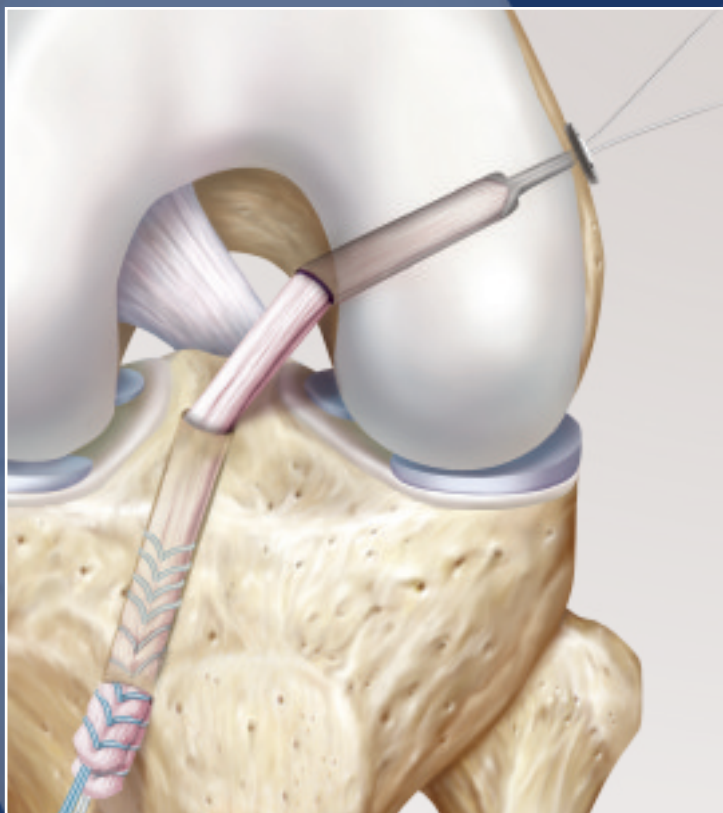




SpeedGraft™ Presutured Tendon with
ACL TightRope RT for Femoral Fixation

Surgical Technique



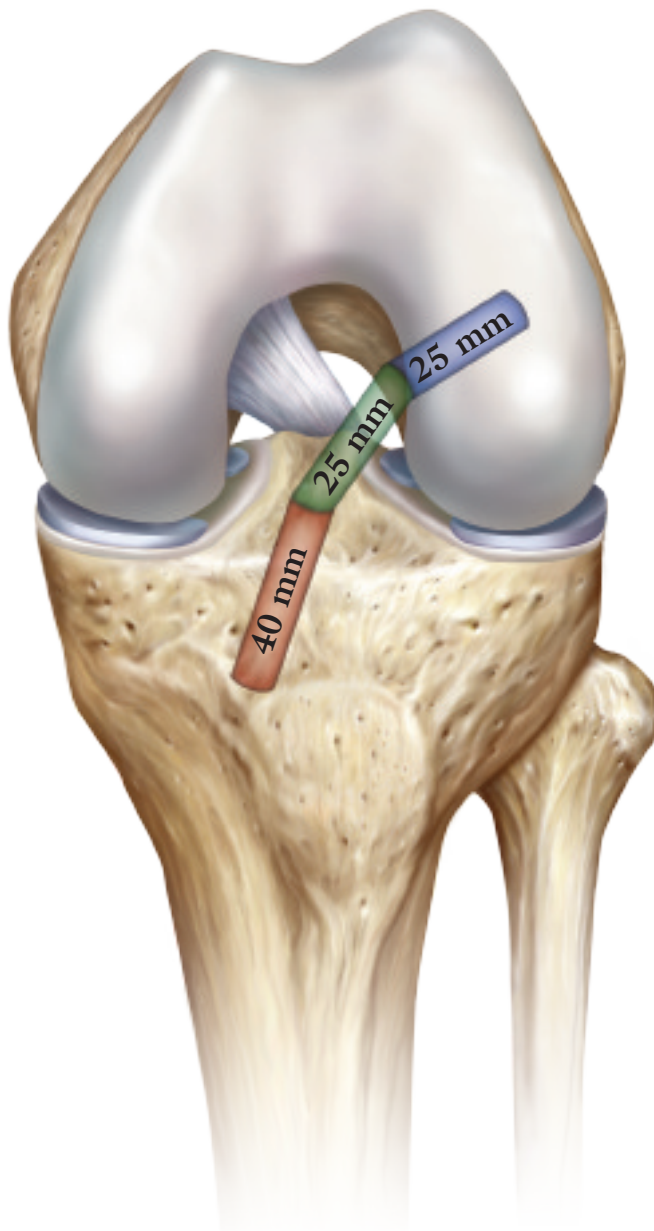
SpeedGraft w/ Femoral ACL TightRope RT

SpeedGraft Presutured Double-Stranded Tendon

The SpeedGraft is a presutured, double-stranded, sterile, allograft tendon, designed to be used with the Arthrex ACL TightRope® implants for ACL and PCL reconstructions. Each tendon has individually sutured tails that can be identified by their color. This design allows for multiple fixation methods, providing flexibility for the surgeon.

