Arthrex®

RetroButton® XL ACL Reconstruction

Surgical Technique

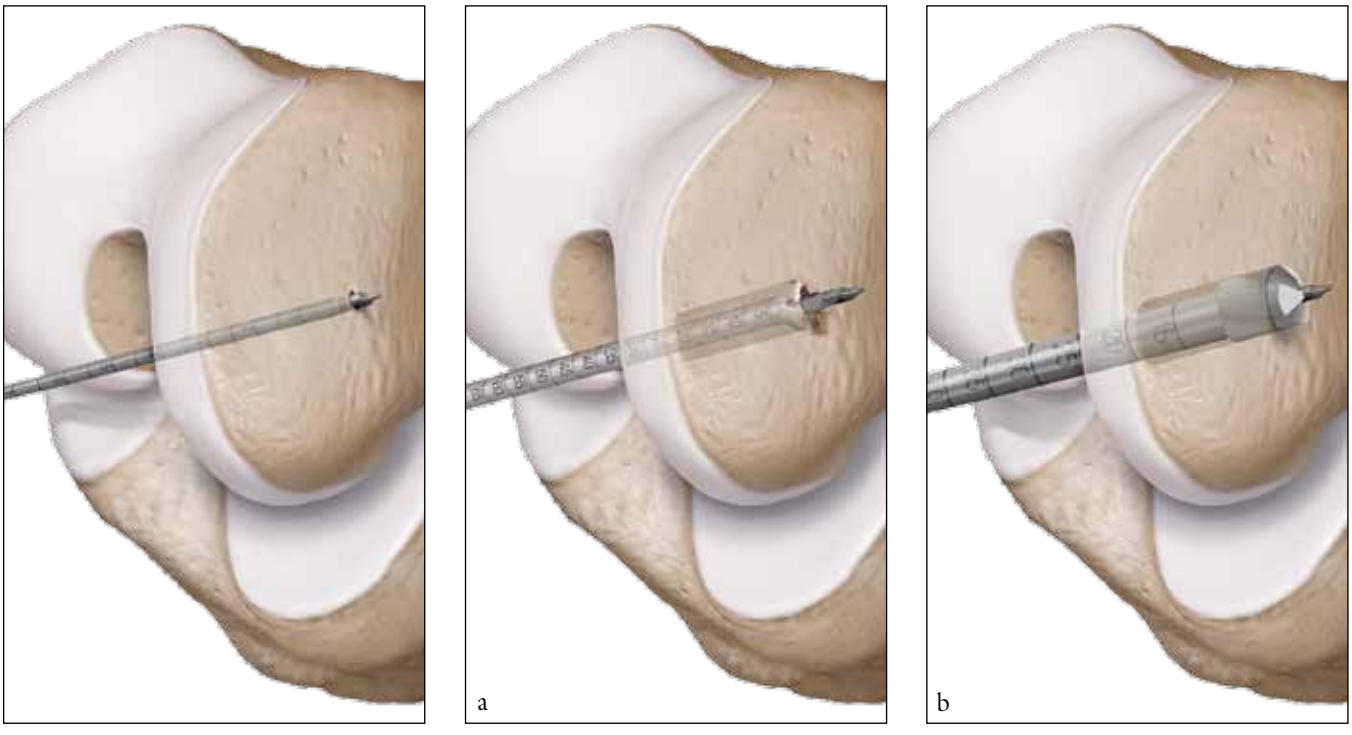
RetroButton XL ACL

RetroButton XL Design Rationale

As femoral tunnels in ACL reconstruction become more anatomic and lateralized along the notch, they are also becoming shorter. In instances where the femoral cortex is inadvertently drilled through or the lateral femoral condyle is otherwise compromised and a standard length button will not provide the cortical coverage necessary for adequate fixation strength, the RetroButton XL, through its asymmetric shape, provides 20 mm of effective coverage with a button length of only 18 mm. This allows for extended cortical coverage with minimal additional flipping distance. The loop length is 11 mm, maximizing the graft in the tunnel.

Surgical Technique

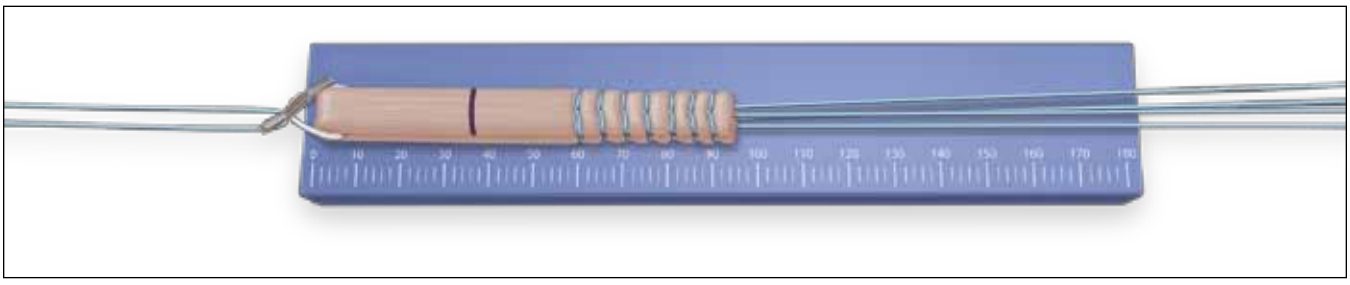
The RetroButton XL is designed to accommodate tunnel diameters up to 11 mm. Since the tunnel will be drilled out through the cortex, there are a few variations to the standard suspension fixation surgical technique that need to be considered.



