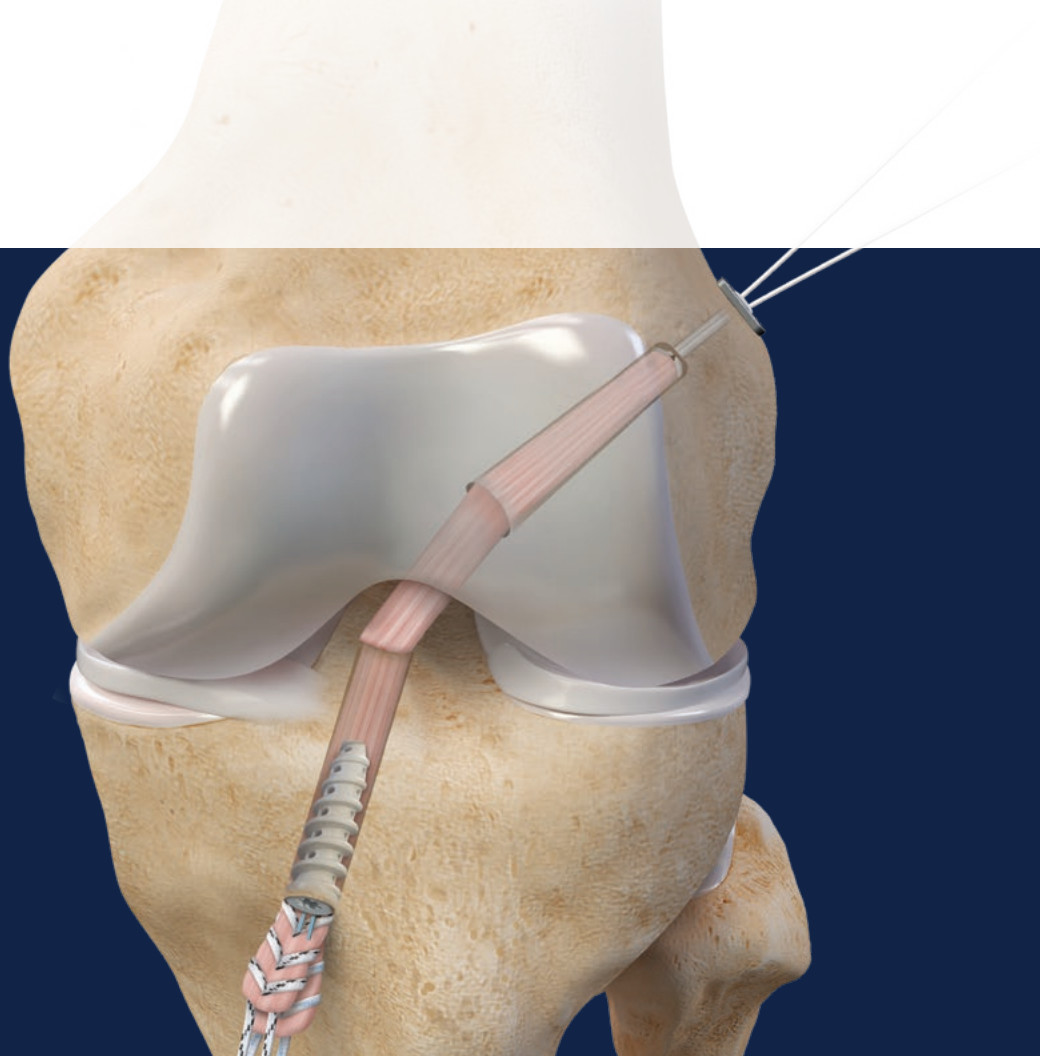
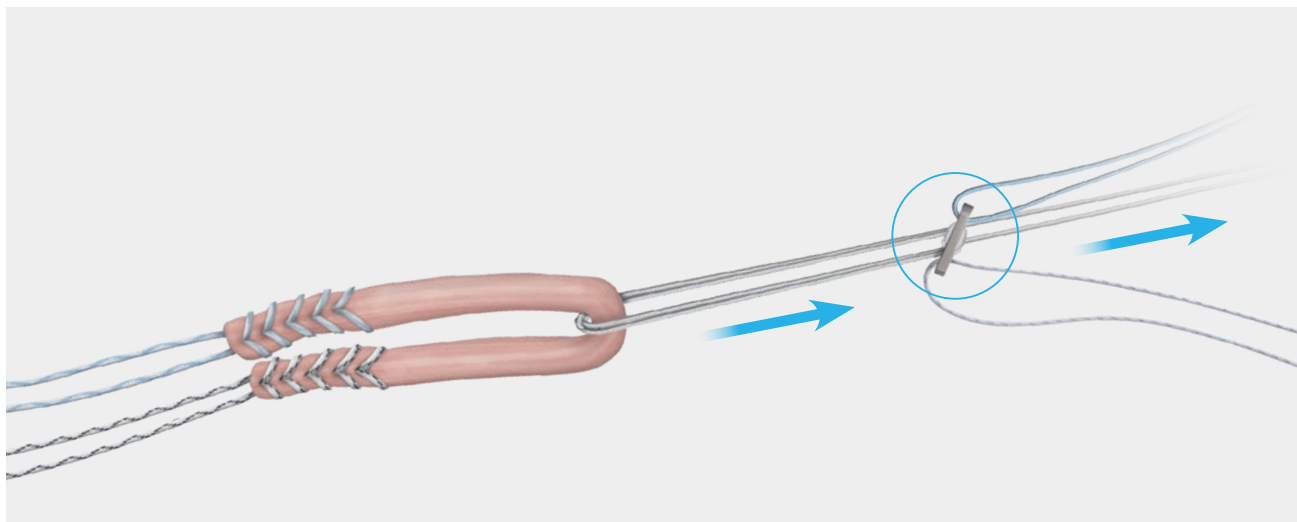


