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(54) SOFT TISSUE REPAIR DEVICE AND METHOD

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Related U.S. Application Data

(60) Continuation of application No. 16/255,300, filed on Jan. 23, 2019, now Pat. No. 11,109,857, which is a continuation of application No. 15/332,590, filed on Oct. 24, 2016, now Pat. No. 10,265,064, which is a continuation of application No. 13/645,964, filed on Oct. 5, 2012, now Pat. No. 9,504,460, which is a division of application No. 12/570,854, filed on Sep. 30, 2009, now Pat. No. 8,303,604, which is a continuation-in-part of application No. 12/489,181, filed on Jun. 22, 2009, now Pat. No. 8,298,262, which is a continuation-in-part of application No. 12/474,802, filed on May 29, 2009, now Pat. No. 8,088,130, which is a continuation-in-part of application No. 11/541,506, filed on Sep. 29, 2006, now Pat. No. 7,601,165, which is a continuation-in-part of application No. 11/541,505, filed on Sep. 29, 2006, now Pat. No. 7,658,751, said application No. 13/645,964 , said application No. 13/045,691 is a continuation-in-part of application No. 12/014,399, filed on Jan. 15, 2008, now Pat. No. 7,909,851, said application No. 13/645,964 , said application No. 13/045,689 is a continuation-in-part of application No. 12/014,340, filed on Jan. 15, 2008, now Pat. No. 7,905,904, which is a continuation-in-part of application No. 11/935,681, filed on Nov. 6, 2007, now Pat. No. 7,905,903, which is a continuation-in-part of application No. 11/869,440, filed on Oct. 9, 2007, now Pat. No. 7,857,830, which is a continuation-in-part of application No. 11/408,282, filed on Apr. 20, 2006, now abandoned, which is a continuation-in-part of application No. 11/784,821, filed on Apr. 10, 2007, now Pat. No. 9,017,381, which is a continuation-in-part of application No. 11/347,661,filed on Feb. 3, 2006, now Pat. No. 7,749,250, which is a continuation-in-part of application No. 11/347,662, filed on Feb. 3, 2006, now abandoned, which is a continuation-in-part of application No. 10/983,236, filed on Nov. 5, 2004, now abandoned, said application No. 13/645,964 is a continuation-in-part of application No. 12/489,168,

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Publication Classification

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A61B 17/04 (2006.01)

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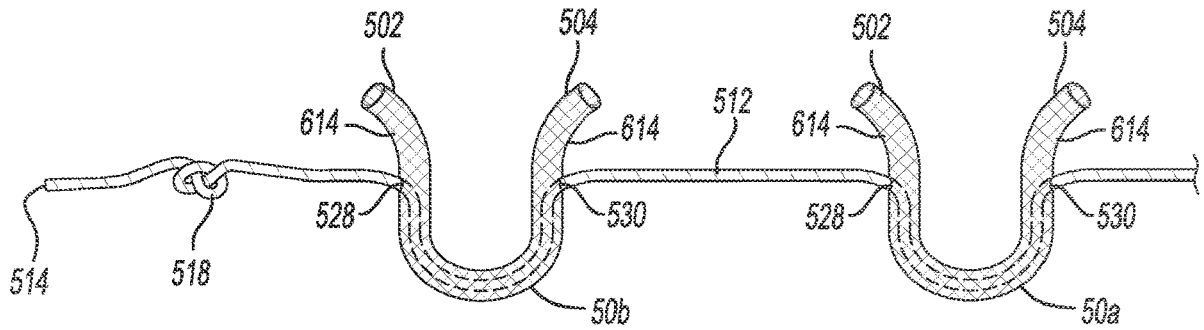
CPC ***A61B 17/06166*** (2013.01); ***A61B 17/0469*** (2013.01); ***A61B 17/0401*** (2013.01); *A61B 2090/062* (2016.02); *A61B 2017/0409* (2013.01); *A61B 2017/0464* (2013.01); *A61B 2017/0406* (2013.01)

(57) **ABSTRACT**

A soft tissue repair device can include a housing having a handle, a deployment system having an actuation member, and an insertion system having an inserter and a slider. The slider can be coupled to the actuation member and movable relative to the inserter between deployed and retracted positions. First and second anchors can be carried on an external surface of the slider such that the anchors are spaced apart and portions of the anchors are coaxial with the slider and each other. A flexible strand can couple the anchors. The insertion system can cooperate with the deployment system to move the slider to the deployed position to deploy the first anchor upon activating the actuation member a first time, and to move the slider to the deployed position from the retracted position to deploy the second anchor upon actuating the actuation member a second time after the first time.



Related U.S. Application Data

filed on Jun. 22, 2009, now Pat. No. 8,361,113, which is a continuation-in-part of application No. 12/196,405, filed on Aug. 22, 2008, now Pat. No. 8,128,658, which is a continuation-in-part of application No. 12/196,407, filed on Aug. 22, 2008, now Pat. No. 8,137,382, which is a continuation-in-part of application No. 12/196,410, filed on Aug. 22, 2008, now Pat. No. 8,118,836.

(60) Provisional application No. 60/885,062, filed on Jan. 16, 2007, provisional application No. 60/885,057, filed on Jan. 16, 2007.

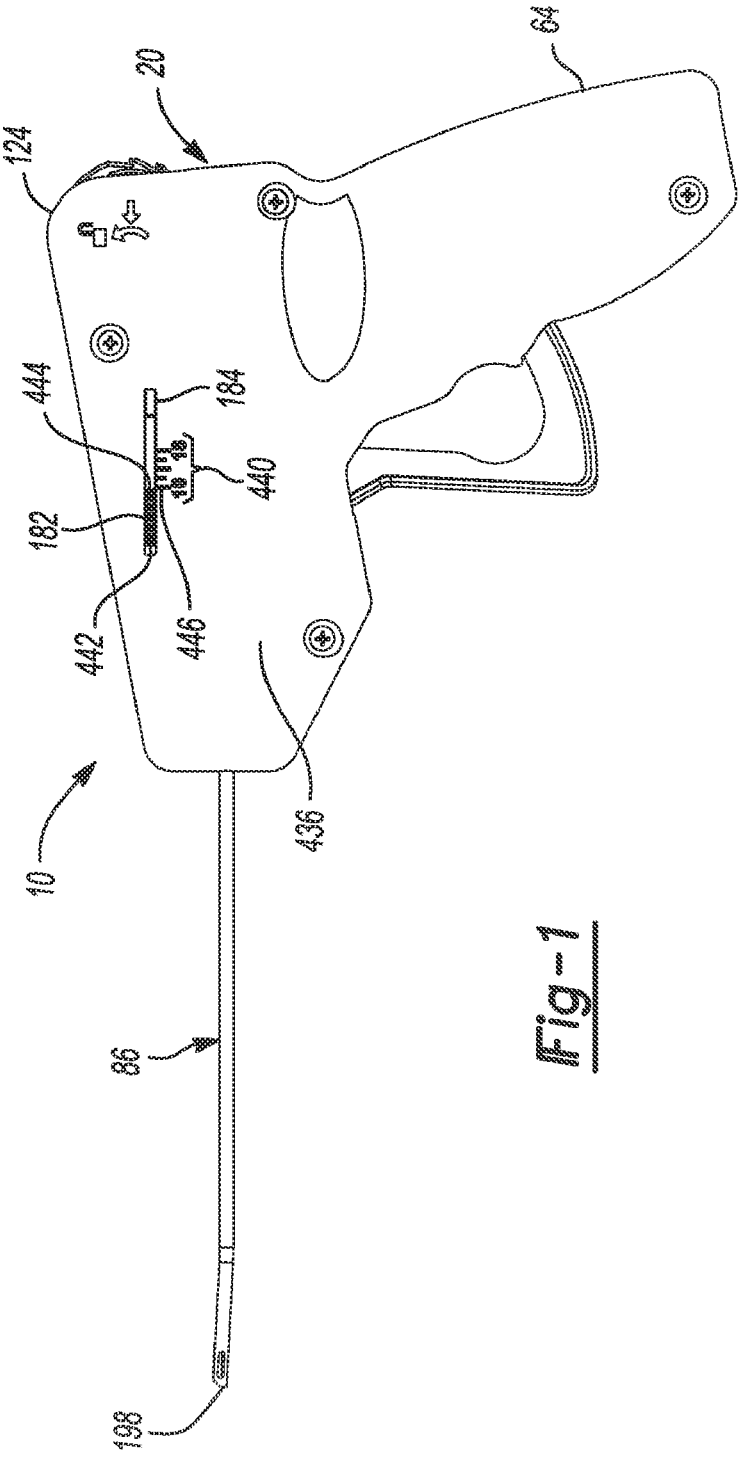

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Fig-1

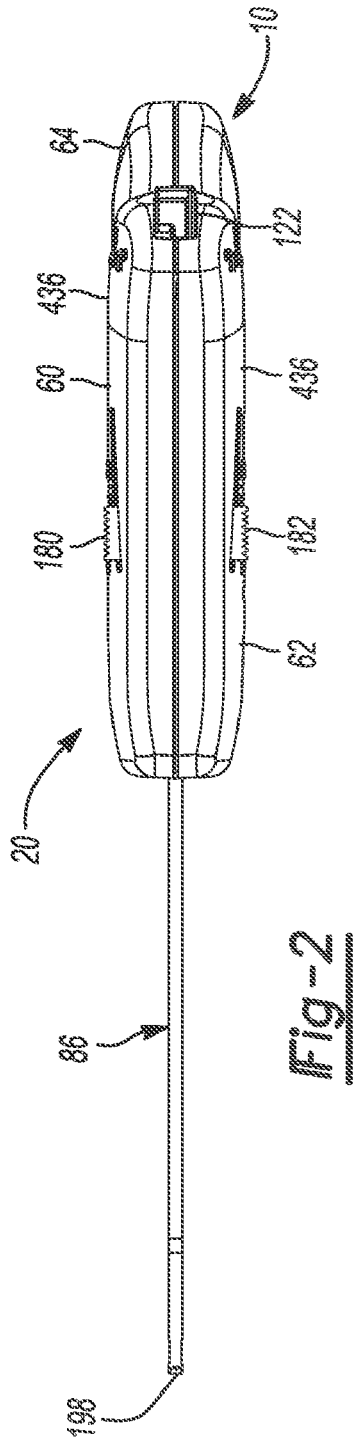
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Fig-2

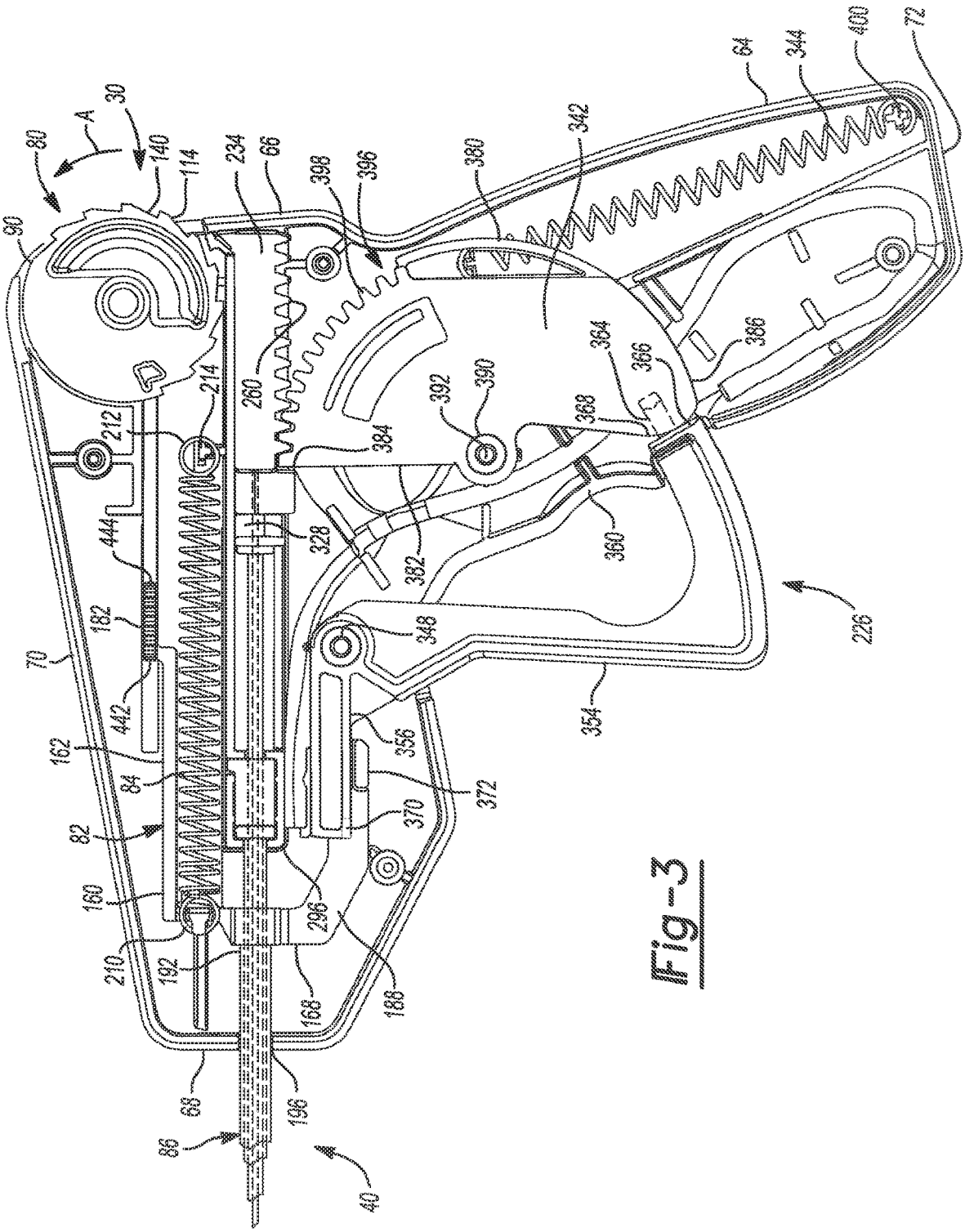
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Fig-3

