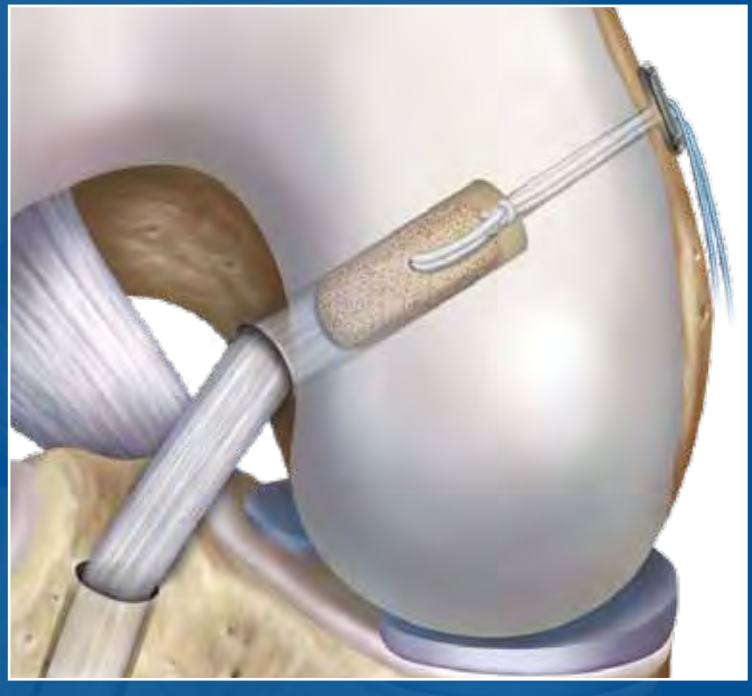
Arthrex®

BTB RetroButton® for Femoral ACL Reconstruction and RetroConstruction™

Surgical Technique



BTB RetroButton ACL Reconstruction

The versatility and simplicity of the RetroButton is now available for bone tendon grafts such as patellar tendon, quadriceps tendon and Achilles tendon. The RetroButton BTB allows fast, consistent cortical fixation without overdrilling of the guide pin which reduces surgical steps and preserves bone. RetroButton BTB can be used with the RetroButton Drill Pin II for transtibial and medial portal femoral drilling or with the FlipCutter™ for a minimally invasive outside/in technique.

STRONGER and SIMPLER ACL GRAFT FIXATION

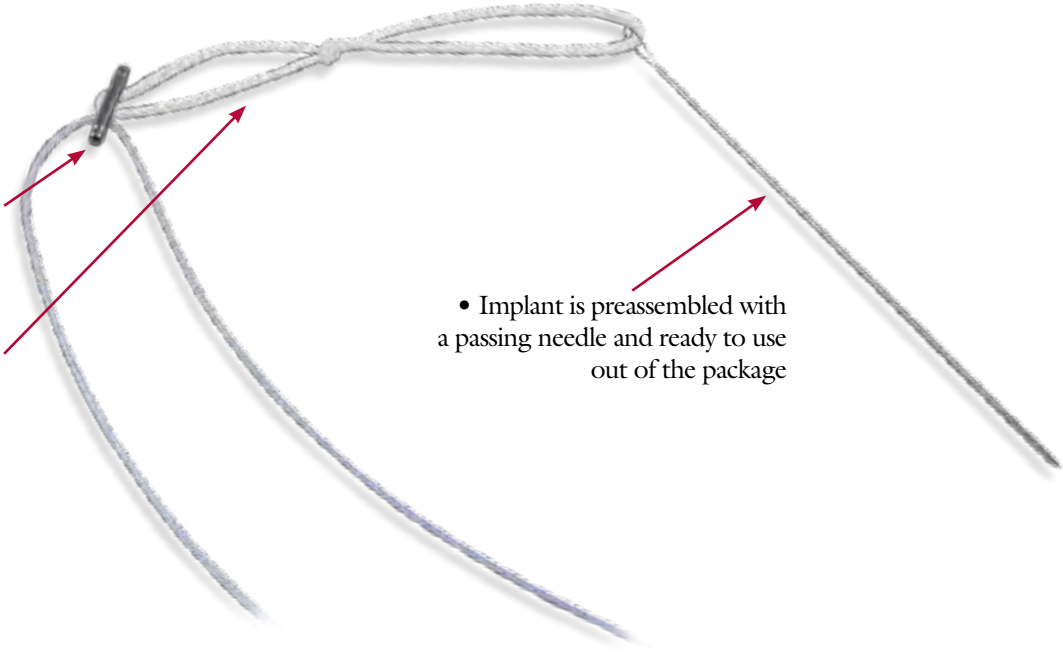
The RetroButton passes through a guide pin hole to preserve cortical bone for enhanced cortical bone fixation and eliminates the need for overdrilling with larger diameter cannulated drills.