Each tendon is assembled according to Arthrex specifications, by trained tissue technicians, ensuring that the presutured tendon meets the requirements of the procedure to allow for an anatomic, minimally invasive, and reproducible ACL reconstruction.

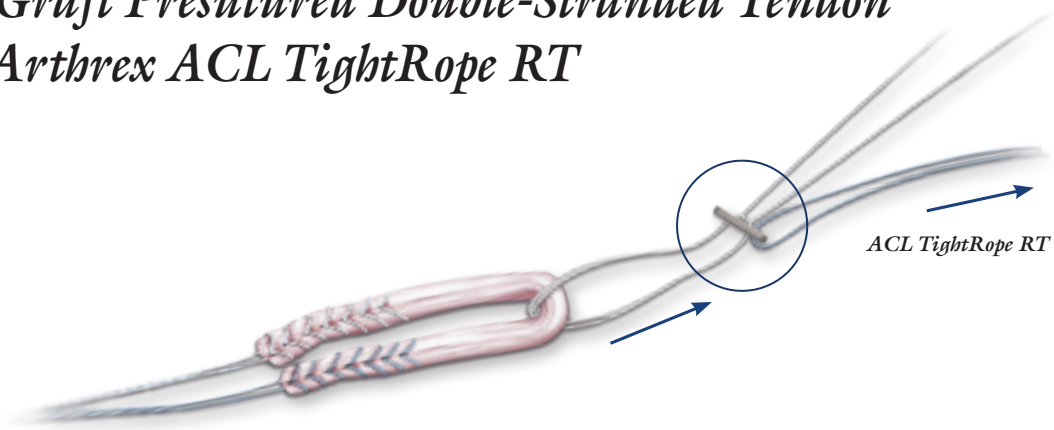
SpeedGraft presutured tendons are cleansed with a validated and patented AlloWash® treatment. This treatment has been designed to facilitate the removal of cellular elements from tissue, while maintaining the structural integrity of the allograft. AlloWash has been proven to reduce the potential danger of disease transmission by removing over 99% of blood, lipids, and marrow from the allograft. The incorporation of a rigorous donor-screening process and terminal sterilization enhances the safety of this allograft tendon.



