


ACL Fixation Devices

Material & Shape

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Rationale : Graft Failure


- ✓ Bone to bone partial healing by 6 weeks
- ✓ Soft tissue grafts incorporate by 12 weeks (Sharpey fibers)

Till that time, fixation device should secure the graft

As the fixation is the weakest link in the early postoperative period

3 Types of Graft Motion

- ✓ Longitudinal = Bungee Cord Effect
- ✓ Horizontal = Wind-Wiper Effect
- ✓ Creep of graft tissue leading to elongation
- ✓ 3 mm motion interferes with integration
 - ✓ Tunnel widening
 - ✓ Fixation far from aperture




Martin Orthop Clin North Am 2002
Clawerthy KSSTA 1999

Material

Metallic implants


- ✓ Advantages : long follow-up, solid, tolerance
- ✓ Inconvenients : Artefacts with imaging
✓ (Interference with resurgery)



Material

Absorbable implants

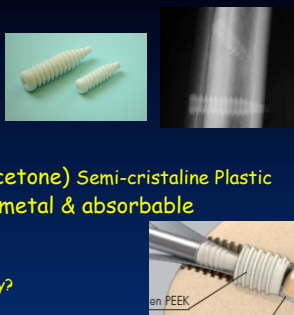
- ✓ Advantages : Friendly for re surgery
Facilitate Post op MRI (not imaging)
- ✓ Inconvenients : LB reaction & consequences
 - ✓ PGA early without bony ingrowth
 - ✓ PLLA delayed osteolysis with fragmentation



Material

Absorbable implants

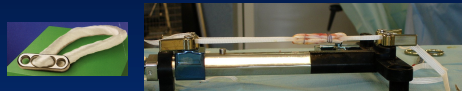
- ✓ PLLA + HAP + PTC
 - ✓ Porous 3D scaffold
 - ✓ Slow resorption
 - ✓ Bony ingrowth
- ✓ PEEK (Polyether-ethercetone) Semi-cristaline Plastic
 - ✓ Advantages of both metal & absorbable
 - ✓ Inconvenients
 - ✓ No resorption
 - ✓ No follow up / re surgery?



Material

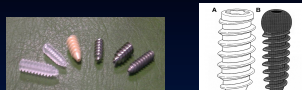


Suspensory devices

- ✓ Combined with a screw or a button
- ✓ Non absorbable (eg : PE-telephthalate)
- ✓ Preset or adjustable length
- ✓ Tape, cord, ...



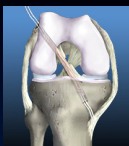
Many types of fixation

3 groups


- Cancellous**

- Cortical**

- Cortico-cancellous**


Ideal Graft Fixation

- ✓ Close / articular aperture
 - ✓ High resistance
 - ✓ Less graft/ bone motion
- ✓ Reproducibility, reliability
- ✓ Biocompatible
- ✓ Allow easy revision
- ✓ MRI possible




Zantop AJSM 2008



Cancellous fixation = Interference screws

- ✓ Pull out forces 200 to 700 N
- ✓ Gold standard for bone to bone fixation
- ✓ Material ??

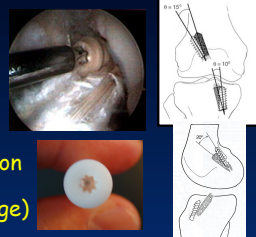


Kurosaka, AJSM 1987
Brown C Jr, Techniques in Orthopaedics, 1998

Influencing Factors / Screw Fixation

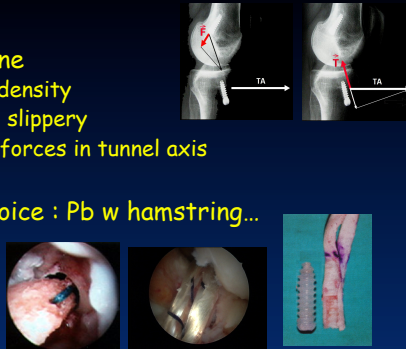
- ✓ Length
- ✓ Size
 - ✓ ≥ 1mm / tunnel
- ✓ Geometry of screw
 - ✓ Soft threads/ soft tissue
- ✓ Divergence of screw
- ✓ Torque of screw insertion
- ✓ Screw material (breakage)

