Open Stabilization of Acute Acromioclavicular Joint Dislocation using the Twin Tail TightRope® System

Surgical Technique
Advance the 4.5 mm Cannulated Drill over the guide pin and ream through both cortices to complete the coracoid tunnel. Care must be taken not to advance the guide pin while reaming. Remove the guide pin and the drill.

Center the 2.4 mm Drill Tip Guide Pin on top of the coracoid, aiming for the identified transition zone, and drill through both cortices. The Guide Pin Sleeve can be placed over the guide pin, leaving approximately 2 cm of the pin extended to help prevent over-penetrating.
Insert the tip of the Button Inserter into the insertion hole in the coracoid button. Apply back tension to the traction suture to hold the coracoid button in the inserter. Push the coracoid button through the coracoid tunnel using the Button Inserter. Slide the spring-loaded button back to remove the inserter from the coracoid button. Grasp all sutures of the construct below the clavicle buttons and pull proximally to flip and seat the button underneath the coracoid process. Remove the white traction suture from the coracoid button.

Aim towards the coracoid tunnel and drill the first clavicle tunnel anterior to the midline approximately 25 mm from the end of the clavicle using the 2.4 mm Drill Tip Guide Pin. The Guide Pin Sleeve can be placed over the guide pin, leaving approximately 2 cm of the pin extended to help prevent over-penetrating. Advance a 4 mm Cannulated Drill over the guide pin and ream through both cortices to complete the clavicle tunnel. Remove the guide pin and the drill.

Pass a Nitinol suture passing wire through the clavicle tunnel using a Crescent SutureLasso™ SD or a Micro SutureLasso. Load all sutures from one clavicle button into the loop of the suture passing wire. Pull the wire to retrieve the sutures through the clavicle tunnel. Once all sutures are retrieved, use only the white traction suture to pull the clavicle button through the clavicle tunnel. A hemostat may be used to help guide the clavicle button through the base of the tunnel. Note: Do not use the blue #5 FiberWire suture to pull the button through the clavicle, as it will cinch the device.

Aim towards the coracoid tunnel and drill the second clavicle tunnel posterior to the midline approximately 40 mm from the end of the clavicle using the 2.4 mm Drill Tip Guide Pin. The Guide Pin Sleeve can be placed over the guide pin, leaving approximately 2 cm of the pin extended to help prevent over-penetrating. Advance a 4 mm Cannulated Drill over the guide pin and ream through both cortices to complete the clavicle tunnel. Remove the guide pin and the drill.
Pass a Nitinol suture passing wire through the second clavicle tunnel using a Crescent SutureLasso or a Micro SutureLasso. Load all sutures from the second clavicle button into the loop of the suture passing wire. Pull the wire to retrieve the sutures through the clavicle tunnel. Once all sutures are retrieved, use only the white traction suture to draw the clavicle button through the clavicle tunnel. A hemostat may be used to help guide the clavicle button through the base of the tunnel. Remove all white traction sutures. Note: Do not use the blue #5 FiberWire suture to pull the button through the clavicle, as it will cinch the device.

If a distal clavicle resection is not performed, the stability of the repair can be further enhanced by suturing the acromioclavicular capsule with 2-0 FiberWire before standard closure of the incision site.

**Post-op Protocol**

Place the patient in a shoulder immobilizer for a period of at least six weeks. Range of motion is restored from six to twelve weeks. Begin progressive resistance exercises after twelve weeks.
# Ordering Information

**Implant:**

| Twin Tail TightRope | AR-2264 |

**Required Instruments:**

| Drill Tip Guide Pin, 2.4 mm | AR-1250L |
| Cannulated Drill, 4.5 mm | AR-1204.5L |
| Long Drill, cannulated, 4 mm | AR-1204.5L |
| Button Inserter | AR-2262 |
| SutureLasso SD, Crescent | AR-4068C |
| or Micro SutureLasso, Minor Bend | AR-8701 |

**Optional Instrument:**

| Guide Pin Sleeve | AR-2255CG-02 |

*AR-1204.5L is available in the Bio-Tenodesis Screw System (AR-1675S)*

*AR-1204LX and AR-2255CG-02 are available in the Acromioclavicular Joint Reconstruction System (AR-2255CGS)*
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.

This surgical technique has been developed in cooperation with Evan Lederman, M.D., Phoenix, AZ

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