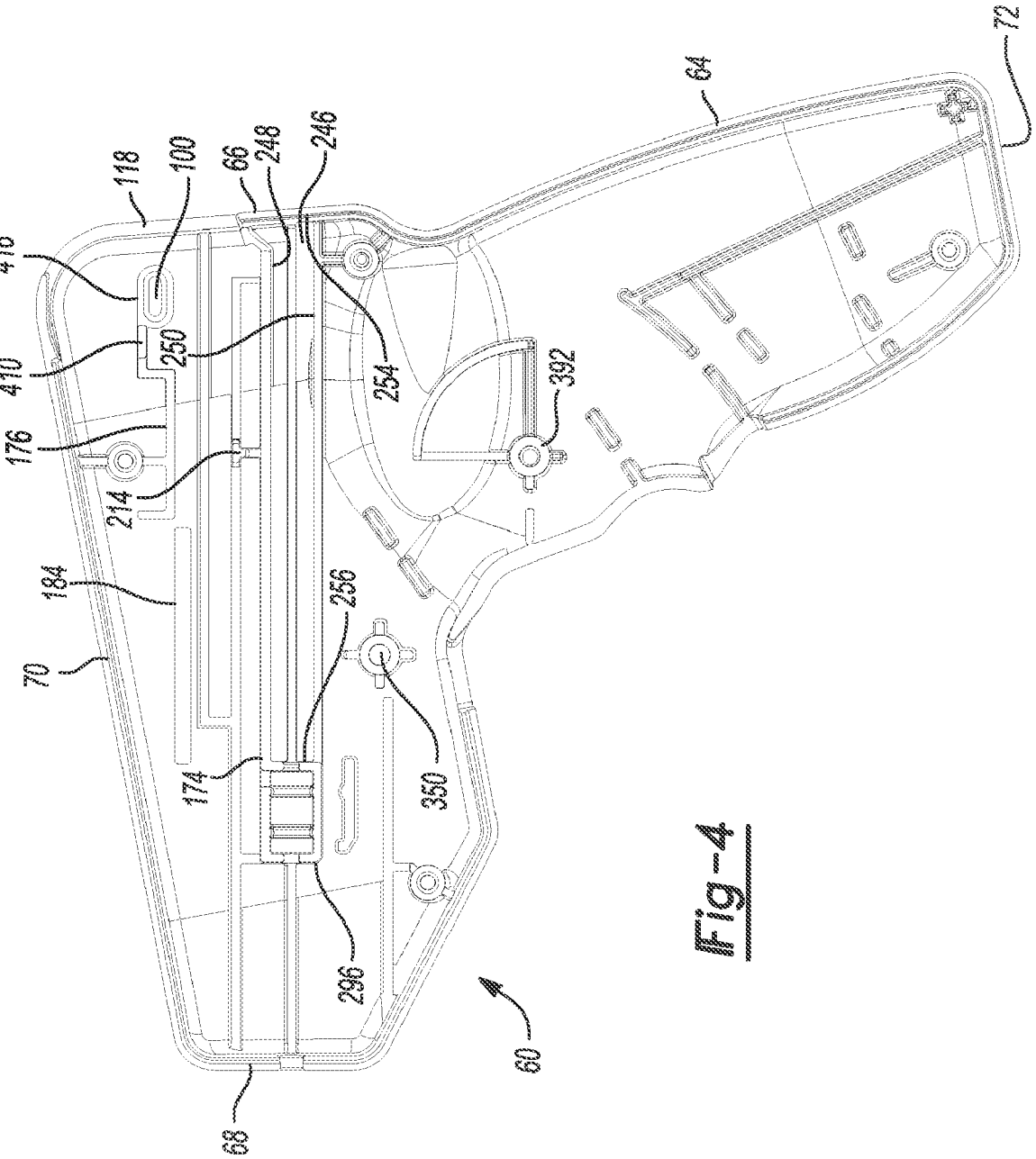
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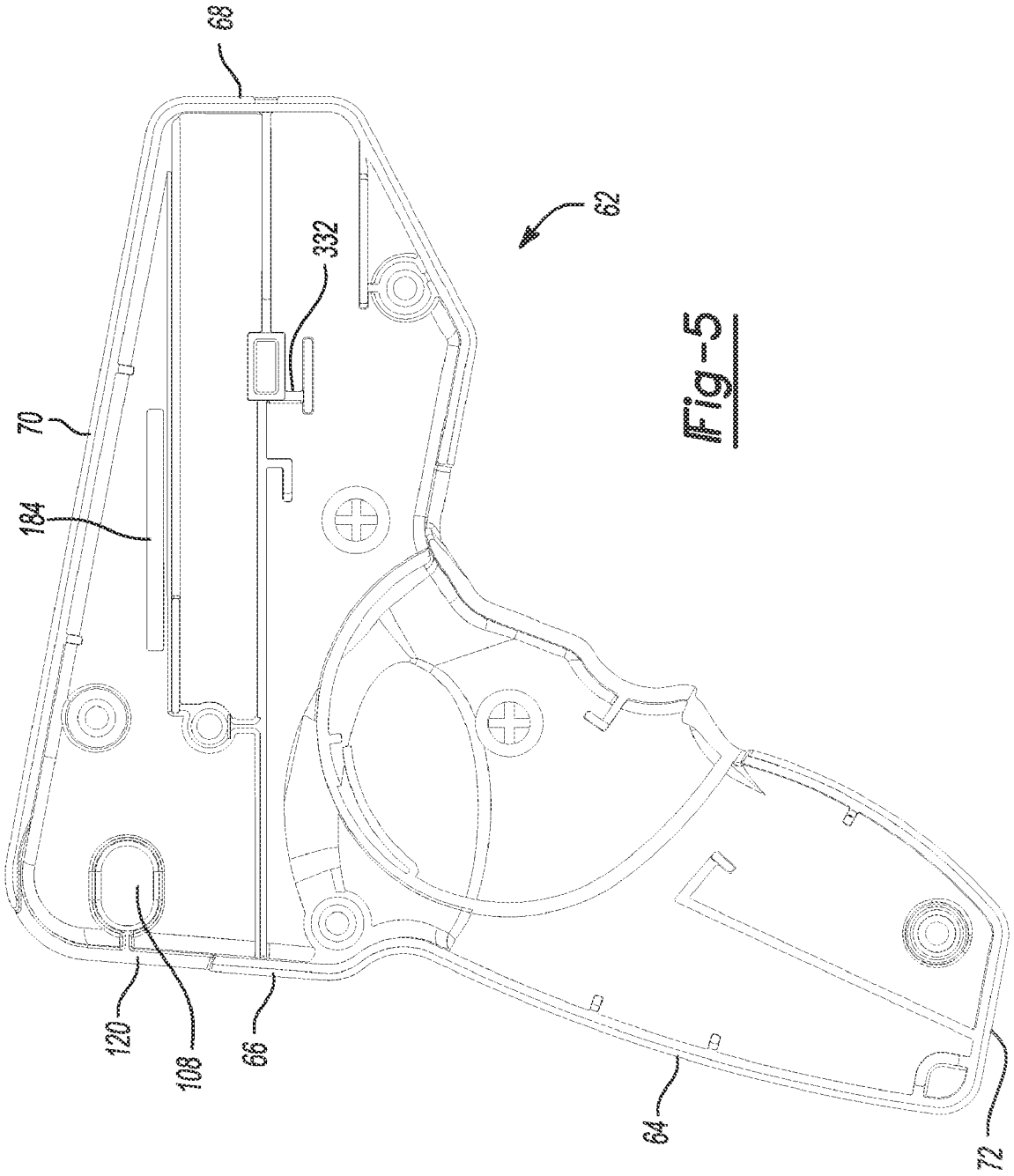
Fig-4



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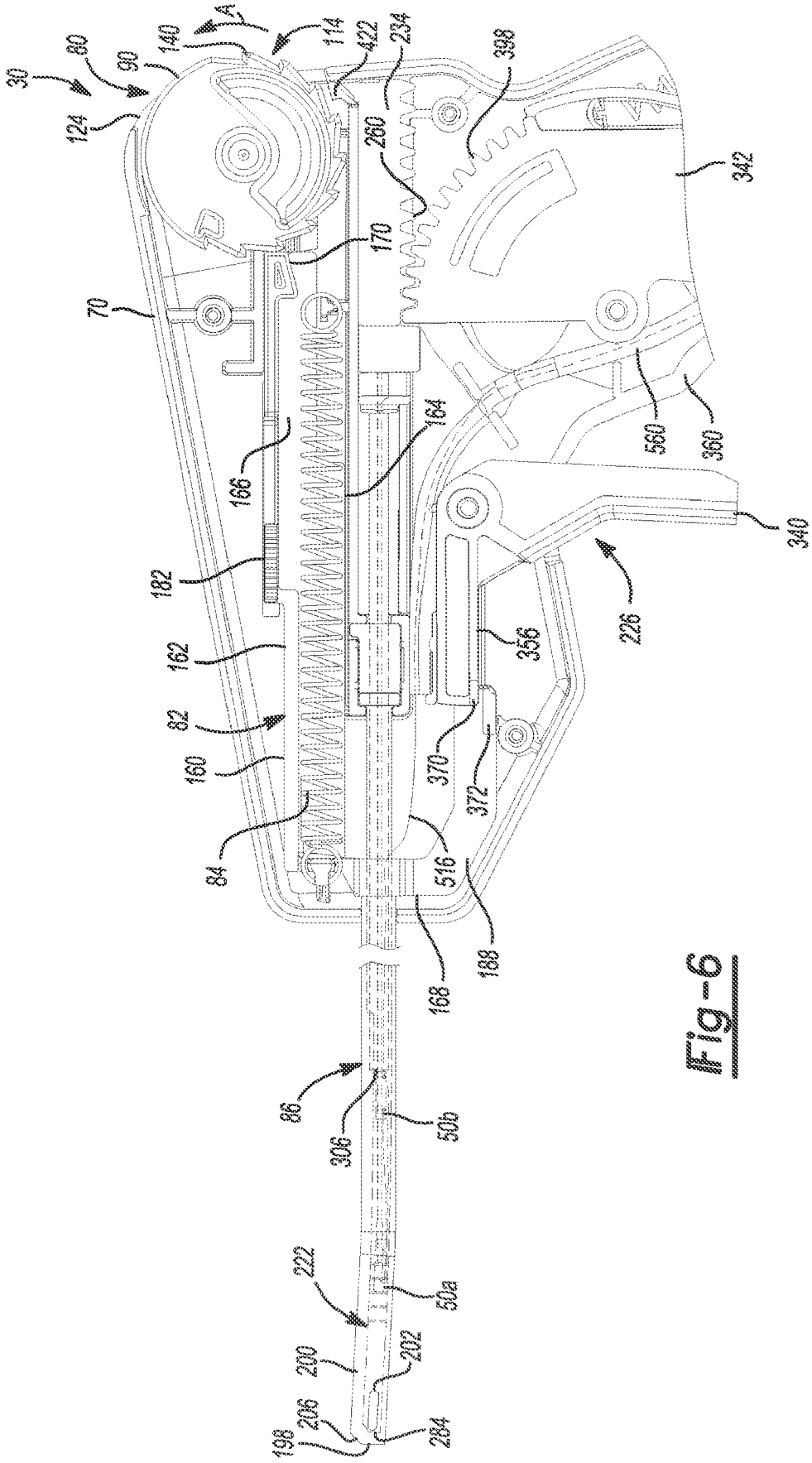
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Fig-6

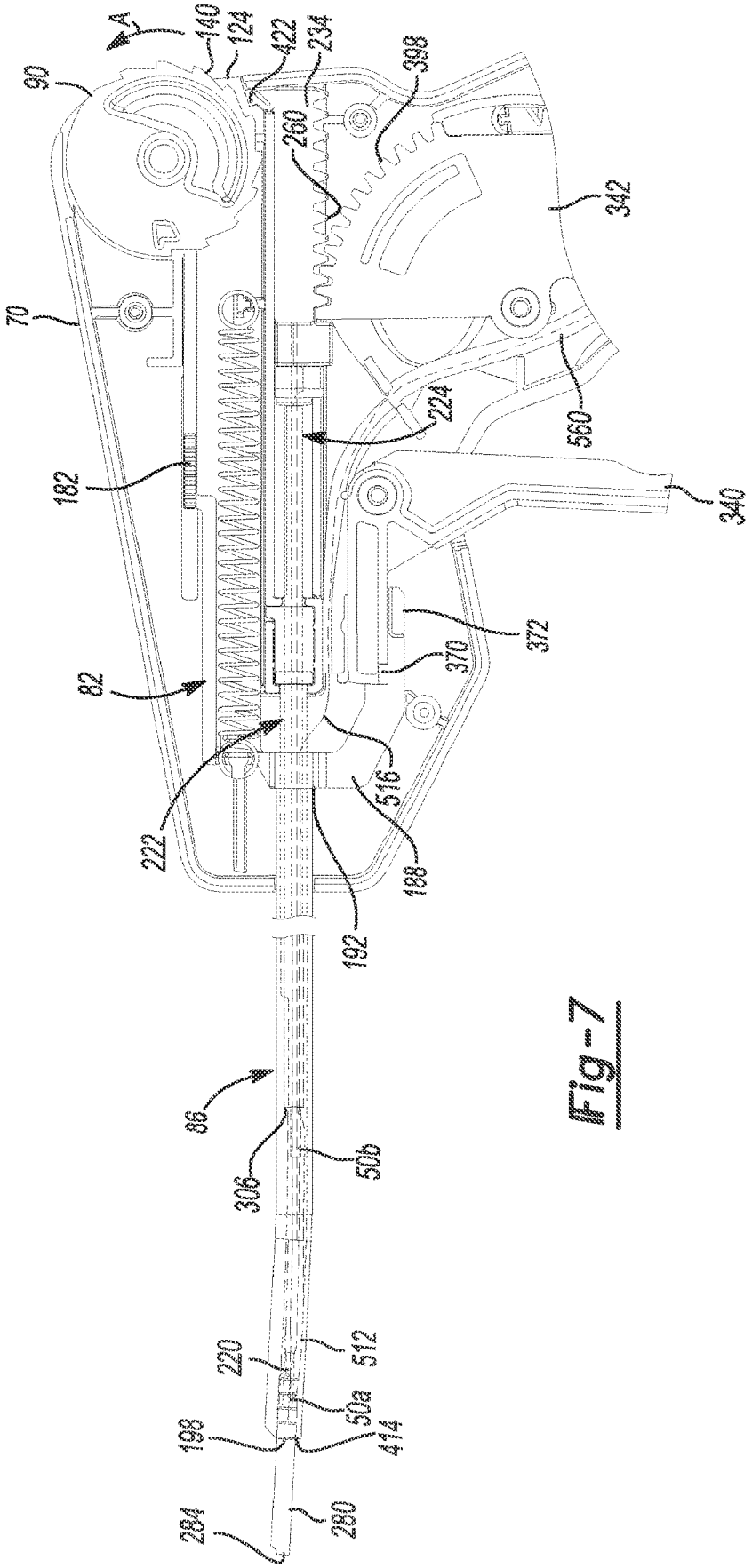
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Fig-7

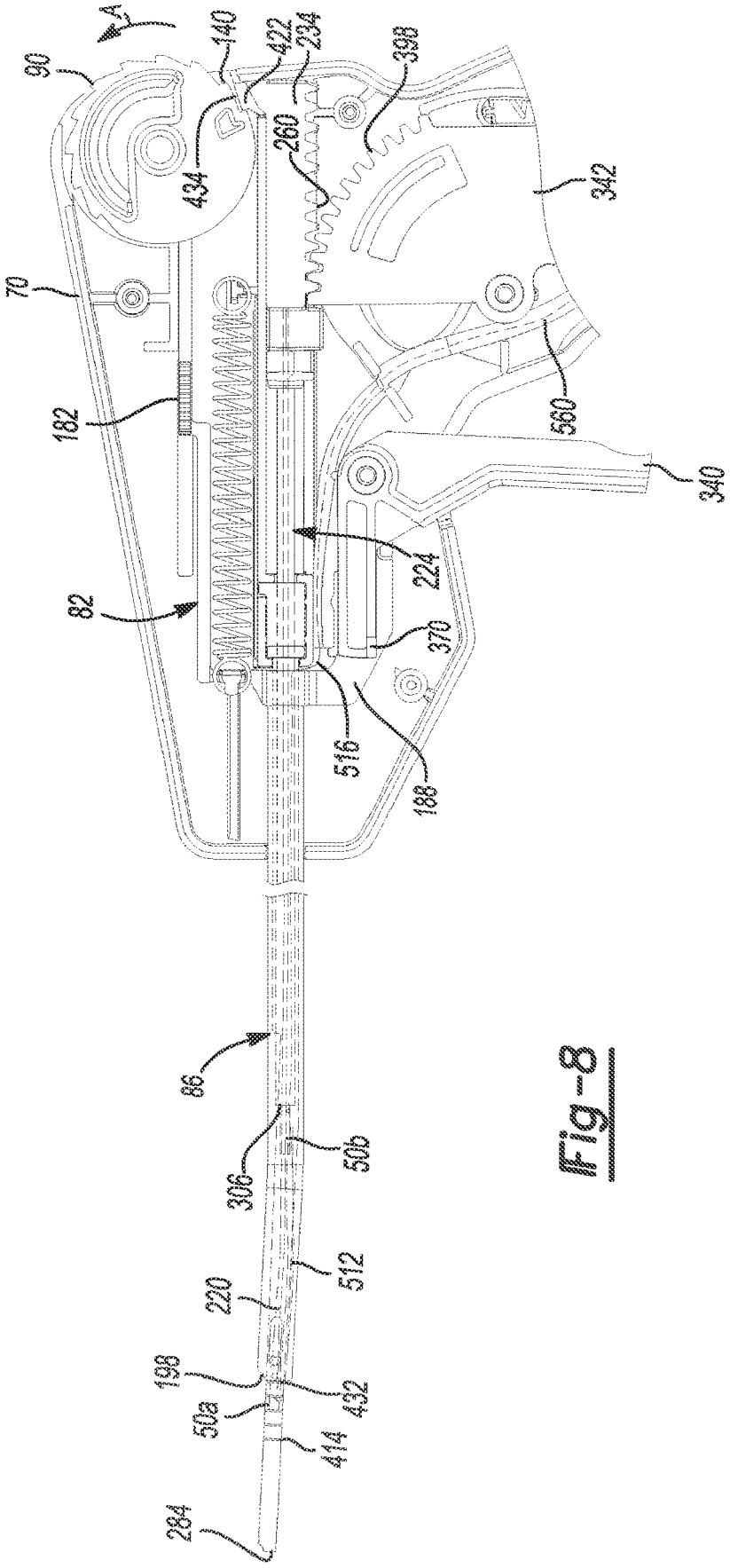
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Fig-8