The sturdy, titanium button has a continuous ultra-high molecular weight polyethylene (UHMWPE) loop to provide superior strength, stiffness and load distribution.

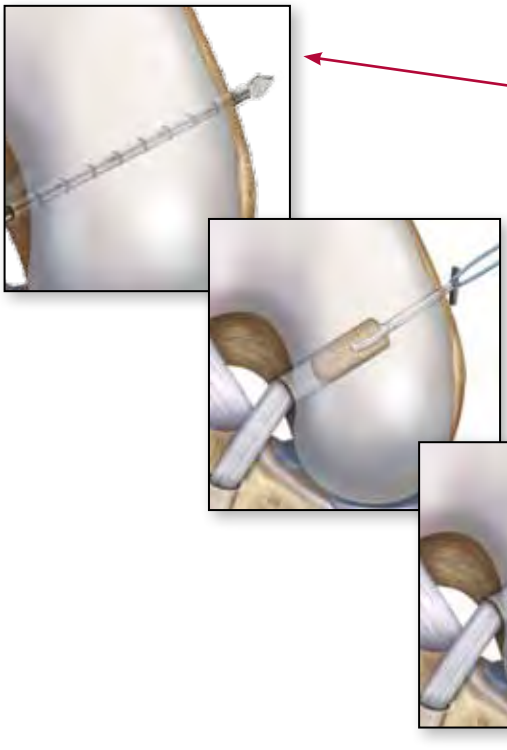
The RetroButton, in conjunction with RetroConstruction, medial portal or transtibial femoral socket drilling techniques, provides the meticulous surgeon with every anatomical tunnel placement option.

STRONGER

- 12 mm titanium button fits through guide pin hole for greater cortical contact
- Continuous UHMWPE loop available in seven different lengths



- Implant is preassembled with a passing needle and ready to use out of the package



SIMPLER

- No overdrilling
- Simplified measuring technique reduces surgical steps
- RetroButton is passed through a guide pin hole, increasing fixation and preserving bone
- Self-flipping button design

FREEDOM IN ANATOMIC ACL RECONSTRUCTION

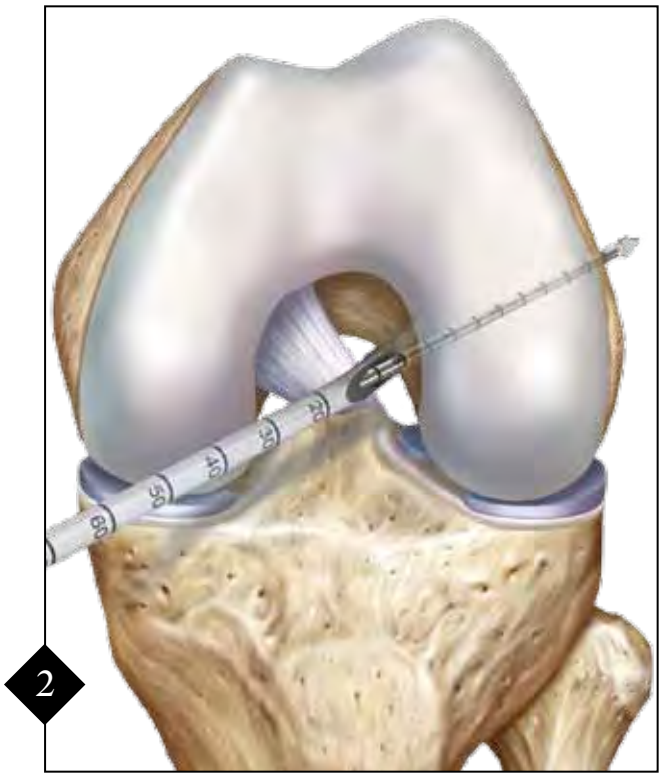
The versatile RetroButton BTB is compatible with several approaches to ACL reconstruction. The femoral socket may be prepared through the tibial tunnel, the anteromedial portal or outside/in, using the FlipCutter. The AM portal approach will be described in this technique guide. Please see technique guide, LT0169, for a description of the FlipCutter technique.

