Introducing the ACL TightRope

The ACL TightRope builds on Arthrex’s TightRope technology to offer adjustable cortical fixation for cruciate ligament reconstruction. Arthrex’s proprietary four-point knotless fixation resists cyclic displacement and offers strong pull-out strength. The ACL TightRope eliminates the need for multiple implant sizes and facilitates complete graft fill of short femoral sockets that are common with anatomic ACL drilling.

Features and Benefits:

- **One size fits all**
  No need to calculate the implant size

- **Fill entire femoral socket with graft**
  Ideal for short femoral sockets

- **ACL TightRope’s proprietary four-point**
  knotless locking system resists cyclic displacement and provides high ultimate loads.

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Pass the ACL TightRope button to achieve femoral fixation

Advance the graft

Final reconstruction complete
The femoral socket may be drilled transtibially, through the medial portal or retrograde using the FlipCutter®.

Medial Portal Option

For medial portal and transtibial drilling, use the TightRope Drill Pin. Note the intraosseous distance by pulling back on the pin by hand until it catches the femoral cortex. Read the depth marking on the pin closest to the femoral notch.
Drill the femur to a depth equal to the amount of graft desired in the socket, using the Low Profile Reamers. After creating the tibial tunnel, bring the passing suture through the tibia.

If using the FlipCutter, read the intraosseous length off the Drill Sleeve. Retrograde drill the femur to a depth equal to the amount of graft desired in the femoral socket. (see brochure LB0169 for FlipCutter technique). After creating the tibial tunnel, bring the passing suture through the tibia.

**Graft Preparation**

Place the button vertically at the end of the Graft Sizing Block. Mark the implant (a) at a distance equal to the intraosseous length from the button. Mark the graft (b) at a point equal to the depth of the femoral socket or desired amount of the graft in the socket. Mark the first few inches of the TightRope shortening strands (c) with a surgical marker to distinguish them from the rest of the implant arthroscopically.

*Warning: Do not add additional suture to the button, as this may impede passage through the femur.*
Pass the blue passing suture through the tibia and out the femur. Pull the button through the femur until it exits the lateral cortex to achieve fixation. This is indicated when the mark on the implant reaches the femoral socket. Pull on the graft to confirm fixation. Note: Do not put any tension on the TightRope shortening strands until the button has been passed, as this could compromise graft advancement.

Retrieve the marked TightRope shortening strands from the implant through the medial portal. Advance the graft and pull tension on the TightRope shortening strands. Maintain counter-tension on the graft during advancement. The graft will be completely seated when the mark on the graft reaches the femoral socket. **Important:** Pull on the graft firmly to confirm fixation. Retension shortening strands if necessary.

**NOTE:** When the graft construct reaches the desired position in the femoral socket and graft stability is verified by pulling distally on the graft, no additional force on shortening strands is required. Excessive force may break shortening strands.
It may be helpful to pull individually on the TightRope shortening strands for final graft tensioning. After confirming fixation, cut the TightRope shortening strands with an arthroscopic #2 FiberWire cutter. Proceed with tibial fixation. Alternatively, shortening strands may be kept until tibial fixation is complete and then cut after confirming proper graft tension.

**All-Inside® ACL Reconstruction with ACL TightRope**

The ACL TightRope is also ideal for all-inside ACL reconstruction. The adjustability of the implant simplifies graft length determination and allows graft tensioning from the femoral side.
**Ordering Information**

**Implants:**

- ACL TightRope AR-1588T

**Instruments:**

**For FlipCutter Technique:**

- RetroConstruction Drill Guide Set AR-1510S
- FlipCutter II, 6 mm AR-1204AF-60
- FlipCutter II, 6.5 mm AR-1204AF-65
- FlipCutter II, 7 mm AR-1204AF-70
- FlipCutter II, 7.5 mm AR-1204AF-75
- FlipCutter II, 8 mm AR-1204AF-80
- FlipCutter II, 8.5 mm AR-1204AF-85
- FlipCutter II, 9 mm AR-1204AF-90
- FlipCutter II, 9.5 mm AR-1204AF-95
- FlipCutter II, 10 mm AR-1204AF-100
- FlipCutter II, 10.5 mm AR-1204AF-105
- FlipCutter II, 11 mm AR-1204AF-110
- FlipCutter II, 11.5 mm AR-1204AF-115
- FlipCutter II, 12 mm AR-1204AF-120
- FlipCutter II, 13 mm AR-1204AF-130

**For Medial Portal Technique:**

- 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, 7.5 mm AR-1407LP-50
- Low Profile Reamer, 8 mm AR-1408LP
- Low Profile Reamer, 8.5 mm AR-1408LP-50
- Low Profile Reamer, 9 mm AR-1409LP
- Low Profile Reamer, 9.5 mm AR-1409LP-50
- Low Profile Reamer, 10 mm AR-1410LP
- Low Profile Reamer, 10.5 mm AR-1410LP-50
- Low Profile Reamer, 11 mm AR-1411LP

- ACL TightRope Drill Pin, open eyelet, 4 mm AR-1595T
- ACL TightRope Drill Pin, closed eyelet, 4 mm AR-1595TC

**Accessories:**

- Suture Retriever AR-12540
- FiberWire Cutter AR-12250
- Disposable TightRope Suture Cutter AR-4520
- Graft Sizing Block AR-1886
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.