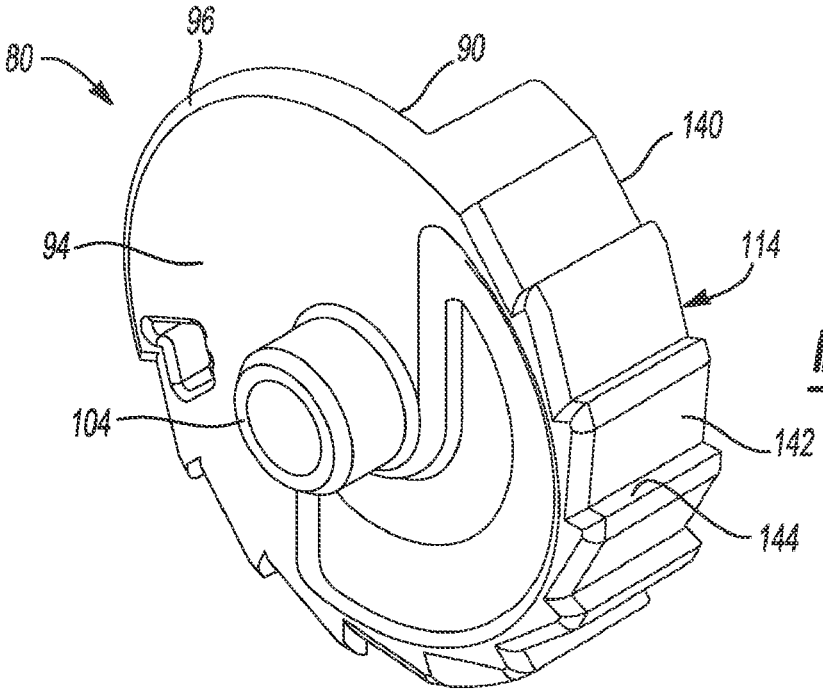
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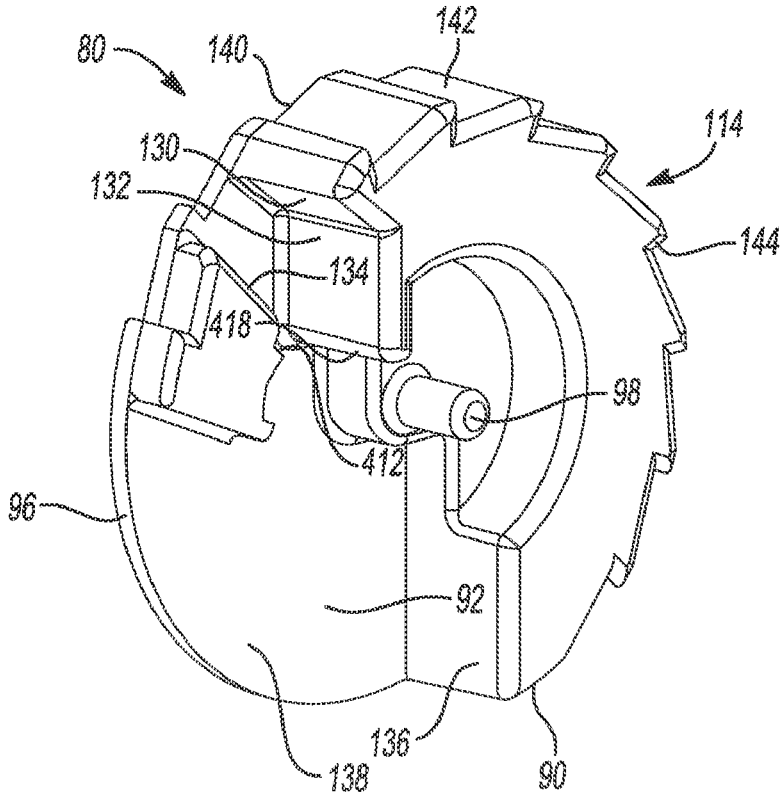
Fig-9A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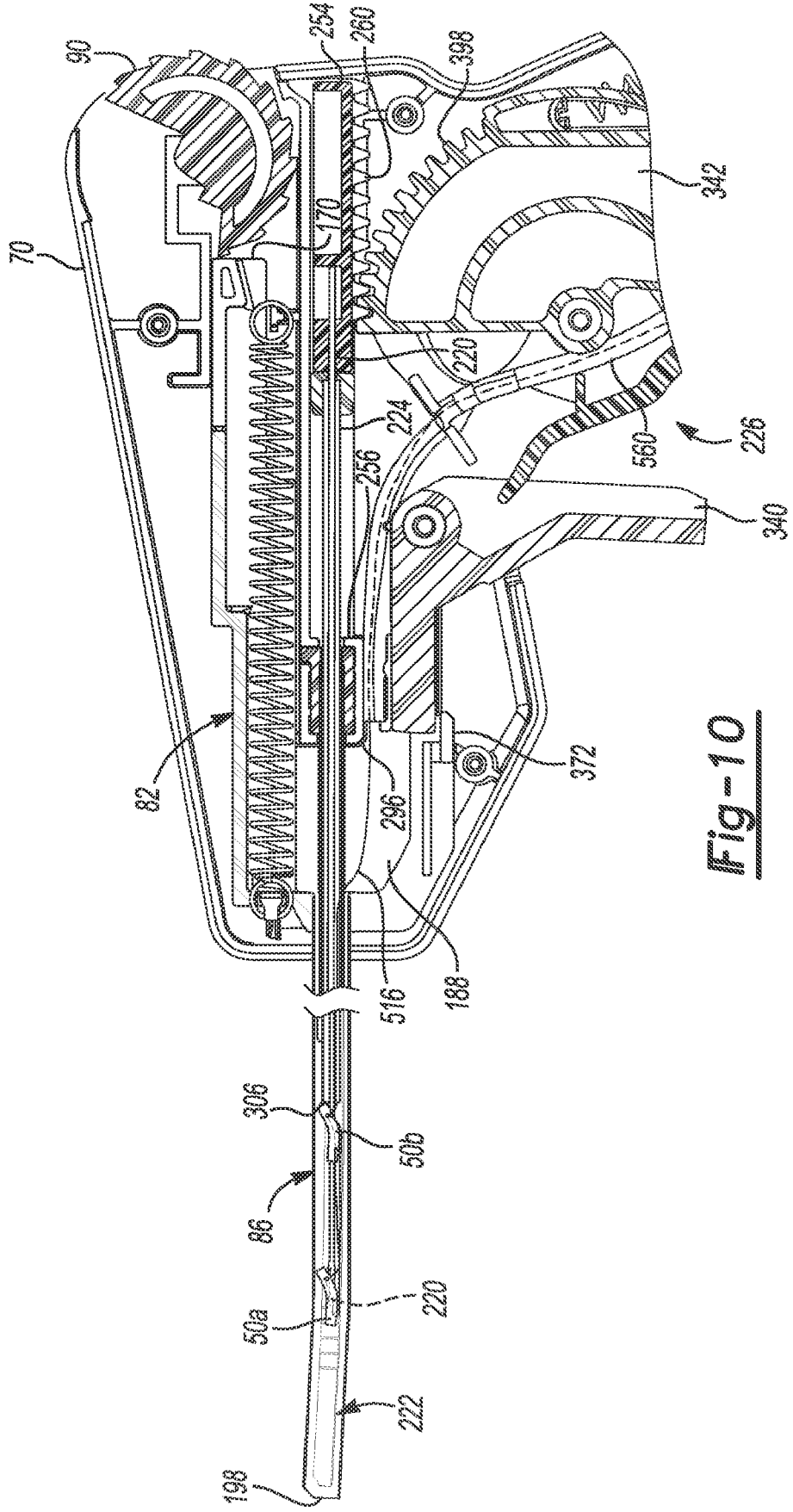
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Fig-10

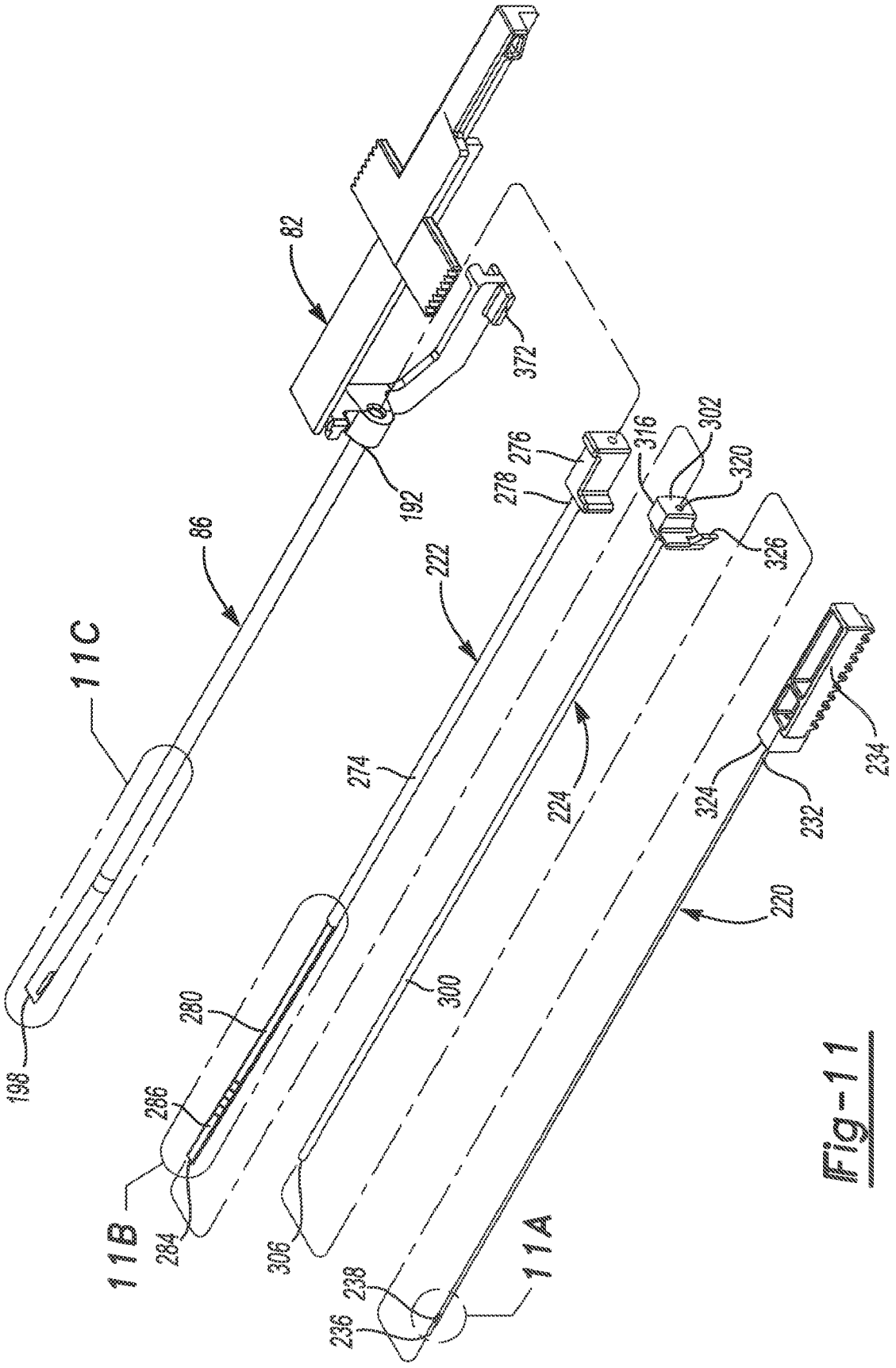
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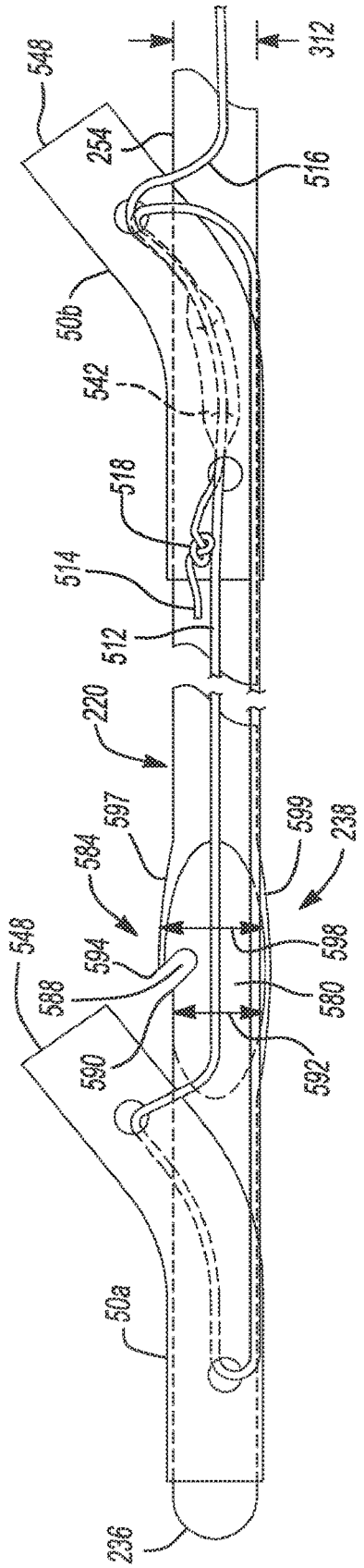
Fig-11



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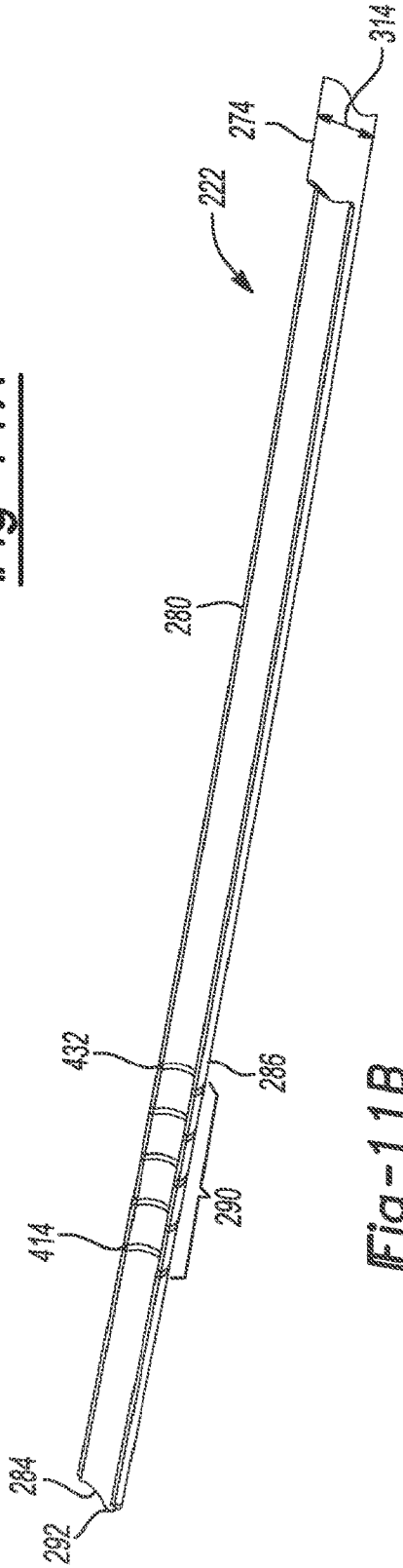