Transtibial

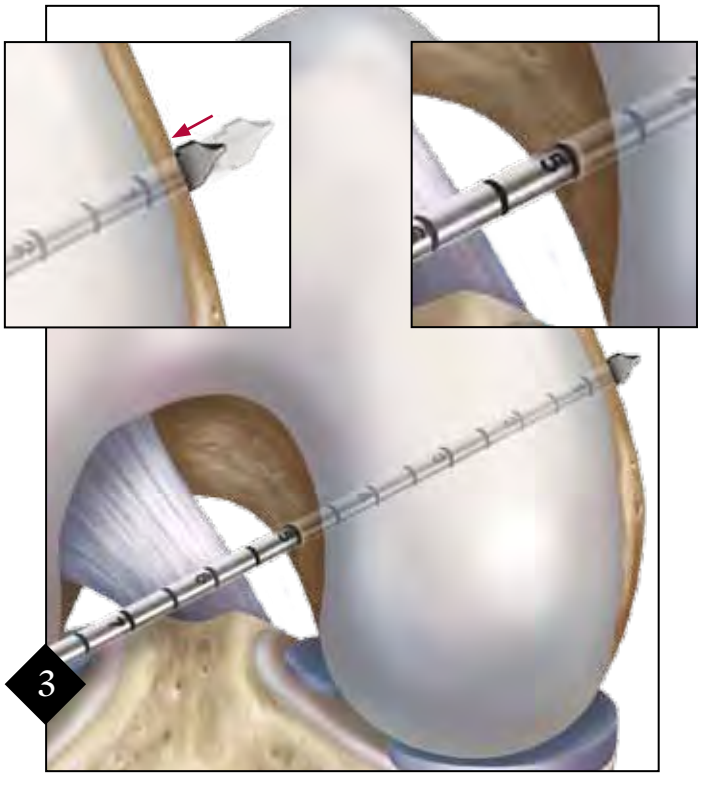
Transportal

Outside/In using FlipCutter

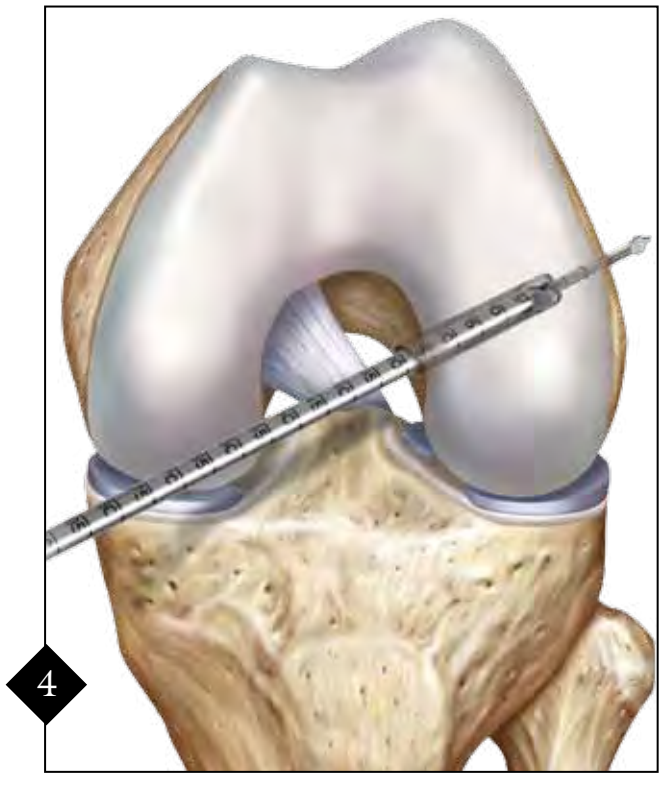
FEMORAL SOCKET PREPARATION



Load the RetroButton Drill Pin II into the Transportal ACL Guide (TPG). Place the TPG through the medial portal and into position. Flex the knee to approximately 110° and drill the RetroButton pin through the femur until it exits the lateral cortex.



