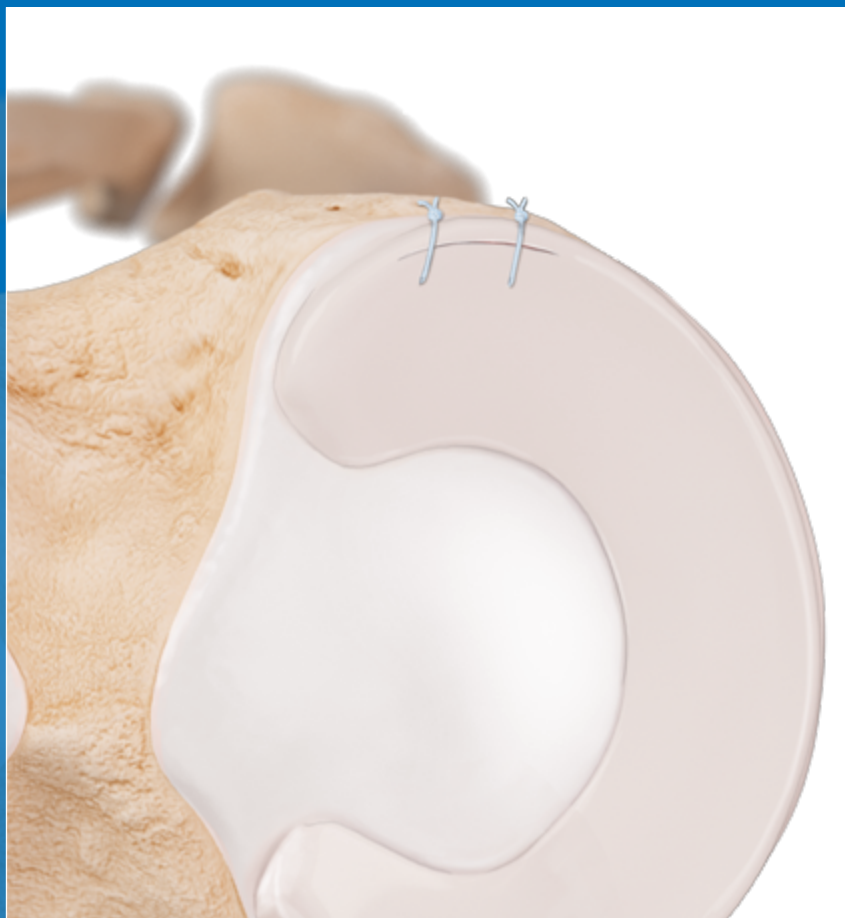


Meniscus Ramp Lesion Repair

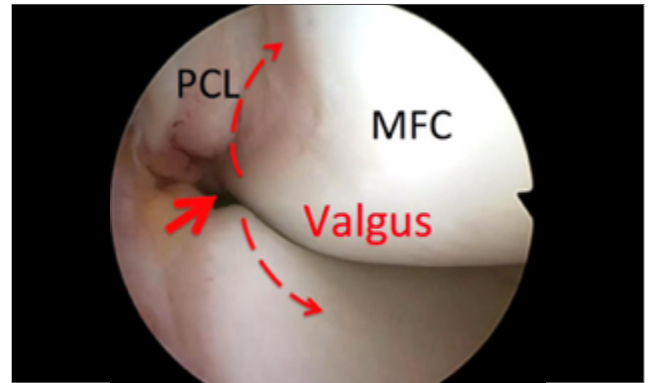
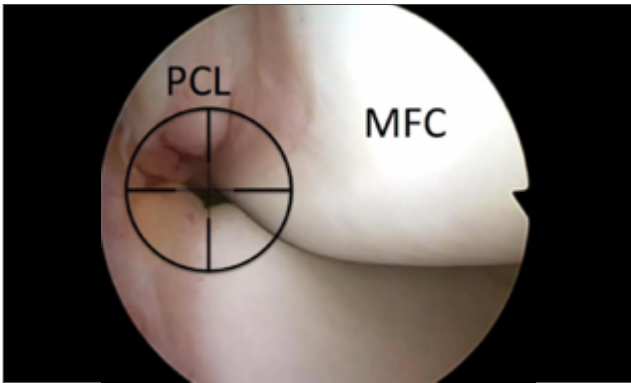
Surgical Technique