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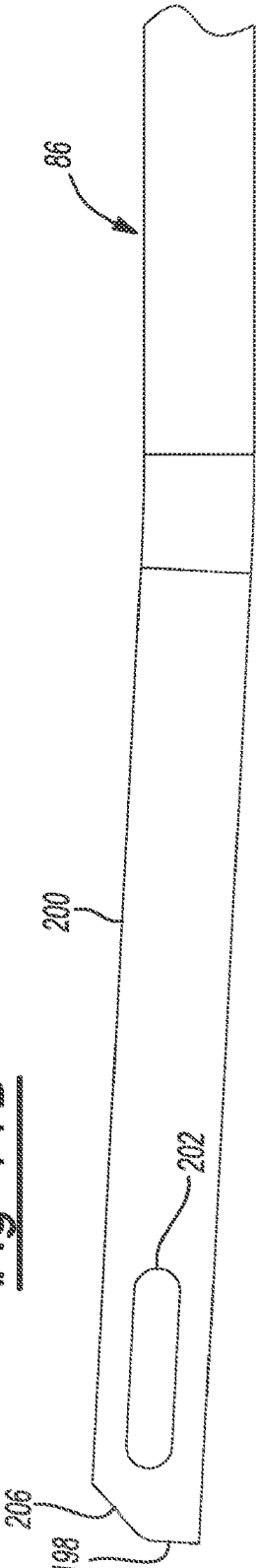

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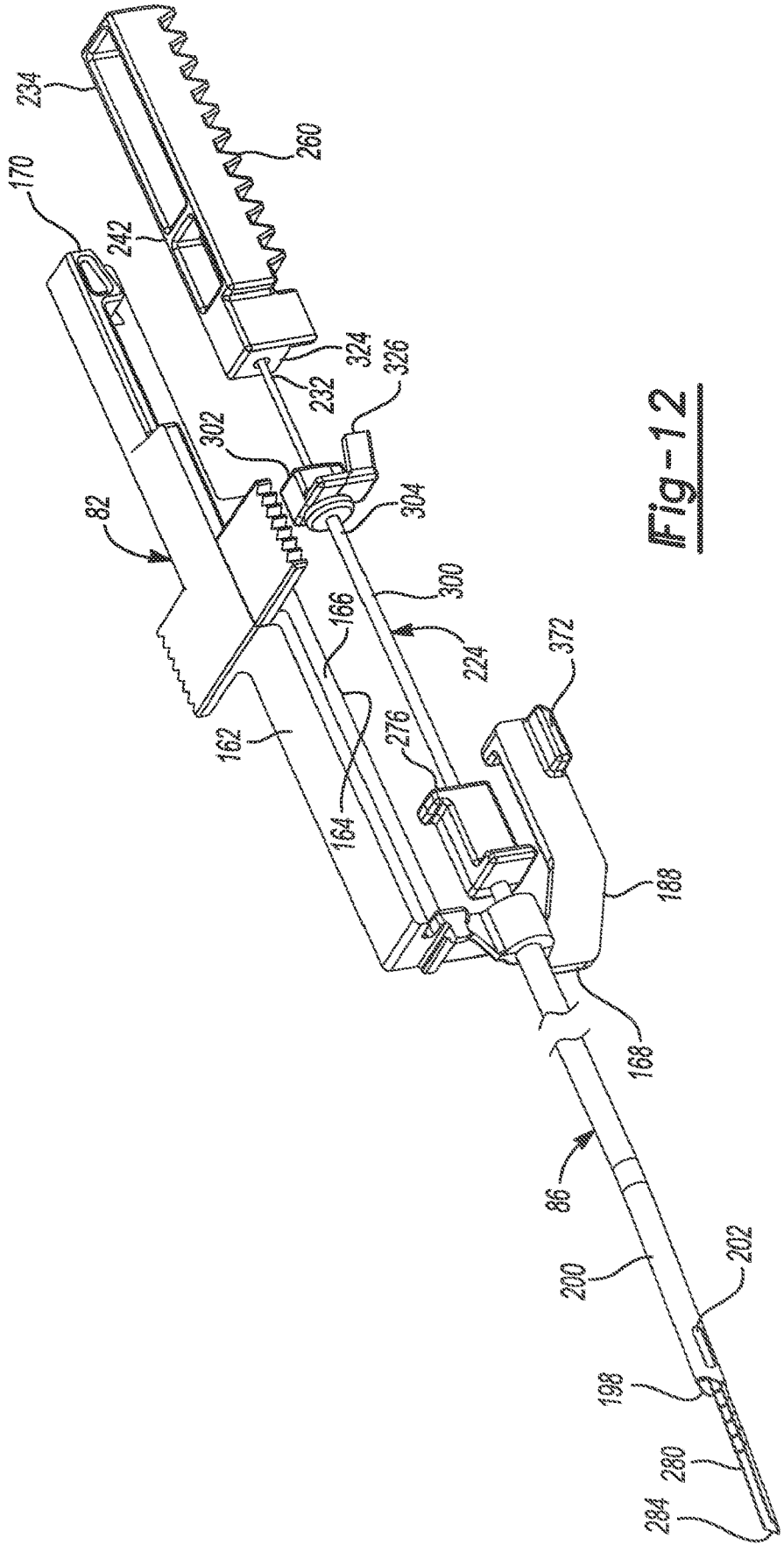
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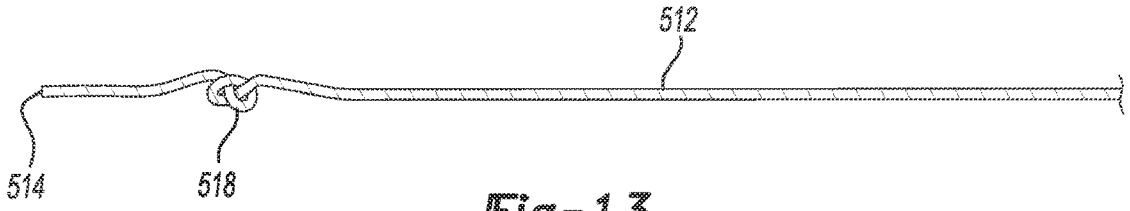
Fig-12



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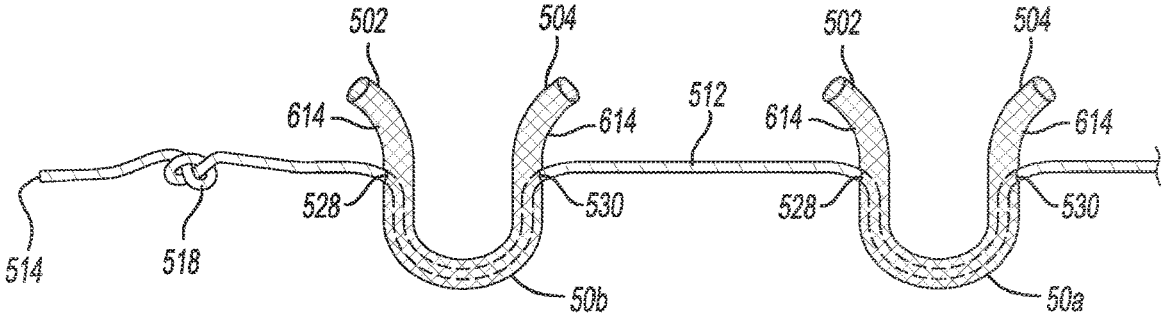

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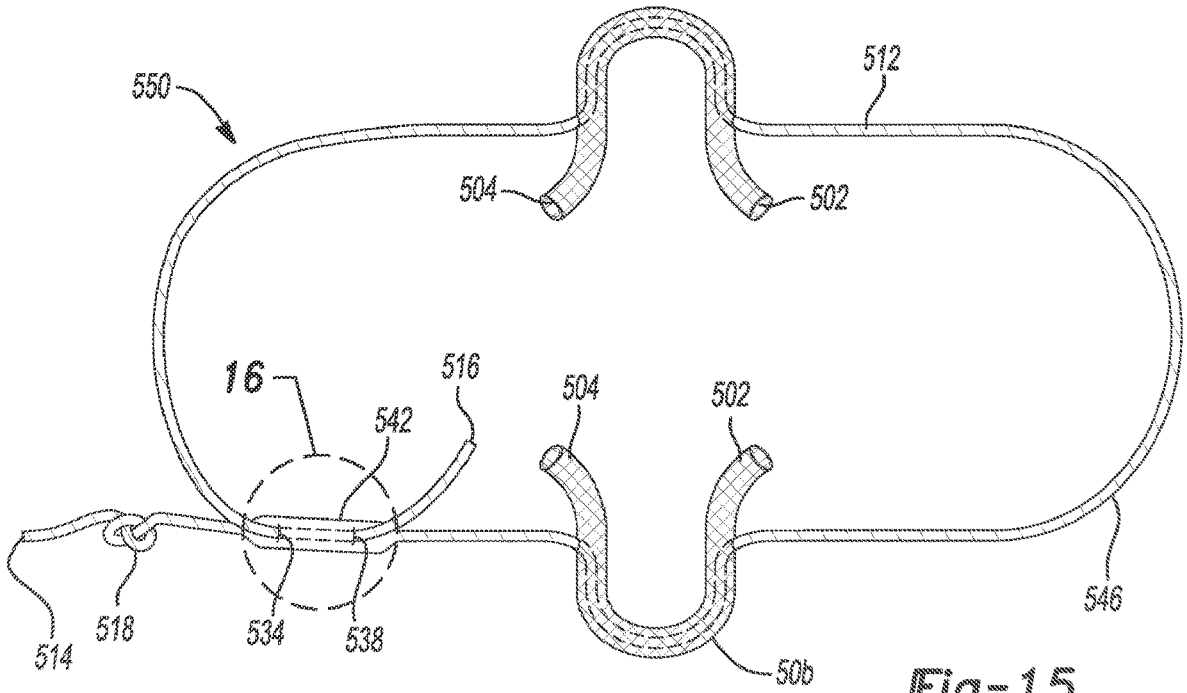

Fig-15

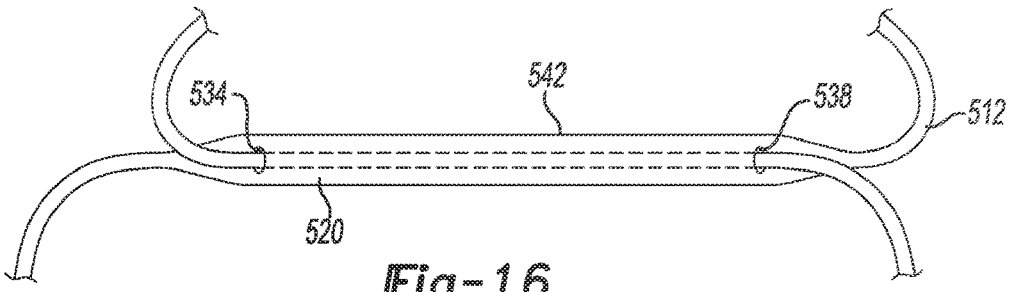

Fig-16

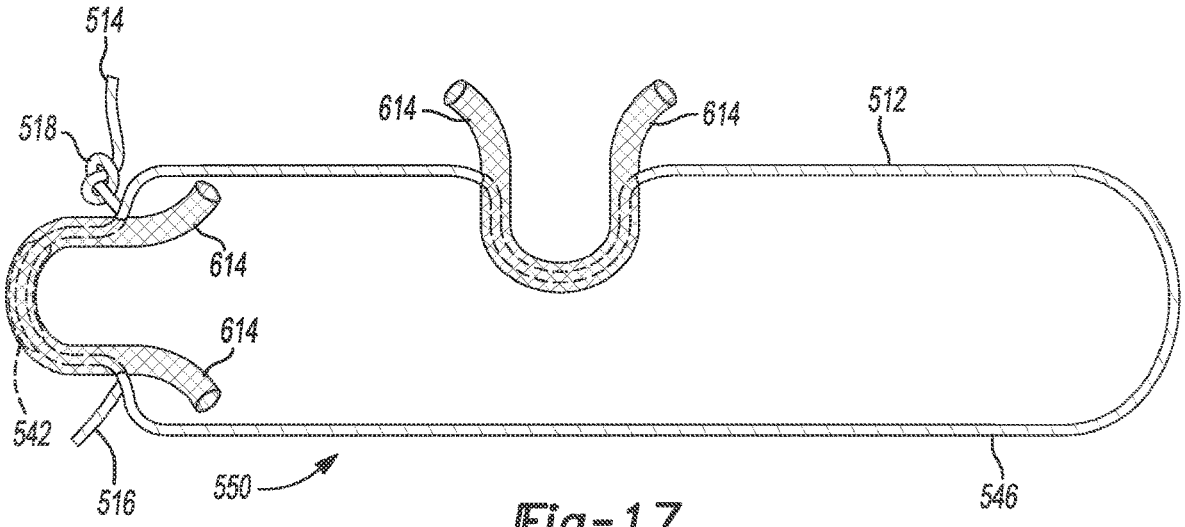

Fig-17

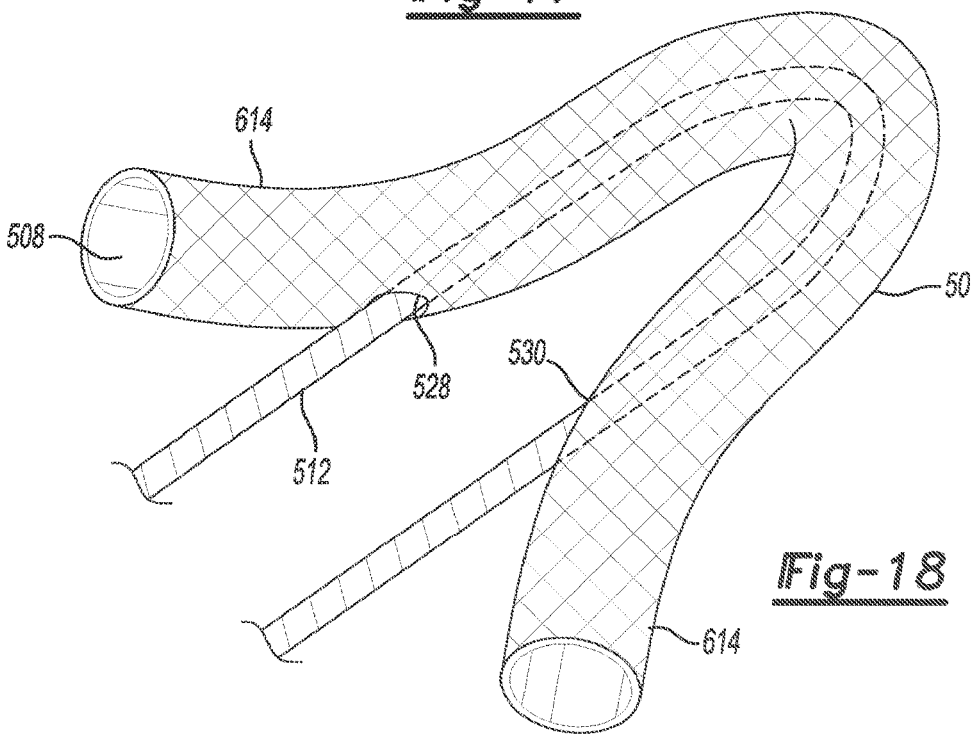

Fig-18

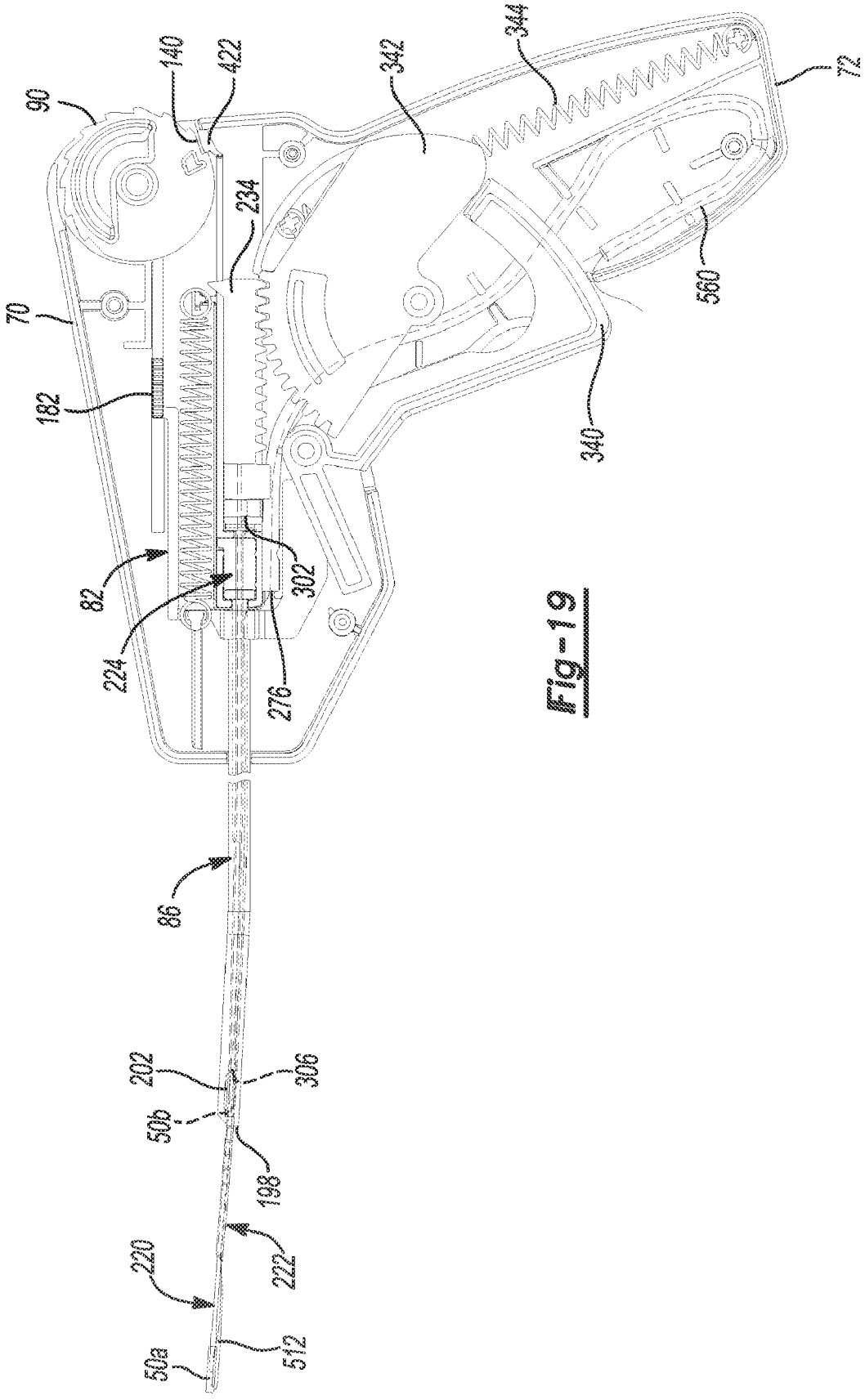
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Fig-19

