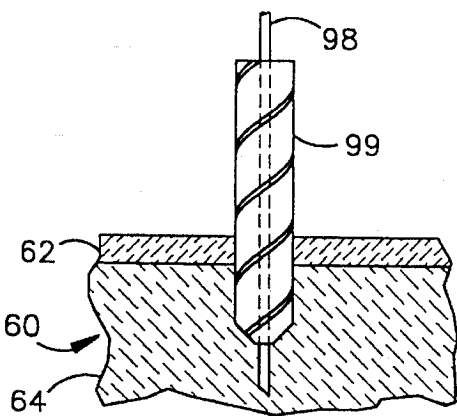


Fig. 24

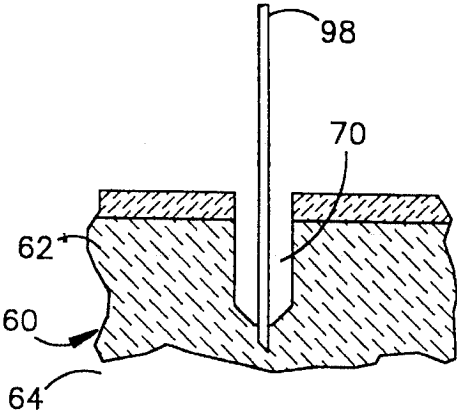


Fig. 25

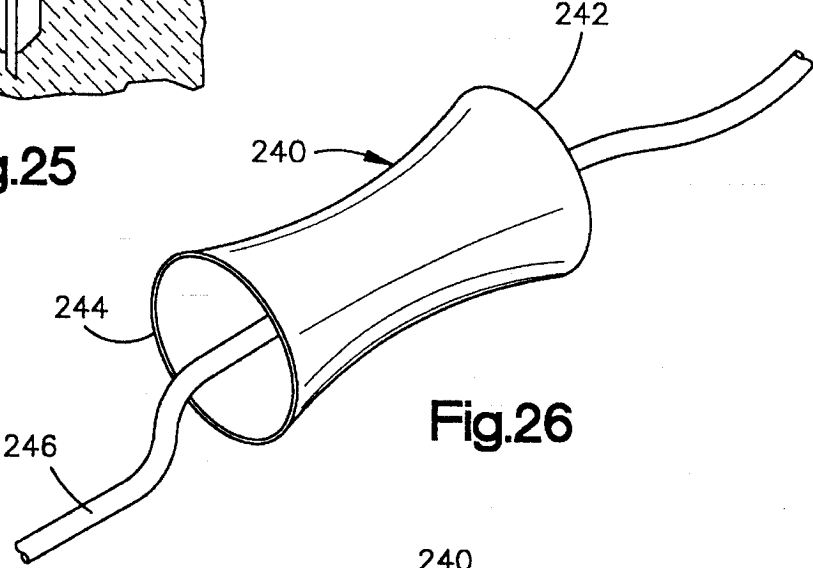


Fig. 26

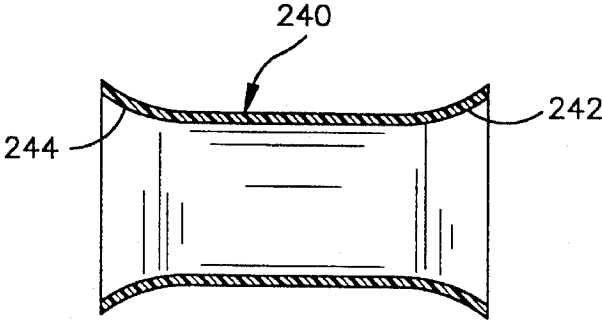


Fig. 27

1

SUTURE ANCHOR

This is a divisional of application Ser. No. 08/062,295 filed on May 14, 1993, now U.S. Pat. No. 5,403,348.

BACKGROUND OF THE INVENTION

1. Technical Field

The present invention relates to the arts of medicine and surgery, and more particularly relates to apparatus and method for securing a suture in body tissue.

2. Description of the Prior Art

Suture anchors have been developed for anchoring sutures during open surgery and arthroscopic surgery with single side access. With a suture anchored in tissue, it is possible to apply force to the suture to hold other body tissue or implanted devices.

It is desirable that a suture anchor be as small as possible in order to minimize damage to the tissue in which the suture is anchored. It is also desirable that a suture anchor be easily attached, hold the suture firmly in place, and be easily removable without trauma. Most current suture anchors, especially those for anchoring in bone, are not easily removable.

SUMMARY OF THE INVENTION

The present invention is an anchor for securing a suture in the body. The suture anchors of the present invention are usable in soft tissue as well as in bone. The anchor includes a tubular wall having a central axis. The tubular wall has a proximal end and a distal end each free of axially inwardly extending slots. The tubular wall has an inner surface extending for the entire length of the tube and defining in the anchor a central opening extending between the proximal end and the distal end. The anchor has a width less than its length.

A suture may extend through the anchor within the central opening. First and second end portions of the suture extend out of opposite ends of the anchor and are sufficiently long to project out of the body when the suture is secured in the body by the anchor.

The anchor has an anchoring orientation in the body achieved by manipulation of the distal end of the anchor by pulling on the second end portion of the suture. The anchor has a removal orientation in the body achieved by manipulation of the proximal end of the anchor by pulling on the first end portion of the suture.

The present invention also relates to a method of anchoring to a bone a suture having first and second end portions. The method includes the steps of:

threading the suture through an anchor having proximal and distal end portions so that the suture extends completely through the anchor, the first end portion of the suture extends in a first direction out of the proximal end portion of the anchor, and the second end portion of the suture extends in a second direction out of the distal end portion of the anchor;

inserting the suture and the anchor distally into the bone in an insertion/release orientation in which (a) the first end portion of the suture extends proximally from the proximal end portion of the anchor to a location outside of the bone, and (b) the second end portion of the suture extends distally into the bone from the second end portion of the anchor and wraps proximally back around the anchor and extends proximally past the

2

outside of the anchor to the location outside of the bone, the anchor and the first and second end portions of the suture being generally parallel with each other when the anchor and the suture are in the insertion/release orientation; and

causing the anchor to pivot within the bone to an anchoring orientation different from the insertion/release orientation by pulling at the location outside of the bone on the second end portion of the suture.

The invention also relates to a method of anchoring a suture to a bone having a harder outer layer and a softer inner layer. The method includes the steps of: providing an opening extending from a location outside of the bone through the harder outer layer of bone into the softer inner layer of bone; connecting a suture with a suture anchor; inserting the suture anchor with the suture connected thereto through the opening into the softer inner layer of bone; and pulling on the suture to change the orientation of the anchor within the softer inner layer of bone to block movement of the anchor out of the opening.

