

**PCL Inlay Reconstruction  
Approaches**

Ph Neyret  
E Servien  
V Duthon  
R Badet

University of Lyon

Centre A Trillat  
103 Grande rue de la Croix-Rousse  
69004 Lyon-France  
philippe.neyret@chu-lyon.fr

LYON GENOU CENTRE ALBERT TRILLAT

**The Inlay Technique**  
**Ph Neyret, R Badet, S Cerciello**

The 20-Year Lyon Experience

Anterior and Posterior approaches ? Modena 2007

**1 Anterior Approach**

Right knee  
Open technique

Sub-vastus approach

Preserve PCL fibers

**1' Femoral Tunnel - Graft Harvesting**

Left knee  
Femoral insertion

ST+G  
Bone-PT-Bone 12 mm

Quad. T

**Half- Time**

- To rotate the patient in the surgical fields
- Do not remove the tourniquet

**2 Posterior approach: Trickey**

Central  
Skin incision

Right knee

Medial

## 2 Posterior approach: Trickey



Left knee

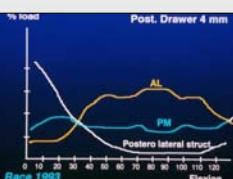
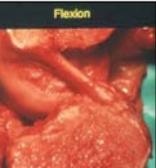
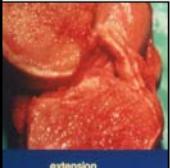


