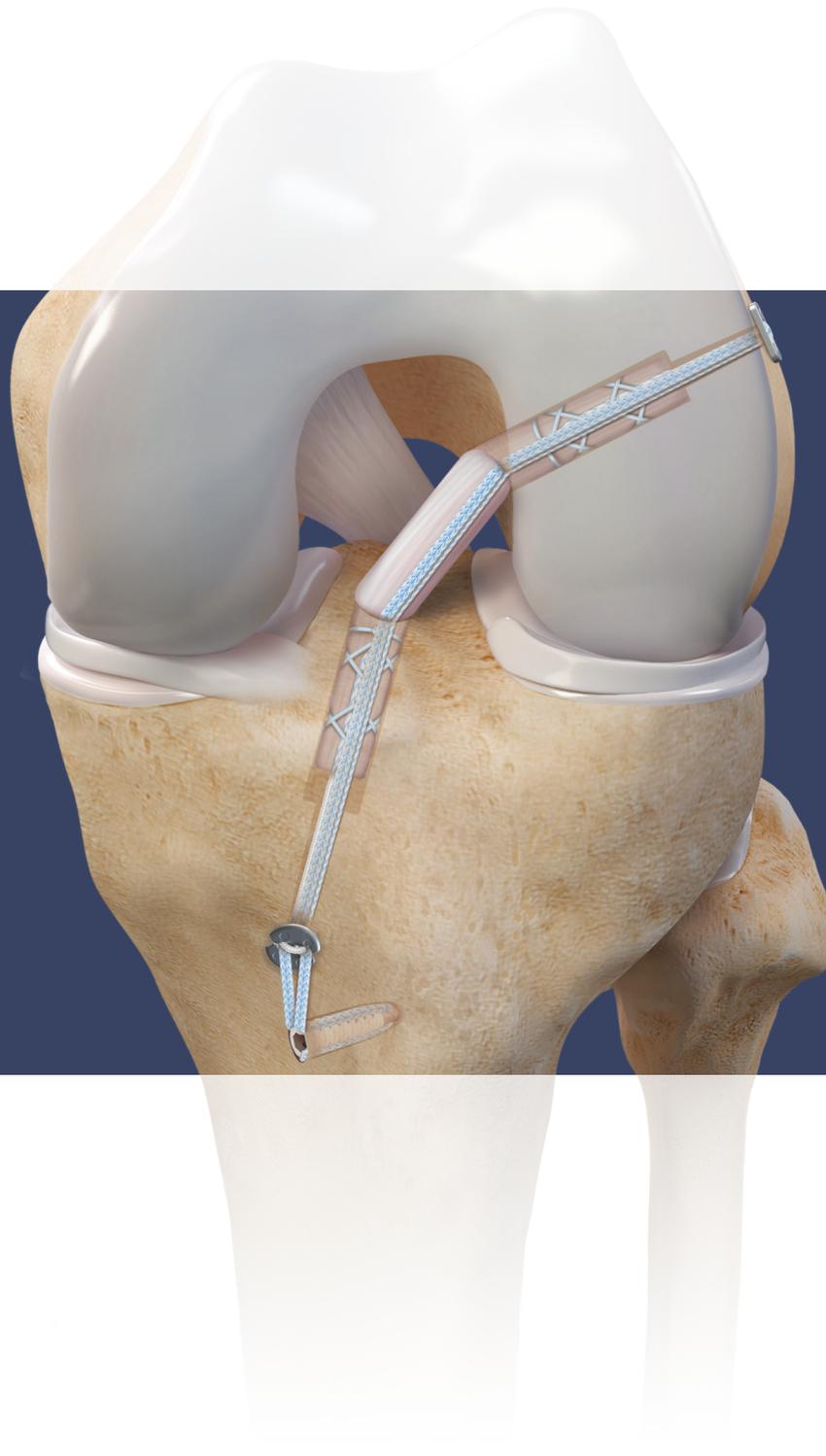


SwiveLock[®] ACL Backup Kit

Surgical Technique



Arthrex[®] 