Harvey JBJS Br 2005
Stadelmayr AJSM 1999
Kohn AJSM 1994
Weller AJSM 2000
Schroeder Arthroscopy 1999



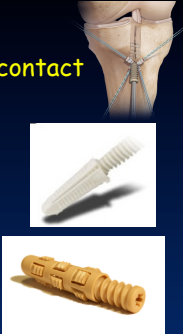
Influencing Factors / Screw Fixation

- ✓ Tibial bone
 - ✓ Lower density
 - ✓ Risk of slippery
 - ✓ Pulling forces in tunnel axis
- ✓ Graft choice : Pb w hamstring...



New cancellous screw type

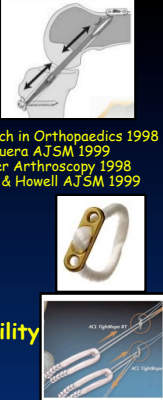
- ✓ Enlarge the tendon to bone contact
- ✓ Mechanical properties
- ✓ Expansion devices
- ✓ Absorbable (elasticity)



Cortical fixation

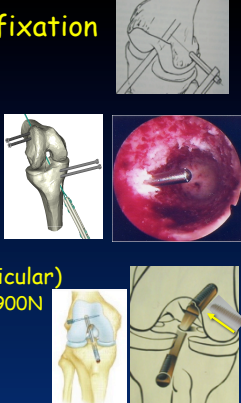
- ✓ Suspensory devices
- ✓ Higher pullout load
- ✓ Lower stiffness
- ✓ Graft mobility : tunnel widening
- ✓ New designs
 - ✓ To fill femoral socket
 - ✓ Increased strength (1456 N)
 - ✓ No significant change/graft mobility
- ✓ Double fixation?

Brown Tech in Orthopaedics 1998
 Guera AJSM 1999
 Weiler Arthroscopy 1998
 Magen & Howell AJSM 1999



Cortico cancellous fixation


- ✓ Intermediate devices
 - ✓ Many materials
 - ✓ @ Femoral level
- ✓ Almost aperture fixation
- ✓ Pull out strength (perpendicular)
 - ✓ Transverse pins : 700 to 900N
 - ✓ Transverse screw : 400N
 - ✓ TLS : 1500 N



Cortico cancellous fixation

- ✓ Keep intact transplant / tunnel contact
- ✓ But still some graft mobility
 - ✓ Delayed integration

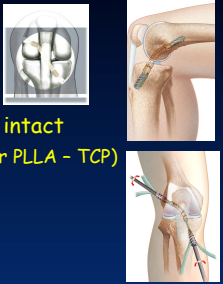
Peyrache KSSTA 1996
 Clatworthy SFA 2002
 Robert in « Pathologie LGT du genou » Springer Ed 2004



Not well adapted to tibial site

« New » devices

- ✓ Suspensory system combined with screws (& cage)
- ✓ Significant screw size
 - ✓ Pain at tibial level
- ✓ Keep the bone graft contact intact and (too?) rigid (titanium, peek or PLLA - TCP)
- ✓ Huge tension of the graft
 - ✓ Aseptic arthritis (necrosis)



Take home messages

- ✓ No ideal fixation
- ✓ BTB :
 - ✓ Gold standard = interference screws
 - ✓ Traps
- ✓ Hamstring
 - ✓ Cortico cancellous fixation at femur site
 - ✓ Tibia still the weak
- ✓ So called absorbable materials are often not...
 - ✓ Rate of own complications from 2 to 5%