## 2 Posterior approach: Trickey

Left knee



## 2 Tibial Fixation at 70° Flexion



Antero-lateral fibers      70°

Postero-medial fibers 0-30°

## Discussion

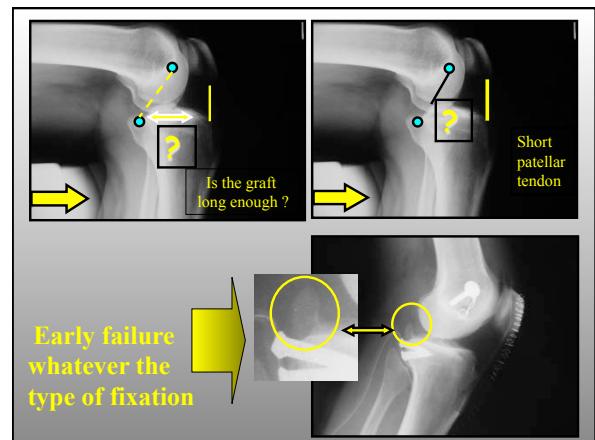
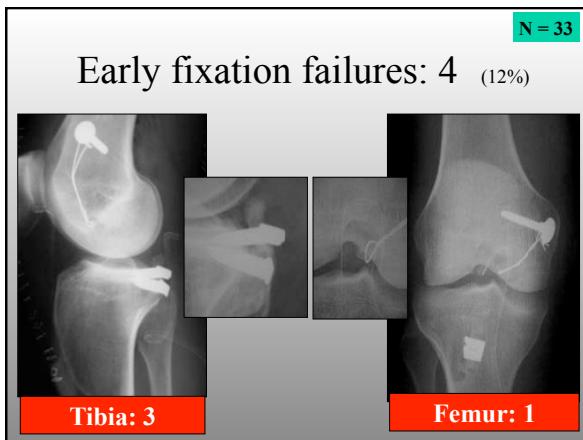
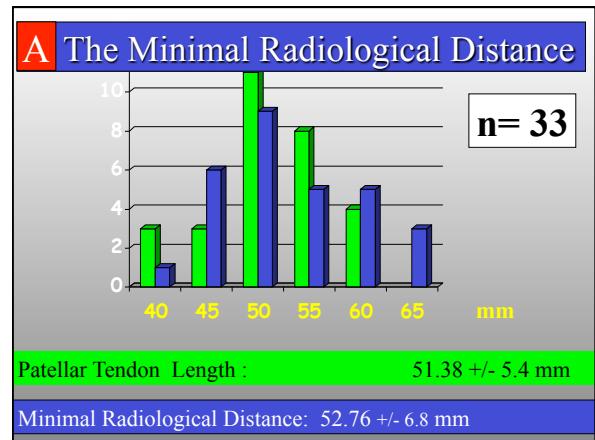
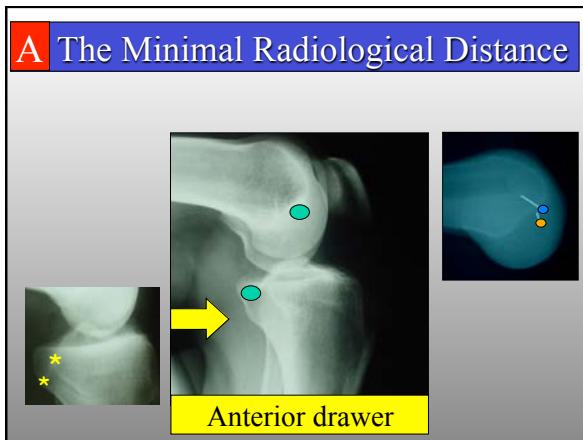
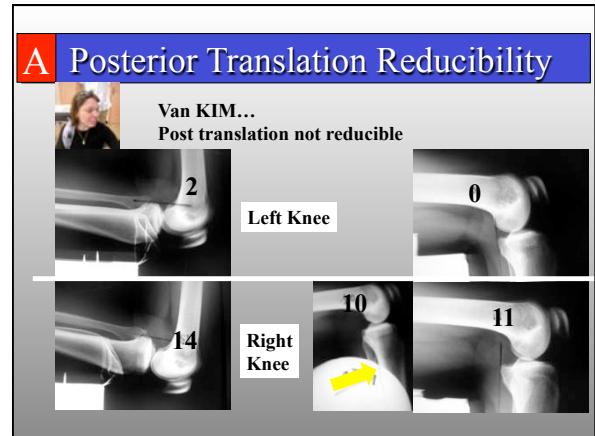
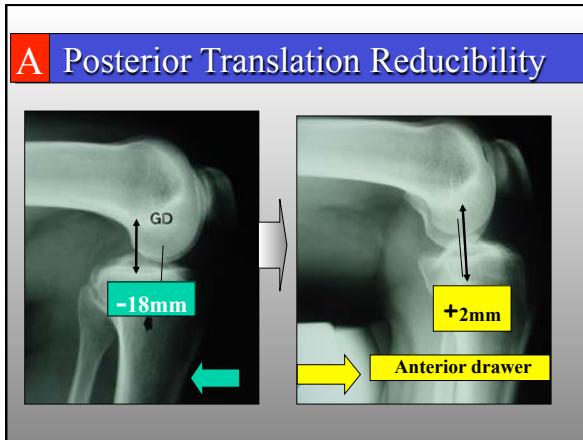
### Inlay Technique: Disadvantages

#### A. Patellar tendon length

- B. Having to rotate the patient
- C. Partial cut of Medial Gastrocnemius
- D. Partial cut or tear of Popliteus muscle
- E. Postero-postero-lateral Instability

