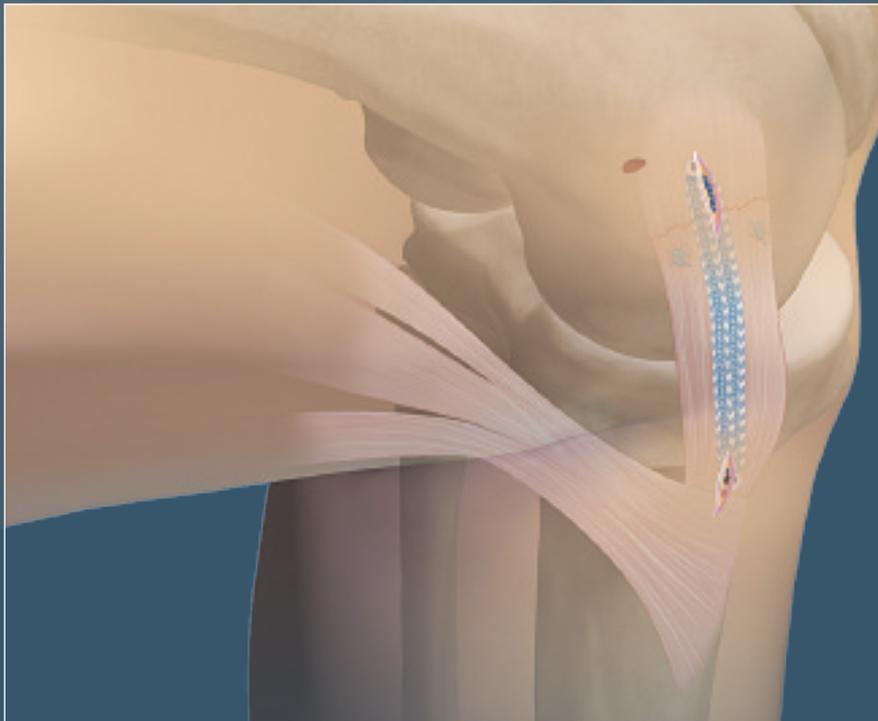




InternalBrace™ Ligament Augmentation Repair

Medial Collateral Ligament (MCL)

Surgical Technique



MCL *InternalBrace*



Build in significant stability, strength and protection to your minimally invasive primary MCL repairs

SIMPLE, SAFE AND REPRODUCIBLE

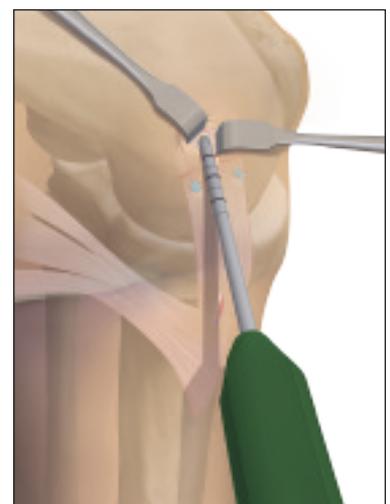
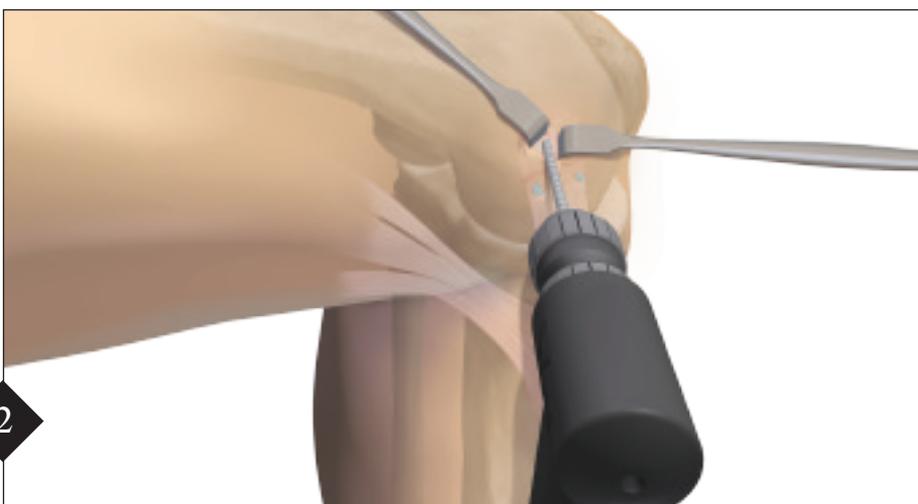
The MCL *InternalBrace* consists of a 2 mm wide FiberTape® that spans the distance between two Knotless SwiveLock® Anchors in order to provide a protective reinforcement of your primary MCL repair that exceeds the strength of the native ligament. FiberTape has been proven safe and effective with up to 10 years experience in more than 800,000 tendons or ligament-bridging repairs.

