

# Deltoid Reconstruction Implant System

Product and Technique Highlights

## Product Overview

The deltoid ligament reconstruction implant system provides a turnkey repair technique to treat chronic deltoid ligament pathology. Using a free tendon graft to recreate both the superficial and deep bands of the deltoid ligament, surgeons can achieve a reproducible, rigid, anatomic reconstruction for patients presenting with chronic, medial instability.

## Product Highlights

- **All-in-one implant system** – designed specifically for deltoid ligament reconstruction, all the necessary implants, drill bits, guidewires, and sutures are included in one convenient implant system
- **Presutured allograft** – remove all guesswork from the procedure using the sterile, presutured and sized allograft available through our tissue partners
- **Dynamic control of final tension** – dial in final tension of repair construct by toggling TightRope® sutures
- **BioComposite tenodesis screws** – provide solid fixation of the graft in the talus and calcaneus

## Ordering Information

Product Description	Item Number
<b>Deltoid Ligament Reconstruction Implant System</b>	<b>AR-8918CP</b>
TightRope RT Implant	
BioComposite Tenodesis Screw on Disposable Tenodesis Driver:	
4.75 mm × 15 mm (green)	
5.5 mm × 15 mm (blue)	
6.25 mm × 15 mm (white)	
Spade Tip Pin, 4 mm	
Guide Pins w/ Eyelet, 2.4 mm, qty. 3	
#2 FiberLoop® Suture on Straight Needle, blue, qty. 2	
#2 FiberWire® Suture w/ Single Curved Needle, blue, qty. 2	
#2 FiberTape® Suture, blue, qty. 2	
Cortical Button on Inserter	
Free Needle, curved	
Drill Bits, cannulated, 4.0 mm, 5.0 mm, 5.5 mm, 6.0 mm, 6.5 mm	
Ruler, 6 in	

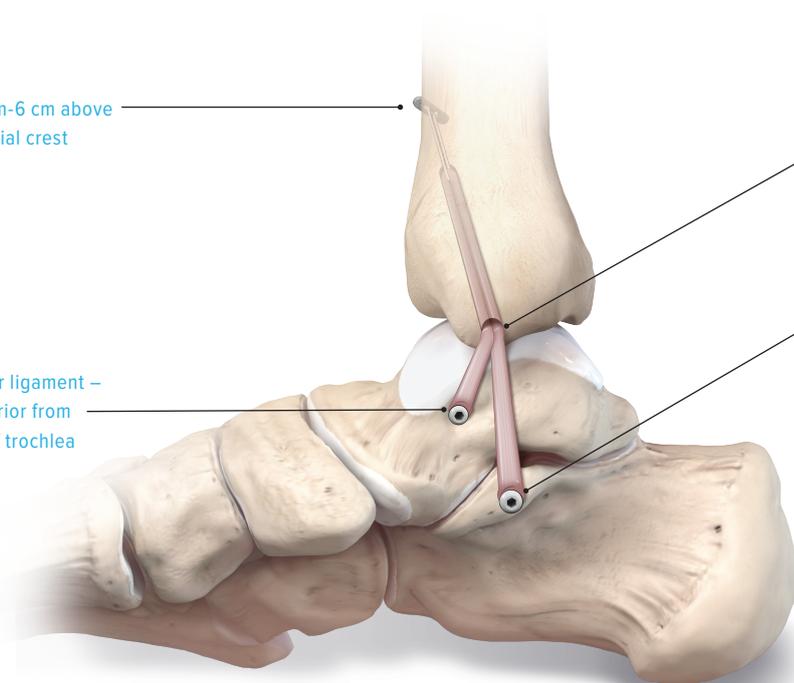


Button should rest 5 cm-6 cm above joint line at anterior tibial crest

6.0 mm anterior to distal center of intercollicular groove, tunnel depth of 30 mm-40 mm

Deep anterior tibiotalar ligament – 12.2 mm posterior/inferior from anteromedial corner of trochlea

Tibiocalcaneal ligament – 8.0 mm from posterior point of sustentaculum tali



## Abbreviated Surgical Technique Steps

Step	Description
1	Feed graft through TightRope® construct and mark at 15 mm
2	Drill 4 mm spade tip TightRope pin into medial malleolus – exit 5 cm-6 cm above the joint line, at anterior tibial crest
3	Overdrill medial malleolar tunnel with appropriate diameter drill to depth of 30 mm-40 mm
4	Feed TightRope construct sutures into drill pin eyelet and shuttle construct through tibial tunnel
5	Flip button on tibial cortex
6	Tension 15 mm of graft into bone tunnel initially by toggling white TightRope sutures
7	Insert 2.4 mm guide pin into talar tunnel – 12 mm posterior from anteromedial corner or trochlea
8	Drill with appropriate reamer to a depth of 20 mm
9	Insert graft and tenodesis screw into talar tunnel
10	Insert 2.4 mm guide pin into calc tunnel – 8 mm anterior from posterior corner of sustentaculum tali
11	Drill with appropriate reamer to a depth of 20 mm
12	Mark graft at insertion to calc tunnel and add 15 mm distally
13	Whipstitch graft with FiberLoop® suture and cut excess remaining tendon
14	Insert graft and Tenodesis Screw into calc/sustentaculum tunnel
15	Set final tension by toggling white TightRope sutures to desired tension level

## Allograft Ordering Information

Allografts are ordered separately through our tissue partners, JRF Ortho or LifeNet Health.

JRF Ortho Orders: 877-255-6727

JRF Ortho Part Number: VRG-001

LifeNet Health Orders: 888-847-7831

LifeNet Health Part Number: FCON



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.