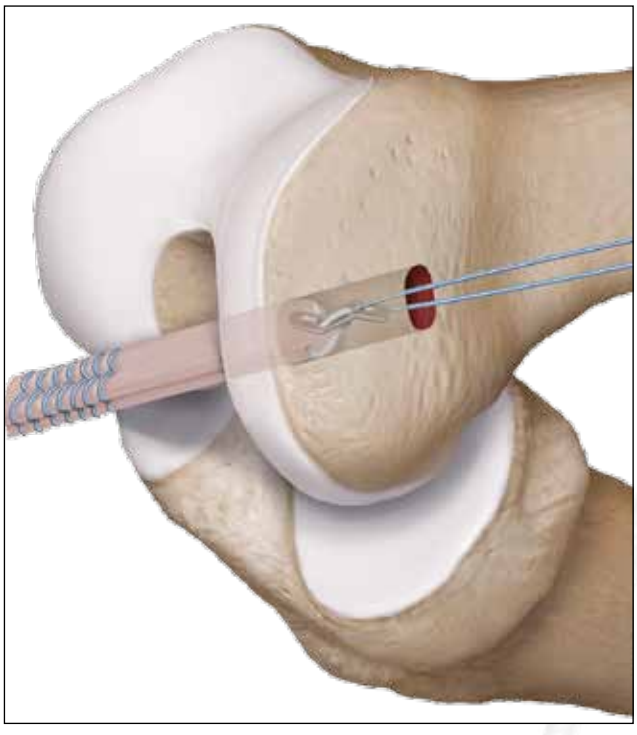
Femoral Drilling

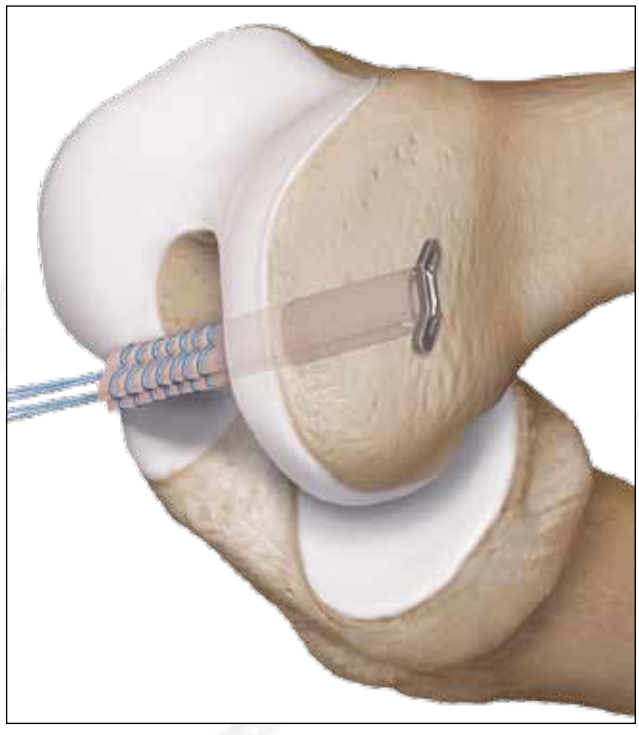
If the surgeon believes the lateral cortex has been compromised (a), while preparing the femur for an ACL TightRope® or RetroButton, it is important to ream the cortex through-and-through with a Cannulated Headed Reamer (b) of the same diameter. This will create a full cylindrical tunnel that extends through the cortex to prevent impingement of the Retro-Button XL or the graft.

Graft Passing



The loop length on the RetroButton XL is 11 mm to maximize the graft in the tunnel. There is no RetroButton math to consider with this technique because the graft will be advanced to the lateral femoral cortex. However, it is important to consider overall graft length if converting the technique from a standard suspension fixation technique, as up to 20 mm of additional overall graft length may be required as the graft is advanced out to the cortex. Prepare the graft accordingly, marking the intraosseous length on the graft strands after it is loaded on the RetroButton XL.





When passing the button out of the femoral cortex, because of the extended button length, it is important to take note of the intraosseous length mark on the graft as the trailing end of the button exits the cortex, then release the pull sutures and test the fixation by pulling distally on the whipstitched suture tails.

Ordering Information

RetroButton XL	AR-1592
Cannulated Headed Reamers, 5 mm - 14 mm	AR-1405 - AR-1414

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.

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