Remove the drill and TPG from RetroButton Drill Pin II and pull back on the pin by hand until the tip engages the lateral cortex. Note the intraosseous length arthroscopically (in this case 50 mm).



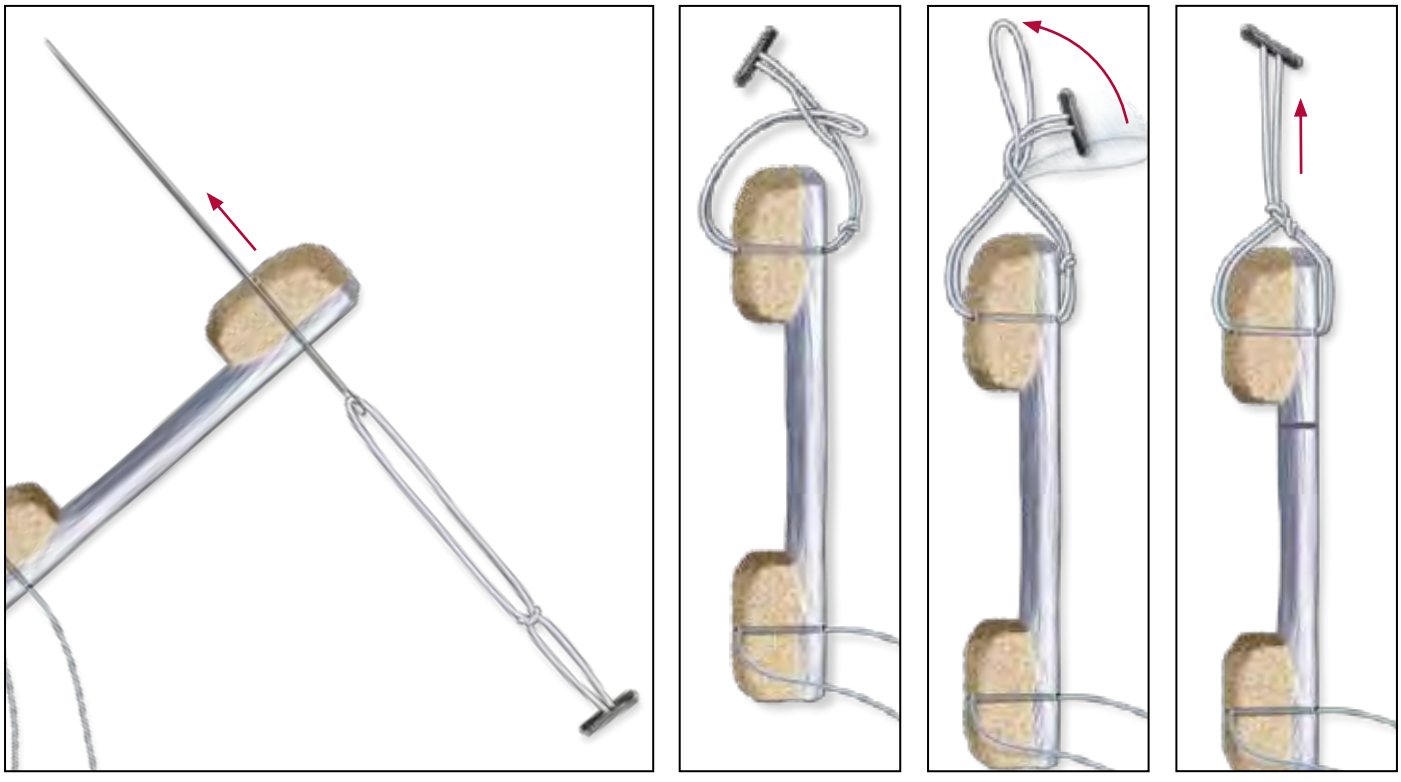
Using a Low Profile Reamer (.5 mm to 1 mm larger than the diameter of the graft), ream the femoral socket 10 mm longer than the amount of graft desired in the socket. *(Example: For 20 mm of graft, drill a socket at least 30 mm deep)*. Pass a #2 FiberWire® using the eyelet in the RetroButton Drill Pin II.