The invention also relates to a method of anchoring a suture in soft tissue.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing and other features of the present invention will become apparent to one skilled in the art to which the present invention relates upon consideration of the following description of the invention with reference to the accompanying drawings, wherein:

FIG. 1 is a perspective view of a suture anchor in accordance with the present invention;

FIG. 2 is a longitudinal sectional view of the suture anchor of FIG. 1;

FIG. 3 is an end view of the suture anchor of FIG. 1 taken along line 3—3 of FIG. 2;

FIG. 4 is a perspective view showing a suture threaded through the suture anchor of FIG. 1;

FIGS. 5–8 illustrate schematically the insertion of the suture anchor of FIG. 1 in bone with the aid of an inserter in accordance with the present invention;

FIGS. 10A–10B illustrate schematically the use of the suture anchor for anchoring different objects to body tissue;

FIGS. 11–16 illustrate schematically the removal of the suture anchor;

FIGS. 17–20 illustrate alternative anchor constructions;

FIGS. 21 and 22 illustrate an alternative inserter constructions;

FIGS. 23–25 illustrate the forming of an anchoring opening in bone with a cannulated drill and a K-wire;

FIG. 26 is a pictorial view of an alternative anchor construction; and

FIG. 27 is a longitudinal sectional view of the anchor of FIG. 26.

DESCRIPTION OF PREFERRED EMBODIMENT

The present invention relates to a suture anchor and particularly to an anchor for anchoring a suture to body tissue such as bone and to a method for such anchoring and removal. The present invention is applicable to various anchor constructions. As representative of the present invention, FIG. 1 illustrates rigid a suture anchor 10. The anchor 10 is a cylindrical member with a tubular wall 12 extending about a longitudinal axis 14 of the anchor. The wall 12 has

a cylindrical outer surface 16 and a cylindrical inner surface 18. The inner surface 18 of the anchor 10 defines a cylindrical central channel or passage 20 extending longitudinally through the anchor 10.

The anchor 10 has a first end portion indicated generally at 30, a second end portion indicated at 32, and an intermediate portion indicated generally at 34. The present description assumes that the first end portion 30 will be inserted into the body tissue as the leading end portion of the anchor 10. For purposes of the present description, the anchor first end portion 30 will therefore be described as a distal end portion of the anchor, and the second end portion 32 will be described as a proximal end portion. The anchor 10 as illustrated in FIG. 1 is uniform and symmetrical in its construction, and accordingly either end of the anchor 10 can serve as the leading or distal end portion of the anchor upon insertion.

The anchor proximal end portion 32 has an annular end face 36 extending radially between an inner periphery 38 and an outer periphery 40. The inner periphery 38 is the proximal end of the cylindrical inner surface 18 and of the central channel 20 of the anchor 10. The distal end portion 30 of the anchor 10 includes an annular end face 42 extending radially between an inner periphery 44 and an outer periphery 46. The inner periphery 44 terminates the distal end of the cylindrical inner surface 18 and of the central channel 20 of the anchor 10.

The anchor 10 is made of a biocompatible material. Suitable materials include stainless steel or titanium (presently preferred), cobalt chrome and other biocompatible metals. Plastic can also be used, suitable materials including polyethylene; and biodegradable materials such as PLA and PGA when the anchor is to be left in the body.

The anchor 10 is longer than it is wide. That is, the length of the anchor 10, between its distal end face 42 and its proximal end face 36, is greater than the outer diameter of the anchor 10. The anchor 10 must be long enough, relative to its width, so that when rotated it does not accidentally back out of an opening through which it is inserted into body tissue such as bone. More specifically, the anchor must be longer than the diameter of the opening through which it is inserted into body tissue such as bone. However, the anchor 10 should not be longer than necessary, so as to avoid unnecessary tissue damage.

Applicants have found that a suitable range of dimensions is from about length equals 1.5 times width to about length equals four times width. It is preferred that the length to width ratio be about three to two for an anchor in bone, and longer (possibly four to one) for a soft tissue anchor. One anchor that has been constructed is about two millimeters long, about one millimeter in diameter, and has a central channel with a diameter of about one-half millimeter. This central channel diameter is suitable for receiving a number two suture therethrough. Other anchors which have been constructed and tested range in length from three millimeters to four millimeters.

The anchor 10 is for use in anchoring a suture such as a suture 50 (FIG. 4) in body tissue such as bone. The suture 50 is threaded completely through the central channel 20 of the anchor 10. A distal portion 52 of the suture 50, including a suture distal end 54, extends from the distal end portion 30 of the anchor 10. A proximal portion 56 of the suture 50, including a suture proximal end 58, extends from the proximal end portion 32 of the anchor 10. An intermediate portion 60 of the suture 50 is disposed within the anchor central channel 20, inside the wall 12 of the anchor 10.

The inner diameter of the anchor 10, i.e., the cross sectional width of the central channel 20 as defined by the anchor inner surface 18, is preferably greater than the width or diameter of the suture 50. Thus, the suture 50 can pass freely through the anchor 10. The anchor inner surface 18 guides movement of the suture 50 within the anchor 10. There are no knots holding the suture to the anchor 10. Knots tend to weaken the system. Also, there are no axially extending slots in the anchor 10 into which the suture 50 can enter.

When the suture 50 extends through the anchor 10, the suture is engageable with the proximal and distal end portions 32 and 30, respectively, of the anchor. The anchor proximal end portion 32, including the end face 36 and the inner edge 38, directs movement of the suture 50 into and out of the anchor 10 through the proximal end portion 32. The anchor distal end portion 30, including the annular end face 42 with its edges 44 and 46, directs movement of the suture 50 into and relative to the distal end portion 30 of the anchor 10.

The suture anchor 10 can be used to anchor the suture 50 in body tissue such as a piece of bone indicated 10 schematically at 60 in FIG. 5. The bone 60 has an outer surface 61, a harder outer layer 62 of cortical bone and a softer inner layer 64 of cancellous bone or marrow. A more or less well defined boundary 66 separates the outer layer 62 from the inner layer 64.

An opening 70 is provided in the bone 60 to receive the anchor 10 to secure the suture 50 to the bone 60. The opening 70 may be a pre-existing opening or may be operatively provided as by drilling. The opening 70 preferably extends completely through the layer of cortical bone 62, as it is much more difficult to drive an anchor or suture through the hard cortical bone. It may be desirable to extend the opening 70 at least part way into the softer layer of bone 64, as illustrated in the drawings, to initially provide some room for the anchor 10 to change its orientation within the bone 60. It may not, however, be necessary to extend the opening 70 into the softer bone layer 64 as shown. The layer 64 may be soft enough to receive the anchor 10 directly.

The width of the opening 70 should be about the same size as or slightly larger than the width of the anchor 10. This will allow room for the anchor 10 to be satisfactorily driven into the bone 60, while minimizing the possibility of the anchor 10 accidentally backing out of the bone 60 through the opening 70. The opening 70 is preferably formed with a cannulated drill 99 (FIGS. 23-25) over the K-wire 98. The K-wire 98 is first inserted into the bone 60 (FIG. 23), through the cortical bone 62 into the cancellous bone 64. The cannulated drill 99 (FIG. 24) is then placed over the K-wire 98 and used to form the opening (FIG. 25) in the bone 60.

After the suture 50 is threaded through the anchor 10 as illustrated in FIG. 4, the anchor is set in the bone 60 with the aid of an inserter 80 (FIG. 5). The inserter 80 is a cannulated inserter (having the suture extending through it). The inserter 80 includes a rigid pusher 82 and a guide 84. The pusher 82 is a cannulated or tubular member having a widened proximal end portion 86 and a tapering conical distal end portion 88. A central channel or passage 90 extends through the length of the pusher 82. The pusher 82 is slidably received in a central channel 96 of the tubular guide 84. The guide 84 has a widened proximal end portion 92 and a flanged distal end portion 94.