SURGICAL TECHNIQUE

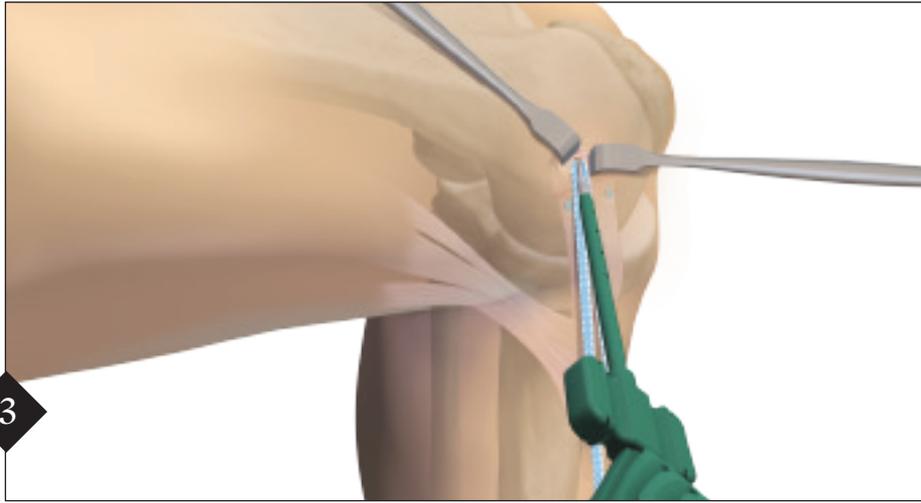
The Medial Collateral Ligament (MCL) should be repaired prior to starting the *InternalBrace* procedure or with the attached sutures of the femoral SwiveLock as referenced in step 3. With the knee in neutral position, find your landmarks on the medial condyle and the posteromedial crest of the tibia.



Through the primary MCL repair incision, the femoral attachment of the *InternalBrace* is applied slightly proximal (average 3.2 mm) and posterior (average 4.8 mm) to the medial epicondyle. The 2.4 mm Guide Pin (AR-13505SB) is placed through the Shoehorn™ Cannula and drilled to a minimum depth of 25 mm.



The 4.5 mm Cannulated Drill Bit is drilled over the Guide Pin to a depth of 25 mm. Tap the bone socket with the 4.75 mm SwiveLock Punch/ Tap for at least three turns to breach the femoral cortex.