### A Patellar Tendon Ossifications

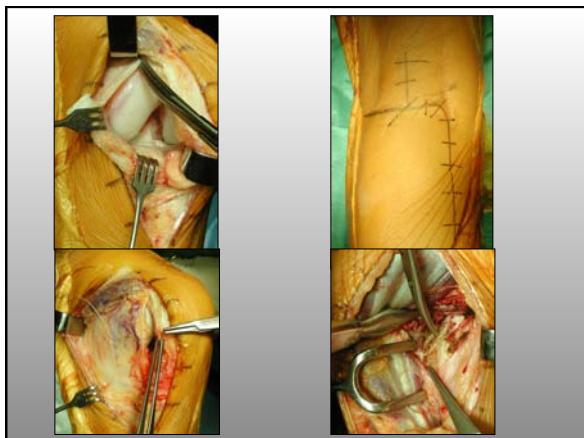






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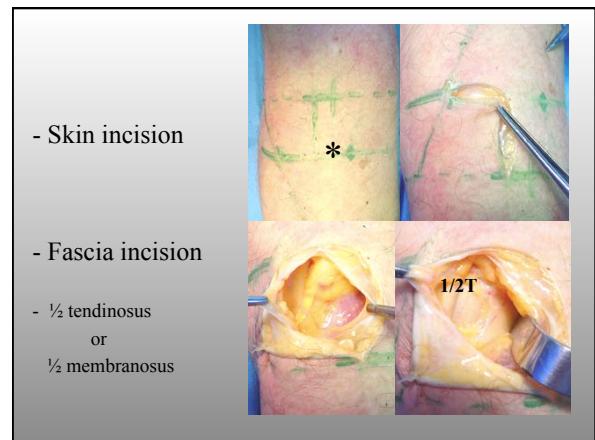


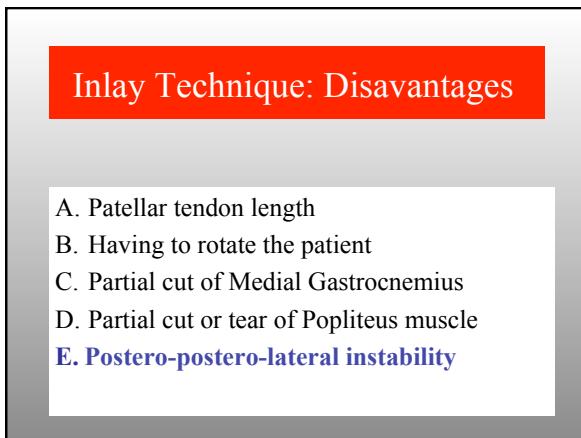
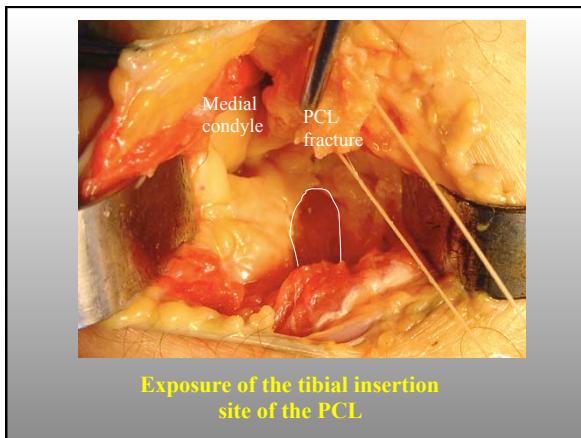
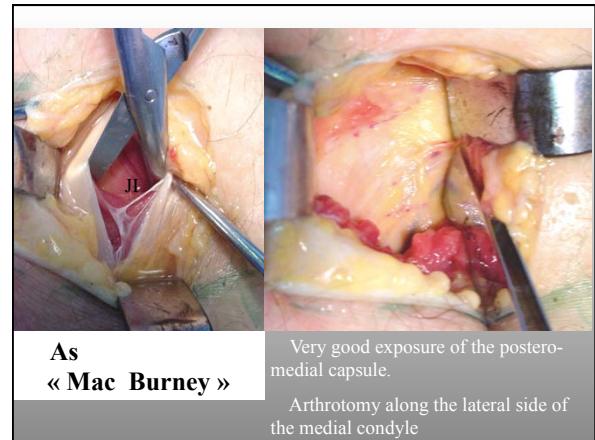
Techniques in Knee Surgery 7(3):00-00, 2008  
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**TECHNIQUE**

