

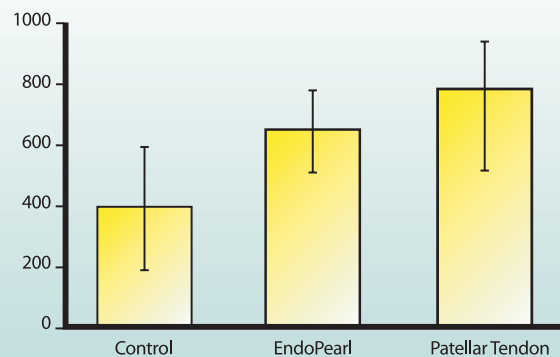
endopearl®

BIOABSORBABLE IMPLANT



Pull-out strength of Anterior Cruciate Ligament repairs done using an interference screw in combination with the EndoPearl Bioabsorbable Implant can be increased by up to 50%¹.

Fixation Strength



This technique brochure was developed in conjunction with Andreas Weiler, M.D. and Don Johnson, M.D. The following technique describes the process of attaching the semitendinosus/gracilis graft to the EndoPearl Bioabsorbable Implant.

¹ Based on a study published in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*, Vol 17, No 4 (April), 2001:pp 353-359 by Andreas Weiler, M.D. and Manuel Richter, C.M. Charité, Campus Virchow-Clinic, Humbolt-University of Berlin.

Ordering Information

7mm EndoPearl Bioabsorbable Fixation DeviceC8057
8mm EndoPearl Bioabsorbable Fixation DeviceC8058
9mm EndoPearl Bioabsorbable Fixation DeviceC8059



11311 Concept Boulevard • Largo, Florida 33773-4908
 800-237-0169 • Fax: 727-399-5256
 International Fax: 727-397-4540
www.linvatec.com
 COS 2004

© 1999, 2000, 2001 Linvatec Corporation, A subsidiary of ConMed Corporation. All rights reserved.



endopearl®
 BIOABSORBABLE IMPLANT

ACHIEVING THE MOST
 EFFECTIVE ACL GRAFT
 FIXATION WITH THE
 ENDOPEARL®
 BIOABSORBABLE IMPLANT



The following surgical technique outlines the steps for augmenting femoral fixation of an ACL soft tissue graft utilizing a Linvatec EndoPearl Bioabsorbable Implant. Linvatec, a leader in bioabsorbable technology, has developed the EndoPearl which has proven to increase graft fixation by up to 50%.



STEP 1

Harvest the semitendinosus and gracilis tendons in the usual fashion using a tendon stripper.



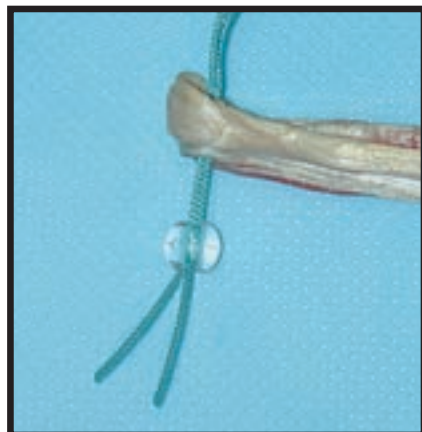
STEP 2

Select an EndoPearl fixation device the same diameter as the graft and femoral socket (i.e. 8mm graft, 8mm socket = 8mm EndoPearl). If you dilate the tunnel, you may want to undersize the EndoPearl by 1mm.



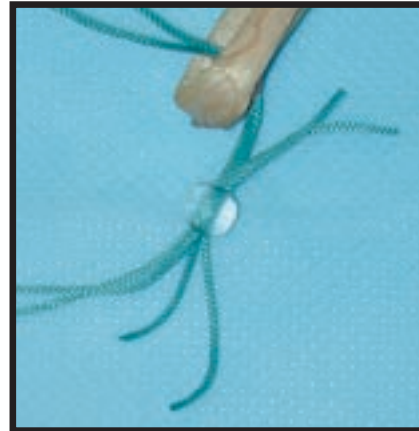
STEP 3

The femoral socket must be drilled to the appropriate depth to accommodate the EndoPearl fixation device.



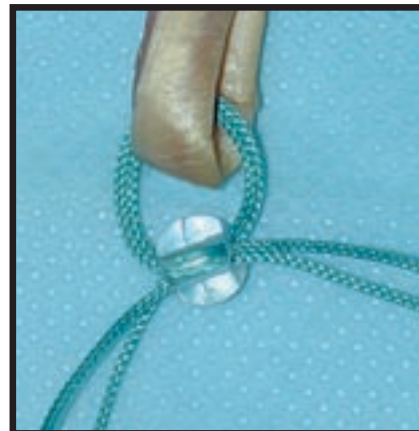
STEP 4

Prior to whip-stitching the graft construct, the four-bundle semi-tendinosus and gracilis graft is looped over two strands of #5 non-absorbable suture. The ends of the sutures are placed through the eyelet of the EndoPearl.



