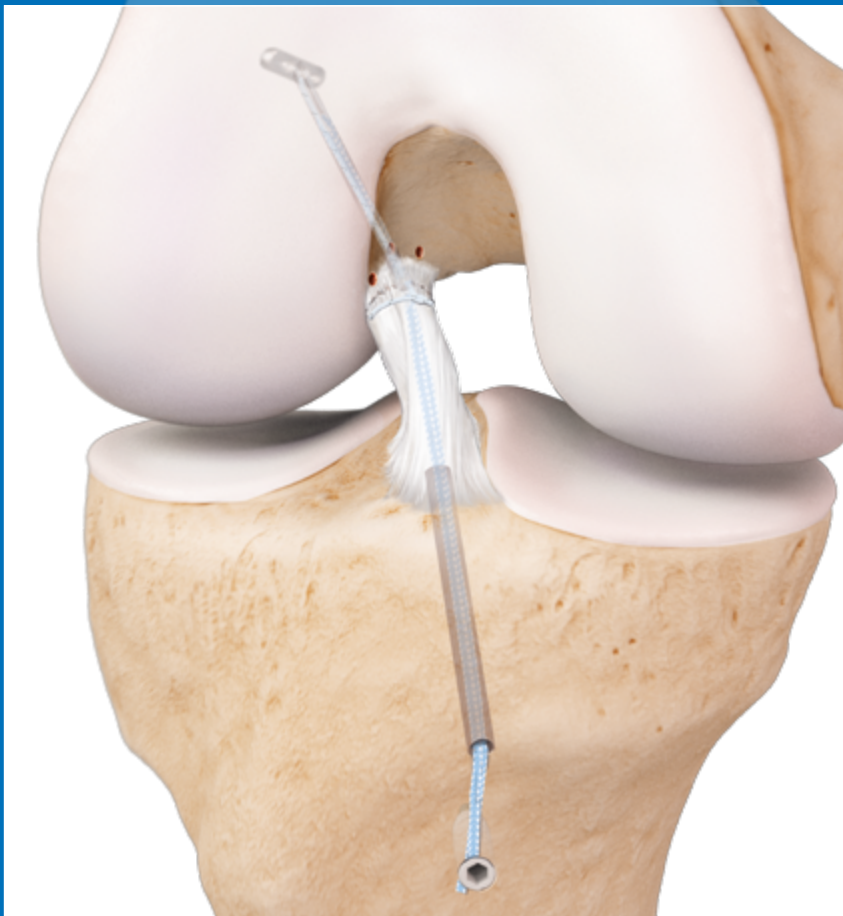
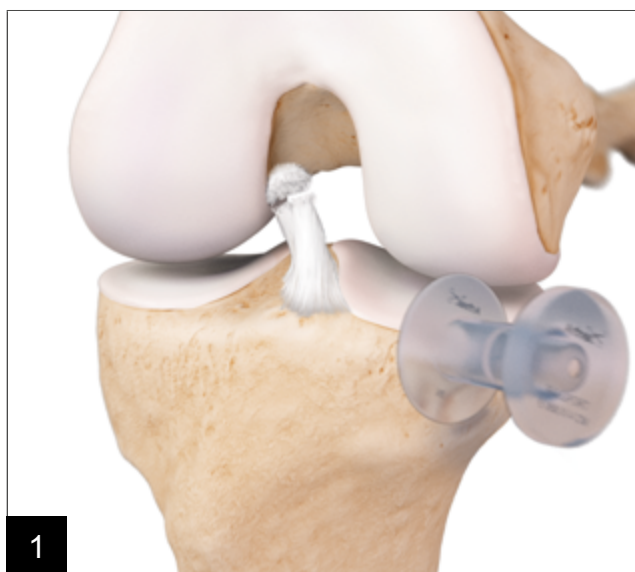


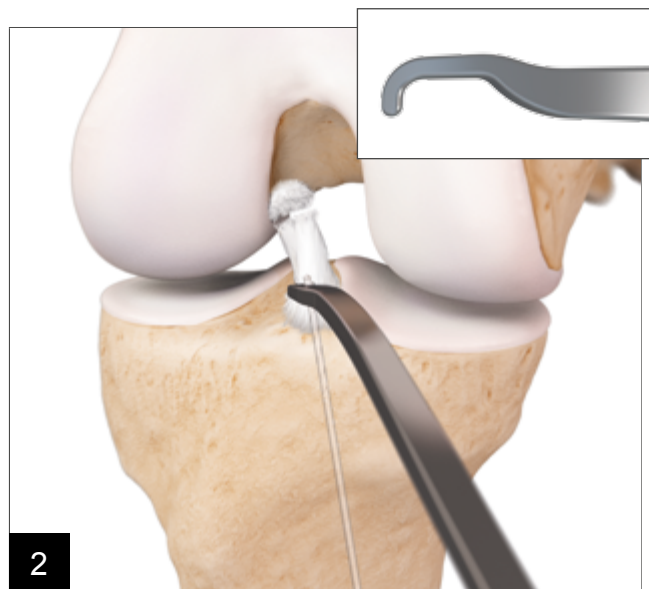
ACL Primary Repair with *Internal Brace*™

Surgical Technique





1 The Arthrex PassPort Button Cannula adjusts to smaller portal incisions and protects soft tissue and cartilage while maximizing visibility and maneuverability inside and outside of the arthroscopic work space.