**Minimal Invasive Posterior Approach to the Knee**

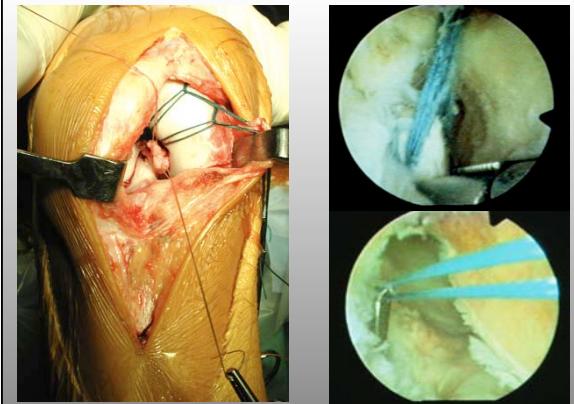
Roger Badet, MD   Peter CM Verdonk, MD, PhD   Philippe Neyret, MD





## Inlay Technique: Advantages

- A. Preserves some PCL fibers**
- B. Protects vasculo-nervous structures
- C. Avoids the killer angle
- D. Lateralizes tibial insertion of PCL
- E. Allows combined PCL reconstruction and HTO



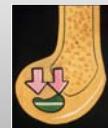
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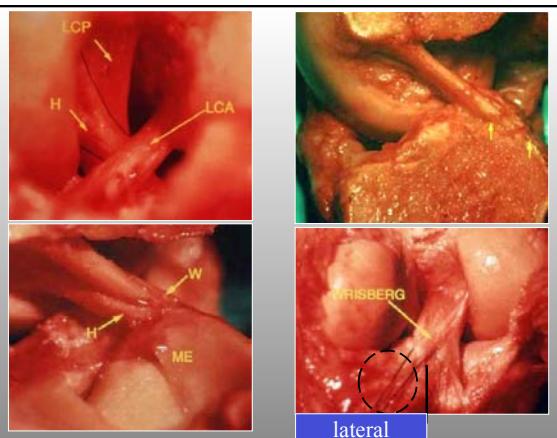
## Inlay Technique: Anatomy

- Insertion sites

-Femoral

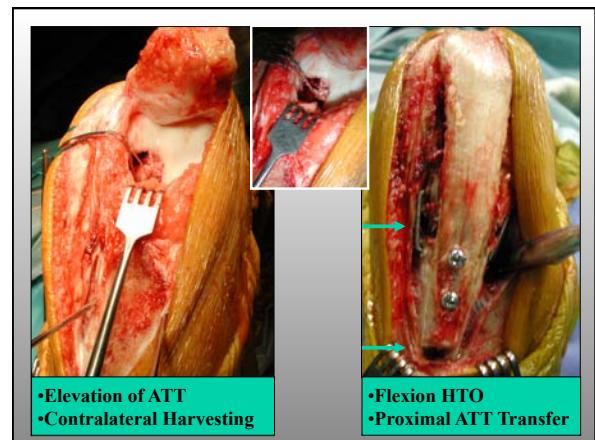
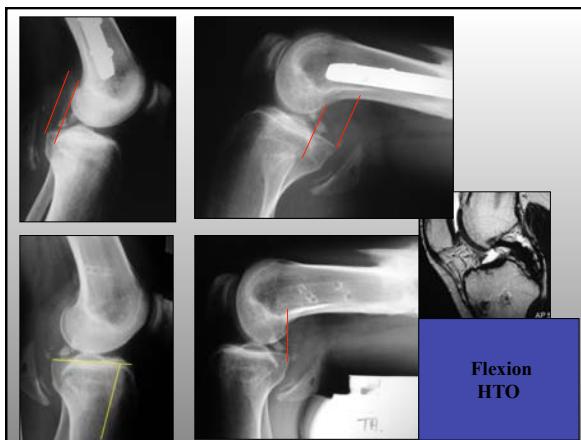
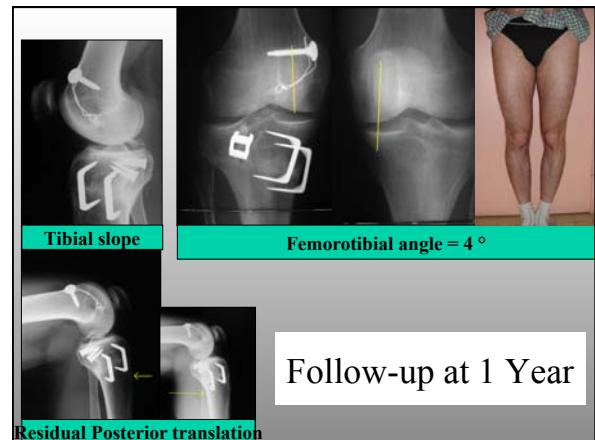
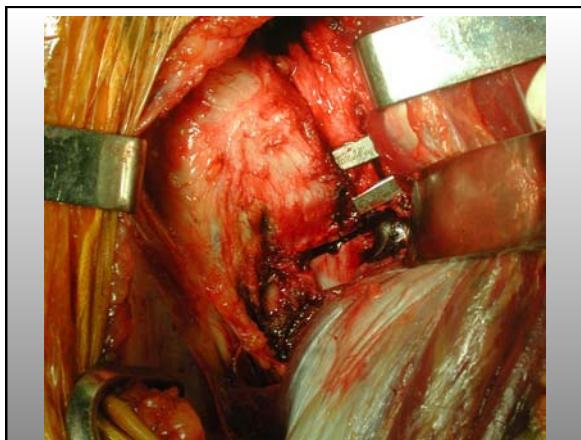
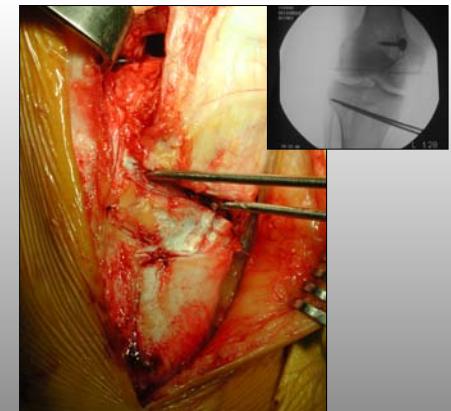