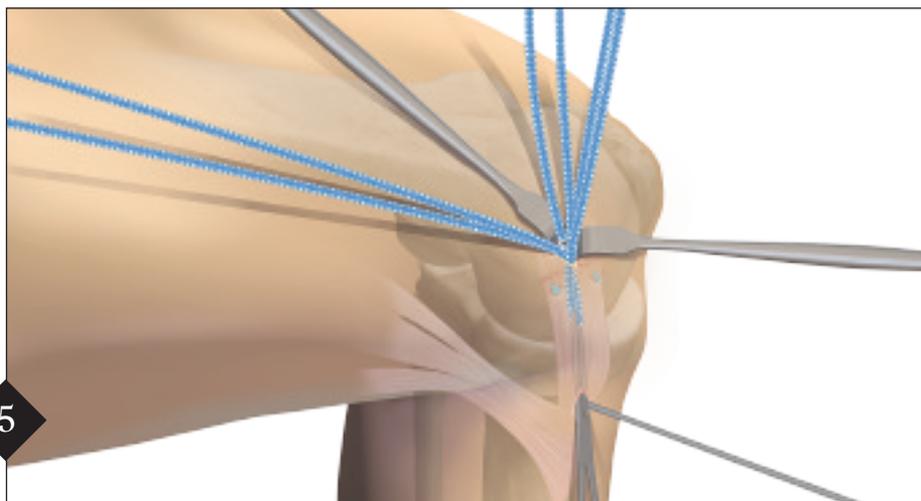
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Pass one end of the FiberTape through the eyelet of the first 4.75 mm BioComposite SwiveLock so that half of the FiberTape is pulled through the eyelet. Push the SwiveLock into the femoral socket until the eyelet is fully seated. Maintain tension on each end of the FiberTape while holding the green paddle on the screwdriver stationary, while turning the driver clockwise to screw the BioComposite™ SwiveLock into the femur. Ensure the anchor is seated flush with the cortices before removing the driver. After removal of the driver, the BioComposite SwiveLock suture could be removed or it could be used with a needle to repair the torn MCL, if that was not completed prior to inserting the SwiveLock.



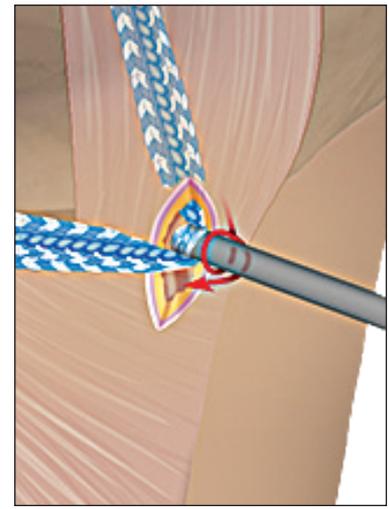
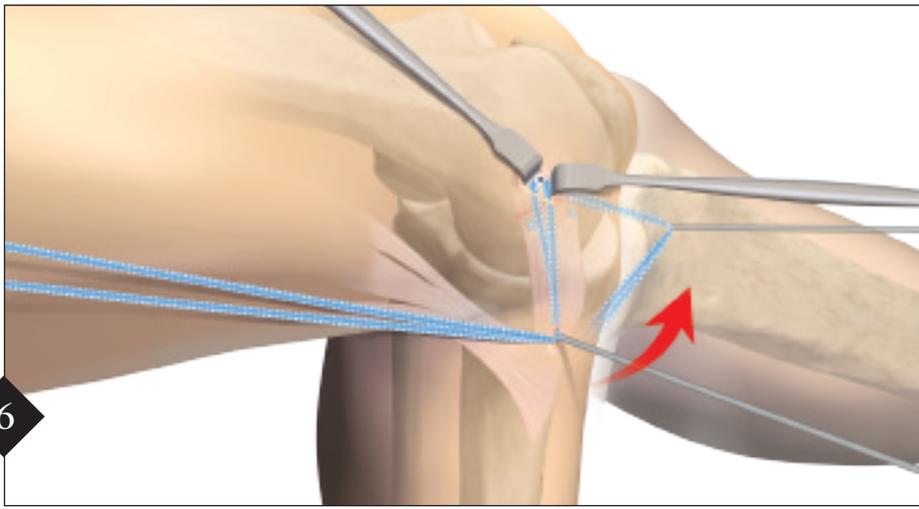
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The tibial attachment of the *InternalBrace* is applied just proximal to the pes anserine and 3 mm anterior to the posteromedial crest of the tibia. The 2.4 mm Guide Pin (AR-13505SB) is placed through the Shoehorn Cannula and drilled to a minimum depth of 25 mm.

