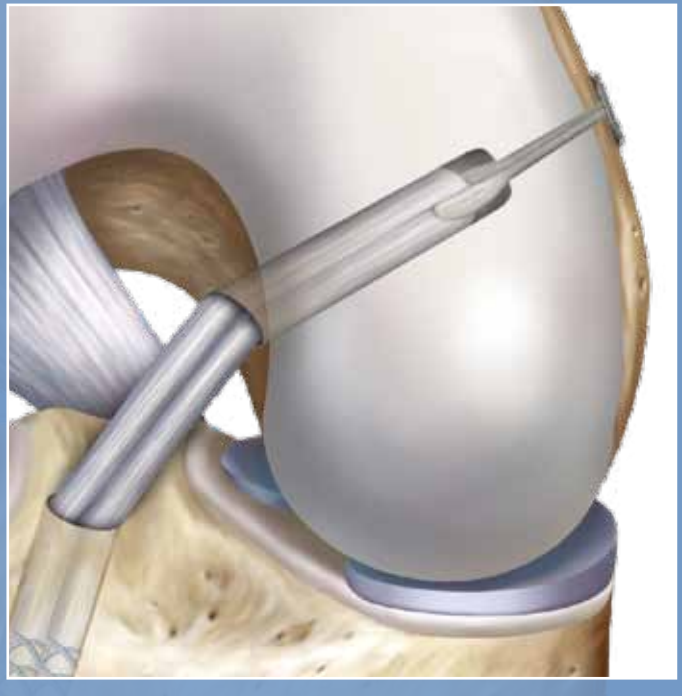
Arthrex®

RetroButton® for Femoral ACL Reconstruction and RetroConstruction™

Surgical Technique



RetroButton ACL Reconstruction

STRONGER and SIMPLER ACL GRAFT FIXATION

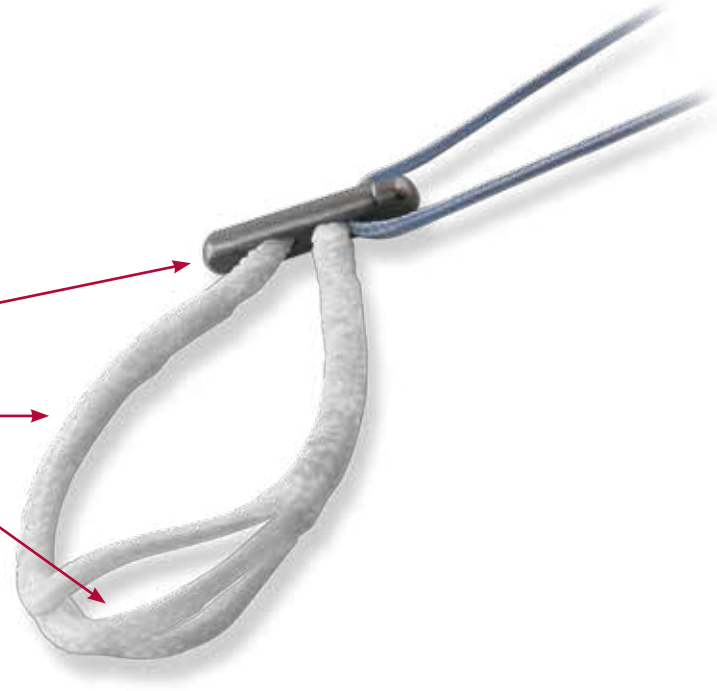
The Arthrex RetroButton passes through a guide pin hole to preserve cortical bone for enhanced cortical bone fixation and eliminates the need for overdrilling with larger diameter cannulated drills.