# ACL TightRope<sup>®</sup> RT for Femoral Fixation

Surgical Technique



# Moving ACL Graft Fixation in a New Direction

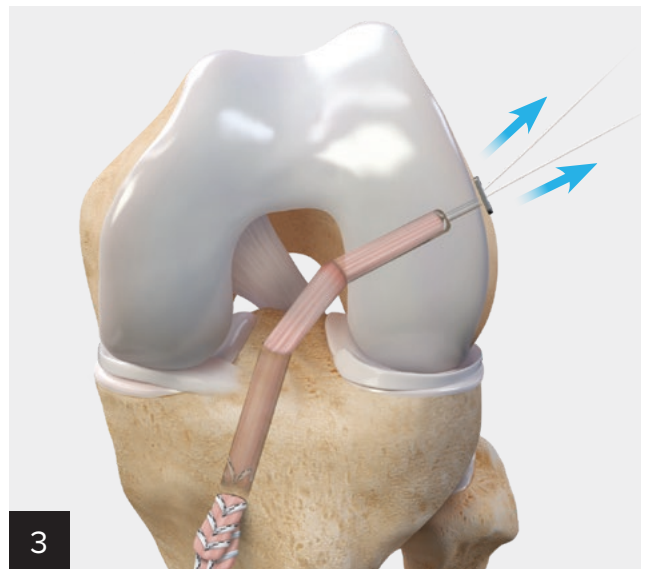
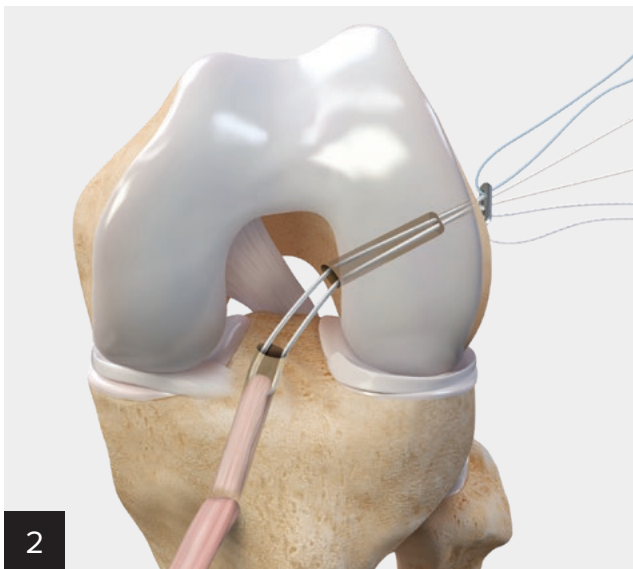


The ACL TightRope construct has revolutionized cortical fixation by allowing intraoperative adjustability of cortical fixation while providing a stiff, strong construct due to the proprietary 4-point locking system. The ACL TightRope RT-J provides another option that allows surgeons to adjust the implant by pulling tensioning strands in the same direction of graft advancement. This innovation eliminates the need to retrieve shortening strands from the joint and enables pulling in line with graft advancement.

