

H-S Fixation Conclusions (1)

- Isolated Staple, washer and suture on screw has got poor mechanical properties (Resistance & stiffness)
- The direct fixations (anatomic, proximal) are adapted for daily life (~150 N) constraints but not enough for aggressive rehabilitation (~500 N), especially for the graft slippage
- On femoral side suspensory fixations are perfect, but increase graft elongation
- Cycling is mandatory **Gold Standard**

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H-S Fixation Conclusions (2)

- HS tibial fixation remains an issue because the bone density and alignment between graft and constraints
- Direct fixation (anatomic, proximal) increase the stiffness and reduce bungee effect
- Remember, "the weakest link provide the global performance of the reconstruction"

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H-S Fixation Conclusions (3)

- All findings indicate that:
we have to manage carefully the rehab protocol
- And we need to develop
a new tibial fixation more effective and reliable

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H. Tendons: a Modular Graft!

- Hamstring Tendons allow to set different patterns of Graft
Semi T and Gracilis or ONLY the Semi T

Graft Augmentation
Setting 4 + 2
Graft 3+1
Lat. Tenodesis Part
MCL Recons. Part
Gracilis
10 mm

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ACL + MCL Reconstruction

- Graft Setting "3+1" or "4+1"

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ACL + Lat. Tenodesis

Hamstring graft Setting "4 + 2"

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Double Bundle Reconstruction

- AM bundle = Semi Tendinosus
- PL bundle = Gracilis

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Additional Reconstruction

- Reconstruction of the missing bundle

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Meniscal status

- Repare!... Repare!... Think about suture

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Indication

Different MENUS should be proposed

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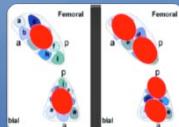
“menu Plat du jour I”

- **Standard Procedure**
(HS Single Bd. 4 or 6 strands)
 - Diameter adaptation of the graft to patient morphotype
 - Instability during sport or daily life
 - Index Nav. Rotation/Translation > 0.5
- **Option « fromage plateau »**
 - Lateral tenodesis
 - Open surgery with ilio-tibial band
 - Or percutaneous with the same graft
 - Old lesions, hyper-lax, pivot contact high energy

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“ menu Connisseur II ”

- **Double Bundle**
 - High rotational laxity, explosive Pivot Shift
 - Index Nav. Rotation/Translation < 0.5
 - Pivot contact high energy sport, hyper lax patients
 - **Feel up the foot print insertion**



R. Siebold, 2008 Arthroscopy

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“ menu Gastronomic III ”

Treat the laxities, all the laxities

- **ACL + MCL (MCL Lesion grade III)**
 - Medio Lateral laxity > 10°
 - Optimization of the Implantation with Navigation
- **ACL + Postero lateral corner (5 à 7% of cases)**
 - Complexes lesions
 - Additional postero/postero-lat. Reconstruction

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“ menu Light IV ”

- **ACL augmentation (Partial Ruptures)**
 - Translation @ 20° < 3mm, negative Pivot shift
 - Documented Lesions, pivot contact high energy
 - Missing bundle reconstruction

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CONCLUSION

Hamstring tendons are now a reference graft

- Adapt your technique to the patient
 - Graft choice
 - Adapted setting
- Select the indications
- Respect the anatomy
- Save the meniscus

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Thanks for your attention!

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