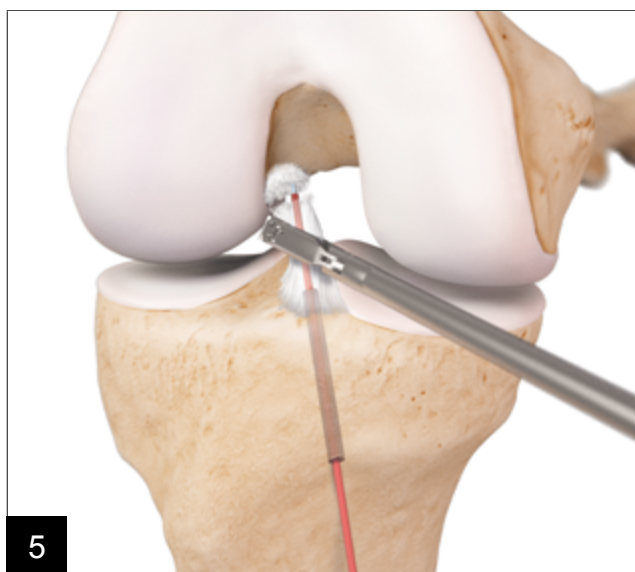
2 Use the RetroConstruction drill guide with the tibial ACL remnant marking hook and the drill sleeve with 2.4 mm diameter. Drill a 2.4 mm drill tip guide pin into the joint, aiming in the center of the ACL footprint. The tibial ACL remnant marking hook is designed to be used through the anteromedial portal. It is positioned onto the tibia plateau, so that it grabs the ACL remnant. Laser marks on the distal end of the hook show the exit point of the drill pin, which is ideally in the center of the ACL remnant.



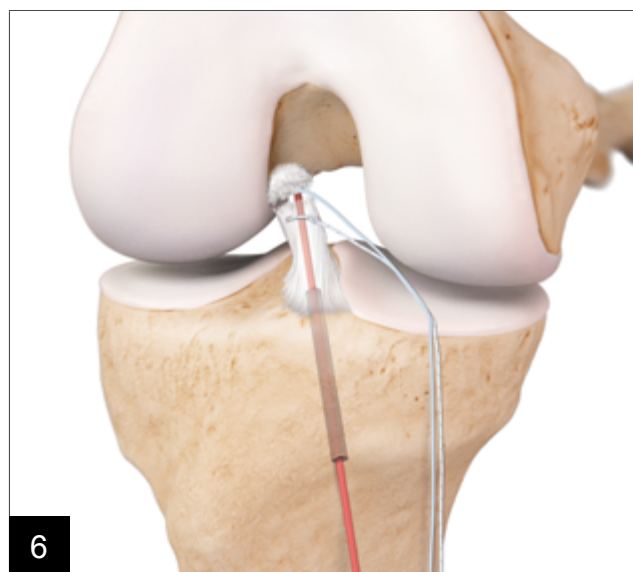
3 Remove the RetroConstruction drill guide and marking hook. Overdrill the guide pin with a 4.5 mm cannulated drill.



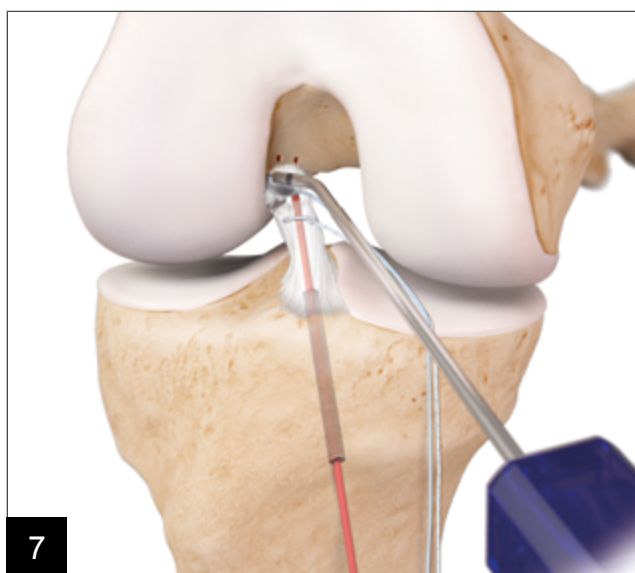
4 Use a FiberStick to advance a single string of passing suture through the tibia and through the ACL remnant. Leave the FiberStick in this position.