The inserter 80, the suture 50, and the anchor 10 are placed in the relative positions shown in FIG. 5 over a K-wire (indicated schematically at 98) extending through

the central channel 90 of the pusher 82. The inserter guide flange portion 94 is placed against the outer surface 61 of the bone 60. The proximal end face 36 of the anchor 10 is in abutting engagement with the distal end portion 88 of the pusher 86. The proximal portion 56 of the suture 50 extends through the central channel 90 of the 92, and the proximal end 58 of the suture extends out of the inserter 80 to a location outside the bone 60. The distal portion 52 of the suture 50 wraps back around the anchor 10 proximally, and the distal end 54 of the suture extends out of the guide channel 96 to a location outside the bone 60.

The pusher 82 is then moved (FIG. 6) along the central channel 96 of the guide 84, toward the bone 60, until the anchor 10 is in the desired position in the opening 70 in the bone 60. The K-wire 98 is then removed to allow manipulation of the anchor 10.

When the anchor 10 is in the insertion condition shown in FIG. 6, the intermediate portion 60 of the suture 50 is disposed within the anchor 10. The suture portion 52 extends distally out of the distal end portion 30 of the anchor 10. The suture portion 52 extends around the annular distal end face 42 of the anchor 10 and wraps back around the anchor 10 in a proximal direction. The suture portion 52 extends proximally along or past the outside of the anchor 10 to the proximal end portion 32 of the anchor 10 and thence proximally such that the distal end portion 54 of the suture 50 extends to a location outside the bone 60. Thus, when the anchor 10 is in position to be anchored in the bone 60, the suture 50 is threaded completely through the anchor 10 and both ends 54 and 58 of the suture project out of the opening 70 to a location outside of the bone 60.

The orientation of the anchor 10 within the bone 60 is then changed to a blocking orientation as seen in FIGS. 7-9 to block removal of the anchor from the bone. The distal end 54 (FIG. 7) of the suture 50 is pulled proximally, as indicated by the arrow 100. This pulling force is transmitted through the suture portion 52 to the distal end portion 30 of the anchor 10. Because the suture portion 52 wraps around the distal end portion 30 of the anchor 10, tensile force on the suture portion 52 in the direction indicated by the arrow 100 imparts a pivoting or rotational moment to the anchor 10. The anchor 10 rotates or pivots in the direction indicated by the arrow 102 from the insertion condition shown in FIG. 6, through intermediate positions shown in FIGS. 7 and 8, to the blocking position or condition shown in FIG. 9. The tapered surface of the plunger end portion 88 aids in pivoting the anchor 10 as desired. The anchor 10 pivots relatively freely in the softer inner layer of bone 64.

To set the anchor firmly, both ends of the suture 50 are pulled outward to set the anchor 10 firmly against the outer layer of bone 62. In this position, the anchor 10 lies generally parallel to the surface of the bone 60 and generally perpendicular to the insertion direction of the opening 70. The distal suture portion 52 is clamped against the undersurface 66 of the cortical bone layer 62 by the outer surface 16 of the anchor 10 at the distal end portion 30 of the anchor. The proximal suture portion 56 is clamped against the undersurface 66 of the cortical bone layer 62 by the anchor outer surface 16 at the proximal end 32 of the anchor 10. Thus, the suture 50 is secured in the bone 60.

When the anchor 10 is in the blocking condition, the anchor is oriented in the bone 60 across the opening 70 in the outer bone layer 62. Because the anchor 10 is longer than it is wide, and because the opening 70 in the outer bone layer 62 is only large enough to accept the width of the anchor 10 and not the length of the anchor 10, the anchor cannot move

through the opening in the outer bone layer when the anchor is in the blocking orientation or condition. The suture 50 may then be used to attach muscle or ligament or other tissue to the bone 60. The suture 50 may also be used to attach implants or other devices to the bone 60.

FIGS. 10A and 10B illustrate schematically several uses for the suture anchor 10. In FIG. 10A, the suture anchor 10 and the suture 50 are shown securing an implant or splint 130 to the bone 60. In FIG. 10B, the suture anchor 10 and the suture 50 are shown securing soft tissue such as a muscle 140 to the bone 60 with a knot 142. The suture anchor 10 can be used in any manner as needed for anchoring a suture to bone, soft tissue, etc.

To aid in placement of the anchor 10 in the bone 50, a K-wire such as the K-wire 98 (FIGS. 5 and 6) is used. The K-wire is inserted into the bone 60 as shown in FIG. 23, preferably into the inner bone layer 64 past (deeper than) the point where the anchor will be. Next, a cannulated drill 99 (FIG.) is placed over the K-wire 98 and rotated to make the opening 70 in the bone 60. FIG. 25 illustrates the opening 70 after drilling and removal of the drill 99. Note that the opening 70 is not as deep as the K-wire 98 is driven. The anchor is then inserted into the bone as discussed previously.

The suture anchor 10 is easily removable from the bone 60 without causing trauma to the bone. FIGS. 11-16 illustrate sequentially the removal process.

In FIG. 11, the anchor 10 is shown in its anchoring or blocking position lying parallel to the bone surface 61 and transverse to the opening 70. The inserter 80 is placed over the opening 70. One end 58 of the suture 50 is threaded up through the central opening 90 in the inserter pusher 84. The other end 54 of the suture 50 is threaded up between the pusher 84 and the guide 82 in the central channel 96 of the guide.

The pusher 84 is moved distally (down) into contact with the anchor 10 (FIG. 11). The pusher 84 (FIG. 12) is then moved further down into the bone 60 to move the anchor 10 away from the outer bone layer 62 and allow room for the anchor to rotate within the inner bone layer 64. The surgeon then pulls in the direction indicated by the arrow 110 (FIG. 13) on the suture end 58 which projects out of the central channel 90 of the pusher 84. The tensile force on the suture end 58 causes the anchor 10 to rotate within the bone 60 in the direction indicated by the arrow 112. The tapered pusher end portion 88 assists in initiating and controlling rotation of the anchor 10. The anchor 10 rotates within the bone 60 until it is disposed transverse to the bone surface 61 and parallel to the opening 70, as illustrated in FIG. 14. The anchor 10 is then in a release condition which is effectively the same as its insertion condition (FIG. 6). The anchor 10 and the pusher 84 are then removed distally from the bone 60 as illustrated in FIGS. 15 and 16.

This removal technique has been shown to work in 42 of 42 clinical trials.

There are several features of the anchors of the present invention which contribute to their ease of use, especially in removal. They do not anchor themselves by digging into tissue as does a screw or an anchor with a pointed end. Instead, they rely on not being able to fit back through the hole they went in. Because they do not have axially inwardly extending slots or other non-uniform configurations at their ends, they can be turned within the cancellous bone to a vertical position (parallel to and aligned with the insertion opening) and thus made removable simply by pulling on the appropriate suture end. The non-oblique ends of the anchors, i.e., 90° end faces or curved or tapered end faces, do not bite

into the bone and thus do not inhibit removability; rather, they allow easy rocking for change of orientation between insertion/removal and anchoring. The lack of knots avoids stress risers in the suture. There are no slots in the anchor to cut the suture.