Introduction

The patient is placed supine on the operating table with a tourniquet placed high on the thigh. The knee is placed at 90° of flexion with a foot support to allow for full range of knee motion. Use a standard high lateral parapatellar portal for the arthroscope and a medial parapatellar portal for the instruments.¹

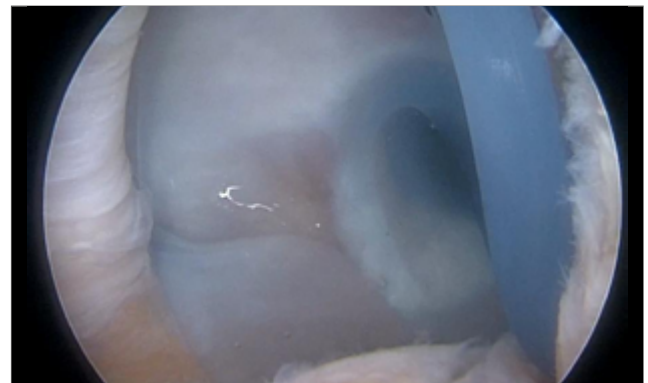
Arthroscopic Exploration of the Posterior Horn of the Medial Meniscus



To gain access to the posteromedial compartment, the arthroscope is introduced through the anterolateral portal deeply into the notch and underneath the posterior cruciate ligament. Applying valgus stress helps to approach the posteromedial compartment. The assistance of a blunt trocar helps if the passage of the camera is difficult.



A standard posteromedial portal is created under direct arthroscopic visualization of the posteromedial capsule. The entry point is localized with transcutaneous illumination and a needle to find a safe entry point. The portal entry is just above the meniscus, proximal to the medial femoral condyle.



The posterior horn of the MM is explored with a needle or a probe to detect a possible ramp lesion. An 8 mm x 30 mm PassPort cannula is introduced into the posteromedial portal.



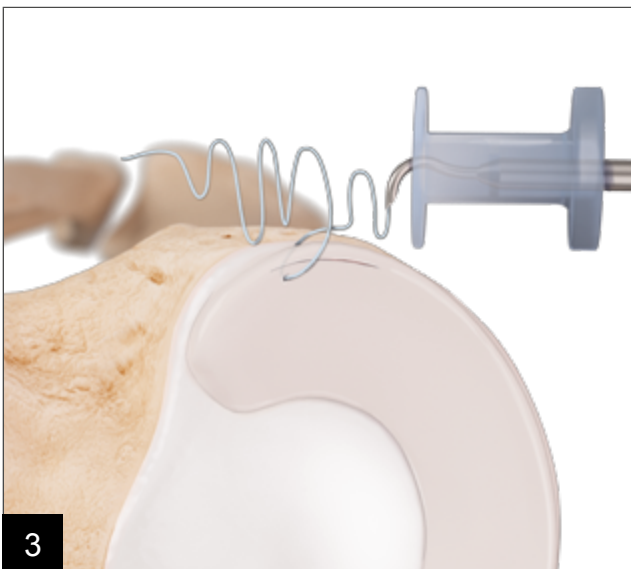
Use a low profile, left curved QuickPass lasso preloaded with #2-0 FiberStick for the right knee. The low profile QuickPass lasso is passed from posterior to anterior, catching both of the fragments and emerging at the superior edge of the meniscus.



Shuttle the preloaded #2-0 FiberStick out of the QuickPass lasso and give it a good amount of length.