GRAFT PREPARATION

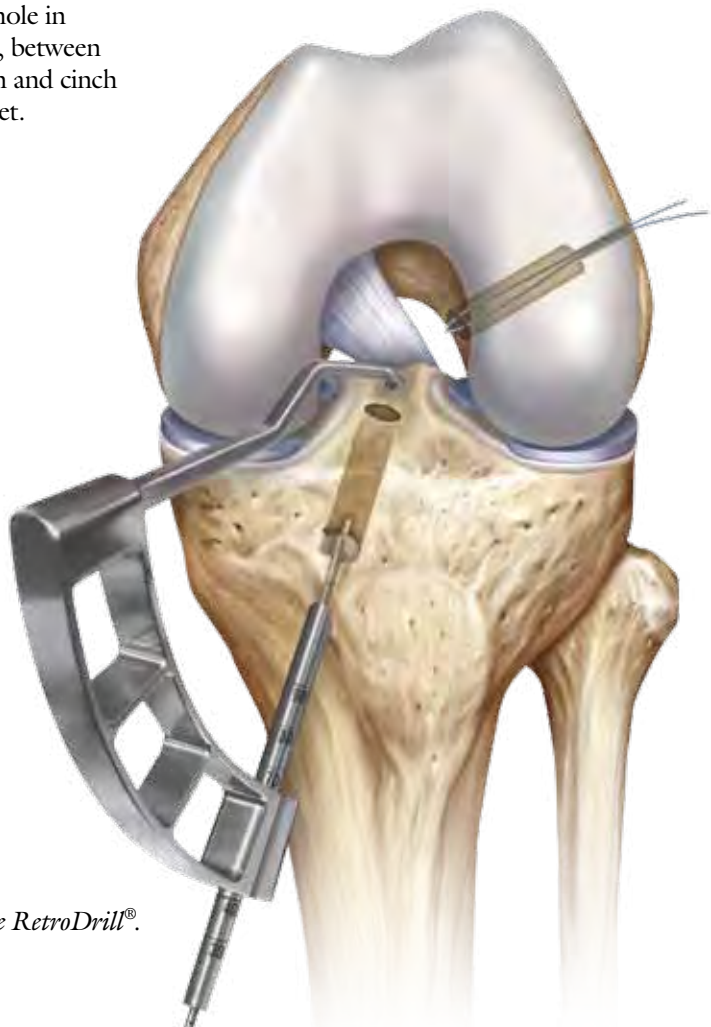
The femoral bone block should be 20 mm long and at least 9 mm in diameter. Drill a 2.4 mm hole perpendicular to the cortex, 10 mm distal to the proximal end.

RETROBUTTON SIZING AND GRAFT ATTACHMENT

Choose a RetroButton loop that is 15 mm shorter than the intraosseous length. In this example, the intraosseous length is 50 mm. 50 – 15 = 35, so a 35 mm loop should be used.

