



Indications and limits of meniscal preservation

### Technique of repair In-Out

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# Set-up





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#### Portals





#### **Diagnostic evaluation**



### Decision



#### Indication for IN OUT suture Tear location

#### Middle and posterior third of the MM or LM



Inside-out sutures

Posterior horn tears, mid-third tears, displaced bucket-handle tears, peripheral capsular tears, meniscal allografts

- Outer third
- Middle third
- Inner third



#### Indication for IN OUT suture Type of tear

• Radial tears (LM)







Double longitudinal tears





• Tears which requires more than 4-5 sutures (long longitudinal and bucket handle)



• Complex tear patterns





# In-Out Technique

Suture are passed through a metal cannula from inside the knee joint across the meniscus tear exiting the joint through a posterior incision



#### Features of the In-Out Technique

 Posteromedial surgical approach and popliteal retractor to protect the saphenous nerve and vein

 Posterolateral surgical approach and popliteal retractor to protect the peroneal nerve and N-V bundle



#### Instrumentation



- Henning popliteal retractor (Stryker)
- Malleable metal cannulas for suture placement
- 2-0 non-absorbable suture with long needles

#### Advantages and disadvantages

# **Advantages**

Advantage:	Disadvantage:
Highest mechanical strength	<ul> <li>Neurovascular</li> <li>injury</li> <li>Incisions</li> </ul>

# • Ease of access to the femoral and tibial surfaces of the meniscus

- Ability to inserthorizontal and vertical mattress sutures on both surfaces of the meniscus
- Ability to repair complex tear patterns
- Sutures are cheap



# Disadvantages

- Requires of posteromedial or posterolateral safety incision to protect the NV structures
- Requires a trained assistent



## Stabilization of the Tear Site

#### **Suture orientation**

Due to the circumferential orientation of the meniscal collagen fibers vertical mattress sutures provide the best fixation strenght



#### **Suture placement**

Suture placed only on the superior surface of the meniscus cause the meniscus to pucker and create gap formation on the tibial surface

Suture must be placed on the superior and inferior surfaces of the meniscus to prevent puckering and gap formation





#### In-out: from outside



### In-out: arthroscopic vision



#### In-out: second look



#### Take home message

- Do not underestimate position of the patient and portals
- Correct indications during diagnostic arthroscopy
- Consider advantages and disadvantages
- Adequate suture orientation and placement