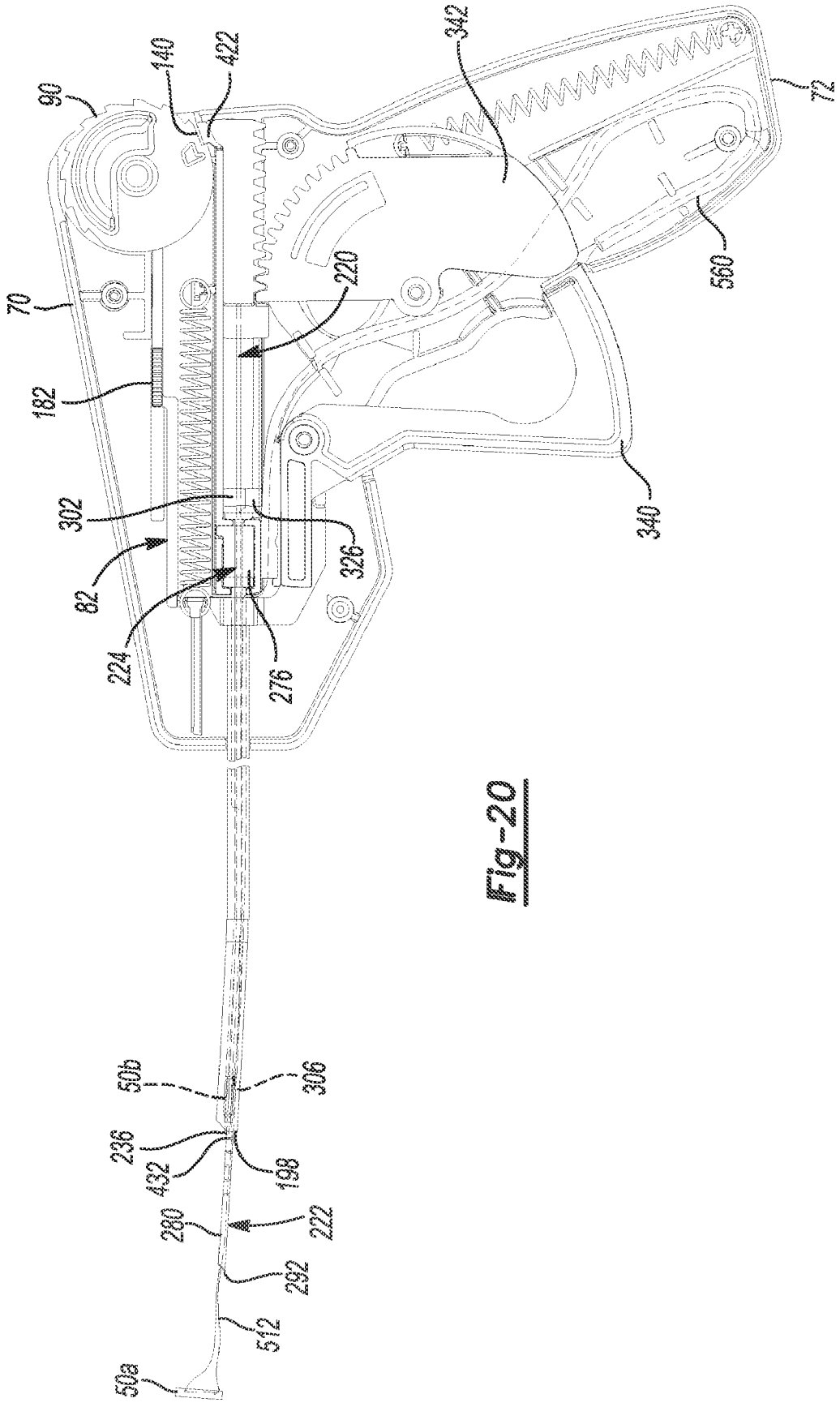
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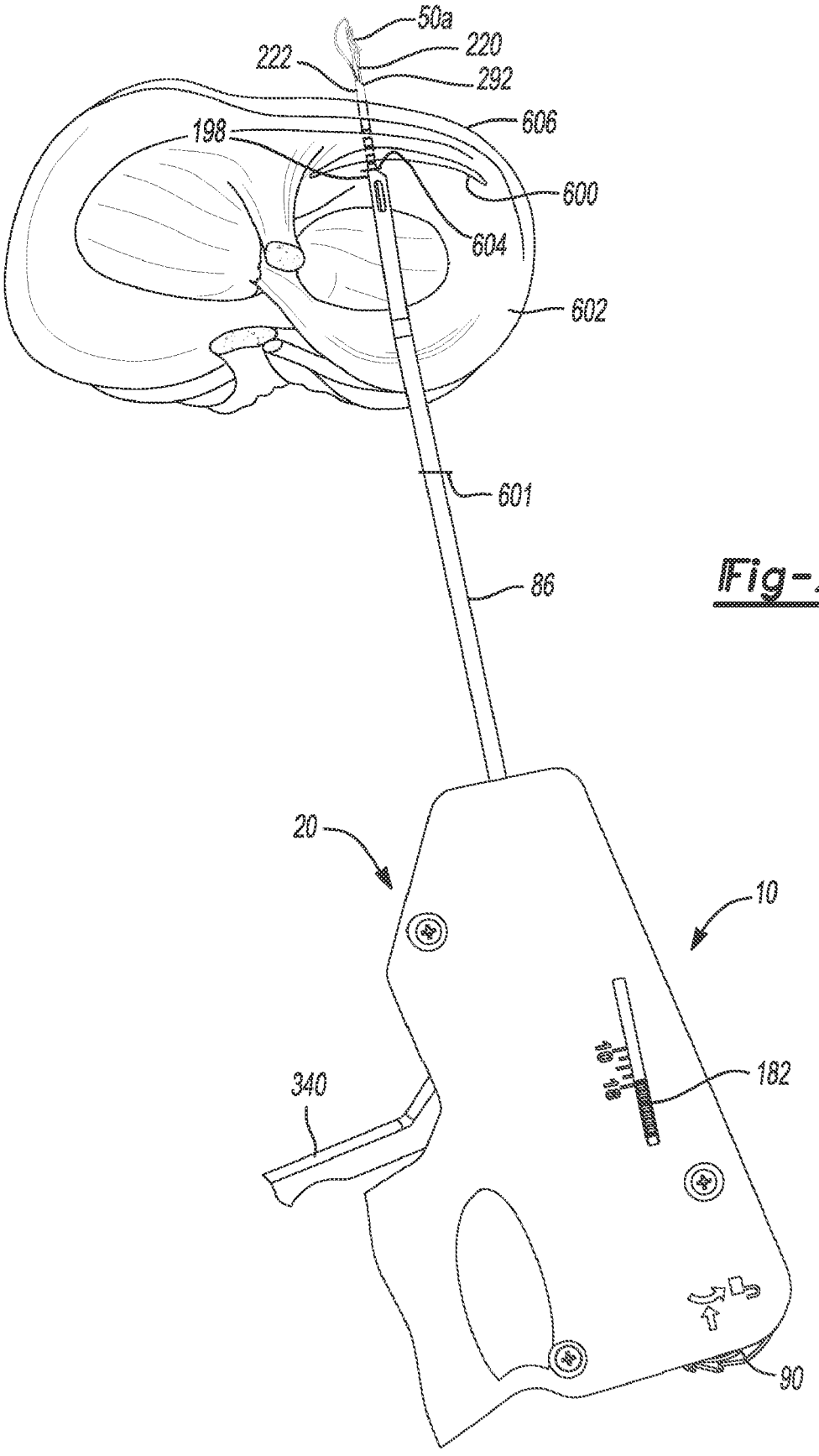
Fig-20



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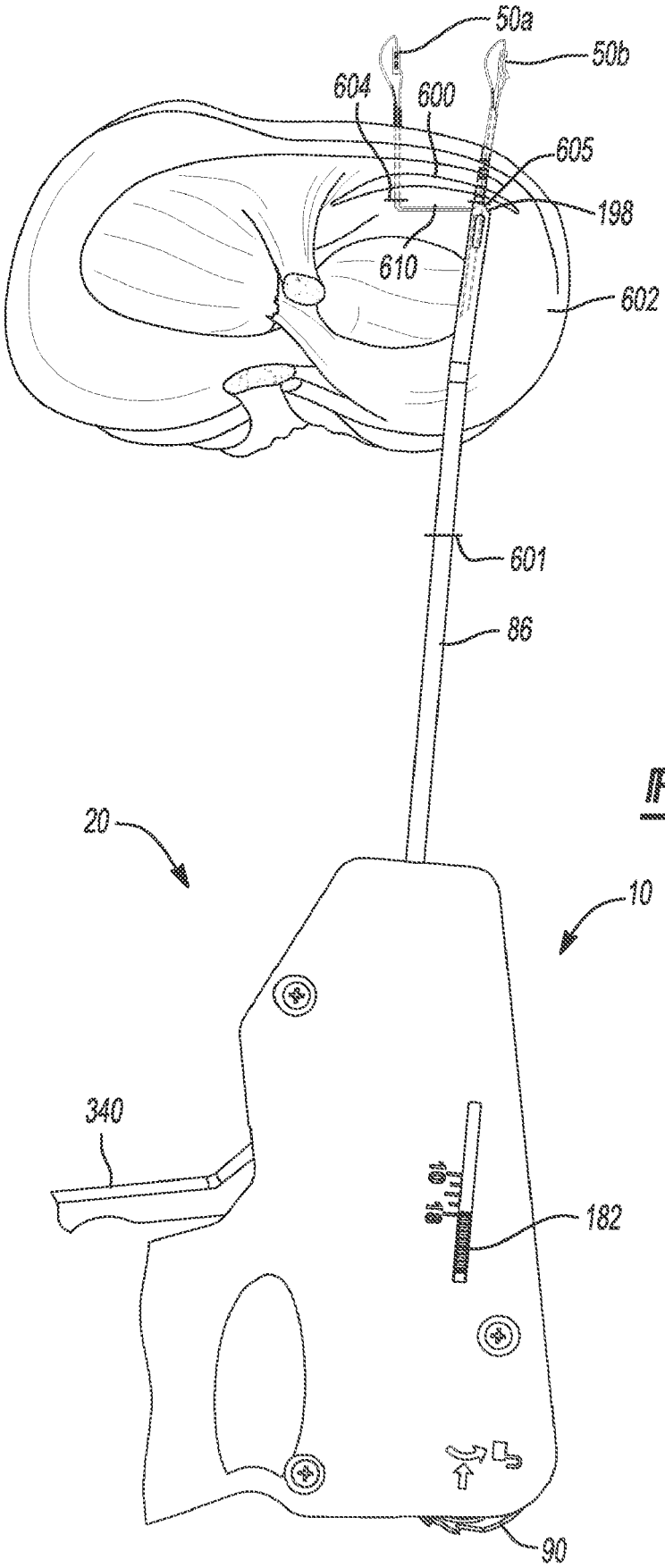

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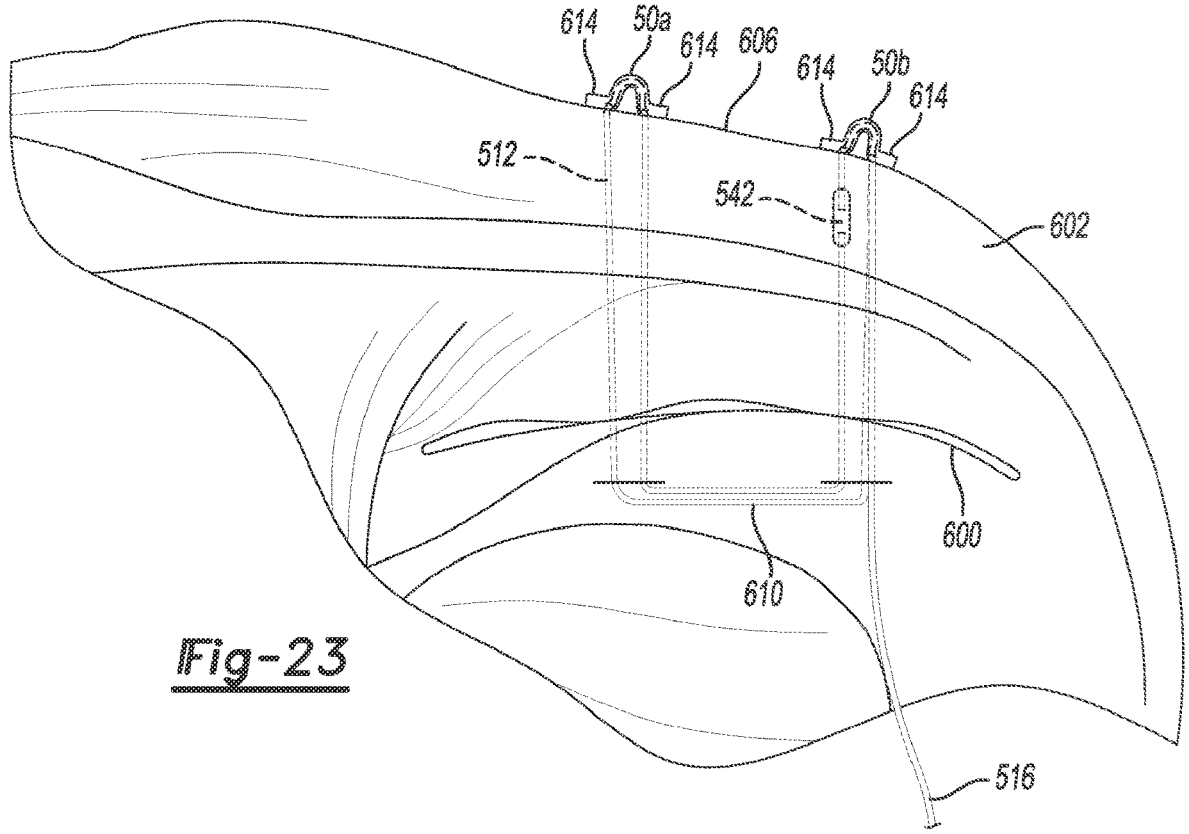

Fig-23

SOFT TISSUE REPAIR DEVICE AND METHOD

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application is a divisional of U.S. patent application Ser. No. 12/570,854 filed Sep. 30, 2009, which is a continuation-in-part application of U.S. patent application Ser. No. 12/489,181 filed Jun. 22, 2009, which is a continuation-in-part application of U.S. patent application Ser. No. 12/474,802 filed on May 29, 2009, now U.S Pat. No 8,088,130 issued on Jan. 3, 2012, which is a continuation-in-part application of: (1.) U.S. patent application Ser. No. 11/541,506 filed on Sep. 29, 2006, now U.S. Pat. No. 7,601,165 issued on Oct. 13, 2009, and (2.) U.S. patent application Ser. No. 11/541,505 filed on Sep. 29, 2006, now U.S. Pat. No. 7,658,751 issued on Feb. 9, 2010.