FIGS. 17-20 illustrate schematically several alternative anchor configurations. An anchor 150 (FIG. 17) which is symmetrical end-to-end has a cylindrical outer surface 152 and two tapered end surfaces 154 (only one of which is shown). The tapered end surface 154 extends between an annular end face 156 and the cylindrical outer surface 152. An anchor 160 (FIG. 18) has a cylindrical outer surface 162 and a curved end surface 164. The curved end surface 164 extends between an annular end face 166 and the cylindrical outer surface 162. An anchor 170 (FIG. 19) has a cylindrical outer surface 172 and at each end a curved end surface 174. The curved end surfaces 174 extend between annular end faces 176 and the cylindrical outer surface 172.

A tapered (non-90°) anchor end is not for the purpose of biting into the tissue to lock the anchor in place. It is for the purpose of the anchor pushing its way through intermediate tissue to get to the anchoring location. Then, the cocking (pivoting) of the anchor holds it in place. A sharp device can migrate within the body, which is highly undesirable.

An anchor 180 (FIG. 20) is similar to the anchor 10 (FIG. 1) but has four side openings through which a suture 182 enters and exits the anchor 180. The suture 182 extends into the anchor 180 through an opening 184 and passes out the opposite side through an opening 186. The suture 182 loops around at 188, extends back into the anchor 180 through an opening 190 and passes out the opposite side through an opening 192. With this anchor construction, also, pulling on one or the other of the projecting suture ends causes cocking or rotation of the anchor to change its orientation between an insertion or release condition to a blocking condition.

In the embodiments of FIGS. 1-17, 19 and 20, the anchors are uniform and have the same shape at each end. Thus, for example, the distance (i) from any first point on the end face 36 of the anchor 10 (FIG. 2) measured along a line extending parallel to the central axis 14 to a second point on the opposite end face 42, is the same as (ii) the distance from any third (other) point on the end face 36 measured along a line extending parallel to the central axis 14 to a fourth point on the opposite end face 42. Similarly, with the anchor 170 (FIG. 19), the distance (i) from any first point on one of the curved end surfaces 174 measured along a line extending parallel to the central axis of the anchor to a second point on the opposite curved end surface 174, is the same as (ii) the distance from any third (other) point on the first end surface 174 measured along a line extending parallel to the anchor central axis to a fourth point on the opposite curved end surface 174, is the third point is disposed on the anchor at the same distance from the axially outermost point of the first end of the anchor as is the first point.

FIGS. 21 and 22 illustrate an alternative inserter construction. The inserter 200 (FIG. 21) includes a pusher 202 having a cylindrical wall 204. The wall 204 has a cylindrical inner surface 206 defining a central passage 208. The wall 204 has a handle 210 at its proximal end and a tapered distal end portion 212.

The inserter 200 includes a depth gauge 220 connected with the pusher 202 for movement with the pusher 202. The depth gauge 220 is a cylindrical member having an internal surface 222 defining a central passage 224 through the depth gauge. The depth gauge 220 has a threaded portion 226 threadedly received in the central passage 208 of the pusher

202. The depth gauge 220 has an indicator portion 228 projecting outwardly from the central passage 208 of the pusher 202. The indicator portion 228 has a distal end surface 230 and depth markings 232. The depth gauge 220 is rotatable within and relative to the pusher 202 to have a particular depth marking adjacent the distal end portion 212 of the pusher 202.

In use, the depth gauge 220 is set so that a particular depth marking is showing adjacent the distal end portion 212 of the pusher 202, corresponding to the estimated thickness of the cortical bone portion 62 at the location of anchor insertion. An anchor such as the anchor 10 is then placed on the distal end 230 of the depth gauge with a suture such as the suture 50 threaded through in the same manner as described above. The proximal end 58 of the suture 50 extends through the central passage 224 of the depth gauge 220 and through the central passage 208 of the pusher 202 to a location outside the body. The distal end 54 of the suture 50 extends through the opening 70 around the outside of the depth gauge indicator portion 228 and past the tapered end portion 212 of the pusher 202 to a location outside the body.

The assembly is moved into the opening 70 as shown in FIG. 22, possibly over a K-wire 98. When the distal end portion 212 of the pusher 202 engages the outer surface 61 of the bone 60, the anchor 10 is in its proper position. The inserter 200 and the K-wire 98 may then be removed. The anchor 10 is then rotated within the softer inner layer 64 of the bone 60 to an anchoring position as shown in FIG. 9.

The methods and principles involved in soft tissue anchoring are similar to those involved in anchoring in bone. In joining soft tissue to soft tissue, it is preferable to insert the anchor directly through the soft tissue, not into an opening in the tissue. Thus, the anchor may have a slightly sharpened or pointed distal end (tip) to push through the tissue layers. Also, both the anchor and the insertion tool may be made curved, or may be made of an elastic material, in order to be able to be pushed over a curved K-wire.

In bone it is necessary to drill a hole to get the anchor into position. Unlike bone, soft tissue is highly visco-elastic. In soft tissue, one can simply push the tissue away from the intended location of the anchor. As the anchor is pushed through a certain location by the insertion tool, the tissue is pushed from that location. Once the anchor is pushed through a position by the insertion tool, the tissue pushed away will collapse back over the suture and not allow the anchor to be pulled out easily.

In soft tissue applications, the needle goes in to the tissue first. It can be straight or curved. The curved needle may be enough to cut the way into the soft tissue, like a knife cutting a slot for a meat thermometer in a roast. A tapered or bullet shaped anchor pushes the tissue out of its way as it proceeds along the needle/guide wire.

FIGS. 26 and 27 illustrate an alternate anchor construction. The anchor 240 is of a generally cylindrical construction like the anchor 10. The anchor 240 has end portions 242 and 244 which flare radially outwardly. This can minimize cutting of a suture passing through the anchor 240, such as the suture 246. In any of these anchor constructions, it is desirable to avoid sharp edges, and so the ends may be rounded or polished or de-burred.

From the above description of the invention, those skilled in the art will perceive improvements, changes and modifications in the invention. Such improvements, changes and modifications within the skill of the art are intended to be covered by the appended claims.

We claim:

1. A method of anchoring a suture to a bone having an outer layer of harder bone and an inner layer of softer bone, said method comprising the steps of:

providing an opening extending from a location outside of the bone through the outer layer of bone to the inner layer of bone;

connecting a suture with a suture anchor;

inserting the suture anchor with the suture connected thereto through the opening into the inner layer of bone; and

pulling on the suture to change the orientation of the anchor within the inner layer of bone to block movement of the anchor out of the opening in the outer layer of bone.

2. A method as set forth in claim 1 wherein said step of connecting a suture with a suture anchor includes the steps of threading the suture through an anchor having proximal and distal end portions such that the suture extends completely through the anchor, the first end portion of the suture extends in a first direction out of the proximal end portion of the anchor, and the second end portion of the suture extends in a second direction out of the distal end portion of the anchor.

