



QuadPro™ Tendon Harvester

Tips and Pearls

The QuadPro tendon harvester was developed to further Arthrex's commitment to Helping Surgeons Treat Their Patients Better™. It was specifically engineered to allow efficient, safe graft harvesting while reducing the morbidity and challenges associated with traditional harvesting techniques.

Surgical Technique

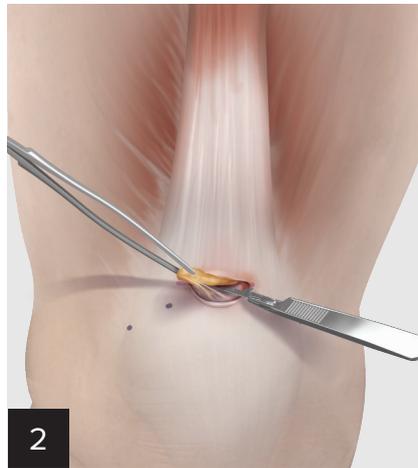


Incision

The surgeon has flexibility to choose the size and type of skin incision. Either a transverse or longitudinal incision can be used.

A small 2 cm transverse skin incision offers the least morbidity, best cosmesis for the patient, and better distal graft visualization.

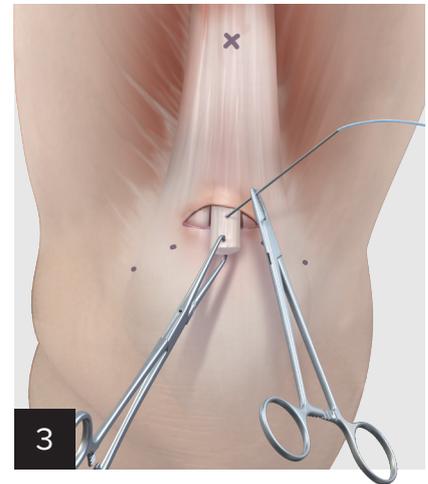
This incision should be made approximately 1 cm to 2 cm proximal to the superior edge of the patella and centered over the tendon.



Dissection

Remove as much subcutaneous fat as can be seen within the incision so the musculotendinous anatomy can be visualized. It is important to appropriately size the tendon to the tip of the harvester. If too much tissue is used, the tip of the device will struggle to advance past the end of graft and may lead to inadvertently cutting the tagging suture.

The tip of the harvester can be colored with a marking pen and used to stamp the tendon prior to incising it. This circular mark on the tendon will indicate where to place the longitudinal incisions when releasing the tendon from the proximal pole of the patella. Only 2 cm to 3 cm of graft need to be released distally.



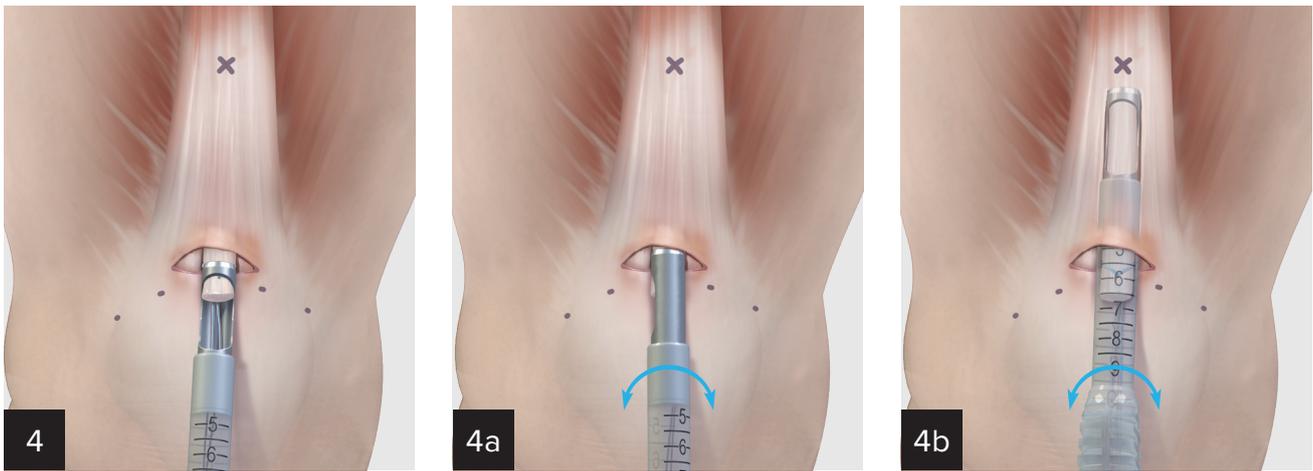
Tagging Suture

Use a FiberLoop® suture with a straight needle to place a tagging suture into the end of the graft. One to two passes should be sufficient. Be sure that the last pass of the needle exits out the distal end of the graft to promote graft entry into the harvester.

After placing the tagging suture, use the weight of the needle to aid in shuttling the suture through the cannulation in the QuadPro harvester.

Cut off the needle and place a clamp on the tagging suture for better grasping and tensioning of the suture.





Coring the Graft

Hold the knee at 90° of flexion to ensure appropriate tension on the tendon. Take care when advancing the distal portion of the graft into the sharp tip of the harvester, ensuring the tagging suture is not cut. If resistance is felt, place the knee between 30° and 60° of flexion to reduce tension on the quad tendon during harvest.

If the tendon is overtensioned, it may increase the risk of transecting the tissue fibers.

While applying gentle tension on the graft sutures, the harvester can be advanced proximally using controlled, quarter-turn rotations all in the same direction or, alternatively, by rotating the harvester back and forth (4a). The QuadPro™ harvester should be directed parallel to the femur; be sure not to aim anterior or posterior. A straight push of the harvester will not core out the graft efficiently. The more rotation used, the better the harvester will core out the graft (4b).



Amputating the Graft

After the proper length of graft is achieved, back the harvester out of the incision until the distal portion of the graft can be seen in the amputating window of the harvester. At this point, retrieve the sutures through the window while taking care to advance the harvester back up into the incision to the desired graft length (5).

The graft will be adjacent to the graduations on the harvester handle. Keep tension on the graft sutures and insert the push rod into the harvester (5a). With a strong squeeze in a syringe-like motion, the graft will be amputated proximally and can be retrieved through the window (5b).

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. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.