

30th Annual Orthopaedic Trauma Update: A Tale of Two Cities

Augmentation of Ligament Repair, Medial or Lateral – When is it Necessary?

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College of Physicians & Surgeons

Case: 67 y/o F

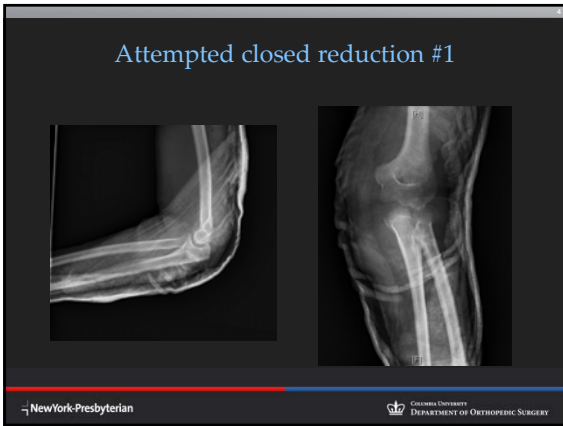
- MS with progressive ataxia
- Fell on elbow while reaching for single strand of spaghetti
- Came to ER where reduction was attempted
 - Elbow continued to sublux despite casting

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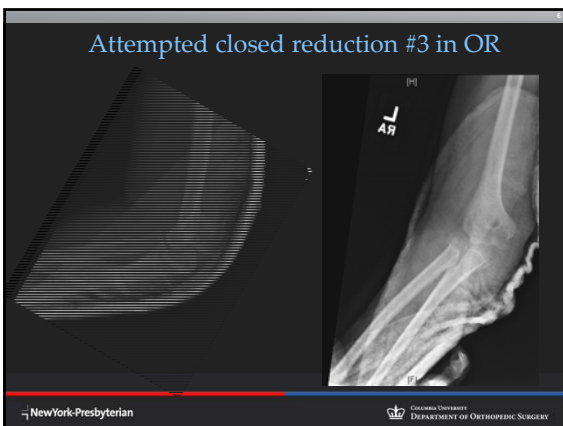
Injury x-rays: 12/5/2016
No Fractures



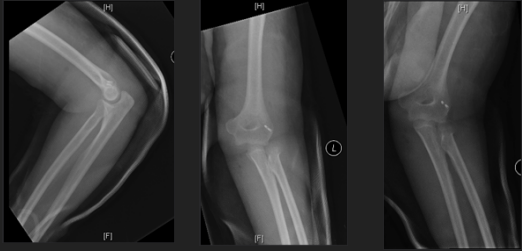
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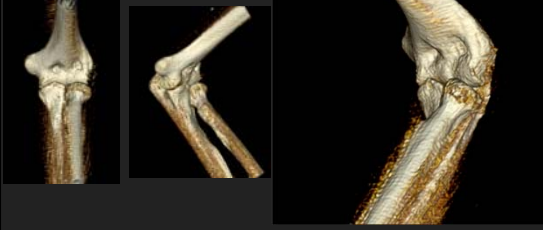


Surgery #1: Lateral approach suture repair Avulsed LUCL



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Post-Op 3D CT Suggested subluxation



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Stronger sutures can assist repair

Technical Note

Ulnar Collateral Ligament Repair With Suture Augmentation

David P. Tröta, M.D., Joseph M. Lombardi, M.D., Manish S. Notkeewala, M.D., and Christopher S. Ahmad, M.D.

Abstract: Reconstruction of the ulnar collateral ligament (UCL) remains the gold standard for treating overhead throwing athletes with ulnar instability secondary to UCL pathology. Although surgical techniques for reconstruction have evolved over time, current methods allow 90% of patients to return to their preinjury level of activity. Despite encouraging results with reconstruction, UCL repair remains a valuable treatment option for patients with UCL pathology. Being specific criteria. There are a number of advantages associated with a direct repair, and further, the development of suture-based sutures for ligament repair augmentation makes this procedure an attractive surgical option under the correct circumstances. This article provides a detailed description and video demonstration of the tangle repair used to perform a UCL repair with suture augmentation.

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Used in the Knee

Knee Medial Collateral Ligament and Posteromedial Corner Anatomic Repair With Internal Bracing

James H. Lubowitz, M.D., Gordon MacKay, M.D., and Brian Gilmer, M.D.

Abstract: An internal brace is a ligament repair bridging concept using braided ultrahigh-molecular-weight polyethylene/polyester suture tape and knotless bone anchors to reinforce ligament strength as a secondary stabilizer after repair and return to sports, which may help reduce injury recurrence. An internal brace may provide augmentation during knee medial and posteromedial corner anatomic repair. In patients with combined, chronic, symptomatic anterior cruciate ligament (ACL)-posteromedial corner laxity, combined ACL reconstruction with posteromedial corner reconstruction is indicated. Our ACL technique was previously published with video illustrations in *Arthroscopy and Arthroscopy Techniques*. The purpose of this article is to describe, with video illustration, knee posteromedial corner reconstruction using anatomic repair with internal brace augmentation.

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Used in the Ankle

Format: Abstract + Send to +

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A review of ligament augmentation with the InternalBrace™: the surgical principle is described for the lateral ankle ligament and ACL repair in particular, and a comprehensive review of other surgical applications and techniques is presented.