3. A method as set forth in claim 1 wherein said step of inserting the suture anchor with the suture connected thereto through the opening into the softer layer of bone includes the steps of inserting the suture and the anchor distally into the bone in an insertion/release orientation in which (a) the first end portion of the suture extends proximally from the proximal end portion of the anchor to a location outside of the bone, and (b) the second end portion of the suture extends distally into the bone from the second end portion of the anchor and wraps proximally around the anchor and extends proximally along the outside of the anchor to a location outside of the bone, the anchor and the first and second end portions of the suture being generally parallel with each other when the anchor and the suture are in the insertion/release orientation.

4. A method as set forth in claim 1 wherein said step of pulling on the suture to change the orientation of the anchor within the softer layer of bone to block movement of the anchor out of the opening includes the steps of causing the anchor to pivot within the bone to an anchoring orientation different from the insertion/release orientation by pulling at the location outside of the bone on the second end portion of the suture.

5. A method as set forth in claim 1 wherein said step of connecting a suture with a suture anchor includes the step of providing a suture anchor having a length greater than its width, and said step of providing an opening in the bone includes providing an opening which is at least as large as the width of the anchor but substantially smaller than the length of said anchor.

6. A method as set forth in claim 1 wherein said step of pulling on the suture includes the step of changing the orientation of the anchor from an insertion orientation in which the anchor is disposed parallel to the opening to an anchoring orientation in which the anchor is disposed at least partially transverse to the opening.

7. A method as set forth in claim 1 wherein said step of providing an opening in the bone includes the step of determining the thickness of the harder layer of bone at the location where the suture is to be anchored and making an opening through the harder layer of bone of a depth sufficient to extend at least about to the softer layer of bone.

8. A method of removing a suture anchor from a location inside a bone to a location outside of the bone through an

opening extending from inside the bone to the location outside the bone, said suture having first and second end portions projecting from respective opposite ends of the anchor through the opening to the location outside the bone, said method comprising the steps of:

inserting a removal tool through the opening to engage the anchor at a location inside the bone;

pulling on one projecting end of the suture to apply force to its respective anchor end to turn the anchor to a position aligned with the opening; and

pulling on the suture to pull the anchor out of the opening.

9. A method of anchoring a suture, said method comprising the steps of:

providing a tubular anchor having a passage which extends between opposite ends of the anchor,

inserting a suture through the passage in the anchor,

inserting a thin elongated member into the passage in the anchor,

inserting the thin elongated member into body tissue to at least partially form an opening in the body tissue,

thereafter, sliding the anchor along the thin elongated member and through the opening in the body tissue with both the thin elongated member and the suture extending through the passage in the anchor,

removing the thin elongated member from the body tissue and from the passage in the anchor, and,

thereafter, changing the orientation of the anchor relative to the body tissue by pulling on the suture.

10. A method as set forth in claim 9 further including the step of inserting the thin elongated member into a passage formed in a drill and drilling a recess in the body tissue, said step of sliding the anchor along the thin elongated member further including moving the anchor into the recess in the body tissue, said step of changing the orientation of the anchor including moving the anchor from an orientation in which a central axis of the passage through the anchor is aligned with the opening in the body tissue to an orientation in which the central axis of the passage through the anchor is offset from the opening in the body tissue.

11. A method as set forth in claim 9, wherein said step of sliding the anchor along the thin elongated member and through the opening in the body tissue is performed with a portion of the suture extending across one end of the anchor and along an outer side of the anchor to a location disposed to one side of the body tissue and with another portion of the suture extending through the passage in the anchor to the location disposed to one side of the body tissue.

12. A method as set forth in claim 9 wherein said step of sliding the anchor along the thin elongated member includes applying force against a trailing end of the anchor to press a leading end of the anchor against the body tissue.

13. A method comprising the steps of:

inserting a tubular suture anchor through an opening into body tissue with a suture extending from a location disposed to one side of the body tissue, through the opening in the body tissue, through a passage in the anchor, across an end surface of the anchor, along an outer side surface of the anchor, and through the opening in the body tissue to the location disposed to one side of the body anchor; and

thereafter, removing the anchor from the body tissue, said step of removing the anchor from the body tissue including inserting the suture through an entrance to a passage in a member, positioning the entrance to the passage in the member adjacent to the anchor, pulling

11

on the suture to move the end surface on the anchor toward the passage in the member, and, thereafter, moving the anchor through the opening in the body tissue by pulling on the suture.

14. A method as set forth in claim 13 wherein said step of removing the anchor from the body tissue includes moving the anchor away from the opening in the body tissue by pressing the member against the anchor prior to performing said step of pulling on the suture to move the end surface on the anchor toward the passage in the member.

15. A method of anchoring a suture, said method comprising the steps of:

inserting a thin elongated member to a first depth in body tissue,

inserting the thin elongated member into a passage formed in a drill,

rotating the drill relative to the thin elongated member while the thin elongated member is disposed in the passage in the drill,

cutting body tissue with the drill during performance of said step of rotating the drill to thereby form a recess in the body tissue, said step of cutting body tissue with the drill includes cutting the body tissue to a second depth which is less than the first depth so that the thin elongated member extends through the recess into the body tissue,

separating the drill from the thin elongated member after performance of said step of cutting body tissue with the drill, and while maintaining the end portion of the thin elongated member inserted in the body tissue,

thereafter, sliding an anchor along the thin elongated member into the recess in the body tissue, and

thereafter, removing the thin elongated member from the body tissue.

16. A method as set forth in claim 15 further including the step of inserting a suture through a passage in the anchor prior to performance of said step of sliding the anchor along the thin elongated member.

17. A method as set forth in claim 16 wherein said step of sliding the anchor along the thin elongated member is performed with the thin elongated member extending through the same passage in the anchor as the suture

18. A method as set forth in claim 16 wherein said step of sliding the anchor along the thin elongated member is performed with a first portion of the suture extending across one end of the anchor, along an outer side of the anchor, and from the outer side of the anchor to a location spaced from the body tissue, said step of sliding the anchor along the thin elongated member being performed with a second portion of the suture extending through the passage in the anchor and from the passage in the anchor to the location spaced from body tissue.

19. A method as set forth in claim 18 further including the step of changing the orientation of the anchor relative to the recess after performance of said step of removing the thin elongated member from the recess, said step of changing the orientation of the anchor including applying force against a portion of the anchor which is furthest from an open end of the recess by pulling on the suture and transmitting force through the portion of the suture which is along the outer side of the anchor to the one end of the anchor.

20. A method as set forth in claim 19 wherein said step of changing the orientation of the anchor further includes moving the one end of the anchor toward an open end of the recess under the influence of force transmitted through the portion of the suture which extends along the outer side of the anchor.