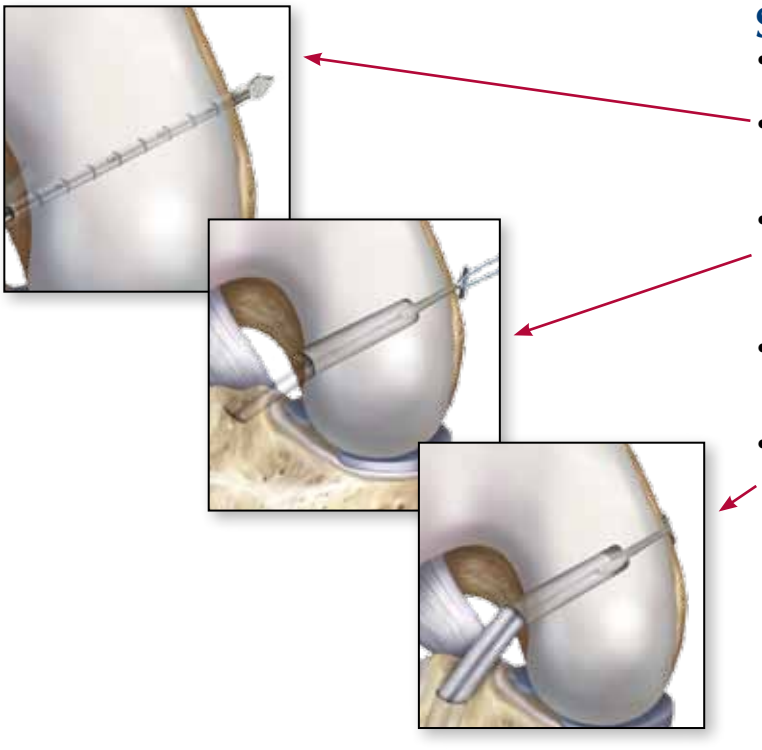
The sturdy, titanium button in two length options has a continuous ultra-high molecular weight polyethylene (UHMWPE) loop with wider surface profile to provide superior strength, stiffness and load distribution.

The RetroButton, in conjunction with RetroConstruction, medial portal or transtibial femoral socket drilling techniques, provides the meticulous surgeon with every anatomical tunnel placement option.

STRONGER

- 12 or 15 mm titanium button fits through the guide pin hole for greater cortical contact
- Continuous UHMWPE loop available in 10 different lengths
- Wide, atraumatic loop profile protects graft integrity





SIMPLER

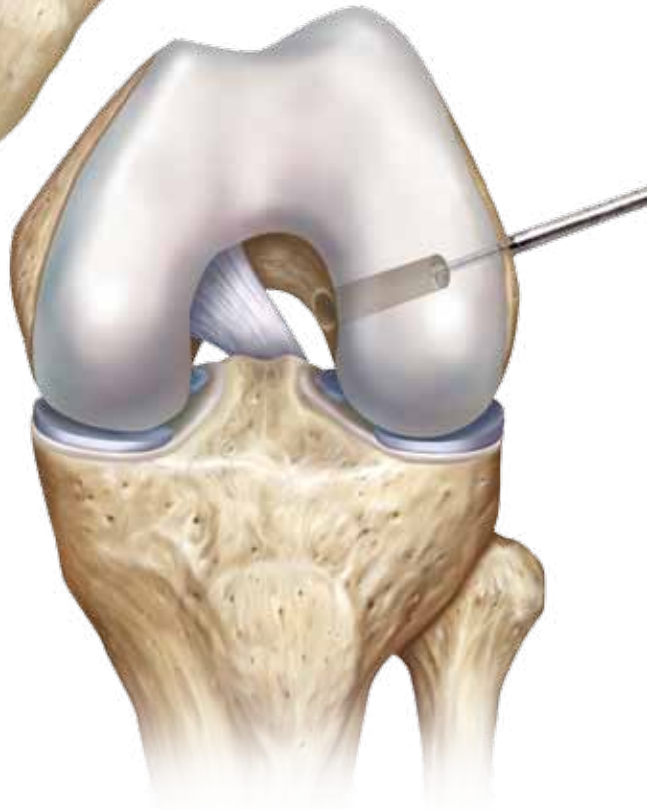
- No overdrilling
- Simplified measuring technique with the RetroButton Drill Pin II
- RetroButton is passed through a guide pin hole, reducing steps and preserving bone
- Implant is preassembled and ready to use out of the package
- Self-flipping button design

FREEDOM IN ANATOMIC ACL RECONSTRUCTION

The versatile RetroButton can be used with Transtibial, Transportal and RetroConstruction techniques allowing surgeons unmatched freedom in femoral socket placement for primary ACLR, revision ACLR and pediatric ACLR.

