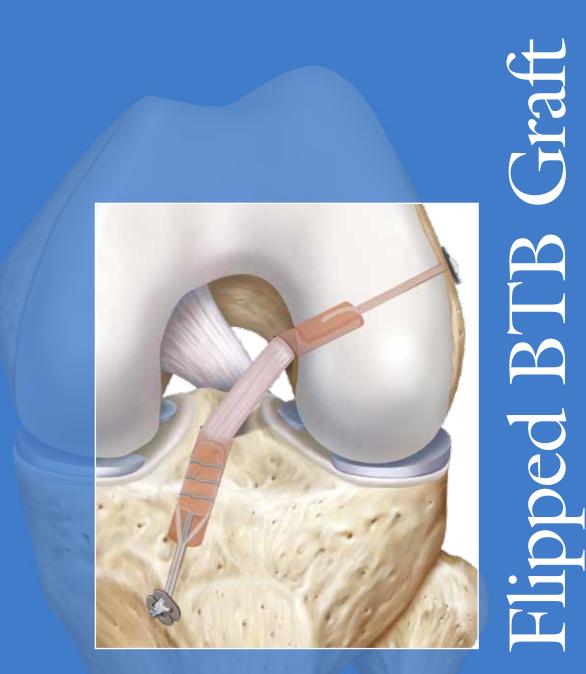


ACL Reconstruction with Flipped BTB Graft

Surgical Technique





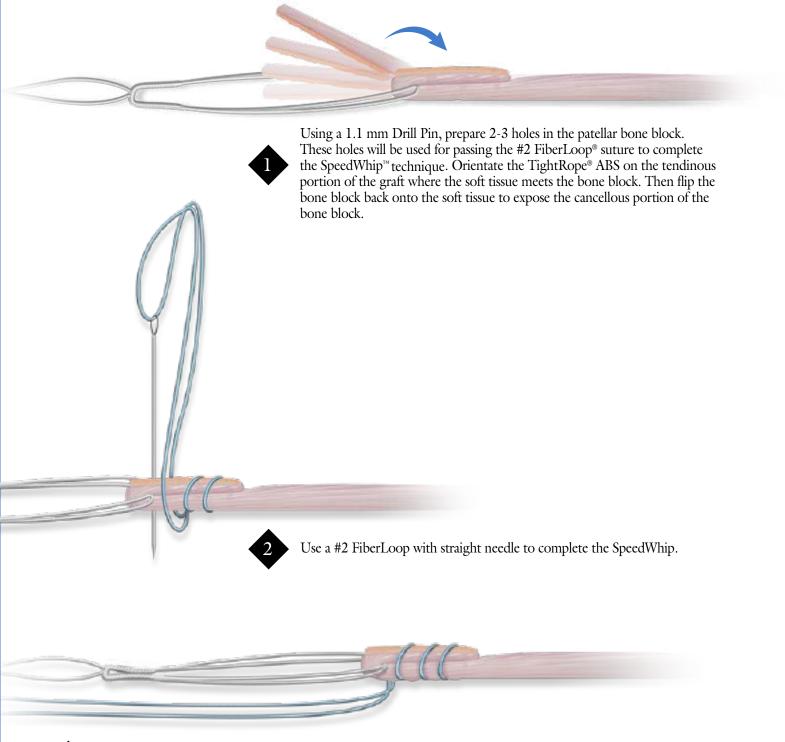
"Based on the clinical success of GraftLink<sup>®</sup> soft tissue grafts\*, I wanted to develop a technique using the same tensioning and fixation for BTB grafts. The technique I developed also solves the problem of graft length tunnel mismatch. Aperture stability is achieved in the tibial socket with the flipped graft."

Laura Timmerman, MD, Walnut Creek, CA

## **GRAFT PREPARATION**

The recommended length of the harvested bone-patellar tendon-bone graft is 65 mm to 75 mm. The femoral bone block should be no greater than 20 mm. The patellar bone portion of the graft should be between 15 mm and 20 mm in length and can be harvested in a trapezoidal shape to reduce harvest site morbidity as this will be the portion of the graft that is flipped towards the soft tissue of the graft.

The soft tissue of the graft may be trimmed to reduce the diameter when flipped.





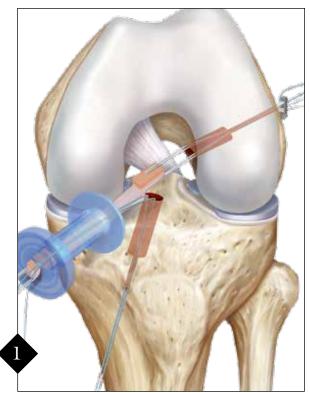
Remove the needle from the FiberLoop. The FiberLoop sutures can be passed into the tibia along with the TightRope ABS and secured over the ABS Button.



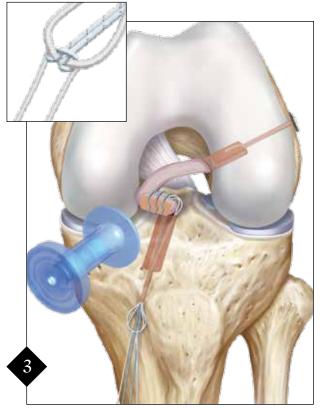
It is recommended to use the BTB TightRope<sup>®</sup> implant for bone blocks of 10 mm in diameter and 20 mm in length. Use the 2 mm drill pin to place a hole 10 mm from the end of the bone block, perpendicular to the cortical bone. The BTB TightRope is packaged in a special card to facilitate assembly. Step-by-step instructions are also included on the card.