12

21. A method of anchoring a suture, said method comprising the steps of:

providing a tubular anchor having an outer side surface which extends between first and second end surfaces at opposite ends of the anchor and having a passage which extends between the first and second end surfaces;

inserting a suture through the passage extending between the first and second end surfaces of the anchor;

inserting a thin elongated member into the body tissue, thereafter,

moving the anchor through an opening in body tissue with the first end surface of the anchor leading and with the suture extending from a location disposed to one side of the body tissue, through the passage in the anchor, across the first end surface of the anchor and along an outer side surface of the anchor to the location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue with the first end surface of the anchor leading being performed with a portion of the suture extending across the first end surface of the anchor, said step of moving the anchor through the opening in body tissue including moving the anchor along the thin elongated member;

thereafter, applying force against a portion of the anchor which is furthest from the opening in the body tissue by pulling on the suture and transmitting force through the portion of the suture which extends along the outer side surface of the anchor to the first end surface of the anchor; and

moving the first end surface of the anchor toward the opening in the body tissue under the influence of the force transmitted through the portion of the suture which extends along the outer side surface of the anchor.

22. A method as set forth in claim 21 further including the step of removing the thin elongated member from the body tissue prior to performance of said step of moving the first end surface of the anchor toward the opening in the body tissue.

23. A method of anchoring a suture, said method comprising the steps of:

providing a tubular anchor having an outer side surface which extends between first and second end surfaces at opposite ends of the anchor and having a passage which extends between the first and second end surfaces;

inserting a suture through the passage extending between the first and second end surfaces of the anchor;

inserting a thin elongated member through the passage extending between the first and second end surfaces of the anchor and inserting the thin elongated member into the body tissue;

moving the anchor through an opening in body tissue with the first end surface of the anchor leading and with the suture extending from a location disposed to one side of the body tissue, through the passage in the anchor, across the first end surface of the anchor and along an outer side surface of the anchor to the location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue with the first end surface of the anchor leading being performed with a portion of the suture extending across the first end surface of the anchor, said step of moving the anchor through an opening in body tissue with the first end surface of the anchor leading includes sliding the anchor along the thin elongated member with the thin

13

elongated member extending through the passage which extends between the first and second end surfaces of the anchor;

thereafter, applying force against a portion of the anchor which is furthest from the opening in the body tissue by pulling on the suture and transmitting force through the portion of the suture which extends along the outer side surface of the anchor to the first end surface of the anchor; and

moving the first end surface of the anchor toward the opening in the body tissue under the influence of the force transmitted through the portion of the suture which extends along the outer side surface of the anchor.

24. A method of anchoring a suture, said method comprising the steps of:

providing a tubular anchor having an outer side surface which extends between first and second end surfaces at opposite ends of the anchor and having a passage which extends between the first and second end surfaces;

inserting a suture through the passage extending between the first and second end surfaces of the anchor;

moving the anchor through an opening in body tissue with the first end surface of the anchor leading and with the suture extending from a location disposed to one side of the body tissue, through the passage in the anchor, across the first end surface of the anchor and along an outer side surface of the anchor to the location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue with the first end surface of the anchor leading being performed with a portion of the suture extending across the first end surface of the anchor;

forming an opening in the body tissue prior to performance of said step of moving the anchor through an opening in the body tissue, said step of forming an opening in the body tissue including inserting a thin elongated member into the body tissue;

thereafter, applying force against a portion of the anchor which is furthest from the opening in the body tissue by pulling on the suture and transmitting force through the portion of the suture which extends along the outer side surface of the anchor to the first end surface of the anchor; and

moving the first end surface of the anchor toward the opening in the body tissue under the influence of the force transmitted through the portion of the suture which extends along the outer side surface of the anchor.

25. A method as set forth in claim 24 further including positioning a cannulated drill around the thin elongated member and rotating the drill relative to the thin elongated member to form a recess in the body tissue, said step of moving an anchor through an opening in body tissue includes moving the anchor through an opening to the recess with the first end surface of the anchor leading.

26. A method as set forth in claim 24 further including removing the thin elongated member from the body tissue prior to performance of said step of moving the first end surface of the anchor toward the opening, said step of moving the first end portion of the anchor toward the opening being performed with the anchor in the recess.

27. A method of anchoring a suture, said method comprising the steps of:

providing an anchor having a passage which extends through the anchor,

14

inserting a suture through the passage in the anchor, inserting a thin elongated member into the passage in the anchor,

inserting the thin elongated member into body tissue to at least partially form an opening in the body tissue,

thereafter, moving the anchor along the thin elongated member and through the opening in the body tissue with both the thin elongated member and the suture extending through the passage in the anchor, and

removing the thin elongated member from the body tissue and from the passage in the anchor while the anchor is disposed in the body tissue with the suture extending through the passage in the anchor.

28. A method as set forth in claim 27 further including the step of inserting the thin elongated member into a passage formed in a drill and drilling a recess in the body tissue, said step of moving the anchor along the thin elongated member further including moving the anchor into the recess in the body tissue.

29. A method as set forth in claim 27 wherein said step of moving the anchor along the thin elongated member and through the opening in the body tissue is performed with a portion of the suture extending across one end of the anchor and along an outer side of the anchor to a location disposed to one side of the body tissue.

30. A method as set forth in claim 27 wherein said step of moving the anchor along the thin elongated member includes applying force against a trailing end of the anchor to press a leading end of the anchor against the body tissue.

31. A method as set forth in claim 27 further including the step of changing the orientation of the anchor relative to body tissue after having performed said step of removing the thin elongated member from the body tissue.

32. A method of anchoring a suture, said method comprising the steps of providing an anchor having a passage which extends axially through the anchor between first and second ends of the anchor, inserting a suture through the passage in the anchor, moving the anchor into body tissue with the suture extending through the passage in the anchor and with the first end of the anchor leading and the second end of the anchor trailing, and, thereafter, changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning at least a portion of the suture to apply force against the first end of the anchor with the suture.

33. A method as set forth in claim 32 further including the steps of inserting a thin elongated member through the passage in the anchor, and inserting the thin elongated member into body tissue, said step of moving the anchor into body tissue includes moving the anchor along the thin elongated member with the thin elongated member and the suture extending through the passage in the anchor.

34. A method as set forth in claim 32 wherein said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes applying force against only a portion of a surface on the second end of the anchor to concentrate the force at a relatively small area on the second end of the anchor.

35. A method as set forth in claim 32 wherein said step of changing the orientation of the anchor relative to body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes engaging the second end of the anchor with a rigid member and pivoting the anchor about an axis extending through an area of engagement

15

between the rigid member and the second end of the anchor while tensioning the suture.

36. A method as set forth in claim 32 further including the steps of providing a rigid member having a passage which extends through first and second ends of the rigid member, said step of moving the anchor into body tissue includes engaging the second end of the anchor with the first end of the rigid member and with the suture extending through the passage in the anchor and through the passage in the rigid member, said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes pressing the first end of the rigid member against the second end of the anchor with the suture extending through the passage in the anchor and through the passage in the rigid member.

37. A method as set forth in claim 32 wherein said step of moving the anchor into body tissue includes moving the anchor along a linear path length with a central axis of the passage through the anchor extending parallel to a longitudinal central axis of the linear path length, said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes moving the anchor along a nonlinear path length which extends transverse to the linear path length.

38. A method as set forth in claim 32 wherein said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes pressing a rigid member against the second end of the anchor while pulling on the suture to apply force against the first end of the anchor.