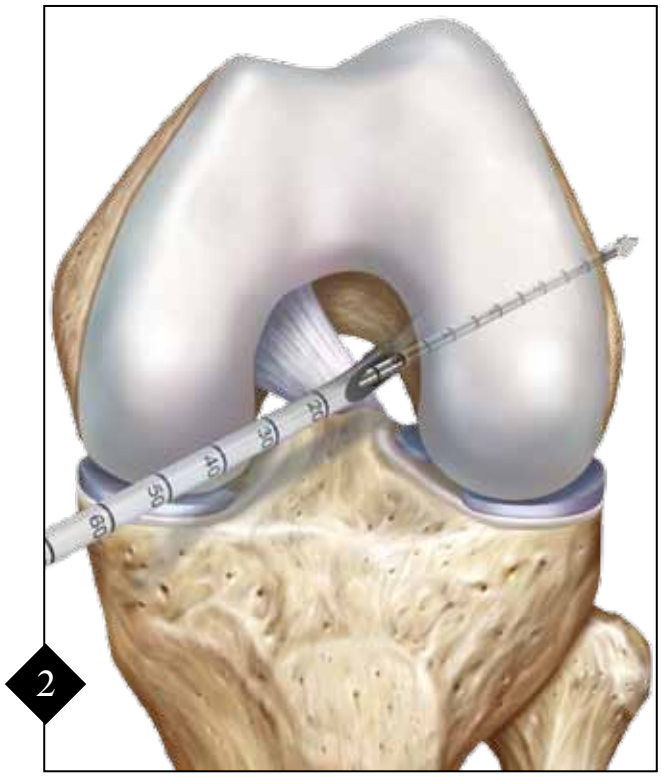
Use with Transtibial ACL Guides for single incision ACLR

Use with Transportal ACL Guides and Low Profile Reamers for anteromedial portal approach

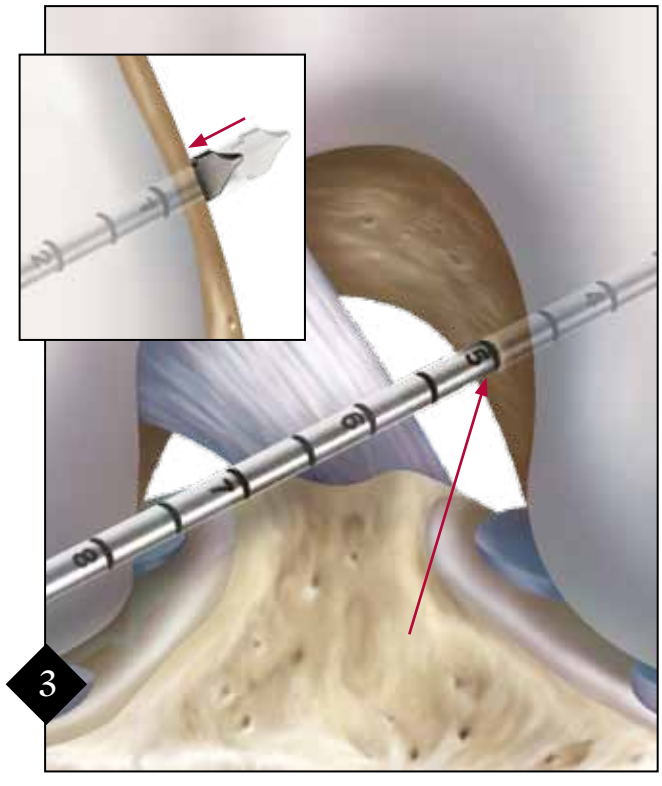


Use with FlipCutter for outside/in approach (see technique guide LB0169)

Preload the RetroButton Drill Pin II into the Transtibial ACL Drill Guide (TTG) or the Transportal ACL Guide (TPG) by placing the pin through the cannulated tip. The RetroButton Pin II has a spade tip that should rest just above the cannulation of the TTG/TPG.