STEP 5

The other ends of the suture are now passed through the EndoPearl eyelet from the opposite direction. This produces four strands of suture crossing within the eyelet.



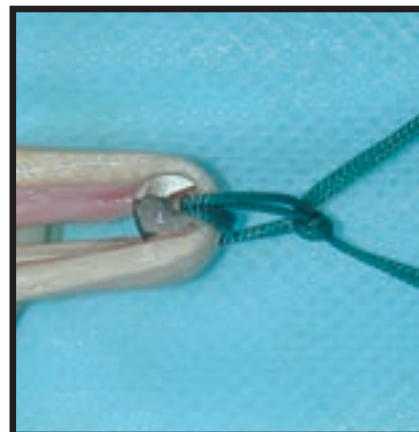
STEP 6

Draw the EndoPearl to the graft by pulling the ends of the sutures tight. When the EndoPearl makes contact with the graft, ensure the eyelet tunnel is parallel to the graft surface.



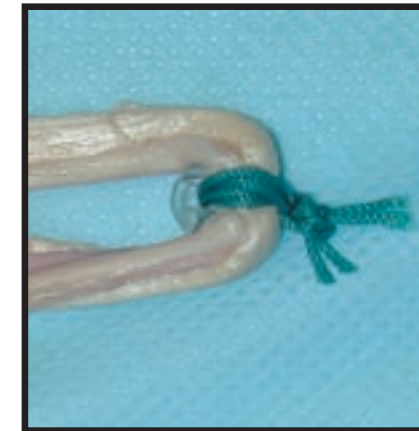
STEP 7

Once the sutures are pulled tight, the graft is flipped over the EndoPearl.



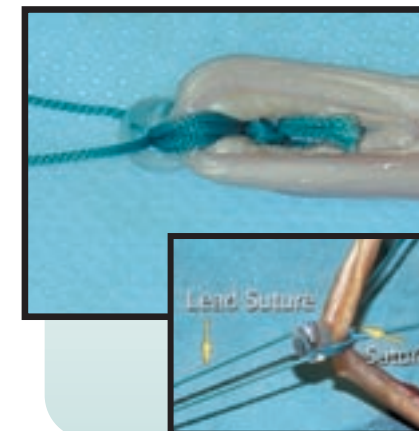
STEP 8

A low-profile, secure knot is tied against the graft.



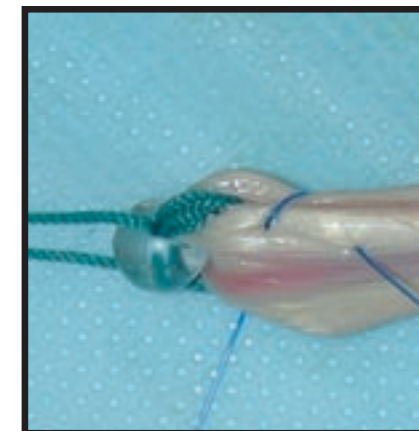
STEP 9

Cut the sutures leaving no more than a 1cm tail.



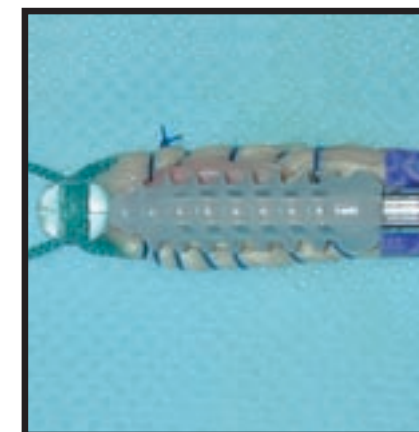
STEP 10

The graft construct is flipped back over, leaving the knot encompassed by the graft. Place a #5 non-absorbable lead suture through the EndoPearl eyelet which will be used to pull the EndoPearl and graft into the tunnel. This lead suture will be removed after insertion.



STEP 11

Once the suture has been tied and the lead suture is in place, the final graft preparation is completed using a suture of choice. Whip-stitch both the proximal and distal ends of the graft construct.



STEP 12

Place the interference screw against the finished tendon graft so that the tip of the screw and the EndoPearl make contact. Mark the graft at the end of the interference screw. This mark will determine how far into the tunnel the graft is pulled as well as indicate that the screw has made contact with the EndoPearl.