39. A method as set forth in claim 32 wherein said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes pressing an outer side surface of the anchor against body tissue and displacing body tissue under the influence of force applied against the body tissue by the outer side surface of the anchor as the orientation of the anchor is changed relative to the body tissue.

40. A method as set forth in claim 32 wherein said step of moving the anchor into body tissue includes pressing a rigid member against the second end of the anchor, said step of changing the orientation of the anchor relative to the body tissue by simultaneously applying force against the second end of the anchor and tensioning the suture to apply force against the first end of the anchor includes pressing the rigid member against the second end of the anchor.

41. A method of anchoring a suture, said method comprising the steps of providing an anchor having a passage which extends between first and second ends of the anchor, inserting a suture through the passage in the anchor, providing a rigid member having a passage which extends between first and second ends of the rigid member, inserting the suture through the passage in the rigid member, moving the anchor into body tissue with the first end of the anchor leading and with the suture extending through the passage in the anchor and through the passage in the rigid member, said step of moving the anchor into the body tissue includes moving the anchor and the rigid member along at least a portion of a first path length with the first end of the rigid

16

member in engagement with the second end of the anchor, and, thereafter, changing the orientation of the anchor relative to the body tissue with the anchor in the body tissue by pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor to move the anchor in a direction transverse to the first path length, said step of pivoting the anchor about the location where the first end of the rigid member engages the second end of the anchor includes pressing the anchor against the body tissue and displacing body tissue under the influence of force applied to the body tissue by the anchor as the anchor is pivoted.

42. A method as set forth in claim 41 further including the steps of inserting a thin elongated member through the passage in the anchor and through the passage in the rigid member, and inserting the thin elongated member into body tissue, said step of moving the anchor into the body tissue includes moving the anchor and the rigid member along the thin elongated member.

43. A method as set forth in claim 41 further including the step of pressing the second end of the anchor against body tissue after performance of said step of pivoting the anchor.

44. A method as set forth in claim 41 wherein said step of moving the anchor into body tissue includes moving the first end of the anchor into engagement with body tissue.

45. A method as set forth in claim 41 wherein said step of moving the anchor into body tissue is performed with a portion of the suture extending across the first end of the anchor, said step of pressing the anchor against the body tissue includes pressing the first end of the anchor and the portion of the suture extending across the first end of the anchor against body tissue.

46. A method as set forth in claim 41 further including the step of forming a cavity in the body tissue, said step of moving the anchor into the body tissue includes moving the anchor into the cavity in the body tissue, said step of pivoting the anchor about the first end of the rigid member being performed with the first end of the rigid member in the cavity in the body tissue.

47. A method as set forth in claim 41 wherein said step of changing the orientation of the anchor relative to the body tissue includes tensioning the suture and pressing the anchor against the body tissue under the influence of force applied to the anchor by the suture.

48. A method as set forth in claim 41 wherein said step of changing the orientation of anchor relative to the body tissue further includes tensioning the suture and pressing the second end of the anchor against the body tissue and displacing body tissue under the influence of force applied to the body tissue by the second end of the anchor.

49. A method of anchoring a suture, said method comprising the steps of providing an anchor having first and second ends and a passage which extends between the first and second ends of the anchor, inserting a suture through the passage extending between the first and second ends of the anchor, moving the anchor through an opening in body tissue with the first end of the anchor leading and with a first portion of the suture extending from a location disposed to one side of the body tissue through the opening in the body tissue to the second end of the anchor, a second portion of the suture extending through the passage in the anchor, and a third portion of the suture extending from the first end of the anchor through the opening in the body tissue to the location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue includes moving the anchor and a rigid member along at least a portion of a first path length with a first end of the

rigid member in engagement with the second end of the anchor, and, thereafter, changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture to apply force to the first end of the anchor and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor under the influence of the force transmitted to the first end of the anchor by tensioning the third portion of the suture.

50. A method as set forth in claim 49 further including the steps of inserting a thin elongated member through the passage in the anchor, and inserting the thin elongated member into the body tissue, said step of moving the anchor and rigid member along at least a portion of a first path length includes moving the anchor along the thin elongated member with the thin elongated member extending through the passage in the anchor.

51. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue further includes tensioning the first portion of the suture simultaneously with tensioning the third portion of the suture to press the second end of the anchor against the first end of the rigid member at the location where the first end of the rigid member engages the second end of the anchor.

52. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor includes engaging only a portion of the second end of the anchor with the first end of the rigid member to concentrate the force at a relatively small area on the second end of the anchor.

53. A method as set forth in claim 49 wherein said step of moving the anchor and rigid member along at least a portion of a first path length with a first end of the rigid member in engagement with the second end of the anchor includes moving the anchor and rigid member along a linear portion of a path, said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor includes moving the anchor along a nonlinear path which extends transverse to the linear portion of a path.

54. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor includes pressing an outer side surface of the anchor against body tissue and displacing body tissue under the influence of force applied against the body tissue by the outer side surface of the anchor as the orientation of the anchor is changed relative to the body tissue.

55. A method as set forth in claim 49 further including the step of pressing the second end of the anchor against body tissue after performance of said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture.

56. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor includes pressing the first end of the anchor against body tissue and displacing body tissue under the influence of force

applied against the body tissue by the first end of the anchor as the anchor is pivoted.

57. A method as set forth in claim 49 wherein said step of moving the anchor through an opening in the body tissue includes moving the first end of the anchor and a part of the third portion of the suture into engagement with body tissue.

58. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue by tensioning the third portion of the suture and pivoting the anchor about a location where the first end of the rigid member engages the second end of the anchor includes pressing the first end of the anchor and part of the third portion of the suture against body tissue.

59. A method as set forth in claim 49 wherein said step of changing the orientation of the anchor relative to the body tissue further includes disengaging the second end of the anchor from the first end of the rigid member, and, thereafter, tensioning the third portion of the suture and pressing the second end of the anchor against body tissue under the influence of force transmitted to the first end of the anchor by tensioning the third portion of the suture.

60. A method of anchoring a suture, said method comprising the steps of providing an anchor having a passage which extends axially through the anchor between a first opening in a first end surface of the anchor and a second opening in a second end surface of the anchor, inserting a suture through the passage in the anchor, moving the anchor into body tissue with the first end surface of the anchor leading and with the suture extending through the passage in the anchor, thereafter, moving the second end surface of the anchor and a portion of the suture into engagement with each other at a location spaced from the opening in the second end surface of the anchor, and displacing body tissue by pressing the second end surface of the anchor against body tissue while the portion of the suture is in engagement with the second end surface of the anchor.

61. A method as set forth in claim 60 further including the step of maintaining the suture spaced from the second end surface of the anchor at locations spaced from the opening in the second end surface of the anchor during performance of said step of moving the anchor into body tissue.

62. A method as set forth in claim 60 wherein said step of displacing body tissue by pressing the second end surface of the anchor against body tissue includes transmitting force through the suture to the first end surface of the anchor.

63. A method as set forth in claim 60 further including pivoting the anchor after performance of said step of moving the anchor into body tissue and prior to performance of said step of displacing body tissue by pressing the second end surface of the anchor against the body tissue, said step of pivoting the anchor includes displacing body tissue as the anchor is pivoted by pressing a side surface on the anchor against the body tissue.

