

BTB TightRope[®]

CASE STUDIES

by James M. Paci, M.D.

Stony Brook University School of Medicine

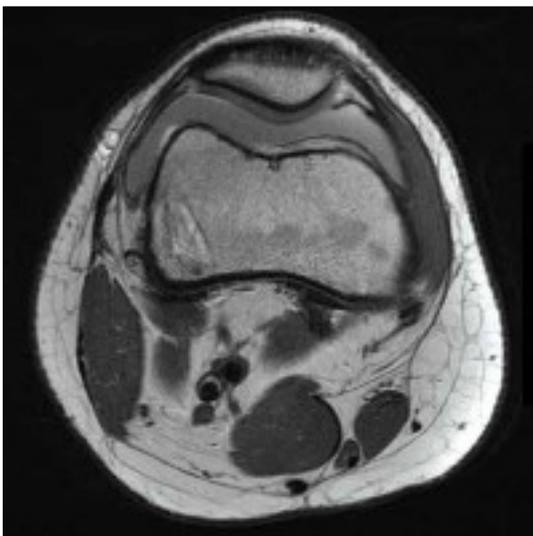


"I have incorporated the Arthrex BTB TightRope into regular use in my practice for a number of reasons. My goal during ACL reconstruction is consistent anatomic tunnel placement, with graft fixation strength allowing for accelerated rehabilitation. I prefer to use the Arthrex FlipCutter[®] technique for femoral tunnel preparation, as I have found it to be the most easily reproducible anatomic femoral tunnel preparation technique in my hands. By using the BTB TightRope, I am able to "flipcut" my femoral tunnel and not worry about interference screw divergence with my femoral bone block, potentially compromising my graft fixation. In fact, I am now getting superior fixation strength due to the cortical button fixation provided by the BTB TightRope.

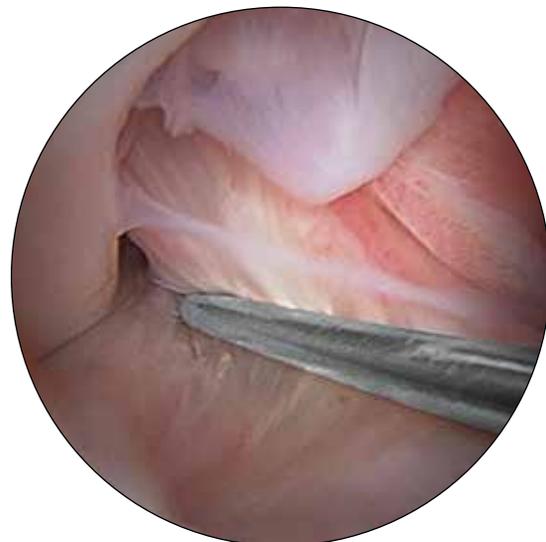
In addition, I have found this technique to be more efficient than interference screw fixation. Also, with BTB TightRope, I am able to achieve compression fixation of the block within the tunnel allowing for circumferential bone-to-bone graft healing. This has been backed up with follow-up MRIs in two of my patients at 4 and 7.5 months post-op. Overall, I have found this to be a reliable, efficient and reproducible technique for patella tendon ACL reconstruction that has been quite successful in my practice."

Case One

16-year old female soccer player, 7.5 months post-op from an ACL reconstruction with BTB TightRope



MRI shows the bone block from patellar tendon graft well integrated into the femoral socket at 7.5 months.



Second-look arthroscopy shows graft well incorporated and synovialized.

Case Two

15-year old female soccer player 4 months post-op from ACL reconstruction with BTB TightRope



3-month x-rays show TightRope button in place on the lateral cortex. The femoral socket is barely visible suggesting good incorporation of the patella tendon graft.



4-month MRI shows good incorporation of the patella tendon bone block into the femoral socket.



Second-look arthroscopy demonstrates a well-fixed graft at 4 months.