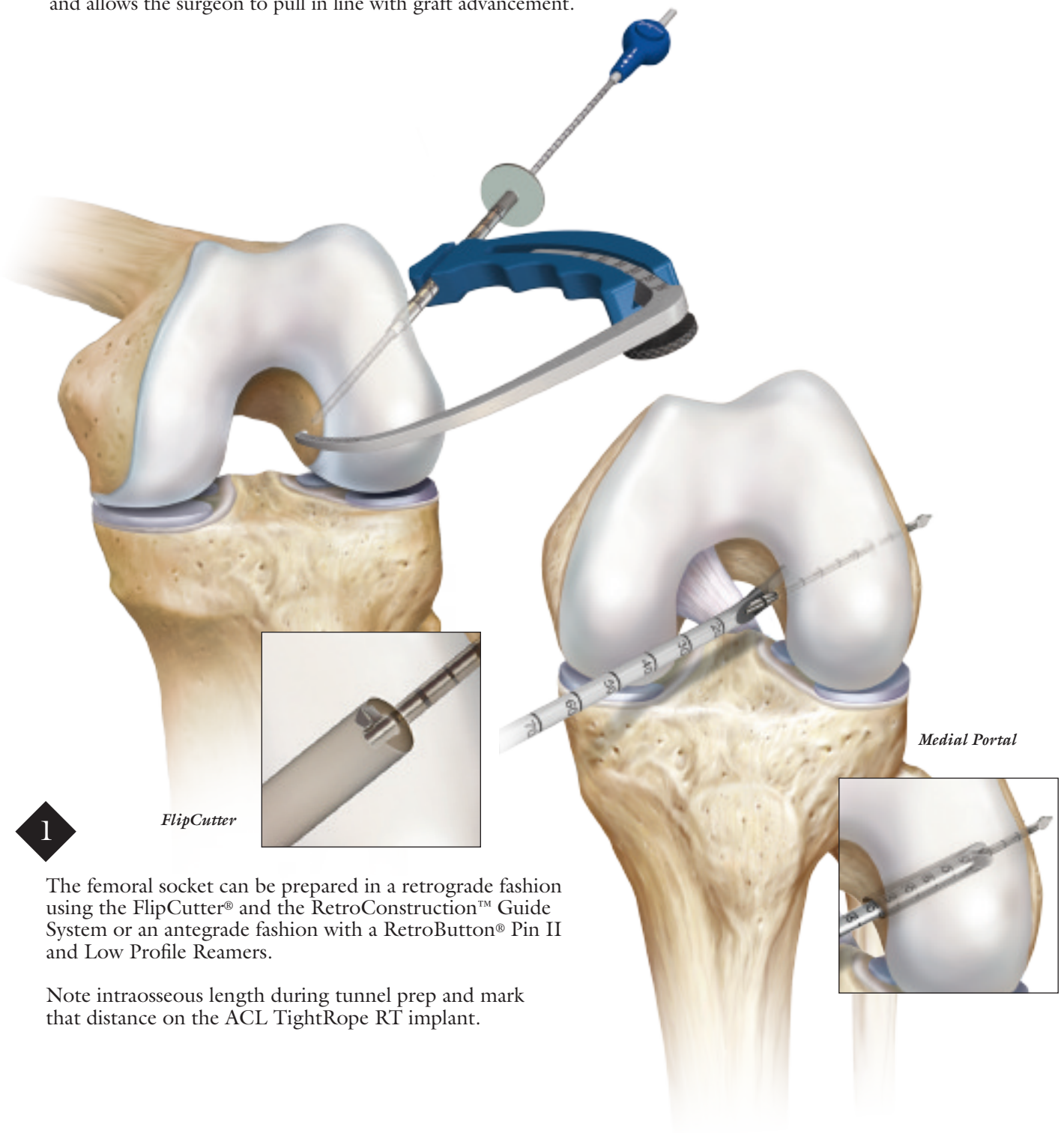
SpeedGraft Features and Benefits:

- Preassembled with #2 FiberLoop® and TigerLoop™
- Minimal preparation time
- 10⁻⁶ Sterility Assurance Level for patient safety
- Use with Arthrex ACL TightRope® RT
- Presized lengths and diameters for patient customization
- Tendon lengths 180 mm – 230 mm
- Tendon diameters 8 mm – 11 mm

SpeedGraft Presutured Double-Stranded Tendon with Arthrex ACL TightRope RT



The ACL TightRope has revolutionized cortical fixation by allowing intraoperative adjustability of cortical fixation while providing a stiff, strong construct due to the proprietary four-point locking system. The ACL TightRope RT provides another option which allows the surgeon to adjust the implant by pulling tensioning strands in the same direction of graft advancement. This innovation eliminates the need to retrieve shortening strands from the joint and allows the surgeon to pull in line with graft advancement.

