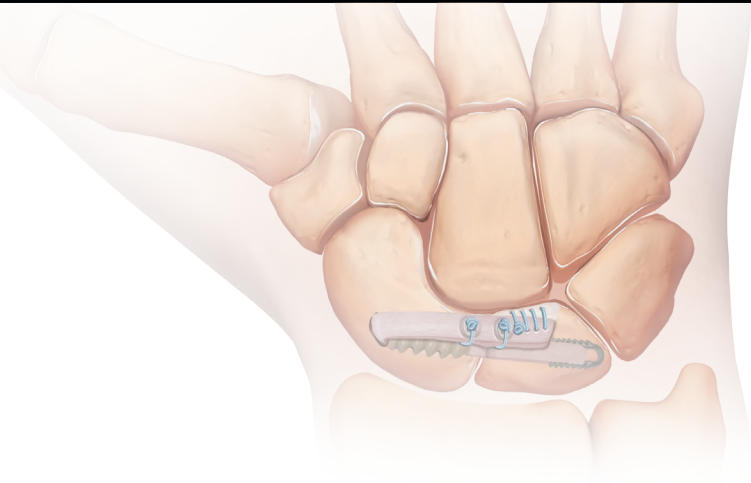


Scapholunate Axis Method (SLAM)

AR-8826DS and AR-8826S



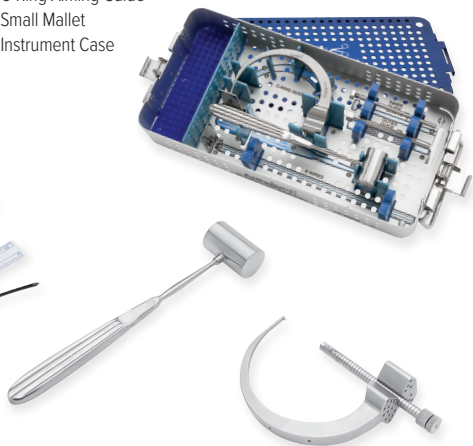
Disposables Kit (AR-8826DS):

Graft Anchor, 3.5 mm x 7 mm, and Driver
4 x 10 mm PEEK Tenodesis Screw and Driver
Stepped Cannulated Drill, 2.7 to 3.7 mm
Guidewire, 1.6 mm
QuickPass Tendon Shuttle



Instrument Set (AR-8826S):

C-Ring Aiming Guide
Small Mallet
Instrument Case



Optional add-on products for this case:

Micro Corkscrew FT (4-0 or 2-0 Suture) – for tacking down tendon tails dorsally
FiberTape or LabralTape – to reinforce the graft

Scapholunate Axis Method (SLAM)

Abbreviated Surgical Technique Steps



Step	Description
1	Place the C-ring guide with tip on lunate and ratcheting barrel on scaphoid. Position the c-ring guide so a centrally placed guidewire can be driven through the guide.
2	Place guide wire through central guide sleeve and confirm central placement on both AP and lateral views . Remove and reposition guide wire if central placement is not confirmed with fluoro.
3	Once proper placement is confirmed place a secondary k-wire through one of the auxillary holes in the guide, or free hand. This is an anti-rotation k-wire and will stay in place during the healing period.
4	Remove the inside sleeve of the C-ring guide and over drill the central guidewire. Drill up to but not through the lunate cortex.
5	Harvest the palmaris longus or other suitable graft (make sure to have at least 15 cm length) and use the tendon passer to load the tendon through the graft anchor (Picture 3). <i>Optional: add a LabralTape through the graft anchor as well for additional strength and to prevent tendon creep.</i>
6	Irrigate the cannulated sleeve and bone tunnels to remove drill debris. Insert and then impact the graft anchor into the lunate until it is seated fully in the lunate.
7	Separate the tails of tendon exiting the scaphoid and insert the 4x10 teno screw.
8	Bring the tendon tails dorsally. To control for rotation, tail can be tacked down to the capitate, scaphoid, or lunate, depending on surgeon preference.

Feature	Benefit
Biologic repair	Can be explained as a “biologic RASL procedure” (RASL: screw through the S-L bones); SLAM improves upon a RASL because it allows for a non rigid biologic connection. Rigid connections tend to fail or core out bone.
Two points of fixation	Less tendon creep. Fixation points or graft are very close together which minimizes tendon creep as compared with previously described reconstruction techniques*.
Fixation through the central axis of the SL	Addresses the dorsal and volar ligaments with a centrally placed graft.
Improved SL interval and SL angle correction	Biomechanical data shows improved correction using the SLAM technique vs conventional SL ligament reconstructions*.

*Lee, Steve K. et al. Biomechanical comparison of 3 methods of scapholunate ligament reconstruction. *J Hand Surg Am.* 2014;39(4):643–50.