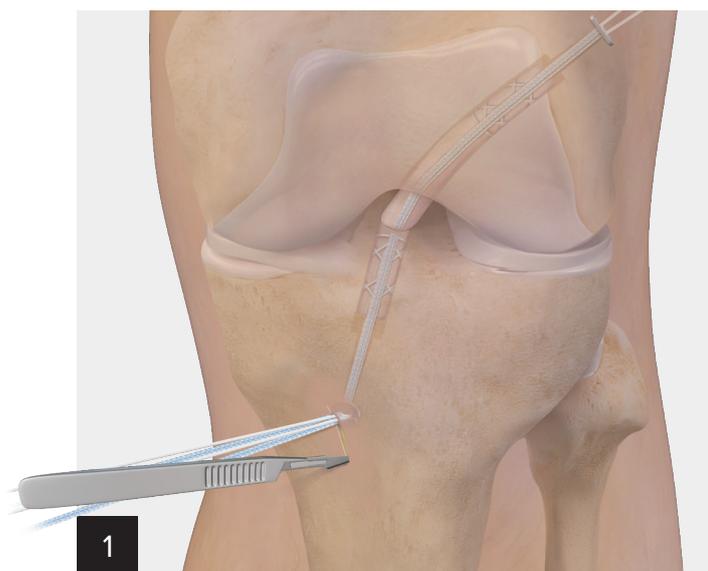
ACL Backup Fixation

The SwiveLock® ACL backup fixation system includes the implants and instruments needed to back up sutures from an ACL graft or a FiberTape® suture if performing the *Internal/Brace™* technique. The kit contains a 4.75 mm SwiveLock implant as well as a spade-tipped drill and two different size disposable taps.

One factor of successful ACL reconstruction is strong tibial fixation. This system provides a reliable and reproducible augment to ACL tibial fixation.

- Backup fixation for interference screws increases initial fixation strength and stability.¹⁻³ The SwiveLock anchor is a simple, low-profile option for backup fixation.

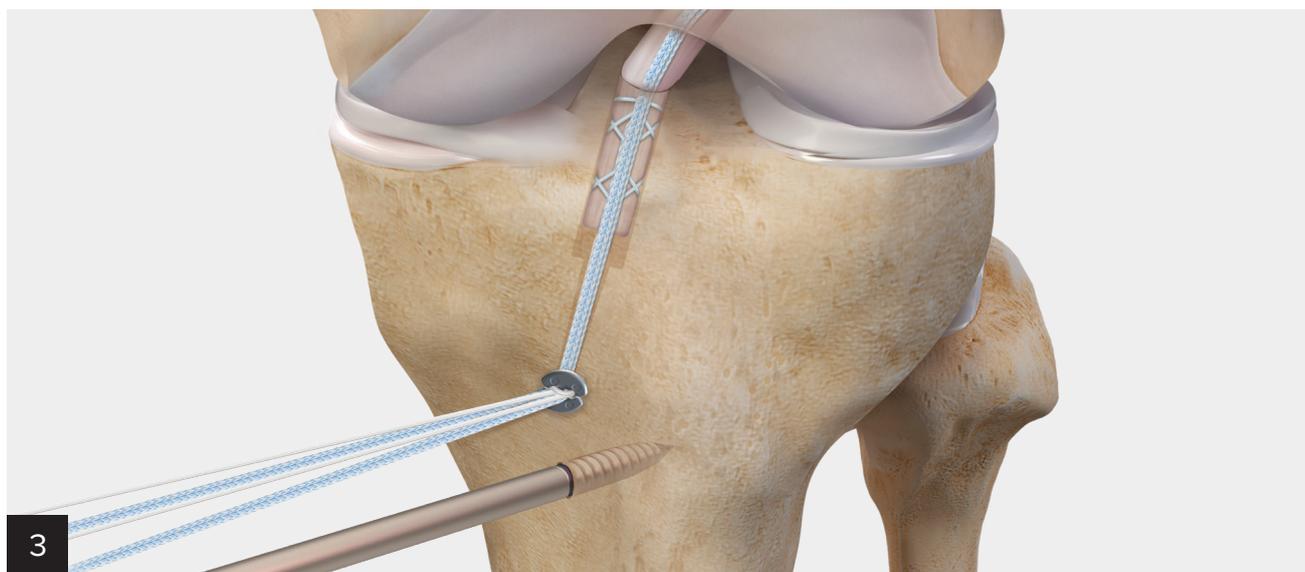
Surgical Technique



Extend the tibial incision 1 cm distal to the tibial TightRope® button or interference screw. Dissect down to the tibia.



Drill into the tibia with the spade-tip drill to the depth of the drill collar, which represents a 20 mm depth.