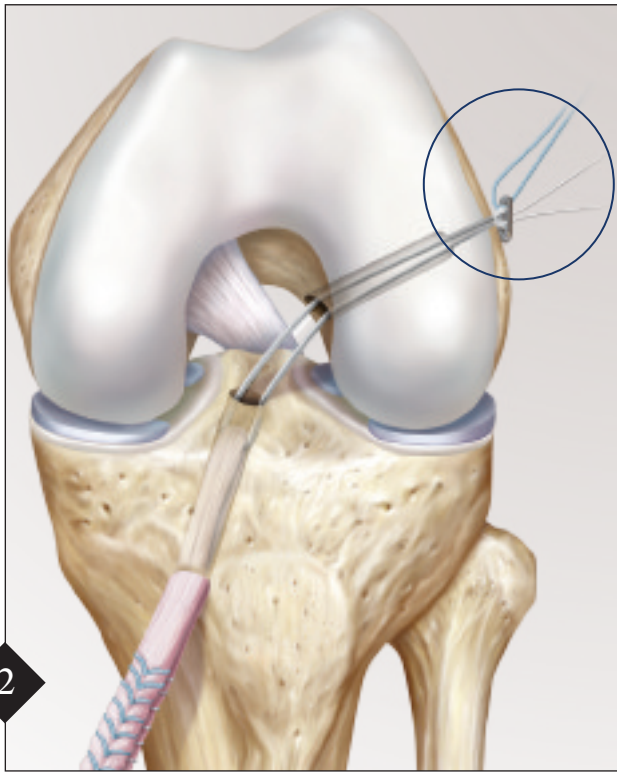


1

FlipCutter

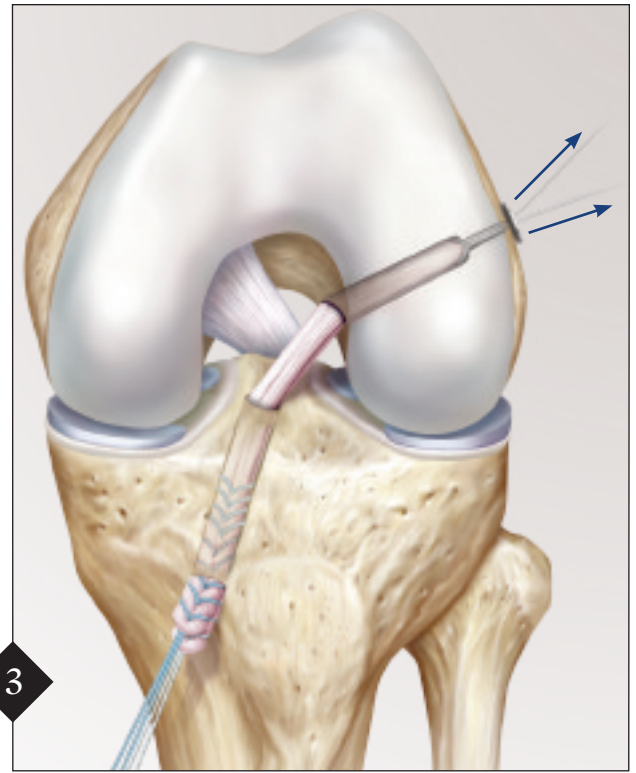
The femoral socket can be prepared in a retrograde fashion using the FlipCutter® and the RetroConstruction™ Guide System or an antegrade fashion with a RetroButton® Pin II and Low Profile Reamers.

Note intraosseous length during tunnel prep and mark that distance on the ACL TightRope RT implant.

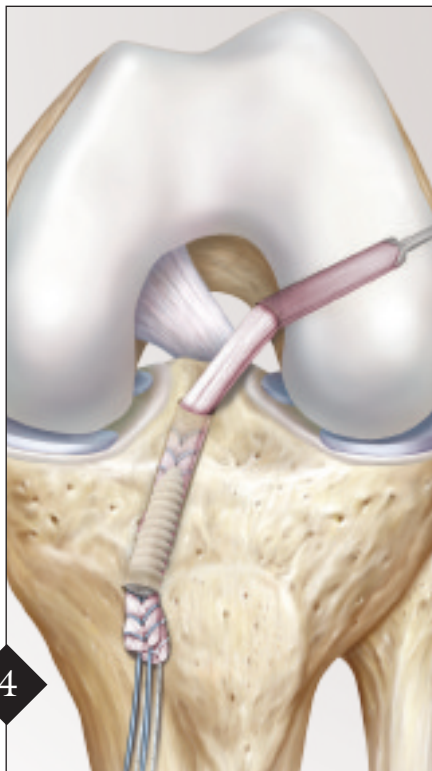


2 Pass the blue passing suture and white tensioning strands together through the femur. The blue passing suture is used to advance the button, while tension is kept on the white tensioning strands to prevent slack from forming and bunching up in the tunnel.

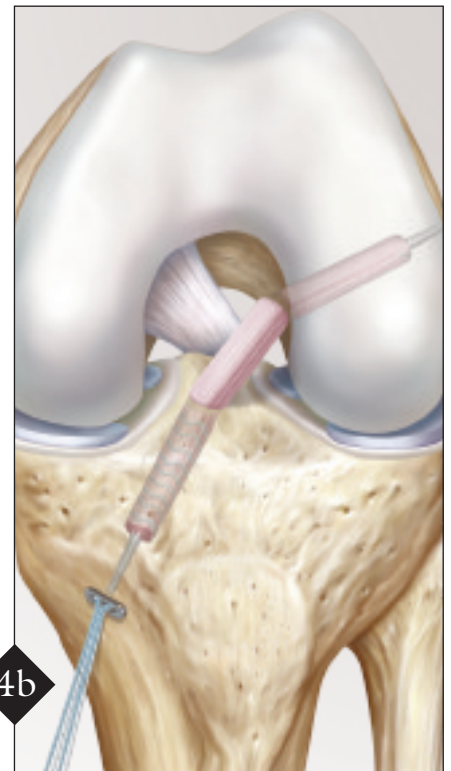
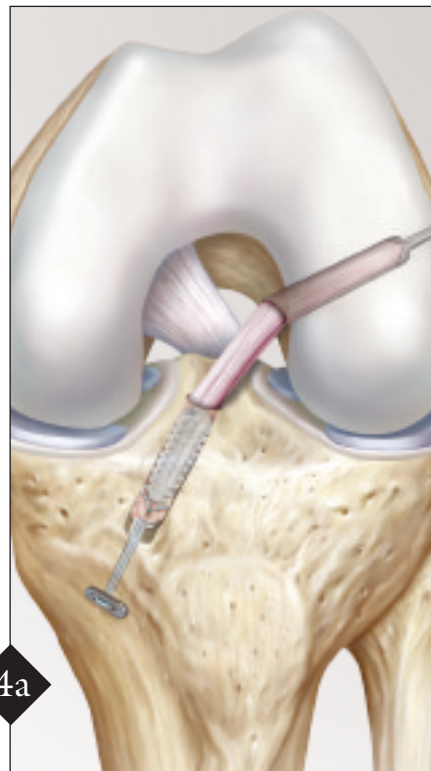
Pull the button through the femur. A line on the implant marked at the intraosseous length is helpful to signal that the button has exited the femur.



