

Meniscal Ramp Lesion Repair

Surgical Technique



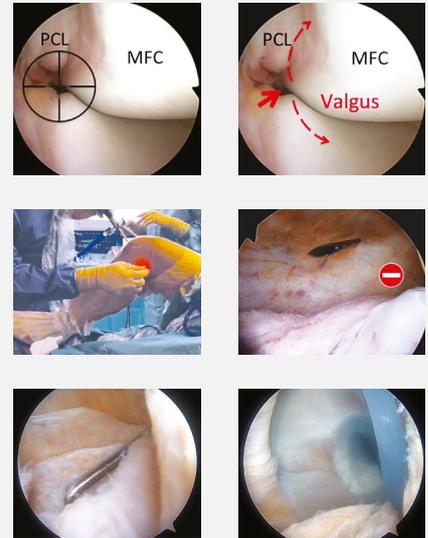
Introduction

The patient is supine on the operating table with a tourniquet placed high on the thigh. Position the knee at 90° of flexion with a foot support to allow the full range of knee motion. Use a standard high lateral parapatellar portal for the arthroscope and a medial parapatellar portal for the instruments.¹

To gain access to the posteromedial compartment, introduce the arthroscope through the anterolateral portal deep into the notch and underneath the posterior cruciate ligament. Applying valgus stress helps to approach the posteromedial compartment. A blunt trocar may help if passing of the camera is difficult.

Create a standard posteromedial portal under direct arthroscopic visualization of the posteromedial capsule. Localize the entry point with transcutaneous illumination and a needle to find a safe entry point. The portal entry is just above the meniscus, proximal to the medial femoral condyle.

Explore the posterior horn of the medial meniscus with a needle or a probe to detect a possible ramp lesion. Introduce a PassPort Button™ cannula into the posteromedial portal. **Note: PassPort Button cannula length will vary based upon patient habitus.**



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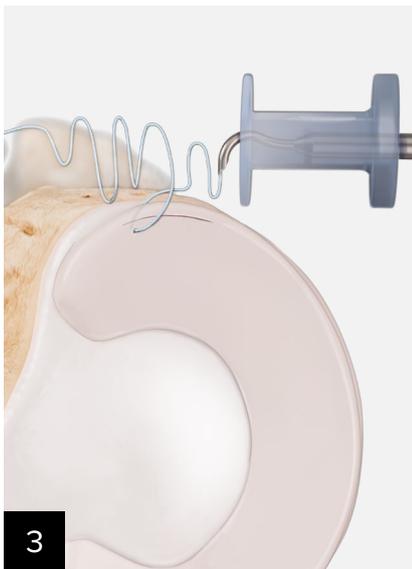


Use a low-profile, left-curved QuickPass™ SutureLasso™ suture passer preloaded with 2-0 FiberStick™ suture for the right knee. Pass the low-profile QuickPass SutureLasso suture passer from posterior to anterior, catching the torn posterior capsule and periphery of the posterior medial meniscus.

Note: Retract any exposed suture until it is below the tip of the QuickPass SutureLasso suture passer prior to passing through tissue. Apply internal tibial rotation to improve exposure of the posteromedial meniscus.



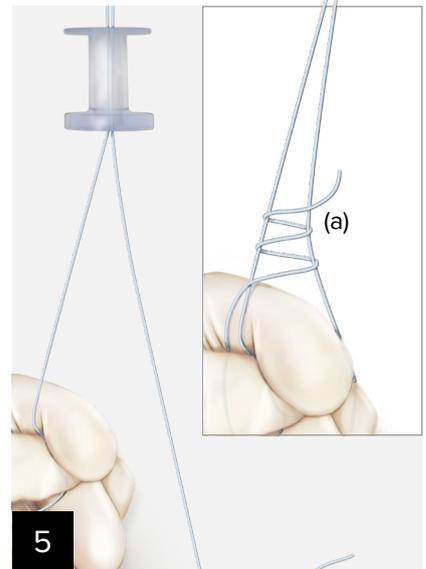
Advance the preloaded 2-0 FiberStick suture with the QuickPass SutureLasso suture passer into the joint.



3
After advancing an appropriate amount of 2-0 FiberWire® suture, remove the QuickPass™ SutureLasso™ suture passer from the meniscal tissue.