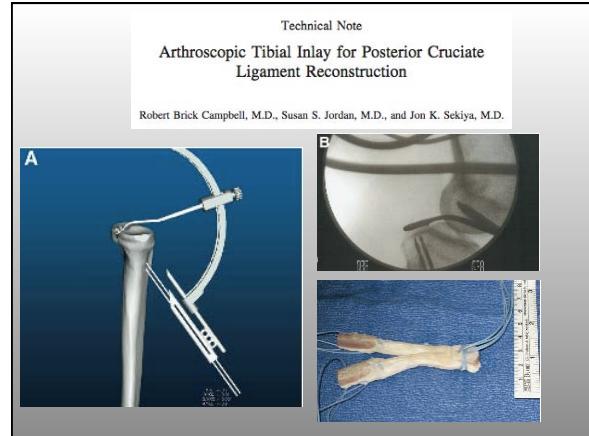
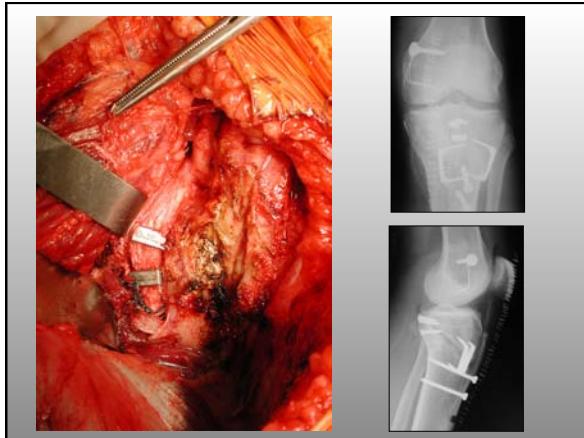
-Tibial (lateral)



## Inlay Technique: Avantages

- Preserves some PCL fibers
- Protects vasculo-nervous structures
- Avoids the killer angle
- Lateralizes Tibial insertion
- Allows combined PCL Reconstruction and HTO
  - Valgus HTO
  - Flexion HTO





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