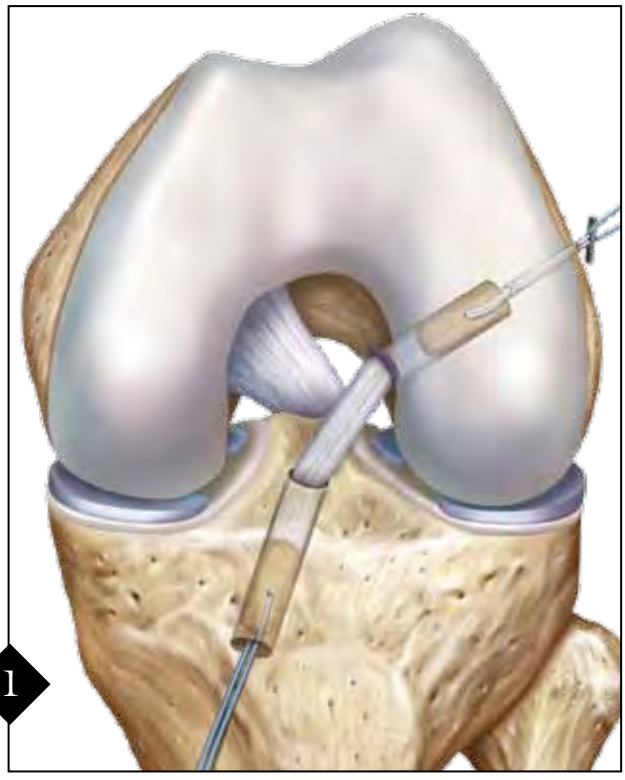


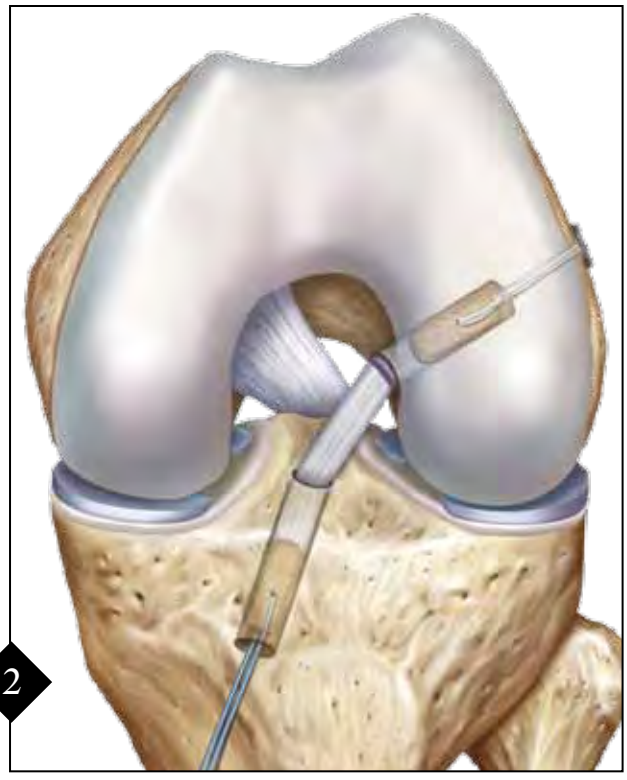
Pass the needle from the RetroButton loop through the drill hole in the bone block. Cut the needle off the loop and pass the loop, between loop strands, under the button. Place the loop over the button and cinch down. Mark the graft to match the length of the femoral socket.



