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 InternalBrace™ 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.1,2 The SwiveLock anchor is a simple, low-profile option for backup fixation.

Surgical Technique

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

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

3. 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.
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.
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