## Surgical Technique



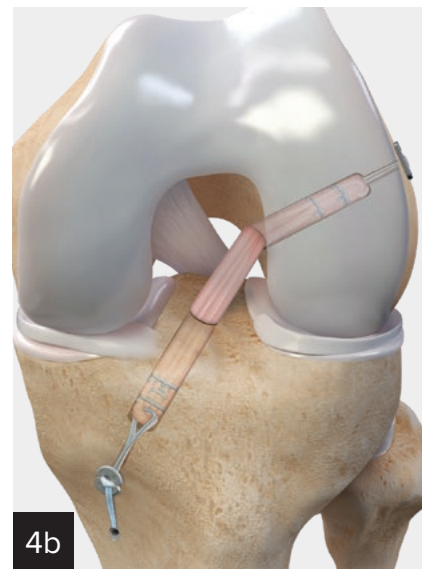
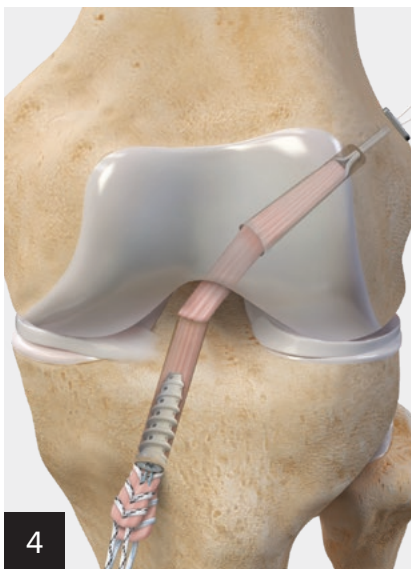
The femoral socket can be prepared in a retrograde fashion using the FlipCutter III drill and the RetroConstruction guide system, or in an antegrade fashion with the ACL TightRope drill pin and flexible or low profile reamers (a). Note the intraosseous length during tunnel prep and mark that distance on the ACL TightRope RT-J implant.



2 Pass the blue passing suture, white flipping suture, and white tensioning strands together through the femur. Use the blue passing suture to advance the button, while keeping tension on the white tensioning strands to prevent slack from forming and bunching up in the tunnel. Pull the button through the femur and confirm the button is flipped with the white flipping suture. A line on the implant marked at the intraosseous length is helpful to signal that the button has exited the femur.

3 Hold slight tension on the tibial tails of the graft during graft advancement. To advance the graft, pull on the tensioning strands one at a time, alternating approximately 1 cm on each side. A mark on the graft made at a length of the femoral socket is helpful in signaling the graft is fully seated. Once the graft is fully seated, pull firmly back on the graft to check fixation.

**Note: If desired, advance the graft just shy of the full length of the femoral socket. This will allow retensioning of the graft after tibial fixation has been completed.**



4 Fix the tibial side of the graft. If desired, and space is left on the femoral side, retension the shortening strands on the femur (4a). Cut the shortening strands with a closed-end TightRope suture cutter. The ACL TightRope RT-J is an ideal choice for all-inside ACL reconstruction (4b). The RT-J implant can be used for femoral fixation and combined with an TightRope ABS implant and concave ABS button for tibial fixation to facilitate incremental graft advancement and tensioning of both the femoral and tibial ends of the graft.

## Ordering Information

### Implant

| Product Description   | Item Number |
|---|-------------|
| ACL TightRope® RT implant   | AR-1588RT   |
| ACL TightRope® RT implant, double-loaded passing suture                             | AR-1588RT-J |
| TightRope® ABS implant, concave button with ABS implant and round ABS button, 11 mm | AR-1588TN-2 |
| TightRope® ABS implant, concave button with ABS implant and round ABS button, 11 mm | AR-1588TN-3 |
| TightRope® ABS implant, concave button with ABS implant and round ABS button, 11 mm | AR-1588TN-4 |

### Instruments for FlipCutter® Technique

| Product Description                                  | Item Number  |
|--|--------------|
| FlipCutter® III drill, 6 mm - 12 mm                  | AR-1204FF    |
| RetroConstruction™ drill guide Set                   | AR-1510S     |
| RetroConstruction™ drill guide handle, side release  | AR-1510HR    |
| FlipCutter® ratcheting drill sleeve, stepped, 3.5 mm | AR-1510FS-7  |
| Ratcheting drill sleeve, 2.4 mm                      | AR-1510FD-24 |
| Ratcheting drill sleeve, 3 mm                        | AR-1510FD-30 |

### Instruments for Medial Portal Technique

| Product Description               | Item Number   |
|-----------------------------------|---------------|
| 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    |
| Reamer, low profile, 5 mm         | AR-1405LP     |
| Reamer, low profile, 6 mm         | AR-1406LP     |
| Reamer, low profile, 7 mm         | AR-1407LP     |
| Reamer, low profile, 7.5 mm       | AR-1407LP-50  |
| Reamer, low profile, 8 mm         | AR-1408LP     |
| Reamer, low profile, 8.5 mm       | AR-1408LP-50  |
| Reamer, low profile, 9 mm         | AR-1409LP     |
| Reamer, low profile, 9.5 mm       | AR-1409LP-50  |
| Reamer, low profile, 10 mm        | AR-14010LP    |
| Reamer, low profile, 10.5 mm      | AR-14010LP-50 |
| Reamer, low profile, 11 mm        | AR-14011LP    |
| TightRope® pin                    | AR-1595T      |
| TightRope® pin, closed eyelet     | AR-1595TC     |

### Accessories

| Product Description         | Item Number |
|-----------------------------|-------------|
| TightRope® suture tensioner | AR-1588H    |
| Graft sizing block          | AR-1886     |
| TightRope® suture cutter    | AR-4520     |

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.



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. Postoperative management is patient specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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