[0002] This application is a divisional of U.S. patent application Ser. No. 13/045,691 filed on Mar. 11, 2011, which is a continuation-in-part application of U.S. patent application Ser. No. 12/014,399 filed on Jan. 15, 2008, now U.S. Pat. No. 7,909,851 issued on Mar. 22, 2011, which claims the benefit of: (1.) U.S. Provisional Application No. 60/885062, filed on Jan. 16, 2007, and (2.) U.S. Provisional Application No. 60/885057, filed on Jan. 16, 2007.

[0003] This application is a divisional of United States Patent Application No. 13/045,689 filed on Mar. 11, 2011, which is a continuation-in-part application of U.S. patent application Ser. No. 12/014,340 filed on Jan. 15, 2008, now U.S. Pat. No. 7,905,904 issued on Mar. 15, 2011, which is a continuation-in-part application of: (1.) U.S. patent application Ser. No. 11/935,681 filed on Nov. 6, 2007, now U.S. Pat. No. 7,905,903 issued on Mar. 15, 2011, and (2.) U.S. patent application Ser. No. 11/869,440 filed on Oct. 9, 2007, now U.S. patent application Ser. No. 7,857,830 issued on Dec. 28, 2010, which is a continuation-in-part of: (1.) U.S. patent application Ser. No. 11/408,282 filed on Apr. 20, 2006 and is now abandoned, (2.) U.S. patent application Ser. No. 11/784,821 filed on Apr. 10, 2007, (3.) U.S. patent application Ser. No. 11/347,661 filed on Feb. 3, 2006 now U.S. Pat. No. 7,749,250 issued on Jul. 6, 2010, (4.) U.S. patent application Ser. No. 11/347,662 filed on Feb. 3, 2006 and is now abandoned, which is a continuation-in-part of U.S. patent application Ser. No. 10/983,236 filed on Nov. 5, 2004 and is now abandoned.

[0004] This application is also a continuation-in-part of U.S. patent application Ser. No. 12/489,168 filed Jun. 22, 2009, which is a continuation-in-part of: (1.) U.S. patent application Ser. No. 12/196,405 filed on Aug. 22, 2008, now U.S. Pat. No. 8,128,658 issued on Mar. 5, 2009, U.S. patent application Ser. No. 12/196,407 filed on Aug. 22, 2008, now U.S. Pat. No. 8,137,382 issued on Mar. 20, 2012, and (3.) U.S. patent application Ser. No. 12/196,410, filed on Aug. 22, 2008, now U.S. Pat. No. 8,118,836 issued on Feb. 21, 2012.

[0005] The disclosures of all of the above applications are hereby incorporated by reference.

FIELD

[0006] The present teachings relate generally to soft tissue repair and, more particularly, to a device and associated method for repairing a tear in soft tissue.

INTRODUCTION

[0007] Tears caused by trauma or disease in soft tissue, such as cartilage, ligament, or muscle, can be repaired by suturing. Various repair devices have been developed for facilitating suturing and are effective for theft intended purposes. Nevertheless, tissue repair devices for facilitating suturing are still desirable.

SUMMARY

[0008] This section provides a general summary of the disclosure, and is not a comprehensive disclosure of its full scope or all of its features.

[0009] According to one aspect, the present teachings provide a soft tissue repair device. The device can include a housing having a handle, a deployment system having an actuation member, and an insertion system having an inserter and a slider. The slider can be coupled to the actuation member and movable relative to the inserter between deployed and retracted positions. At least a portion of a first anchor can be carried on an external surface of the slider in a first position, and at least a portion of a second anchor can be carried on the external surface of the slider in a second position that is longitudinally spaced apart from the first anchor position such that the portions of the first and second anchors are co-axial with the slider and each other. A flexible strand can couple the first and second anchors. The insertion system can be operable to cooperate with the deployment system to move the slider from the retracted position to the deployed position to deploy the first anchor upon actuating the actuation member at a first time, and to move the slider from the retracted position to the deployed position to deploy the second anchor upon actuating the actuation member a second time after the first time.

[0010] According to another aspect, the present teaching provide a method for repairing a tear in soft tissue. The method can include coupling first and second flexible anchors with a flexible strand, providing an insertion device having a housing with a pistol grip handle, an inserter and a slider carried in the inserter such that the inserter and the slider each have a distal end extending from the housing, The first and second coupled anchors can be loaded on an external surface of the slider, and the inserter can be inserted though the soft tissue from a first side of the tear to a second side of the tear. An actuation member protruding from the pistol grip handle can be actuated at a first time to translate a distal end of the slider beyond a distal end of the inserter so as to deploy the first anchor. The actuation member can be released after deploying the first anchor, the inserter can be inserted through the soft tissue for a second time in a second position, and the actuation member can be actuated at a second time after the first time to extend the distal end of the slider beyond the distal end of the inserter and deploy the second anchor. The method can further include removing the inserter from the soft tissue, tensioning the flexible strand and reducing the tear.

[0011] Further areas of applicability will become apparent from the description provided herein. The description and specific examples in this summary are intended for purposes of illustration only and are not intended to limit the scope of the present disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

[0012] The present teachings will become more fully understood from the detailed description, the appended

claims and the following drawings. The drawings are for illustrative purposes only and are not intended to limit the scope of the present disclosure.

[0013] FIG. **1** is a side view of an exemplary tissue repair device according to the present teachings;

[0014] FIG. **2** is a top view of the exemplary tissue repair device according to the present teachings;

[0015] FIG. **3** is a partial side view of an exemplary configuration of the tissue repair device shown with a portion of the casing removed according to the present teachings;

[0016] FIG. **4** is a side view of a portion of the casing of the device of FIG. **1** according to the present teachings;

[0017] FIG, **5** is a side view of another portion of the casing of the device of FIG. **1** according to the present teachings;

[0018] FIG. **6** is a partial side view of the device of FIG. **1**, shown in exemplary configuration according to the present teachings;

[0019] FIG. **7** is a partial side view of the device of FIG. **1**, shown in another exemplary configuration according to the present teachings;

[0020] FIG. **8** is a partial side view of the device of FIG. **1**, in another exemplary configuration according to teachings;

[0021] FIGS. **9**A and **9**B are perspective views of a cam member of the device of FIG. **1** according to the present teachings;

[0022] FIG. **10** is a partial sectional view of device of FIG. **1**, shown in an exemplary configuration according to the present teachings;

[0023] FIG. **11** is an exploded perspective view of an exemplary carrying wire, positioning member, insertion member and outer cannula of the device of FIG. **1** according to the present teachings;

[0024] FIG. **11**A is a partial exploded perspective view of the carrying wire of FIG. **11** having a pair of pre-loaded anchors according to the present teachings;

[0025] FIG. **11**B is a partial exploded perspective view of the insertion member of FIG. **11** according to the present teachings;

[0026] FIG. **11**C is a partial exploded perspective view of the outer cannula of FIG. **11** according to the present teachings;

[0027] FIG. **12** is a perspective view of the components of FIG. **11**, shown in an exemplary assembled configuration according to the present teachings;

[0028] FIGS. **13**, **14**, **15** and **17** are sequential views illustrating an exemplary method and arrangement for coupling first and second flexible anchors with a flexible strand, and FIG. **16** shows a detail of FIG. **15** according to the present teachings;

[0029] FIG. **18** is a perspective view of a flexible anchor coupled with a flexible strand according to the present teachings;

[0030] FIG, **19** is a partial side view of the device of FIG. **1**, shown in an exemplary configuration according to the present teachings;

[0031] FIG. **20** is a partial side view of the device of FIG. **1**, shown in another exemplary configuration according to the present teachings;

[0032] FIG. **21** is an exemplary environmental view showing a first anchor being deployed outside of soft tissue according to the present teachings;

[0033] FIG. **22** is an exemplary environmental view showing first and second anchors being deployed outside of soft tissue according to the present teachings; and

[0034] FIG. **23** is another exemplary environmental view showing first and second anchors being deployed outside of soft tissue according to the present teachings.

DESCRIPTION OF VARIOUS ASPECTS

[0035] The following description is merely exemplary in nature and is in no way intended to limit the present disclosure, its application, or uses. For example, although the present teachings are illustrated in an application for meniscus repair in knee surgery, the present teachings can also be used for repairing any fibrous tissue, such as muscle, ligament or tendon in an arthroscopic or other open procedure, including rotator cuff reconstruction, acromioclavicular (AC) reconstruction, anterior cruciate ligament reconstruction (ACL) and generally for fastening tendons, grafts, or strands to fibrous tissue and bone.

[0036] With initial reference to FIGS. **1**-**6**, an exemplary tissue repair device **10** according to the present teachings is illustrated. As will be further described below, the device **10** can include a casing **20** housing a depth limiting or positioning system **30** that cooperates with an insertion system **40**, which can be preloaded with one or more flexible suture anchors **50** configured to be delivered into soft tissue. Two flexible suture anchors **50** are illustrated in various Figures, including FIG. **6**, and will be generally referred to hereinafter as first and second flexible anchors **50***a*, **50***b* for clarification purposes. The casing **20** can include a two-part casing having a first half portion **60** arranged to engage a second half portion **62**, such that together the half portions **60**, **62** can form a pistol grip handle portion **64**. Each casing portion **60**, **62** can include a proximal end **66**, a distal end **68**, a top **70** and a bottom **72** generally located at a distal end of pistol grip handle portion **64**. Casing **20** can be formed from plastic or any other suitable material.

[0037] The depth positioning system **30** can include a rotatable cam member **80**, an axially moving translation member **82**, a biasing member **84**, and an axially moveable outer cannula **86**. With continuing reference to FIGS. **1**-**6** and additional reference to FIGS. **7**-**9**B, cam member **80** can include a thumbwheel **90** having a first side **92**, a second side **94** and an outer periphery **96**. The first side **92** can include a central first projection or post **98** extending from a center thereof that can be positioned in a corresponding slot **100** in first casing portion **60**. In a similar manner, second side **94** can likewise include a central second projection or post **104** extending therefrom in an opposite direction as post **98** and can be positioned in a corresponding slot **108** in second casing portion **62**. Slots **100**, **108** can have a longitudinal length greater than a diameter of respective posts **98**, **104** so as to provide for both translation and rotation of thumhwheel **90**, as will be described in greater detail below.

[0038] Thumbwheel **90** can further include a toothed portion **114** disposed around a portion of outer periphery **96** and configured to be engagable by a user of the device **10**. Casing portions **60**, **62** can each include respective recesses **118**, **120** that together form an opening **122** to facilitate a portion of thumbwheel **90** extending through the opening **122** and beyond a periphery **124** of casing **20**, as shown for example in FIGS. **1** and **3**. First side **92** can further include a first rotation limiting surface **130**, a first cam surface **132** positioned adjacent thereto, and second and third rotation

limiting surfaces **134** and **136** respectively, the operation of which will be described in greater detail below. A recess area **138** can be formed in outer periphery **96** so as to provide access to surfaces **130**-**136**.

[0039] The toothed portion **114** can include a plurality of teeth **140** with each tooth having an inclined or ramped surface **142** that mates with second surface **144** orientated generally normal to the outer periphery **96** of thumbwheel **90**. The ramped surfaces **142** can be orientated such that they incline away from the outer periphery in a counter-clockwise direction shown by arrow A in FIG. **3**.

[0040] Translation member **82** can include a longitudinally extending portion **160** having a top **162**, a bottom **164**, a side portion **166** connecting the top and bottom **162**, **164**, a distal end **168** and a proximal end **170**, as shown for example in FIG. **6**. Translation member **82** can be positioned in casing **20** such that bottom **164** is adjacent a flange portion **174** of first casing portion **60** and top **162** is adjacent a flange portion **176** also of first casing portion **60**, as generally shown in FIG. **4** with reference to FIG. **6**. Flange portions **174**, **176** can form a channel that guides translation member **82** during translation. A pair of position indication members **180**, **182** can extend transversely in opposite directions from top **162** so as to extend through slots **184** in respective casing portions **60**, **62** as shown in FIGS. **1** and **2**.

[0041] Translation member **82** can further include an L-shaped portion **188** extending from distal end **168**, as shown for example in FIG. **6**. A proximal end **192** of outer cannula **86** can be coupled to L-shaped portion **188** such that outer cannula **86** can slidably protrude through an aperture **196** formed by casing portions **60**, **62**. A distal end **198** of outer cannula **86** can include a curved or inclined portion **200** as well as a pair of elongated apertures **202** positioned in alignment on opposite sides of cannula **86**, as shown for example in FIG. **11**C. Outer cannula **86** can also include a beveled or chamfered end **206** at a distal most end thereof adjacent to apertures **202**. Chamfered end **206** can include a rounded or smooth end for placement adjacent to or abutting tissue without piercing the tissue. It should be appreciated that distal end **198** of outer cannula **86** can also be straight or non-inclined, arcuate, angled, etc. depending on a desired use or application, and can also be provided with or without apertures **202** and chamfered end **206**.

[0042] Biasing member **84** can be connected at a first end **210** to the distal end **168** of translation member **82** and at a second end **212** to a tab **214** fixed to first casing portion **60**. Biasing member **84** can be any suitable device, such as a coil spring, configured for expanding and contracting while also exerting a biasing force that biases the proximal end **170** of translation member **82** into engagement with thumbwheel **90**.

[0043] With additional reference to FIGS. **10**-**12**, the insertion system **40** will now be described. Insertion system **40** can include a slider or carrying wire **220**, an insertion member **222**, a loading or positioning member **224**, and a deployment system **226**. Carrying wire **220** can include a solid, semi-rigid construction **230** with a proximal end **232** fixedly coupled to a cam follower **234** and a distal end **236** having a suture anchor engagement portion **238**. Cam follower **234** can include a generally rectangular shape **242** that can be configured to translate in a track **246** defined by flanges **248** and **250** in first casing portion **60**. Track **246** can further include proximal and distal ends **254** and **256** serving to limit travel of the cam follower **234** therebetween, as shown in FIGS. **4** and **10**. A lower surface of cam follower **234** can include a plurality of gear teeth **260** configured for meshing engagement with a cam member **342** to translate carrying wire **220** between a stowed position where cam follower **234** abuts proximal end **254** and a deployed position where cam follower **234** abuts distal end **256**, as will be further described below.

[0044] The insertion member **222** can include a tubular portion **274** extending from a body member **276** at a proximal end **278** and a trough portion **280** mating with the tubular portion **274** and extending therefrom to a distal end **284**. The trough portion **280** can include an inclined portion **286** complimentary to the inclined portion **200** of cannula **86**. It should be appreciated that insertion member **222** can be provided with a straight or non-inclined distal end that could correspond to a straight distal end of outer cannula **86**. Inclined portion **286** can include depth indicator markers **290**, as well as a pointed and chamfered distal most end **292** capable of piercing skin and soft tissue. Body member **276** can be configured for positioning in a correspondingly shaped cavity **296** to fix insertion member **222** relative to casing **20** and outer cannula **86**. The distal end **284** of insertion member **222** can be received in outer cannula **86** such that at least a portion of trough portion **280** and tubular portion **274** can reside within cannula **86** as shown for example in FIGS. **11** and **12**.