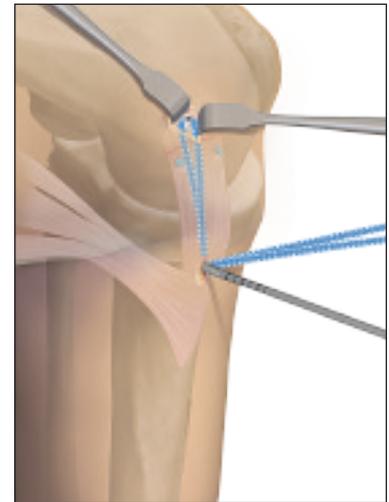
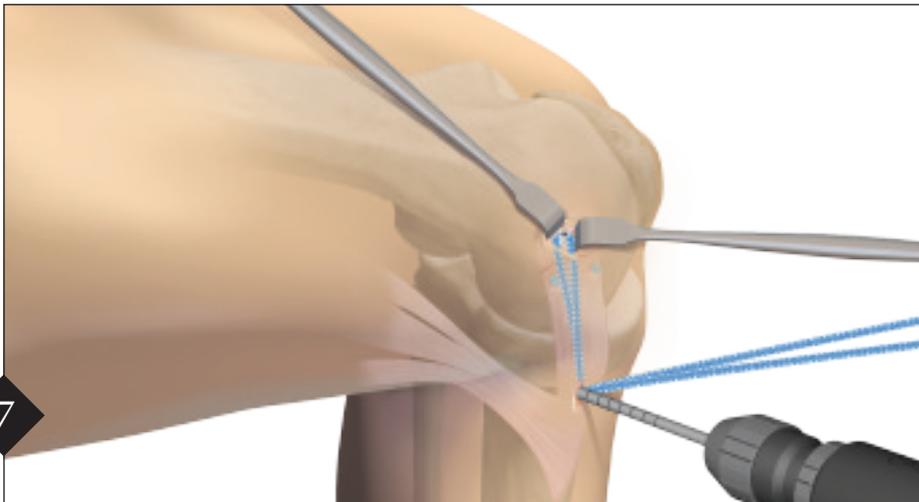


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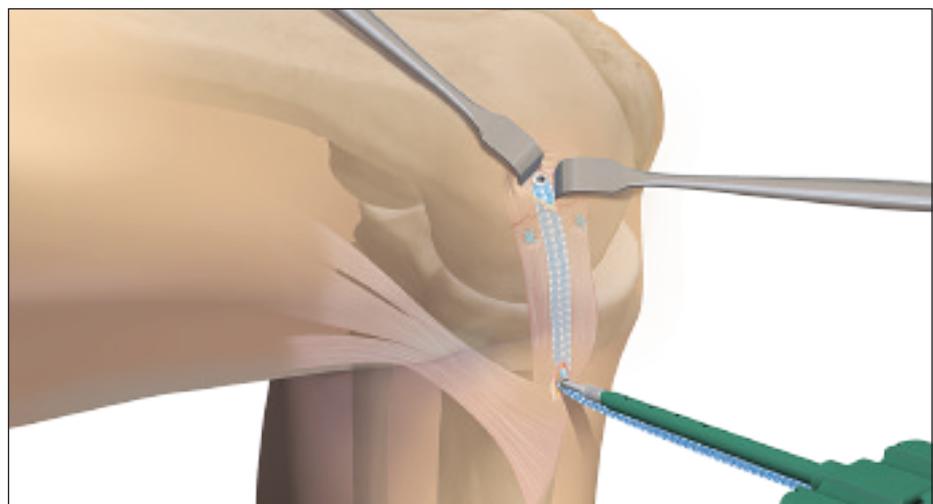
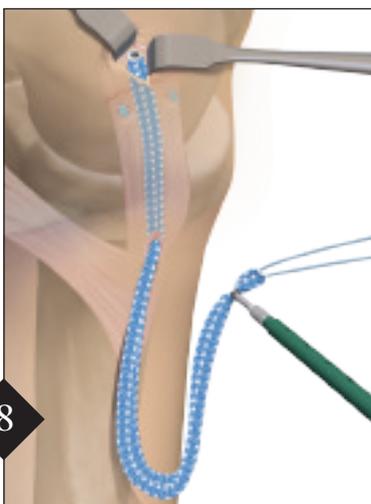
Use a curved hemostat to pass the FiberTape distally along the native MCL. A #2 FiberWire® can be used as a passing suture to aid in passing the FiberTape.