Michael, D¹, Roth, S², Anthony, P³, Spencer, D⁴, Srinivasan, S⁵

Author information

Abstract

This article reviews the surgical decision-making considerations when preparing to undertake an anatomic ligament repair with augmentation using the InternalBrace™. Lateral ankle ligament stabilization of the Brostrom variety and ACL repair in particular are used to illustrate its application. The InternalBrace™ supports early mobilization of the repaired ligament and allows the natural tissues to progressively strengthen. The principle established by this experience has resulted in its successful application to other distal extremity ligaments including the deltoid, spring, and syndesmosis complex. Knee ligament augmentation with the InternalBrace™ has been successfully applied to all knee ligaments including anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral ligament (MCL), lateral collateral ligament (LCL), anterolateral ligament (ALL), and patellofemoral ligament (PFL). The surgical technique and early results will be reviewed including multi-ligament presentations. Upper limb experience with acromioclavicular (ACJ) joint augmentation and ulnar collateral ligament (UCL) repair of the elbow with the InternalBrace™ will also be discussed. This article points to a change in orthopaedic practice positioning reconstruction as a salvage procedure that has additional surgical morbidity and should be indicated only if the tissues fail to heal adequately after augmentation and repair.

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Indexed to MEDLINE

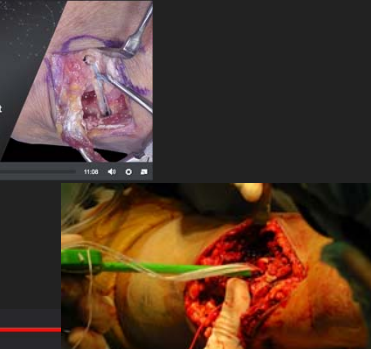
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LUCL repair inadequate alone

ArthroX

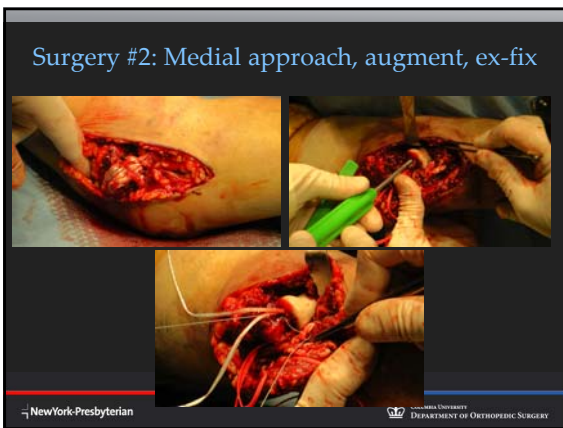
Lateral Ulnar Collateral Ligament Reconstruction

Presented by Steven J. Lee, MD
May 2016 NY



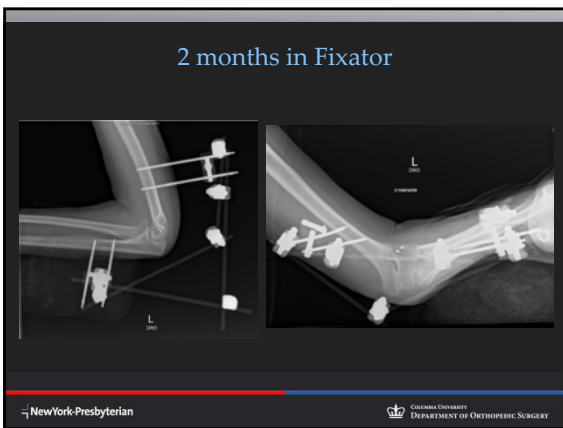
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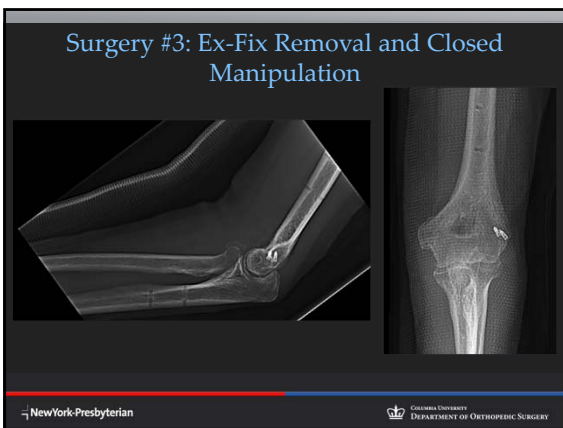












Clinical Follow-Up: 4 months post final surgery


- Stable varus and valgus
- Flexion: 20-110 degrees
- Pronation: 65 degrees
- Supination: 45 degrees



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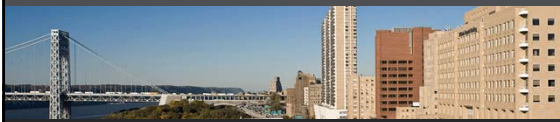
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Augmentation of Ligament Repair

- Use in revision cases
- Use with poor tissue
- Must obtain and maintain concentric reduction
- This technique is easy to master and can bail you out of tough situations

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Thank You



AMAZING THINGS ARE HAPPENING HERE

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