[0045] The positioning member **224** can include a tubular portion **300** fixedly coupled to an engagement member **302** at a proximal end **304**, and a distal end **306** configured to engage suture anchor **50***b*, as will be described greater detail below in connection with the operation of device **10**. Tubular portion **300** can include an inside diameter larger than the suture engagement portion **238** of carrying wire **220** but an outside diameter less than an inside diameter **314** of insertion member **222**. Engagement member **302** can include a generally square or rectangular shape **316** configured to mate with the dimensions of track **246** such that engagement member **302** can be slidably received within track **246**. Tubular portion **300** can be slidably received within the tubular portion **274** of insertion member **222** such that distal end **306** and a portion of tubular portion **300** are slidably housed within insertion member **222**, as shown in FIGS. **11** and **12**.

[0046] Carrying wire **220** can be inserted through positioning member **224** via aperture **320** such that positioning member **224** can translate on and relative to carrying wire **220**. With carrying wire **220** disposed through positioning member **224**, engagement member **302** and cam follower **234** can be positioned in track **246** such that engagement member **302** abuts a distal end **324** of cam follower **234** when cam follower **234** is in the stowed position. A retention Lab **326** can also extend from a top portion **328** of engagement member **302**. Retention tab **326** can be configured to engage a flange **332** extending from casing portion **62** so as to retain engagement member **302** relative to flange **332** when cam follower **234** is translated to the deployed position, as shown in FIG. **19** with reference to FIGS. **5** and **12**.

[0047] Deployment system **226** can include a trigger **340**, a cam member **342** and a biasing member **344**. Trigger **340** can include an aperture **348** for pivotally coupling trigger **340** to a pivot post **350** of first casing portion **60**, a user engageable portion **354** and a flange member **356**. User engageable portion **354** can protrude through an aperture **360** formed by respective casing portions **60**, **62** so as to be

accessible by a user, as will be further described below. A coupling member **364** can extend from an end **366** of trigger **340** that is configured to abut cam member **342** so as to engage and couple trigger **340** to an end **368** of cam member **342**. Range member **356** can extend from aperture **348** in a direction substantially orthogonal to user engageable portion **354**. Flange member **356** can include a tab **370** protruding from a distal end thereof and configured to engage a corresponding tab **372** protruding from L-shaped portion **188**, as shown for example in FIG. **6**. When tabs **370** and **372** align, trigger **340** is locked such that it can not be rotated from the non-deployed position shown in FIG. **6**.

[0048] Cam member **342** can include a generally semicircular shaped portion **380** and a generally planer portion **382** spanning between respective ends **384**, **386** of portion **380**. An aperture **390** can be centrally positioned between ends **384**, **386** and configured to engage a pivot post **392** protruding from first casing portion **60** such that cam member **342** can pivot about post **392**. Arcuate portion **380** can include a portion **306** having a plurality of gear teeth **398** adjacent to and configured for meshing engagement with the plurality of gear teeth **260** of cam follower **234**. Biasing member **344** can be coupled at one end to a retention tab proximate arcuate portion **380** and at another end to a retention post **400** protruding from first casing portion **60**. Biasing member **344** can include a coil spring or other device suitable for imparting a biasing force onto cam member **342** to bias trigger **340** to the non-deployed position, as shown for example in FIG. **6**.

[0049] User engageable portion **354** of trigger **340** can be grasped by a user and squeezed or depressed so as to rotate trigger **340** about pivot post **350**. Upon such rotation, trigger end **366** can drive cam member **342** to rotate about pivot post **392**, which in turn will drivingly engage cam member gear teeth **398** with cam follower gear teeth **260** and translate cam follower **234** and carrying wire **220** forward from the stowed position to the deployed position, as generally shown in FIG. **19**. Upon the user releasing trigger **340**, the biasing force exerted by biasing member **344** can return cam follower **234**, cam member **342** and trigger **340** to the non-deployed positions, as generally shown in FIGS. **6** and **20**.

[0050] Returning to FIGS. **6**-**9**B, operation of the depth positioning system **30** in connection with the insertion system **40** and trigger lock feature will now be described in greater detail. Thumbwheel **90** can be used to adjust a position of the outer cannula **86** relative to casing **20** and insertion member **222**. More specifically, outer cannula **86** can be axially adjusted from a sheathed position to several use positions such that insertion member **222** extends at predetermined lengths relative to distal end **198** of outer cannula **86**.

[0051] In the sheathed position, thumbwheel **90** can be positioned such that an engagement tab **410** protruding from first casing portion **60** is positioned between a projecting member **412** of rotation limiting surface **134** and an edge **418** of cam surface **132**, as generally shown in FIG. **9**B with reference to FIG. **4**, In this position, thumbwheel **90** can be prevented from rotating and can engage the distal end of translation member **82** at the outer periphery **96** thereby positioning outer cannula **86** to a fully deployed or sheathed position, as shown in FIG, **6**. In the sheathed position, outer cannula **86** can fully cover insertion member **222**, carrying wire **220** and positioning member **224**, as also shown in FIG. **6**.

[0052] To move the depth positioning system **30** from the sheathed position to an initial use position, a user can push thumbwheel **90** to linearly translate thumbwheel **90** forward towards distal end **68** such that posts **98**, **104** slide and translate forward in their respective slots **100**, **108** and protection member **412** is disengaged from tab **410**. Upon disengagement, thumbwheel **90** can be rotated counterclockwise in the direction of arrow A such that recessed area **138** is now aligned with the proximal end **170** of translation member **82**, as shown in FIG. **7**. Biasing member **84** can then urge translation member **82** rearward into recess area **138** such that proximal end **170** engages first cam surface **132**, as generally shown in FIG. **7** with additional reference to FIG. **9**B Cam surface **132** can be configured with a shape as shown that cooperates with proximal end **170** of translation member **82** and biasing member **84** to urge thumbwheel **90** to rotate in the direction of arrow A from the sheathed position to the initial use position. In the initial use position, the distal end **198** of outer cannula **86** can align with a first marker **414** of depth markers **290**, and a tooth of the plurality of teeth **140** can engage a cooperating projection **422** of first casing portion **60**, as also shown in FIG. **7**.

[0053] In the initial use position, outer cannula **86** can be partially translated rearward into casing **20** such that a distal end **284** of insertion member **222** is exposed. A user can now rotate thumbwheel **90** to adjust outer cannula **86** to a desired position relative to distal end **84** of insertion member **222**. For example, a user could adjust outer cannula **86** relative to distal end **284** such that distal end **284** protrudes a predetermined distance that corresponds to a desired distance in which insertion member **222** can be inserted into the anatomy. In one exemplary configuration, thumbwheel **90** can be used to adjust outer cannula **86** relative to insertion member **222** by 8 millimeters in 2 millimeter increments from first marker **414** to fifth marker **432**, as generally shown in FIG. **8**. It should be appreciated that the depth and positioning system **30** can be configured to provide various amounts of adjustment as may be desired for various procedures. In this regard, thumbwheel **90** can include a plurality of discrete positions and/or infinite adjustment configurations as may be desired for various procedures.

[0054] With continuing reference to FIGS. **6**-**9**B and additional reference to FIGS. **1** and **11**B, depth markers **290** can be used to aid a user in positioning outer cannula **86** relative to insertion member **222**. In an exemplary configuration, markers **290** and can include five discrete markers or indicia, with the first marker **414** corresponding to a distance of 10 millimeters from the distal end **284** of insertion member **222** to the distal end **198** of outer cannula **86**. Each successive marker in a rearward direction towards casing **20** can be separated by 2 millimeters such that the fifth marker **432** can correspond to a distance of 18 millimeters from distal end **284** to distal end **198**.

[0055] In addition, respective sides **436** of casing **20** can also include depth indicator markings or indicia **440**, as shown in FIG. **1**. Markings **440** can similarly include five markers that correspond to the same five positions as the markers **290** on insertion member **222**. A distal side **442** of position indicator members **180**, **182** can be configured to align with markings **440** to provide a visual indication on casing **20** of a position of the distal end **284** of insertion member **222** relative to outer cannula **86**, as shown for example in FIG. **1**. It should also be noted that when insertion system **40** is in the sheathed position, a proximal

side **444** of position indicator members **180**, **182** can align with a first marker **446** of markings **440**, as shown in FIG. **1**.

[0056] Each tooth of the plurality of teeth **140** on thumbwheel **90** can be correspondingly spaced apart such that thumbwheel **90** can be used to advance or retract outer cannula **86** in the **2** millimeter increments described above. More specifically, to retract outer cannula **86** away from distal end **284** of insertion member **222**, thumbwheel **90** can be pressed forward, such that teeth surfaces **144** clear cooperating projection **422**, and then rotated in the counter-clockwise direction of arrow A. For example, thumbwheel **90** can be translated forward and simultaneously rotated in the direction of arrow A to retract outer cannula **86** from the first marker **414** to the fifth marker **432** such that the distal end of insertion member **222** extends beyond outer cannula **86** by a distance of **18** millimeters, as shown in FIG. **8**. In this position, second surface **144** adjacent an end of tooth **434** can engage cooperating projection **422** and rotation limiting surface **130** can engage surface **416** of first casing portion **60** adjacent engagement tab **410**, as generally shown in FIGS. **8** and **9**B. On the other hand, to advance outer cannula **86** towards distal end **284**, thumbwheel **90** can be rotated in a direction opposite of arrow A with ramped surfaces **142** ratcheting against cooperating projection **422** to a desired position.

[0057] With reference to FIGS. **13-18**, the flexible suture anchors **50***a*, **50***b* will now be described in greater detail. Each flexible anchor **50***a*, **50***b* can be an elongated member having first and second ends **502**, **504**. The first and second ends **502**, **504** can be substantially perpendicular to the longitudinal axis of the flexible anchors **50***a*, **50***b*. The flexible anchors **50***a*, **50***b* can be made of resorbable or non-resorbable materials, including braided suture, sponges and sponge-like materials in solid form, perforated materials, woven/braided from biocompatible materials or fibers, such as, for example, polymer, polyester, polyethylene, cotton, silk, or other natural or synthetic materials, including sponges and sponge-like materials. The flexible anchors **50***a*, **50***b* can have any properties that allow the flexible anchors **50***a*, **50***b* to change shape. The flexible anchors **50***a*, **50***b* can be, for example, compliant, flexible, foldable, squashable, squeezable, deformable, limp, flaccid, elastic, low-modulus, soft, spongy, perforated or any other flexible member which can change shape. in some aspects, the flexible anchors **50***a*, **50***b* can be coated with biological or biocompatible coatings, and can also be soaked in platelets and other biologics, which can be easily absorbed by the flexible anchors **50***a*, **50***b* in particular when, for example, the flexible anchors **50***a*, **50***b* are made from spongy, absorbent material.

[0058] It should be understood by the above description that the flexible anchors **50***a*, **50***b* are not configured to pierce or otherwise penetrate tissue either with the first and second ends **502**, **504**, which are blunt or with any other portion thereof. The flexible anchors **50***a*, **50***b* can be loaded on the exterior of the distal end **256** of carrying wire **220**, as will be discussed in greater detail below. The flexible anchors **50***a*, **50***b* can be in the form of an elongate flexible tube defining a bore **508** along their length, as shown in FIG. **18**.

[0059] The first and second flexible suture anchors **50***a*, **50***b* can be coupled together with a flexible suture or strand **512**. The flexible strand **512** can have first and second ends **514**, **516** and can be made of braided filaments or fibers of biocompatible material, including natural and synthetic fibers, such as cotton, silk, polymer, polyester, polyethylene, thin wire, suture, and other materials. The flexible strand **512** can be braided in a tubular or hollow form such that it forms an internal passage **520** between the first and second ends **514**, **516**.

[0060] A small knot or other retaining device **518** can be optionally formed adjacent the first end **514**. The flexible strand **512** can be passed through a first opening **528** of each of the flexible anchors **50***a*, **50***b*, guided along the corresponding bore **508** and passed through a second opening **530** of each flexible anchor **50***a*, **50***b*, as for example shown in FIG. **18**. The openings **528**, **530** can be positioned intermediately between the first and second ends **502**, **504** of each flexible anchor **50***a*, **50***b* at a distance of, for example, one-quarter length from the ends **502**, **504** of each flexible anchor **50***b*. Furthermore, it will be appreciated that the openings **528**, **530** can be apertures or voids in the woven fabric of the flexible anchors **50***a*, **50***b*, such that the openings **528**, **530** do not disrupt or break the weave of flexible anchors **50***a*, **50***b*, when the flexible anchor **50***a*, **50***b* are made of braided or woven material.

[0061] After the flexible anchors **50***a*, **50***b* are mounted on the flexible strand **512**, the second end **516** of the flexible strand **512** can be inserted into the internal passage **520** of the flexible strand **512** at an aperture **534**, guided longitudinally along the passage **520**, and led out of the passage **520** of the flexible strand **512** at an aperture **538**. The portion of the strand **512** between apertures **534** and **538** can form an adjustment portion **542** between the optional knot **518** and the opening **528** of the second flexible anchor **50***b*, such that the flexible strand **512** defines a single adjustable knotless loop **546**, as shown in FIGS. **15** and **16**. The second flexible anchor **50***b* can be slidably moved along the flexible strand **512** until the adjustment portion **542** is within the bore **508** of the second flexible anchor **50***b* and the knot **518** is adjacent the opening **528** of the second flexible anchor **50***b*, as shown in FIG. **17**. It will be appreciated, however, that the adjustment portion **542** can remain in the position shown in FIG. **15** outside of bore **508**. The adjustable knotless loop **546** is self-locking and does not require the surgeon to tie a knot during a surgical procedure for securing the flexible strand **512**. Further, once the adjustable knotless loop **546** is self-locked by pulling the second end **516** of the flexible strand **512** and tensioning the flexible strand **512**, friction prevents the adjustable knotless loop **546** from being loosened, thereby providing a secure lock. Additional details regarding forming the knotless adjustable loop **546**, and additional adjustable knotless loop configurations are disclosed in co-pending and commonly assigned U.S. patent application Ser. No. 11/541506, filed on Sep. 29, 2006, the disclosure of which is incorporated herein by reference.

[0062] For discussion purposes, the anchors **50***a*, **50***b*, together with flexible strand **512** configured in the knotless loop **546** can be hereinafter referred to as the anchor system **550**. With reference to FIGS. **6** and **11**A, the anchor system **550** can be pre-loaded in an in-line configuration on the carrying wire **220** such that anchor **50***a* is positioned before flexible anchor engagement portion **238** and second anchor **50***b* is positioned after engagement portion **238**. In the in-line configuration, carrying wire **220** can extend through a portion of bore **508** of anchors **50***a*, **50***b* and then pierce though each anchor thereby creating a tail portion **548** that

is not coaxial with carrying wire **220**, as shown for example in FIG. **11**A. In this configuration, the anchors **50***a,* **50***b* can reside in the trough portion **280** of insertion member **222**. The flexible strand **512** can be packaged within outer cannula **86** along side insertion member **222** and positioning member **224**. Second end **516** of flexible strand **512** can extend out of outer cannula **86** through aperture **196** and into a tubular housing member **560** positioned in a handle portion of first casing portion **60**, as shown for example in FIG. **6**.

[0063] Returning to FIGS. **11** and **11**A, the suture anchor engagement portion **238** of carrying wire **220** will now be described in greater detail. Suture engagement portion can have a flattened area **580** having a thickness less than the outside diameter **312** of carrying wire **220**. Flattened area **580** can be formed so as to maintain the same cross-sectional area as a cross section through a non-flattened portion of carrying wire **220**, thereby providing for the suture anchors **50***a,* **50***b* to be sized relative to the diameter of carrying wire **220** while ensuring that they can slide over the engagement portion **238**, as will be further described below.

[0064] The engagement portion **238** can further include a one-way barb **584** configured such that flexible anchors **50***a,* **50***b* can slide or travel over barb **584** in only one direction of travel from the proximal end **254** of carrying wire **220** to the distal end **236** thereof. One-way barb **584** can be defined by a recess or cut-out **588** formed in the flattened section such that a distal end **590** of an open end of recess **588** mates with a portion of flattened area **580** having a first width **592**. A proximal end **594** of the recess **588** also adjacent the opening can mate with another portion of the flattened area **580** having a second width **598** greater than the first width **592**. Flattened area **580** can also include curved transition areas **597**, **599** between the flattened area **580** and a non-flattened area of the carrying wire on a proximal side thereof, as shown in FIG. **11**A.