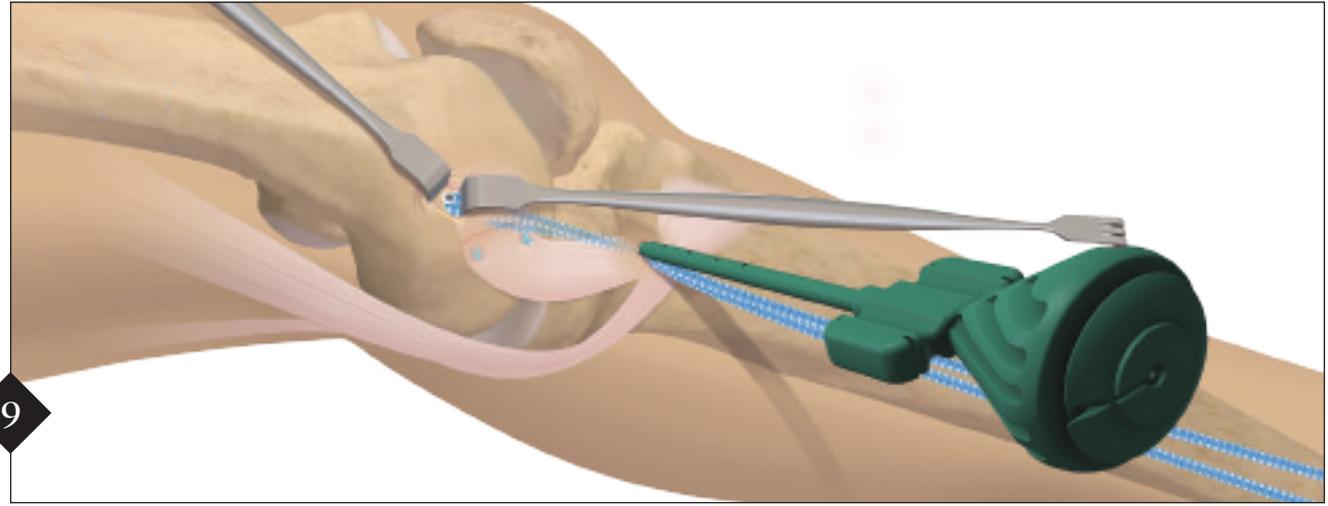
Wrap the FiberTape around the 2.4 mm Guide Pin and check for isometry by going through the full range-of-motion. Evaluate the tracking and laxity of the FiberTape throughout the ROM. If any adjustments need to be made, make any tension or positioning adjustments and recheck for isometry.