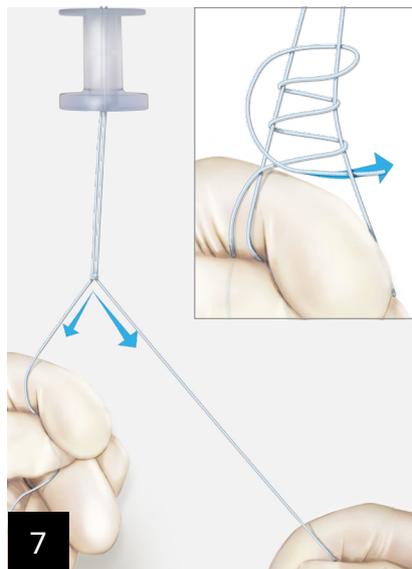
4
Use a mini suture retriever to retrieve the 2-0 FiberWire suture.



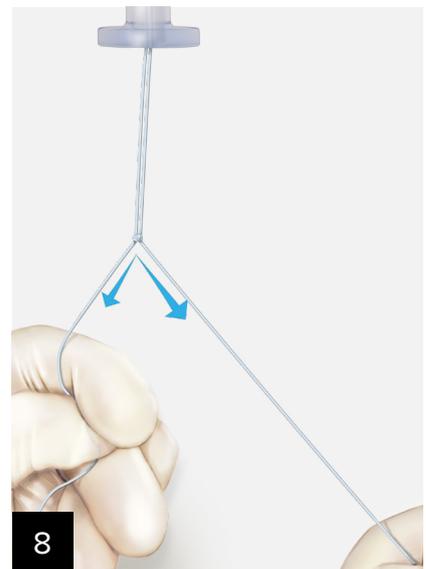
5
Begin tying a Duncan knot: Keep the fixed suture (left) short. Wrap the other suture (right) around the fixed suture 3 times (a).



6
After 3 circumferential loops, pass the end of the right suture from the bottom up in between the left and the right strand.



7
Pass the end of the right suture top down just proximal in between the 2 suture strands.

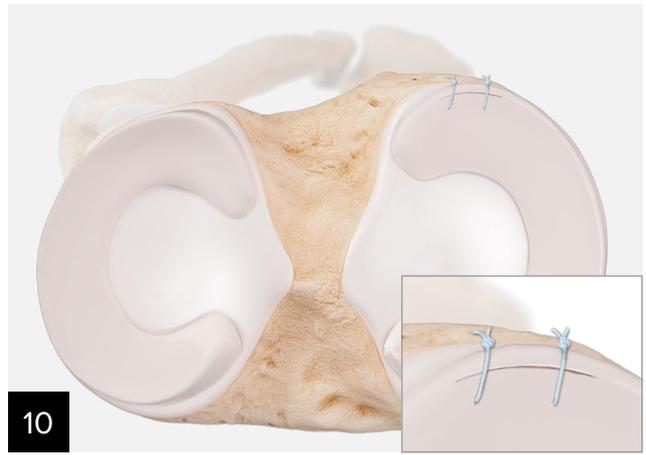


8
Tighten the knot by pulling the right strand. Before locking, pull the left suture to slide the knot into the joint and toward the repair site.



Lock the knot with half hitches and a knot pusher / suture cutter.

Note: Repeat steps to create a second Duncan knot.



Final fixation.

Ordering Information

Product description	Item number
Knee obturator for posterior portal	AR-1266
Nonratcheting screwdriver handle	AR-1999NR
Passport Button™ cannula, 8 mm ID × 3 cm	AR-6592-08-30
QuickPass™ SutureLasso™ suture passer for ramp lesion w/ 2-0 FiberStick™ suture, left	AR-6068-25L
QuickPass SutureLasso suture passer for ramp lesion w/ 2-0 FiberStick suture, right	AR-6068-25R
Small knot pusher	AR-1296
Knot pusher / suture cutter for 2-0 FiberWire® suture	AR-4515
ACL TightRope® implant suture cutter	AR-4520
2-0 FiberStick suture passer	AR-7222
Mini suture retriever, straight	AR-11540
Mini suture retriever, 15° up curve	AR-11550

Reference

1. Thauinat M, Jan N, Fayard JM, et al. Repair of meniscal ramp lesions through a posteromedial portal during anterior cruciate ligament reconstruction: outcome study with a minimum 2-year follow-up. *Arthroscopy*. 2016;32(11):2269-2277. doi:10.1016/j.arthro.2016.02.026



This description of technique 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 judgment 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. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.



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