

Augmentation of the medial collateral ligament



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Note : *The reinforcement of the medial collateral ligament (M. C. L.) is indicated in multiple injuries and after reconstruction of the cruciate ligament.*

Ligament

Specific ligament to be used is the **LARS MCL 32**.

It comprises 3 zones :

- cylindrical and knited for the femoral tunnel,
- free fibers corresponding to the M. C. L. itself,
- flat and knited for the tibial insertion.

Isometry

Finding femoral attachment of the M. C. L. after elevating the lower edge of the vastus medialis.

Finding tibial attachment under the pes anserinus tendons.

Isometry is evaluated between 0° and 90° of flexion with the help of a divider. Each extremity is first placed at the center point of the anatomical center point of the tibial and femoral insertions.

The precise adjustment is then carried out while flexing the knee.

- closing of the divider in extension means that the femoral point is too anterior,

- opening of the divider at 45° and closing again means the femoral point is too distal.

When the femoral point is defined, the femoral tunnel is drilled obliquely from that point to the lateral cortex (drill bit Ø 5 mm).



MCL 32
Ref. L060305

Tibial fixation and passage of the ligament

A 8 mm *LARS staple* (ref. G100822 or G200820) is centered on the tibial isometric point and inserted on the flat tibial zone of the ligament.

The ligament is folded over this first staple and a second staple is inserted 5 to 10 mm above.

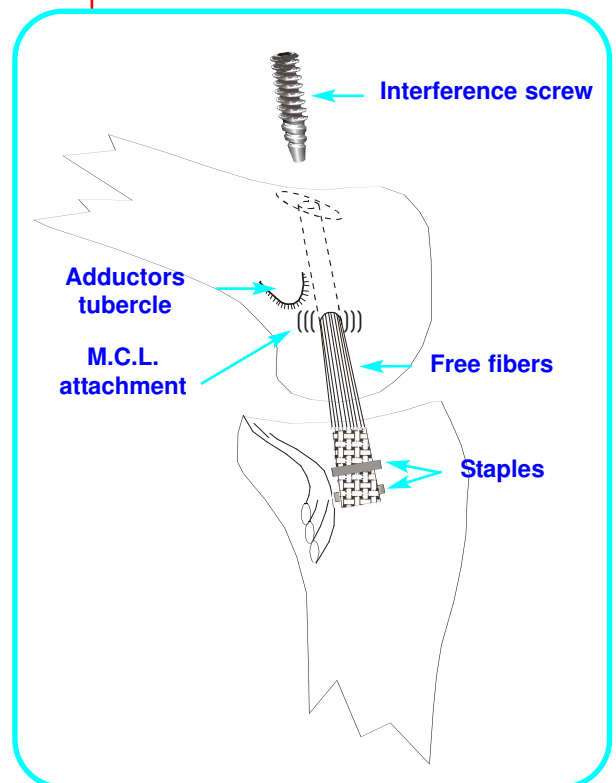
A canula is passed through the femoral tunnel and a wire loop is inserted into the canula through a micro incision at the lateral aspect of the thigh. The wire loop is used to pull the cylindrical zone of the ligament into the femoral tunnel. The ligament must not be twisted and the free fibers must remain parallel.

The ligament is tightened with the knee in extension, but the tensioning must be adjusted to allow the normal physiological laxity in flexion.

The fixation is made with a *LARS interference screw* 6 x 30 (ref F110630) or 7 x 30 (ref F110730) according to the bone density.

The extremity of the ligament is cut flush to the lateral cortex.

The remnants of the M. C. L. are sutured over the synthetic material.



Post op cares

- A brace is not necessary.
- Immediate mobilization and pull weight bearing.
- Immediate rehabilitation.



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