Note:

- *Retract any exposed suture until it is below the tip of the lasso before passing through tissue.*
- *Apply internal tibial rotation in order to improve exposure of the posteromedial part of the meniscus.*



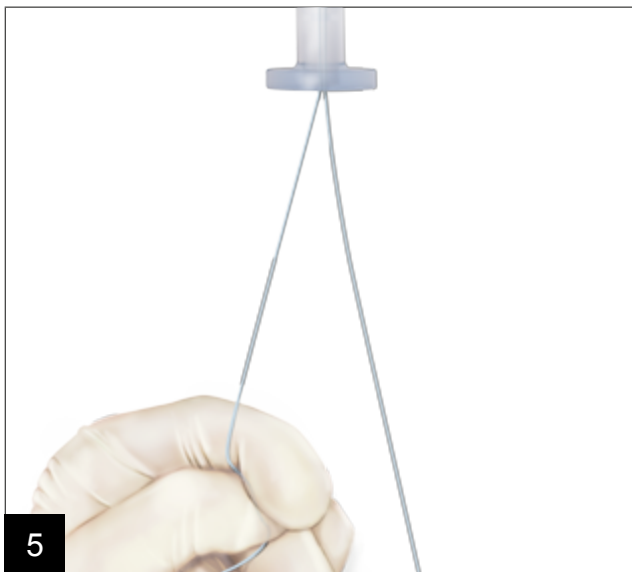
After advancing an appropriate amount of #2-0 FiberWire, the lasso can exit the meniscal tissue. Take care to advance further FiberWire while pulling the lasso out of the joint.



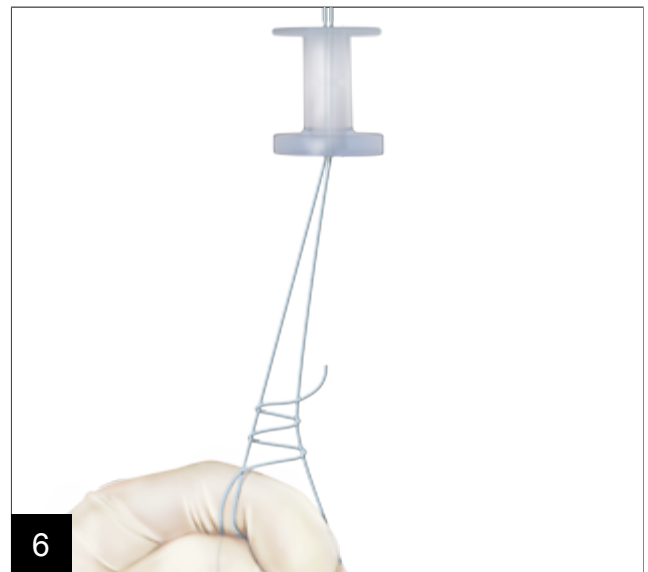
Use a KingFisher to retrieve the #2-0 FiberWire out of the joint.

Surgical Technique

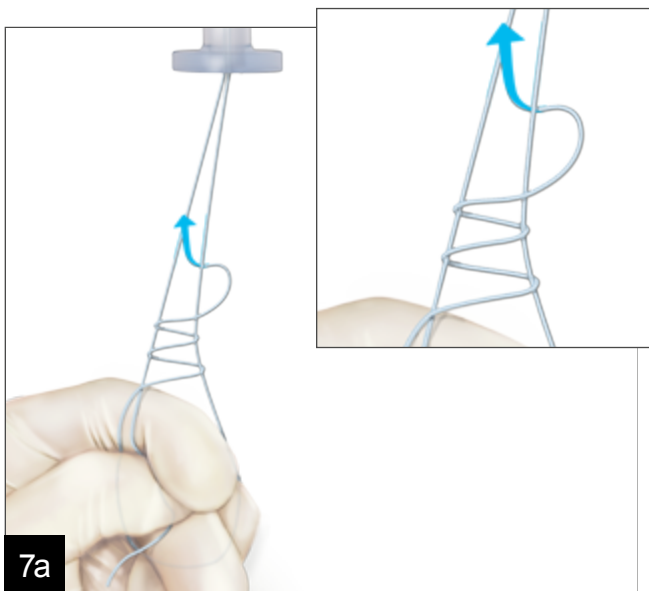
Create an arthroscopic sliding knot according to the surgeons choice. Illustrations 5 - 8 show one technique out of several options.