Use the attached needle to pass Pass the straight limb of the the looped limb of the TightRope TightRope through the first through the bone block. Once loop. passed, cut the wire off the needle and remove. Take care not to damage implant during cutting. Place 1 cm of the tip of the straight limb Pull on the newly created into the blue passing suture loop and fold shortening strand to even over. Pull the tails of the passing suture up loop lengths before loop to deliver the straight limb through implantation. the suture splice and button. IMPORTANT: As the suture is passed through the splice, resistance will be encountered. Use a hemostat to pull passing suture while holding firm countertension on the straight suture.

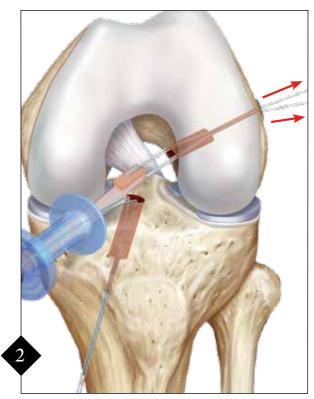
## **GRAFT PASSING**



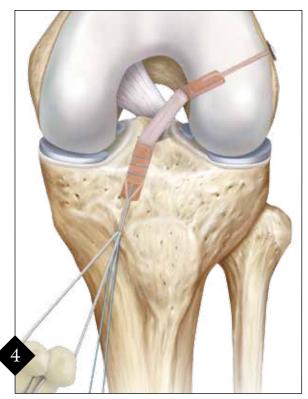
Pass the blue passing suture and the white tensioning strands of the femoral bone block through the femur. Pull even tension on both sets of sutures. Clamp the sutures together and pull to advance button. Pull the button through the femur. A line on the implant marked at the intraosseous length is helpful to signal that the button has exited the femoral cortex.



Once the graft is orientated in the desired location in the femoral socket, attach a cinch suture around the end of the TightRope<sup>®</sup> ABS loop to use for passing (inset). Shuttle the sutures of the tibial bone plug through the tibia.



Hold slight tension on the tibial graft sutures during graft advancement. To advance the graft in the femur, pull on the tensioning strands one at a time, alternating approximately 2 cm on each side. Note: Be sure the proximal tip of the graft is "in-line" with the socket to prevent perpendicular locking of the graft against the socket.



Advance the graft into the tibia by pulling on the inside of the ABS loop.

Load the TightRope<sup>®</sup> ABS Button onto the loop. Pull on the white shortening strands to advance the button to bone and tension the graft. *Note: Ensure the button has a clear path to the bone, as to not entrap soft tissue under the button.* 



## **Ordering Information**

Implants	
BTB TightRope ACL TightRope RT TightRope ABS TightRope ABS Button 14 mm TightRope ABS Button Button Extender ACL TightRope Convenience Pack Autograft GraftLink Convenience Pack	AR-1588BTB AR-1588RT AR-1588TN AR-1588TB AR-1588TB-1 AR-1589RT AR-1588RTS AR-1588AL-CP
Instruments	
RetroConstruction Drill Guide Set Pin Tip Tibial Marking Hook ACL Guide, small angle Footprint Femoral ACL Guide, small angle, right Footprint Femoral ACL Guide, small angle, left FlipCutter II, 6 mm – 13 mm Short FlipCutter II, 5 mm – 12 mm Drill Sleeve for RetroConstruction Drill Guide	AR-1510S AR-1510GTS AR-1510FRS AR-1510FLS AR-1204AF-60 – 130 AR-1204AS-50 – 120 AR-1510D
Accessories	
Suture Retriever Graft Sizing Block Graft Prep Station Base GraftLink Prep Attachment GraftLink Prep Attachment with Tensioner Suture Cutter for ACL TightRope TightRope Drill Pin, open TightRope Drill Pin, closed PassPort Button Cannnula, 8 mm I.D. x 2 cm PassPort Button Cannnula, 8 mm I.D. x 3 cm PassPort Button Cannnula, 10 mm I.D. x 2 cm PassPort Button Cannnula, 10 mm I.D. x 3 cm	AR-12540 AR-1886 AR-2950 AR-2951-1 AR-2951-2 AR-4520 AR-1595T AR-1595TC AR-6592-8-20 AR-6592-8-30 AR-6592-10-20 AR-6592-10-30
Suture	
0 FiberWire, 38" (blue) w/Tapered Needle, 22.2 mm 1/2 circle FiberStick, #2 FiberWire, 50" (blue) one end stiffened TigerStick, #2 TigerWire, 50" (white/black) one end stiffened #2 FiberLoop w/Straight Needle, 20" (blue),	AR-7250 AR-7209 AR-7209T
76 mm needle w/7 mm loop #2 TigerLoop w/Straight Needle, 20" w/TigerWire (white/green), 76 mm needle w/7 mm loop	AR-7234 AR-7234T

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.



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

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