Iliotibial Band Tenodesis With FiberTag[®] TightRope[®] Implant

Surgical Technique





FiberTag® TightRope® Implant Introduction

The FiberTag TightRope implant facilitates the attachment of single-stranded grafts to an ACL TightRope implant. FiberTag suture is integrated into the TightRope implant for a strong, consistent connection between the suture and TightRope loop. A simplified suturing technique, along with an innovative suture management card and the new GraftClamp graft preparation instrument, make preparing single-stranded grafts faster and more reproducible than ever.

The Fibertag TightRope implant offers several distinct advantages when compared to other fixation devices:

- Allows for precise, incremental tensioning of the graft
- Minimizes the length and size of the graft required
- Allows for smaller socket size to reduce chance of tunnel convergence with an ACL tunnel
- Allows for circumferential healing of the graft within the socket
- Cortical fixation eliminates the risk of graft laceration from an interference screw



Surgical Technique



Perform a lateral extra-articular approach by making a 4 cm incision starting just proximal to Gerdy's tubercle and extending to the lateral femoral epicondyle. Expose and identify the iliotibial band (ITB) and leave it intact distally at Gerdy's tubercle.



Obtain a distally based ITB graft measuring 10 mm × 60 mm. Avoid the proximal and distal Kaplan fibers posteriorly. These fibers have been demonstrated to be important in providing anterolateral knee rotatory stability and should be preserved. **Note: Identify the lateral collateral ligament (LCL).**



Attach the FiberTag® TightRope® implant to the end of the graft and measure the diameter of the graft.



Pass the ITB graft deep (medial) to the LCL.



Alternatively, some surgeons prefer to pass the graft over the LCL.



Identify the fixation site posterior and proximal to the femoral origin of the LCL.



Direct the TightRope[®] pin from the fixation site anteriorly and proximally, taking care to avoid the femoral socket of the ACL reconstruction. Pass the TightRope pin through the femur, perforating the anteromedial cortex, anteromedial thigh soft tissue, and skin. **Note: When directing the TightRope pin medially, care should be taken to avoid neurovascular structures.**



Use a low-profile reamer slightly larger than the diameter of the ITB autograft to create a 20 mm to 30 mm long socket. **Note: This is typically a 5.5 mm or 6 mm reamer.**



Attach a #2 FiberWire® suture to the TightRope pin and pull the drill from the medial side. Deliver the tails of the suture out through the anteromedial soft tissue. **Note: The TightRope implant should be lengthened to ensure it can cross the femur and flip on the medial cortex.**



Use the looped end of the #2 FiberWire® suture to pull the FiberTag® TightRope® RT button through the femoral tunnel. As the button exits the anteromedial femoral cortex, confirm that it has flipped by pulling back on the graft. Note: Deployment of the button on the anteromedial femoral cortex can be confirmed with intraoperative imaging.

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Place the knee in 30° of flexion and neutral rotation. Note: External rotation of the tibia could result in overconstraining the knee. Complete the extra-articular augmentation by delivering the ITB autograft into the socket. Pull the shortening strands on the FiberTag TightRope implant to tension the graft. Check internal rotation after tensioning to make sure there is no constraint. Remove the lead #5 blue passing suture from the FiberTag TightRope implant.



Repair the ITB defect with #2 FiberWire® and TigerWire® sutures.

Ordering Information

Item Number	
AR- 1588RTT	
AR- 1595T	
AR- 1406LP	
AR- 2386T	
AR- 7201	
AR- 7200	

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact your Arthrex representative if you have questions about the availability of products in your area.



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