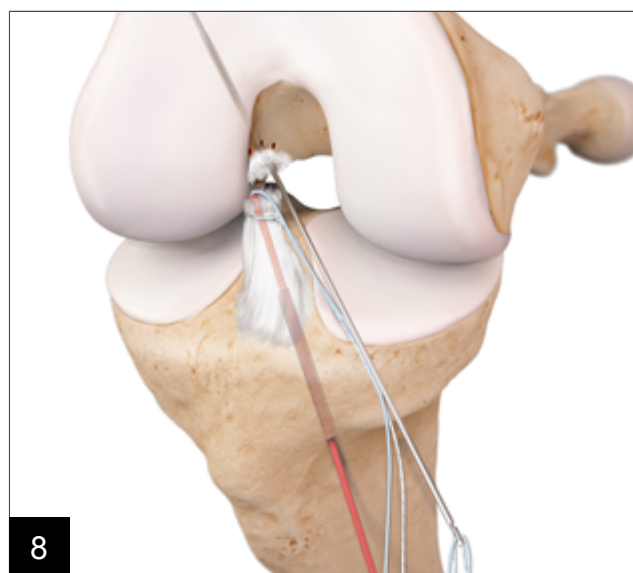
5 Using the labral Scorpion suture passer, pass a #2 FiberSnare through the intact portion of the ACL remnant with approximately 1 cm distance to the avulsed end. Take care not to capture the FiberStick (which is still in the ACL tissue).



6 Pull the labral Scorpion together with the #2 FiberSnare out of the anteromedial portal of the knee. Pass the free end of the FiberSnare through its snare and tighten it around the ACL remnant. Pull the FiberStick passing suture out of the anteromedial portal.

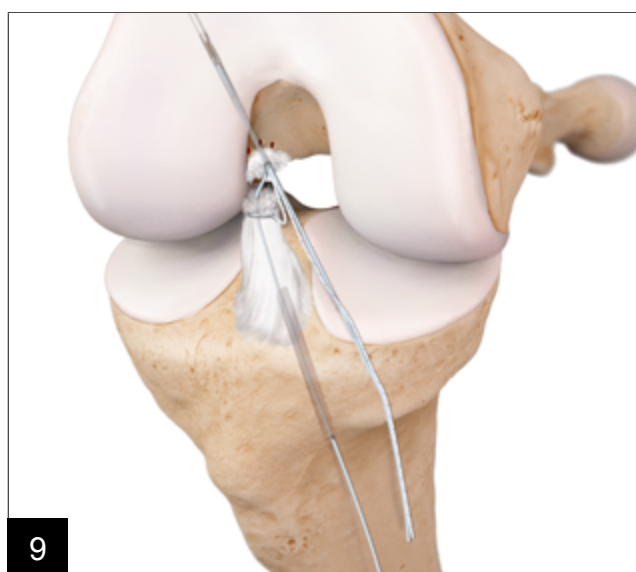


7 Use a PowerPick to create micro holes at the femoral ACL footprint. The Ø 1.5 mm drill tip extends 4 mm to penetrate cortical bone in order to allow blood flow and supply, improving healing potential.

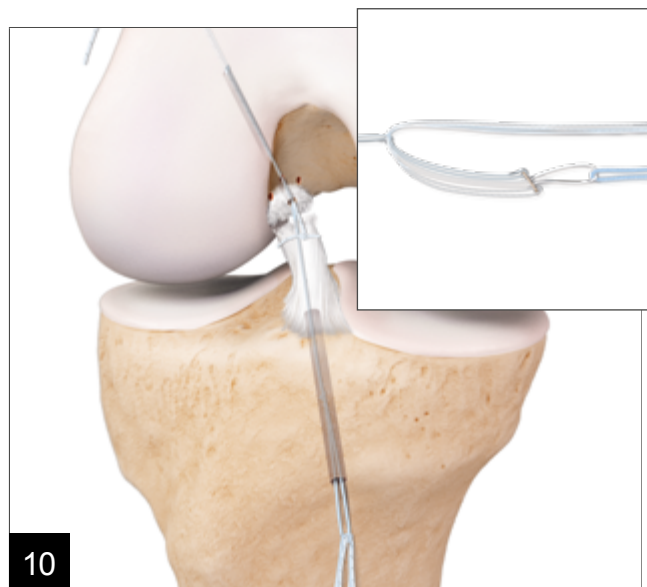


8 Use the spade tip drill pin for the ACL TightRope to drill a passing hole through the femur. Place it anatomically just in the center of the femoral ACL footprint.