3 Hold slight tension on the tibial tails of the graft during graft advancement. To advance the graft, pull on the tensioning strands one at a time, alternating approximately 4 cm on each side. A mark on the graft made at a distance of the femoral socket is helpful in signaling that the graft is fully seated. Once the graft is fully seated, pull firmly back on the graft to check fixation. *Note: If desired, advance the graft just shy of the full length of the socket. This will allow retensioning of the graft after tibial fixation has been completed.*



4 Fix the tibial side of the graft. If desired, and space has been left on the femoral side, retension shortening strands on the femur. Cut shortening strands with a closed-end arthroscopic FiberWire Cutter. ACL TightRope RT is also ideal for All-Inside® ACL Reconstruction (4a) since it facilitates incremental graft advancement and tensioning after tibial fixation has been completed. ACL TightRope RT may also be used on the tibial side with the GraftLink procedure (4b). See technique guide LT1-0157-EN for details.



Ordering Information

Implants:

ACL TightRope RT	AR-1588RT
SpeedGraft Presutured Tendon	SPD-001

Instruments:

For FlipCutter Technique:

RetroConstruction Drill Guide Set	AR-1510S
Stepped Drill Sleeve	AR-1204FDS
FlipCutter II, 6 mm	AR-1204AF-60
FlipCutter II, 6.5 mm	AR-1204AF-65
FlipCutter II, 7 mm	AR-1204AF-70
FlipCutter II, 7.5 mm	AR-1204AF-75
FlipCutter II, 8 mm	AR-1204AF-80
FlipCutter II, 8.5 mm	AR-1204AF-85
FlipCutter II, 9 mm	AR-1204AF-90
FlipCutter II, 9.5 mm	AR-1204AF-95
FlipCutter II, 10 mm	AR-1204AF-100
FlipCutter II, 10.5 mm	AR-1204AF-105
FlipCutter II, 11 mm	AR-1204AF-110
FlipCutter II, 11.5 mm	AR-1204AF-115
FlipCutter II, 12 mm	AR-1204AF-120
FlipCutter II, 13 mm	AR-1204AF-13030

For Medial Portal Technique:

Transportal ACL Guide (TPG), 4 mm	AR-1800-04
Transportal ACL Guide (TPG), 5 mm	AR-1800-05
Transportal ACL Guide (TPG), 6 mm	AR-1800-06
Transportal ACL Guide (TPG), 7 mm	AR-1800-07
Transportal ACL Guide (TPG), 8 mm	AR-1800-08
Low Profile Reamer, 5 mm	AR-1405LP
Low Profile Reamer, 6 mm	AR-1406LP
Low Profile Reamer, 7 mm	AR-1407LP
Low Profile Reamer, 7.5 mm	AR-1407LP-50
Low Profile Reamer, 8 mm	AR-1408LP
Low Profile Reamer, 8.5 mm	AR-1408LP-50
Low Profile Reamer, 9 mm	AR-1409LP
Low Profile Reamer, 9.5 mm	AR-1409LP-50
Low Profile Reamer, 10 mm	AR-1410LP
Low Profile Reamer, 10.5 mm	AR-1410LP-50
Low Profile Reamer, 11 mm	AR-1411LP
RetroButton Drill Pin II	AR-1595

Accessories:

Suture Retriever	AR-12540
FiberWire Cutter	AR-12250
Graft Sizing Block	AR-1886

Contact the Joint Restoration Foundation™
Customer Service at 1-877-255-6727 to order the
SpeedGraft Presutured Tendon. Product code is SPD-001

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use.



U.S. PATENT NO. 6,716,234 and PATENT PENDING
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