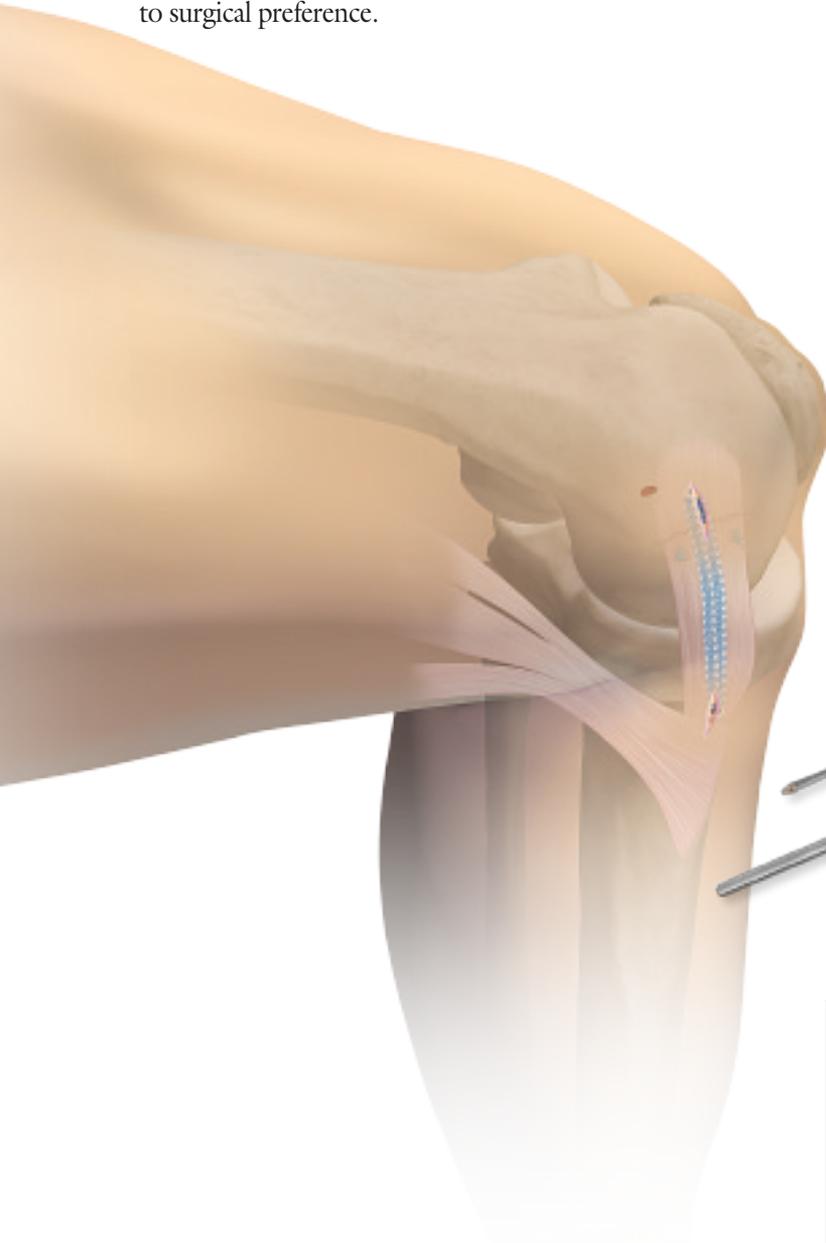
Use the 4.5 mm cannulated reamer to drill over the Guide Pin to a depth of 25 mm. Tap the bone socket to the laser line on the 4.75 mm SwiveLock Tap. *Note: Incomplete tapping may compromise anchor fixation.*



Pass both limbs of the FiberTape through the eyelet of the 4.75 mm BioComposite SwiveLock and insert the anchor. This step occasionally requires a gentle tap with the mallet. *Note: Do not over-tension. The FiberTape should be slightly looser than the MCL when the repair is complete.*



Place the knee joint between 0-20° of flexion with neutral rotation and slight varus reduction, while inserting the SwiveLock fixation. Maintain tension on each end of the FiberTape and screw the BioComposite SwiveLock into the tibia. After removal of the driver, the BioComposite SwiveLock suture should be removed. Wound is closed according to surgical preference.



ORDERING INFORMATION

MCL InternalBrace Kit (AR-5511-CP)

BioComposite SwiveLock, 4.75 mm x 15 mm, qty. 2
 Shoehorn Cannula
 Cannulated Drill Bit, 4.5 mm
 Guide Pins, 2.4 mm x 8", qty. 2
 SwiveLock Punch/Tap, disposable, 4.75 mm
 FiberTape, 17"
 #2 FiberWire, qty. 2

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.



U.S. PATENT NOS. 6,716,234 and 8,430,909

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