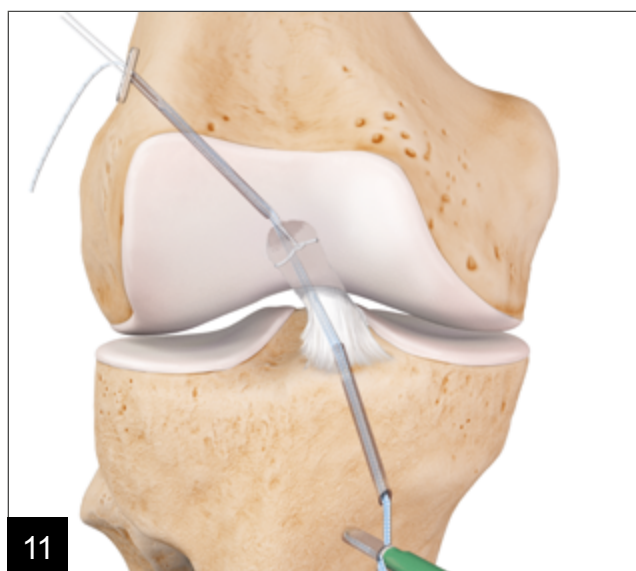
Note: It is important to mobilize the tractus at the lateral femur just along the drill pin down to the lateral cortex with a scissor. Splitting the ITB (ITB = iliotibial band) allows proper placement of the repair knot.



Shuttle the FiberSnare ACL repair suture as well as the tibial passing suture through the femur.



Shuttle the *Internal Brace* construct – a TightRope RT loaded with FiberTape – through the tibia and place the TightRope button on the femoral cortex. Use markings on the loop and arthroscopic visualization of the button to confirm exit and proper placement on the femoral cortex. Maintain countertension to the FiberTape to confirm the button is seated. While keeping slight tension on the FiberTape, pull the shortening strands proximally, one at a time, to advance the FiberTape into the femoral drill hole.



Use the drill guide and drill bit (Ø 3.35mm) for the 4.75mm SwiveLock and drill a hole 1 cm distal to the tibial bone tunnel and 20mm in depth. Use the bone tap for 4.75mm SwiveLock and thread the hole accordingly. Use a nitinol wire to maintain the direction of the socket. Place the knee in full extension and fix the FiberTape with a 4.75mm SwiveLock.



For the fixation of the FiberSnare ACL repair suture, the knee is positioned in full extension. Keep tension on the FiberSnare ACL repair suture and knot it to the TightRope tensioning sutures using a knot pusher.

Note: Do not apply extra tension to the FiberTape after the SwiveLock is inserted into the tibial socket.

Ordering Information

| Product Description | Item Number |
|--|---------------|
| Arthrex PassPort Button Cannula™, 8 mm x 2 cm | AR-6592-08-20 |
| Labral Scorpion™ | AR-13998 |
| SureFire® Scorpion™ needle | AR-13991N |
| TigerTape™ 2 mm, braided polyblend suture, white/black | AR-7237-7T |
| PowerPick™, 45°, 1.5 mm x 13 cm, 6 mm drilling depth | AR-8150PX-45 |
| Drill pin, ACL TightRope®, open eyelet, 4 mm | AR-1595T |
| ACL TightRope® RT | AR-1588RT |
| FiberTape® 2 mm, braided polyblend suture, blue | AR-7237 |
| RetroConstruction drill guide handle, side release | AR-1510HR |
| Tibial ACL marking hook for RetroConstruction drill guide | AR-1510T |
| Tibial ACL remnant marking hook with open eyelet, left | AR-1510TL |
| Tibial ACL remnant marking hook with open eyelet, right | AR-1510TR |
| Drill sleeve for RetroConstruction drill guide | AR-1778R-24 |
| Drill tip guide pin, 2.4 mm | AR-1250L-1 |
| Cannulated drill, 4 mm | AR-1204L |
| #2 FiberStick™ | AR-7209 |
| FiberWire® #2, braided polyblend suture, with closed loop | AR-7209SN |
| Drill guide with teeth | AR-1678-01 |
| Drill bit for SwiveLock®, 4.75 mm | AR-1678-02 |
| SwiveLock® bone tap, 4.75 mm | AR-1678-04 |
| Suture anchor, BioComposite SwiveLock® C, 4.75 mm x 19.1 mm, closed eyelet | AR-2324BCC |

Please note that not all products advertised in this brochure/surgical technique guide may be available in all countries. Please ask the Arthrex Customer Service or your local Arthrex Representative before ordering if the desired product is available for delivery. Thank you very much.



This description of technique, including any post-op protocol, is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgement in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use.

View U.S. patent information at www.arthrex.com/corporate/virtual-patent-marking

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