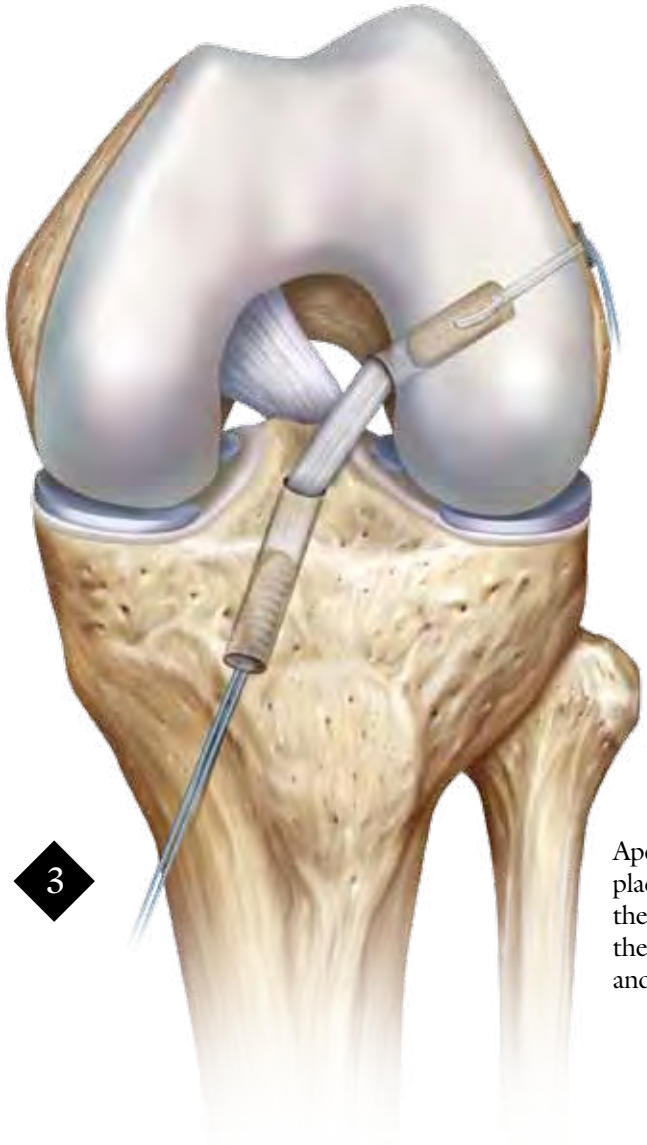
Prepare the tibial tunnel or socket. *Note: For best results, use the RetroDrill®.*

GRAFT PASSING





If a complete tibial tunnel has been made, retrieve the femoral passing suture through the tibial tunnel. For all-inside ACL, the graft must be passed through the medial portal. Place the RetroButton sutures in the femoral passing suture and pull out of the lateral thigh. The RetroButton should be oriented with the nonlooped portion facing lateral. Pull the RetroButton sutures to pass the RetroButton and graft. The graft should be pulled into the tunnel until the mark reaches the femoral socket, signaling that the RetroButton has exited the femur.



Aperture fixation may be obtained by placing a BioComposite™ Screw into the femoral socket. Tibial fixation may then be carried out with the RetroScrew and/or a BioComposite Screw distally.

Ordering Information

12 mm titanium RetroButtons:	
RetroButton, 20 mm loop	AR-1588-20BT
RetroButton, 25 mm loop	AR-1588-25BT
RetroButton, 30 mm loop	AR-1588-30BT
RetroButton, 35 mm loop	AR-1588-35BT
RetroButton, 40 mm loop	AR-1588-40BT
RetroButton, 45 mm loop	AR-1588-45BT
RetroButton, 50 mm loop	AR-1588-50BT

Accessories:	
RetroButton Drill Pin II	AR-1595
RetroButton Graft Prep Station	AR-1588GP
Transtibial Femoral ACL Drill Guide (TTG), 4 mm	AR-1806
Transtibial Femoral ACL Drill Guide (TTG), 5 mm	AR-1803
Transtibial Femoral ACL Drill Guide (TTG), 6 mm	AR-1804
Transtibial Femoral ACL Drill Guide (TTG), 7 mm	AR-1801
Transtibial Femoral ACL Drill Guide (TTG), 8 mm	AR-1805
Transportal ACL Guide (TPG), 4 mm	AR-1800-04
Transportal ACL Guide (TPG), 5 mm	AR-1800-05
Transportal ACL Guide (TPG), 6 mm	AR-1800-06
Transportal ACL Guide (TPG), 7 mm	AR-1800-07
Transportal ACL Guide (TPG), 8 mm	AR-1800-08
Low Profile Reamer, 5 mm	AR-1405LP
Low Profile Reamer, 6 mm	AR-1406LP
Low Profile Reamer, 7 mm	AR-1407LP
Low Profile Reamer, 8 mm	AR-1408LP
Low Profile Reamer, 9 mm	AR-1409LP
Low Profile Reamer, 10 mm	AR-1410LP
Low Profile Reamer, 11 mm	AR-1411LP

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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