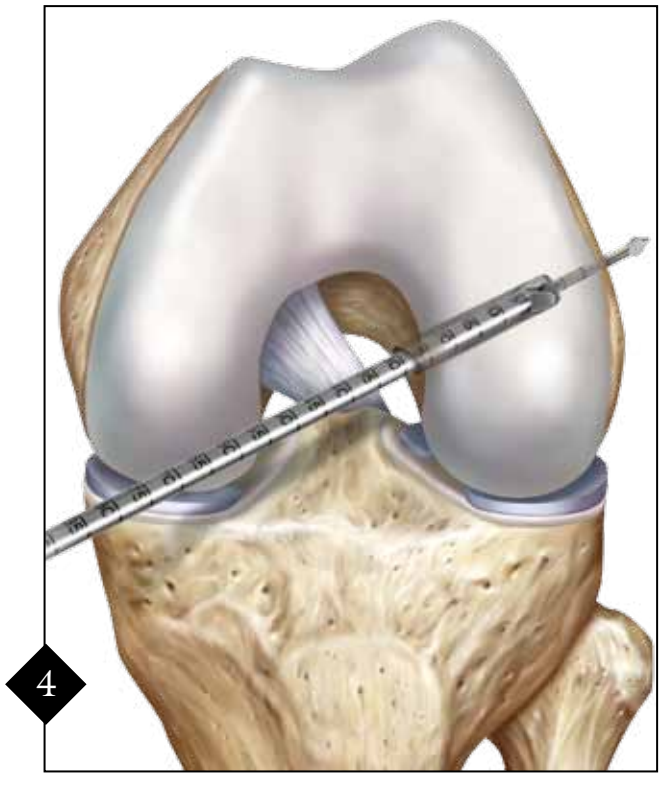


Place the ACL guide against the femur and drill the RetroButton Pin II through the femur until it exits the lateral cortex. Remove the drill and guide from the pin.



Pull back on the pin by hand until the back edge of the pin tip engages the outer cortex.

Read the measurement on the pin at the notch - this is the intraosseous length. Make note of this length, as it is crucial to correct RetroButton sizing. In this example, 50 mm.



Drill the femoral socket approximately 10 mm deeper than the desired amount of graft in the socket. *Note: In this example, the socket was drilled to 35 mm in order to have at least 25 mm of graft in the socket.*

IMPLANT SIZING

RetroButtons are available in 12 mm and 15 mm titanium button lengths and loop sizes from 15 mm to 60 mm in 5 mm increments. Use the following formula to choose the appropriate length of loop.

For 12 mm titanium buttons:
Transosseous length – socket length + 10 = RetroButton loop length

For 15 mm titanium buttons:
Transosseous length – socket length + 12 = RetroButton loop length

Example: for 12 mm titanium button:
Transosseous length 50 mm – socket length 30 mm + 10 = 30 mm loop length

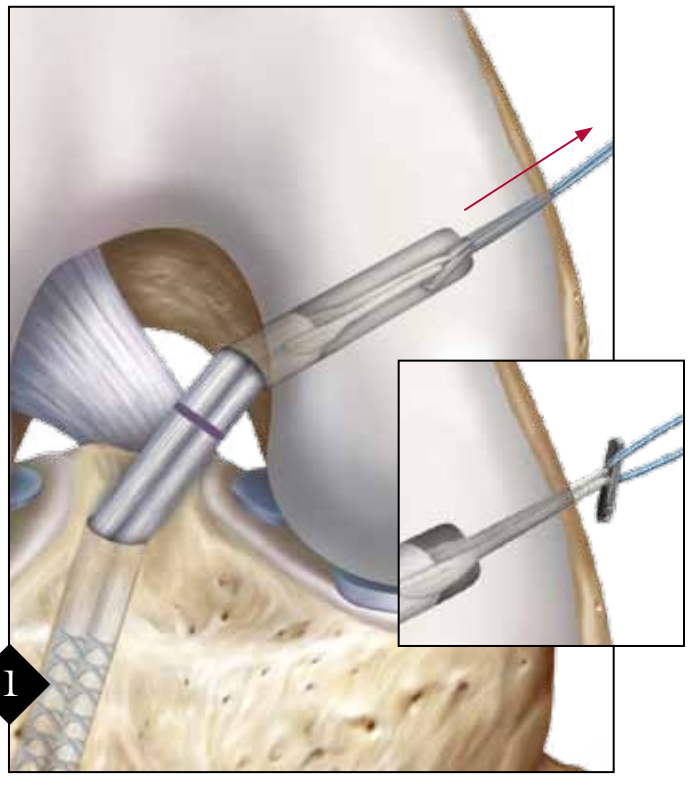
Note: For grafts thicker than 8 mm in diameter, round up to the next largest loop size.