64. A method of anchoring a suture, said method comprising the steps of providing an anchor having first and second ends and a passage which extends between the first and second ends of the anchor, inserting a suture through the passage extending between the first and second ends of the anchor, moving the anchor through an opening in body tissue with the first end of the anchor leading and with a first portion of the suture extending from a location disposed to one side of the body tissue through the opening in the body tissue to the second end of the anchor, a second portion of the suture extending through the passage in the anchor, and a third portion of the suture extending from the first end of the anchor through the opening in the body tissue to the location disposed to one side of the body tissue, said step of

moving an anchor through an opening in body tissue being performed with a central axis of the passage aligned with a path of movement of the anchor through the opening, thereafter, moving the first end of anchor to one side of a path of movement of the anchor through the opening in the body tissue and moving the second end of the anchor to a side of the path of movement of the anchor opposite to the one side by pulling on the third portion of the suture to transmit force to the first end of the anchor.

65. A method as set forth in claim 64 wherein said step of moving the anchor through an opening in body tissue includes engaging the second end of the anchor with a first end of a rigid member, said step of moving the first end of the anchor to one side of the path of movement of the anchor through the opening in body tissue includes engaging the second end of the anchor with the first end of the rigid member.

66. A method as set forth in claim 64 wherein said step of moving the first end of the anchor to one side of the path of movement of the anchor through the opening in the body tissue includes pivoting the anchor about an axis disposed adjacent to the second end of the anchor under the influence of force transmitted to the first end of the anchor through the third portion of the suture.

67. A method of anchoring a suture, said method comprising the steps of providing an anchor having first and second ends and a passage which extends between the first and second ends of the anchor, inserting a suture through the passage extending between the first and second ends of the anchor, moving the anchor through an opening in body tissue with the first end of the anchor leading and with a first portion of the suture extending from a location disposed to one side of the body tissue through the opening in the body tissue to the second end of the anchor, a second portion of the suture extending through the passage in the anchor, and a third portion of the suture extending from the first end of the anchor through the opening in the body tissue to the location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue includes engaging the second end of the anchor with a first end of a rigid member, and, thereafter, changing the orientation of the anchor relative to the body tissue by simultaneously applying force to the first and second ends of the anchor by simultaneously pulling on the first and third portions of the suture to apply force to the first end of the anchor with the suture and to press the second end of the anchor against the first end of the rigid member.

68. A method as set forth in claim 67 wherein said step applying force to the first and second ends of the anchor by simultaneously pulling on the first and third portions of the suture to apply force to the first end of the anchor with the suture and to press the second end of the anchor against the first end of the rigid member includes engaging only a portion of the second end of the anchor with the first end of the rigid member to concentrate the force at a relatively small area on the second end of the anchor and pivoting the anchor about an axis which extends through the area of engagement between the first end of the rigid member and the second end of the anchor.

69. A method as set forth in claim 67 wherein the anchor has an outer side surface which extends between the first and second ends of the anchor, said step of moving the anchor into body tissue is performed with said third portion of the suture disposed in engagement with the first end of the anchor and with the outer side surface of the anchor.

70. A method of anchoring a suture, said method comprising the steps of providing an anchor having first and

second end surfaces, an outer side surface which extends between the first and second end surfaces, and a passage which extends between the first and second end surfaces, inserting a suture through the passage in the anchor, moving the anchor through an opening in body tissue with the first end surface on the anchor leading and with a first portion of the suture extending through the passage in the anchor, a second portion of the suture extending across and disposed in engagement with the first end surface on the anchor, and a third portion of the suture extending along and disposed in engagement with the outer side surface on the anchor and extending to a location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue includes engaging the second end surface on the anchor with a first end of a rigid member, and, thereafter, changing the orientation of the anchor relative to the body tissue by simultaneously applying force to the first and second end surfaces on the anchor by tensioning the third portion of the suture to apply force against the first end surface on the anchor with the third portion of the suture and to press the second end surface on the anchor against the first end of the rigid member.

71. A method as set forth in claim 70 wherein said step of changing the orientation of the anchor relative to body tissue by simultaneously applying force to the first and second end surfaces on the anchor includes pressing the third portion of the suture against the first end surface on the anchor and pressing the third portion of the suture against body tissue.

72. A method as set forth in claim 70 wherein said step of changing the orientation of the anchor relative to body tissue by simultaneously applying force to the first and second end surfaces on the anchor includes pressing the third portion of the suture against the first end surface on the anchor and pressing the first end surface and the side surface on the anchor against body tissue to displace body tissue under the influence of force applied against the body tissue by the first end surface and side surface on the anchor.

73. A method as set forth in claim 70 wherein said step of changing the orientation of the anchor relative to body tissue by simultaneously applying force to the first and second end surfaces on the anchor includes pivoting the anchor about an axis which extends through an area of engagement between the first end of the rigid member and the second end surface on the anchor.

74. A method of anchoring a suture, said method comprising there steps of providing an anchor having an outer side surface which extends between first and second end surfaces at opposite ends of the anchor and having a passage which extends between the first and second end surfaces, inserting a suture through the passage extending between the first and second end surfaces of the anchor, moving the anchor through an opening in body tissue with the first end surface of the anchor leading and with the suture extending through the passage in the anchor, across the first end surface of the anchor and along the outer side surface of the anchor and through the opening in the body tissue to a location disposed to one side of the body tissue, said step of moving the anchor through an opening in body tissue with the first end surface of the anchor leading being performed with a portion of the suture extending across and disposed in engagement with the first end surface of the anchor and extending along and disposed in engagement with the outer side surface of the anchor, and, thereafter, applying force against a portion of the anchor which is furthest from the opening in the body tissue by tensioning the suture and transmitting force through the portion of the suture which extends across and is disposed in engagement with the first end surface of the anchor.

21

75. A method as set forth in claim 74 further including the step of moving the first end surface of the anchor toward the opening in the body tissue under the influence of the force which is transmitted through the suture.

76. A method as set forth in claim 74 further including the step of inserting a thin elongated member into the body tissue prior to performance of said step of moving the anchor through the opening in the body tissue, said step of moving the anchor through the opening in the body tissue includes moving the anchor along the thin elongated member.

77. A method as set forth in claim 74 further including the step of pivoting the anchor about an axis disposed adjacent to the second end surface on the anchor while transmitting

22

force through the portion of the suture which extends across and is disposed in engagement with the first end surface of the anchor.

78. A method as set forth in claim 77 further including the step of pressing the outer side surface of the anchor and the portion of the suture which extends along the outer side surface of the anchor against the body tissue while performing said step of pivoting the anchor to displace body tissue under the influence of force applied to the body tissue by the anchor as the anchor is pivoted.

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UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 5,527,343
DATED : June 18, 1996
INVENTOR(S) : Peter M. Bonutti

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 20, line 45, change "there" to --the--.

Column 22, line 7, change "wile" to --while--.

Signed and Sealed this
First Day of October, 1996

Attest:



BRUCE LEHMAN

Attesting Officer

Commissioner of Patents and Trademarks