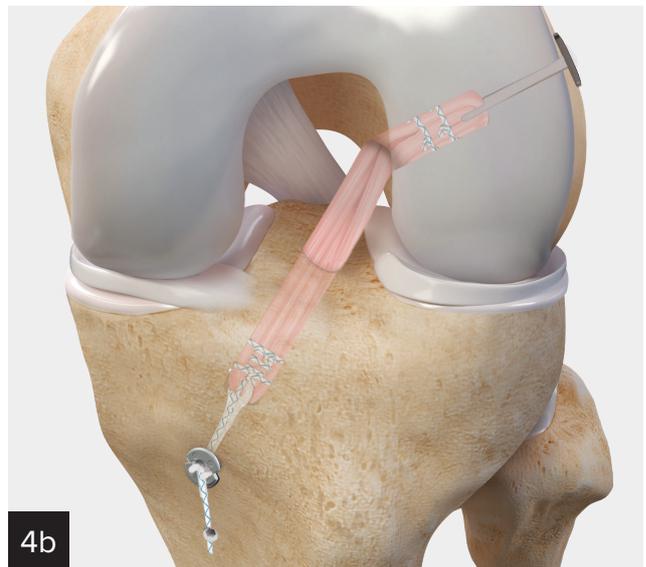


Depending on bone density and number of sutures being fixated, tap with either the 4.75 mm or 5.2 mm SwiveLock tap. The 5.2 mm tap is recommended for harder bone or when more than four sutures or two tapes are used.



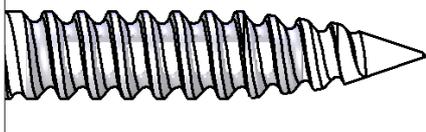
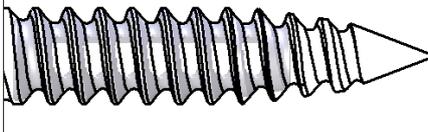
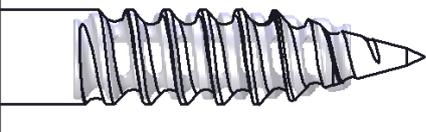
4 Pass the suture tails of the FiberTape through the eyelet of the 4.75 mm BioComposite SwiveLock® anchor. Push the anchor into the drill hole until the eyelet is fully seated. Maintain tension on the limbs of the FiberTape and screw the anchor into the tibia. After removing the driver, the retention suture from the anchor can be removed and the tensioning sutures of the TightRope button cut flush.

Additional Techniques Using The ACL Backup Kit



- ACL reconstruction using TightRope® II BTB implant with *InternalBrace™* technique, BioComposite FastThread™ interference screw, and backup SwiveLock implant fixation.
- All-inside ACL reconstruction using TightRope II RT implant, TightRope II ABS implant with a concave ABS button, and backup SwiveLock implant fixation.

Tap Sizing Table

Using a 4.75 mm SwiveLock® tap with a 4.75 mm SwiveLock anchor	Using the new 5.2 mm SwiveLock tap with a 4.75 mm SwiveLock anchor	Using an oversized 5.5 mm SwiveLock tap with a 4.75 mm SwiveLock anchor
<ul style="list-style-type: none"> Line-to-line tap for a 4.75 mm anchor; used for soft to average bone density and when fixating two or fewer sutures The thread form of the 4.75 mm tap and 4.75 mm anchor are identical 	<ul style="list-style-type: none"> Oversized tap for 4.75 mm anchor; used for average to hard bone density or when accommodating more than two sutures or FiberTape® suture The new 5.2 mm tap was designed specifically for the 4.75 mm anchor. The thread form of the tap is identical to the anchor and the diameter of the tap is oversized to accommodate harder bone and more suture 	<ul style="list-style-type: none"> It is not recommended to use the 5.5 mm SwiveLock tap with a 4.75 mm anchor Line-to-line tap designed for a 5.5 mm anchor Thread form will be misaligned if using this tap with a 4.75 mm anchor
		

Ordering Information

Product Description	Item Number
4.75 mm PEEK SwiveLock Backup ACL Fixation Kit	AR-1593-P
4.75 mm BioComposite SwiveLock Backup ACL Fixation Kit	AR-1593-BC

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.

The *Internal/Brace*™ surgical technique is intended only to support the primary repair/reconstruction and is not intended as a replacement. The *Internal/Brace* surgical technique is intended only for soft tissue-to-bone fixation and is not cleared for bone-to-bone fixation.

References

- Vopat B, Paller D, Machan JT, et al. Effectiveness of low-profile supplemental fixation in anterior cruciate ligament reconstructions with decreased bone mineral density. *Arthroscopy*. 2013;29(9):1540-1545. doi:10.1016/j.arthro.2013.05.019
- Balazs GC, Brelin AM, Grimm PD, Dickens JF, Keblish DJ, Rue JH. Hybrid tibia fixation of soft tissue grafts in anterior cruciate ligament reconstruction: a systematic review. *Am J Sports Med*. 2016;44(10):2724-2732. doi:10.1177/0363546515621541
- Coleman S, Gallo R, Kompel J, Purnell G, Altman G. A low-profile method of hybrid tibial fixation for soft tissue grafts in anterior cruciate ligament reconstruction. *Orthopedics*. 2009;32(4):orthosupersite.com/view.asp?rID=38351. doi:10.3928/01477447-20090401-01



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.

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

arthrex.com