[0065] In use, the larger second width **598** of flattened area **580** and the angled nature of one-way barb **584** provides for suture anchor **50***b* to be able to slide or travel over the barb **584** in a proximal to distal direction without being caught or stopped by barb **584**. In a similar manner, carrying wire **220** can slide or travel relative to suture anchor **50***b* in a distal to proximal direction without barb **584** catching or stopping flexible anchor **50***b*. Conversely, the smaller first width **592** of flattened area **580** in cooperation with barb **584** provides for catching an interior surface of bore **508** of suture anchor **50***b* when carrying wire **220** moves in a proximal to distal direction relative to flexible anchor **50***b*.

[0066] Referring now to FIGS. **6-8** and **19-23**, the soft tissue repair device **10** pre-loaded with suture anchors **50***a*, **50***b* can be used to repair a soft tissue defect **600**, such as, for example, a tear, or other weakness in fibrous soft tissue **602**, such as in meniscal tissue, cartilage, muscle or other fibrous tissue under the skin. An outer incision **601** can be made through the skin to access the soft tissue **602** and a user can insert the distal end **198** of outer cannula **86** to the surgical site. An appropriate insertion depth can be determined for the insertion member **222** and the user can translate and rotate thumbwheel **90**, as discussed above, to unlock the depth and positioning system **30** from the sheathed position to the initial use position. The outer cannula **86** can then be adjusted relative to insertion member **222** such that distal end **284** extends beyond outer cannula **86** a distance corresponding to the desired insertion depth.

[0067] The exposed distal end **284** of insertion member **222** can be inserted through first entry point **604** into soft tissue **602** from a first side of the defect **600** until the distal end **284** can exit a second side **606** of the fibrous soft tissue **602**, such as an outer surface or back side of a meniscus of a knee joint or other outer surface of a fibrous tissue. In this position, the distal end **198** of outer cannula **86** can be adjacent to or abutting the first entry point **604**. It should be appreciated that the chamfered end **292** of insertion member **222** could alternatively be used to pierce the skin without requiring an incision **604**.

[0068] With distal end **284** of insertion member **222** appropriately positioned, the trigger **340** can be squeezed or depressed to translate carrying wire **220** forward relative to insertion member **222** such that one-way barb **584** engages first flexible suture anchor **50***a* and delivers anchor **50***a* on the second side **606** of the soft tissue **602** at a first location, as shown in FIGS. **19** and **21**. It should be appreciated that the manner and structure of the pre-assembled anchor system **550** in-line on carrying wire **220** allows the anchor **50***a* to pass through a narrow opening or slit, first entry point **604**, formed in the tissue **602** by the chamfered end **292** of insertion member **222**. It should also be appreciated that the U-shaped trough portion **280** of insertion member **222** requires a smaller insertion area than a fully enclosed, circular shaped insertion member would require and will not core a plug of tissue.

[0069] As cam follower **234** translates carrying wire **220** forward to deploy first anchor **50***a* in connection with depressing trigger **340**, cam follower **234** also simultaneously translates positioning member **224** forward such that distal end **306** engages second flexible anchor **50***b* and moves anchor **50***b* forward towards distal end **198** of outer cannula **86**, as shown in FIGS. **19** and **20**. Tubular portion **300** of positioning member **224** can have a length such that when trigger **340** is fully depressed to deploy first anchor **50***a,* second anchor **50***b* will be carried forward to a position adjacent apertures **196** and distal end **198** of outer cannula **86**. In this position, retention tab **326** can engage flange **332** to retain positioning member **224** and thus anchor **50***b* in this advanced position when trigger **340** is released. After the first anchor **50***a* has been deployed, the trigger **340** can be released thereby retracting the distal end **284** of insertion member **222** such that one-way barb **584** is positioned rearward of or within bore **508** of suture anchor **50***b,* as generally shown in FIGS. **19** and **21**. When insertion member **222** is retracting, the tail portion **548** of suture anchor **50***a* can engage the soft tissue side **606** such that it will be removed from insertion member **222** as insertion member **220** retracts to the stowed position.

[0070] With the first anchor **50***a* deployed, the insertion device **10** can be removed from the soft tissue **602** while portions **610** of the knotless loop **546** can slide out from insertion device **10** as flexible anchor is retained in soft tissue **602**. Insertion device **10** can then be inserted at a second location or entry point **605** on a second side of the soft tissue defect **600**, as shown in Fla **22**. Once distal end **284** of insertion member **222** is appropriately positioned, such as beyond second side **606**, trigger **340** can again be squeezed or depressed to deploy second anchor **50***b* adjacent to first anchor **50***a*. Depressing trigger **340** again translates carrying wire **220** forward such that one-way barb **584** engages an interior of bore **508** and deploys second flexible anchor **50***b* at the second location such that tail portion **548**

of anchor **50***b* can engage soft tissue side **606** upon retraction on insertion member **222**, as also generally shown in FIG. **22**. insertion device **10** can then be removed from the soft tissue **602** and the skin incision **601** with the second end **516** of the flexible strand **512** being removed from the soft tissue **602** along with insertion device **10**, as also shown in FIG. **22**. Once second anchor **50***b* is implanted and insertion device **10** removed from the soft tissue **602**, any remaining portion of second flexible strand end **516** not removed from outer cannula **86** and housing member **560** can be subsequently removed.

[0071] Pulling the second, free end **516** of the flexible strand **512** can tighten the adjustable knotless loop **546**, secure the first and second flexible anchors **50***a*, **50***b* against the second side surface **606** of the soft tissue **602**, and reduce the defect **600**. Further, portions **614** of the anchors **50***a*, **50***b* between the first and second ends **502**, **504** and the corresponding first and second openings **528**, **530**, can define anchoring leg portions **614** that can provide additional resistance for securing the flexible anchors **50***a*, **50***b* on the surface **606** of the soft tissue **602**, as these leg portions can be forced against surface **606** for anchoring, as shown for example in FIG. **23**.

[0072] It will be appreciated from the above description and drawings that the present teachings provide flexible anchors that can be passed through tissue easily in a compact or low profile configuration and or orientation and then positioned outside tissue in a second orientation that provides anchoring without tissue penetration, preventing withdrawal from the tissue and reducing tissue injury. Further, the use of an inserter provided with preassembled anchors can help reduce the time length of the procedure and simplify manipulations required during the procedure.

[0073] It will be further understood that the various aspects of the depth positioning system, insertion system, deployment system and anchors can be mixed and matched or combined in ways other than those explicitly discussed above, without departing from the scope of the present teachings.

[0074] The foregoing discussion discloses and describes merely exemplary arrangements of the present disclosure. One skilled in the art will readily recognize from such discussion, and from the accompanying drawings and claims, that various changes, modifications and variations can be made therein without departing from the spirit and scope of the present teachings as defined in the following claims.

1.-**20**. (canceled)

21. A meniscal tissue repair device, comprising:

a housing;

an inserter extending from the housing, the inserter including an open distal end and a longitudinal bore that extends through the inserter to the open distal end;

a first flexible suture anchor deployable from the inserter at first location along an outer surface of a meniscus;

a second flexible suture anchor deployable from the inserter at a second location along the outer surface of the meniscus, wherein, in a pre-deployment condition of the meniscal tissue repair device, the second flexible suture anchor is located proximal of the first flexible suture anchor along the inserter;

a suture coupling the first flexible suture anchor to the second flexible suture anchor;

a cam pivotable about a pivot point that is located within the housing, the cam including a first plurality of teeth that extend in an arcuate manner along the cam;

a cam follower including a second plurality of teeth that extend in a linear manner along the cam follower, the second plurality of teeth meshing with the first plurality of teeth such that pivoting the cam about the pivot point causes the cam follower to move linearly within the housing; and

a slider slidably received in the longitudinal bore of the inserter, the slider including a proximal portion coupled to the cam follower such that linear movement of the cam follower within the housing causes the slider to move linearly within the longitudinal bore of the inserter, the slider further comprising an anchor engagement portion that includes a flattened area distal of the proximal portion, the flattened area having a thickness that is less than an outside diameter of a first portion of the slider adjacent the flattened area, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends distally past the second flexible suture anchor toward the first flexible suture anchor to position the flattened area between the second flexible suture anchor and the first flexible suture anchor in the longitudinal bore of the inserter,

wherein, from the pre-deployment condition of the meniscal tissue repair device, the cam is pivotable about the pivot point in a first rotational direction to advance the slider within the longitudinal bore of the inserter to a first deployment position and thereby force the first flexible suture anchor from the inserter via an engagement of the first flexible suture anchor with the anchor engagement portion,

wherein the cam is pivotable about the pivot point in a second rotational direction opposite the first rotational direction to retract the slider within the longitudinal bore of the inserter from the first deployment position to a second deployment position and thertby move the anchor engagement portion proximally past at least part of the second flexible suture anchor, and

wherein the cam is pivotable about the pivot point in the first rotational direction to advance the slider within the longitudinal bore of the inserter from the second deployment position to a third deployment position and thereby force the second flexible suture anchor from the inserter via an engagement of the second flexible suture anchor with the anchor engagement portion.

22. The meniscal tissue repair device of claim **21**, wherein the slider has a first width at the first portion of the slider that is adjacent the flattened area and a second width at the flattened area that is greater than the first width.

23. The meniscal tissue repair device of claim **21**, wherein the slider has a first cross-sectional area at the first portion of the slider that is adjacent the flattened area and a second cross-sectional area at the flattened area that is equal to the first width.

24. The meniscal tissue repair device of claim **21**, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends through the second flexible suture anchor.

25. The meniscal tissue repair device of claim **21**, wherein the engagement of the first flexible suture anchor with the anchor engagement portion includes the anchor engagement portion contacting an intermediate portion of the first flex-

ible suture anchor, the intermediate portion located between a first end and a second end of the first flexible suture anchor.

26. A meniscal tissue repair device, comprising:

a housing;

an inserter extending from the housing, the inserter including an open distal end and a longitudinal bore that extends through the inserter to the open distal end;

a first flexible suture anchor deployable from the inserter at a first location along an outer surface of a meniscus;

a second flexible suture anchor deployable from the inserter at a second location along the outer surface of the meniscus, wherein, in a pre-deployment condition of the meniscal tissue repair device, the second flexible suture anchor is located proximal of the first flexible suture anchor along the inserter;

a suture coupling the first flexible suture anchor to the second flexible suture anchor;

a cam pivotable about a pivot point that is located within the housing, the cam including a first plurality of teeth that extend in an arcuate manner along the cam;

a cam follower including a second plurality of teeth that extend in a linear manner along the cam follower, the second plurality of teeth meshing with the first plurality of teeth such that pivoting the cam about the pivot point causes the cam follower to move linearly within the housing; and

a slider slidably received in the longitudinal bore of the inserter, the slider including a proximal portion coupled to the cam follower such that linear movement of the cam follower within the housing causes the slider to move linearly within the longitudinal bore of the inserter, the slider further including an anchor engagement portion distal of the proximal portion, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends distally past the second flexible suture anchor toward the first flexible suture anchor to position the anchor engagement portion between the second flexible suture anchor and the first flexible suture anchor in the longitudinal bore of the inserter,

wherein, from the pre-deployment condition of the meniscal tissue repair device, the cam is pivotable about the pivot point in a first rotational direction to advance the slider within the longitudinal bore of the inserter to a first deployment position and thereby force the first flexible suture anchor from the inserter via an engagement of the first flexible suture anchor with the anchor engagement portion,

wherein the cam is pivotable about the pivot point in a second rotational direction opposite the first rotational direction to retract the slider within the longitudinal bore of the inserter from the first deployment position to a second deployment position and thereby move the anchor engagement portion proximally past at least part of the second flexible suture anchor, and

wherein the cam is pivotable about the pivot point in the first rotational direction to advance the slider within the longitudinal bore of the inserter from the second deployment position to a third deployment position and thereby force the second flexible suture anchor from the inserter via an engagement of the second flexible suture anchor with the anchor engagement portion.

27. The meniscal tissue repair device of claim **26**, wherein the second plurality of teeth correspond to predetermined translation distances of the slider.

28. The meniscal tissue repair device of claim **26**, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends through the second flexible suture anchor.

29. The meniscal tissue repair device of claim **26**, wherein the anchor engagement portion includes a flattened area.

30. The meniscal tissue repair device of claim **29**, wherein the flattened area has a thickness that is less than an outside diameter of a first portion of the slider adjacent the flattened area.

31. The meniscal tissue repair device of claim **30**, wherein the slider has a first width at the first portion of the slider that is adjacent the flattened area and a second width at the flattened area that is greater than the first width.

32. The meniscal tissue repair device of claim **31**, wherein the slider has a first cross-sectional area at the first portion of the slider that is adjacent the flattened area and a second cross-sectional area at the flattened area that is the same as the first width.

33. The meniscal tissue repair device of claim **26**, wherein the engagement of the first flexible suture anchor with the anchor engagement portion includes the anchor engagement portion contacting an intermediate portion of the first flexible suture anchor, the intermediate portion located between a first end and a second end of the first flexible suture anchor.

34. A meniscal tissue repair device, comprising:

a housing;

an inserter extending from the housing, the inserter including an open distal end and a longitudinal bore that extends through the inserter to the open distal end;

a first flexible suture anchor deployable from the inserter at a first location along an outer surface of a meniscus;

a second flexible suture anchor deployable from the inserter at a second location along the outer surface of the meniscus, wherein, in a pre-deployment condition of the meniscal tissue repair device, the second flexible suture anchor is located proximal of the first flexible suture anchor along the inserter;

a suture coupling the first flexible suture anchor to the second flexible suture anchor;

a cam pivotable about a pivot point that is located within the housing, the cam including a first plurality of teeth that extend in an arcuate manner along the cam;

a cam follower including a second plurality of teeth that extend in a linear manner along the cam follower, the second plurality of teeth meshing with the first plurality of teeth such that pivoting the cam about the pivot point causes the cam follower to move linearly within the housing; and

a slider slidably received in the longitudinal bore of the inserter and including a proximal portion coupled to the cam follower such that linear movement of the cam follower within the housing causes the slider to move linearly within the longitudinal bore of the inserter, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends distally past the second flexible suture anchor toward the first flexible suture anchor in the longitudinal bore of the inserter, the slider further comprising an anchor engagement portion that includes a flattened area distal of the proximal portion, wherein the slider has a first

width at a first portion of the slider adjacent the flattened area and a second width at the flattened area that is greater than the first width,

wherein the cam is pivotable about the pivot point: (i) a first time and in a first rotational direction to advance the slider within the longitudinal bore of the inserter for deploying the first flexible suture anchor from the inserter at the first location along the outer surface of the meniscus; (ii) a second time and in a second rotational direction opposite the first rotational direction to retract the slider relative to the second flexible suture anchor within the longitudinal bore of the inserter; and (iii) a third time and back in the first rotational direction to advance the slider within the longitudinal bore of the inserter for deploying the second flexible suture anchor from the inserter at the second location along the outer surface of the meniscus.

35. The meniscal tissue repair device of claim **34**, wherein the flattened area has a thickness that is less than an outside diameter of the first portion of the slider that is adjacent the flattened area.

36. The meniscal tissue repair device of claim **34**, wherein the slider has a first cross-sectional area at the first portion of the slider that is adjacent the flattened area and a second cross-sectional area at the flattened area that is equal to the first width.

37. The meniscal tissue repair device of claim **34**, wherein the cam follower has a rectangular shape.

38. The meniscal tissue repair device of claim **34**, wherein, in the pre-deployment condition of the meniscal tissue repair device, the slider extends longitudinally through a longitudinal bore of the second flexible suture anchor.

39. The meniscal tissue repair device of claim **34**, wherein, in the pre-deployment condition of the meniscal tissue repair device, the flattened area is positioned between the second flexible suture anchor and the first flexible suture anchor in the longitudinal bore of the inserter.

40. The meniscal tissue repair device of claim **39**, wherein the cam is pivotable about the pivot point the second time to retract the slider within the longitudinal bore of the inserter and move the flattened area in a proximal direction past at least part of the second flexible suture anchor.

41. The meniscal tissue repair device of claim **34** further comprising an outer tube, the outer tube comprising an open distal end and a longitudinal bore that extends through the outer tube to the open distal end, the inserter received in the longitudinal bore of the outer tube.

42. The meniscal tissue repair device of claim **34** further comprising a stop located in the longitudinal bore of the inserter, and wherein, in the pre-deployment condition of the meniscal tissue repair device, the second flexible elongated tube anchor is located between the first flexible elongated tube anchor and the stop.

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