GRAFT PREPARATION

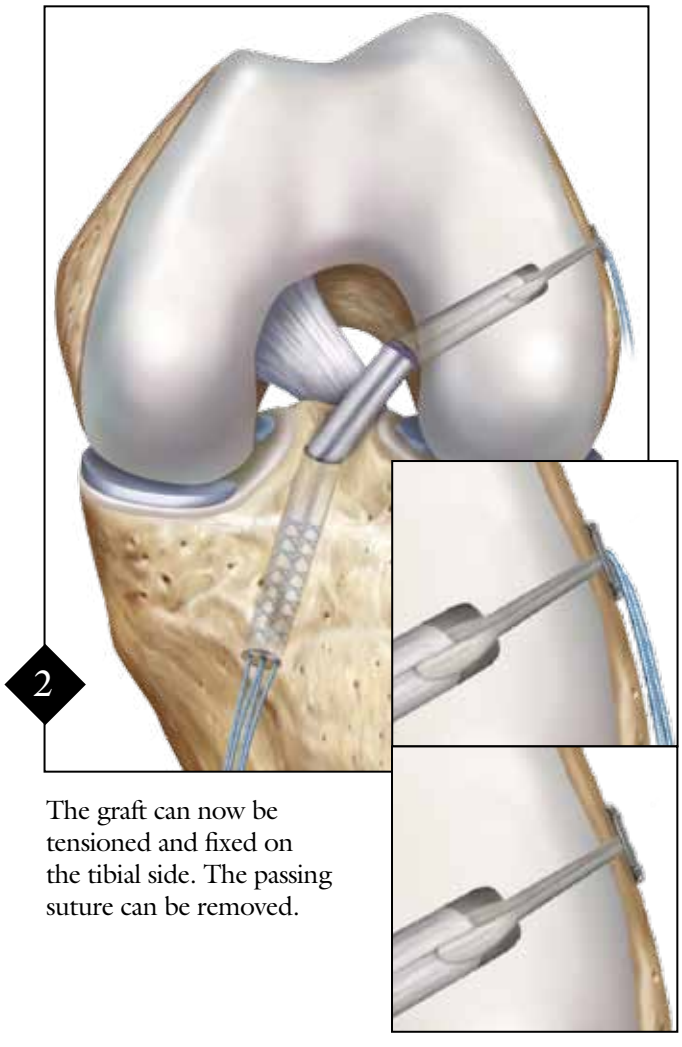
The graft is folded in half over the RetroButton loop and tension is applied. A sterile marker is used to draw a line on the graft a distance that equals the femoral socket from the looped end of the graft. This will be used to indicate when the button has exited the femoral cortex.

Warning: Do not add additional suture to the RetroButton, as this may impede passage through the femur

GRAFT PASSING FEMORAL FIXATION



Use the eyelet in the RetroButton Drill Pin II or a passing suture to pull the RetroButton sutures through the femur. The top of the RetroButton should be facing lateral to facilitate deployment. Pull the graft into the socket until the marker line enters the femoral socket. This ensures the button has exited the femur.



The graft can now be tensioned and fixed on the tibial side. The passing suture can be removed.

Ordering Information

12 mm titanium RetroButtons:

RetroButton, 15 mm loop	AR-1588-15
RetroButton, 20 mm loop	AR-1588-20
RetroButton, 25 mm loop	AR-1588-25
RetroButton, 30 mm loop	AR-1588-30
RetroButton, 35 mm loop	AR-1588-35
RetroButton, 40 mm loop	AR-1588-40
RetroButton, 45 mm loop	AR-1588-45
RetroButton, 50 mm loop	AR-1588-50
RetroButton, 55 mm loop	AR-1588-55
RetroButton, 60 mm loop	AR-1588-60

15 mm titanium RetroButtons:

RetroButton, long, 15 mm loop	AR-1589-15
RetroButton, long, 20 mm loop	AR-1589-20
RetroButton, long, 25 mm loop	AR-1589-25
RetroButton, long, 30 mm loop	AR-1589-30
RetroButton, long, 35 mm loop	AR-1589-35
RetroButton, long, 40 mm loop	AR-1589-40
RetroButton, long, 45 mm loop	AR-1589-45
RetroButton, long, 50 mm loop	AR-1589-50
RetroButton, long, 55 mm loop	AR-1589-55
RetroButton, long, 60 mm loop	AR-1589-60

Accessories:

RetroButton Drill Pin II	AR-1595
RetroButton Graft Prep Station	AR-1588GP
Transtibial Femoral ACL Drill Guide (TTG), 4 mm	AR-1806
Transtibial Femoral ACL Drill Guide (TTG), 5 mm	AR-1803
Transtibial Femoral ACL Drill Guide (TTG), 6 mm	AR-1804
Transtibial Femoral ACL Drill Guide (TTG), 7 mm	AR-1801
Transtibial Femoral ACL Drill Guide (TTG), 8 mm	AR-1805
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, 8 mm	AR-1408LP
Low Profile Reamer, 9 mm	AR-1409LP
Low Profile Reamer, 10 mm	AR-1410LP
Low Profile Reamer, 11 mm	AR-1411LP

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.

Arthrex®

www.arthrex.com

. . . up-to-date technology just a click away

U.S. PATENT NOS. 5,320,626; 6,461,373; 6,716,234 and PATENT PENDING