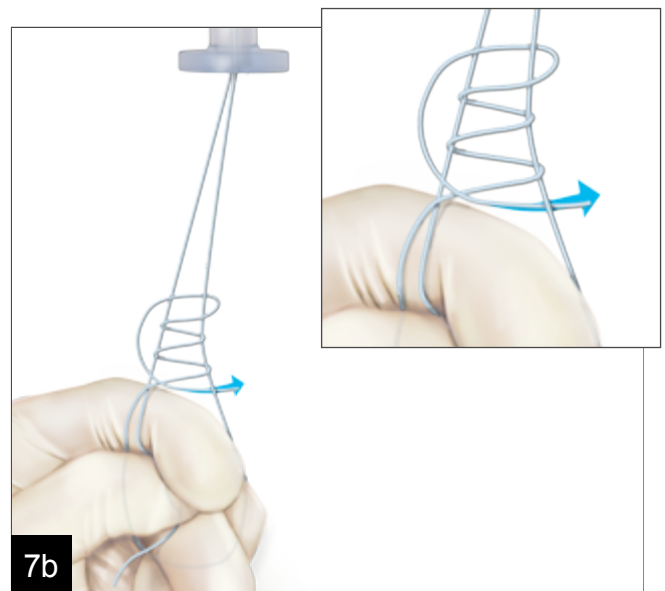
Keep the fixed suture (left) short.



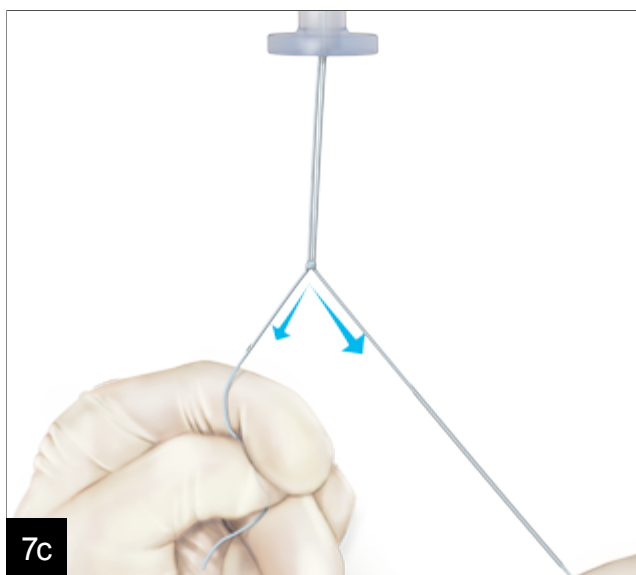
Wrap the other suture (right) around the fixed suture 3 times.



After three circumferential loops, pass the end of the right suture from the bottom up in between the left and the right strand.



Pass the end of the right suture top down just proximal in between the two suture strands.



7c By pulling at the right strand, the knot is tightened. Before it is locked, pull on the left suture in order to slide the knot into the joint and towards the repair site.



8 The knot is locked with half hitches and a knot pusher/Suture Cutter.



References

1. Thaunat; Arthroscopy; Repair of Meniscal Ramp Lesions Through a Posteromedial Portal During ACL reconstruction outcome study with a minimum 2-year follow up; 2016

Courtesies

All photographs in this surgical technique were provided by Dr. Sonnery-Cottet, Lyon.

Ordering Information

Product Description	Item Number
Knee obturator for posterior portal	AR-1266
Non-ratcheting screwdriver handle	AR-1999NR
PassPort Button™ cannula, 8 mm I.D. x 3 cm	AR-6592-08-30
QuickPass™ lasso for ramp lesion with #2-0 FiberStick™, left	AR-6068-25L
QuickPass™ lasso for ramp lesion with #2-0 FiberStick™, right	AR-6068-25R
Small knot pusher	AR-1296
Knot pusher / suture cutter for #2-0 FiberWire®	AR-4515
ACL TightRope® suture cutter	AR-4520
#2-0 FiberStick™	AR-7222

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