

Mini PushLock[®] CCL Anchor

Surgical Technique for Toy Breed Dogs and Cats



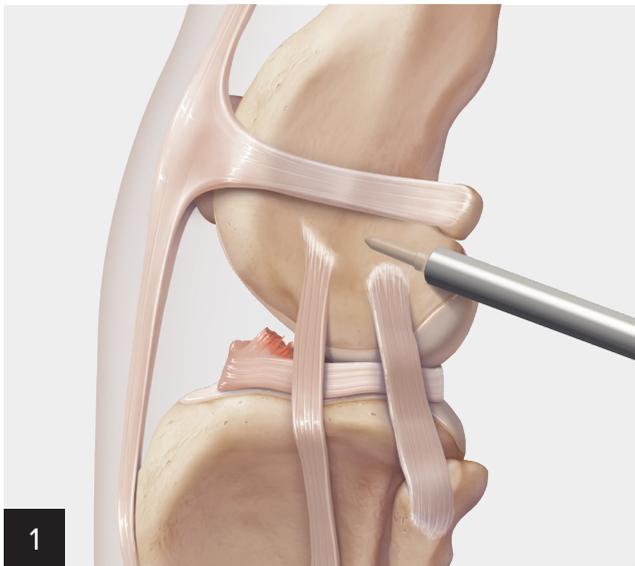
Arthrex[®] 
Vet Systems

Mini PushLock® CCL Anchor Technique Guide

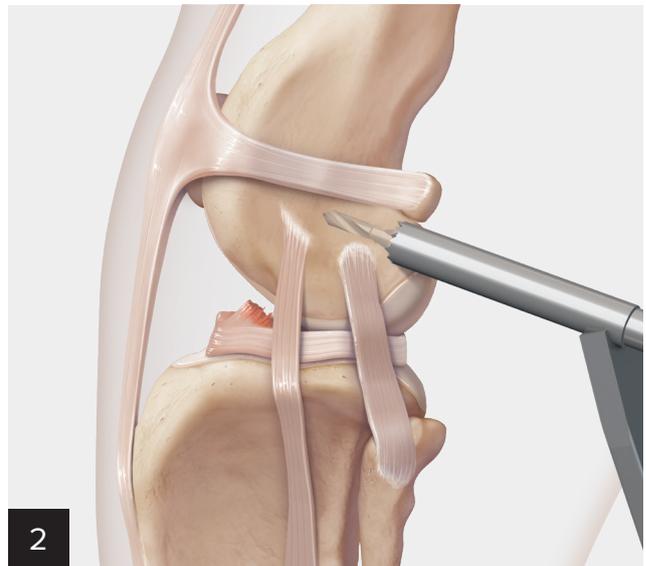
This technique is recommended for patients under 10 lb (4.5 kg). The patient may be placed in dorsal recumbency and prepared for surgery of the affected stifle. Strict adherence to aseptic technique for patient preparation and surgery is critical to success. Preparation and draping such that the limb is exposed from proximal thigh to below the hock is recommended to allow for adequate stifle palpation and manipulation during surgery.

Perform a lateral or medial parapatellar approach with arthrotomy, or stifle arthroscopy, to allow for complete exploration of the stifle joint and visualization and palpation of the menisci. Pathology of the cranial cruciate ligament and meniscus should be treated appropriately. Thoroughly lavage the joint and close the joint capsule. Expose the caudolateral aspect of the stifle by caudal dissection and retraction of the lateral fascial incision when an arthrotomy has been performed or by mini-incision through the skin and fascia from the lateral fabella to the tibial tuberosity after arthroscopy has been performed.

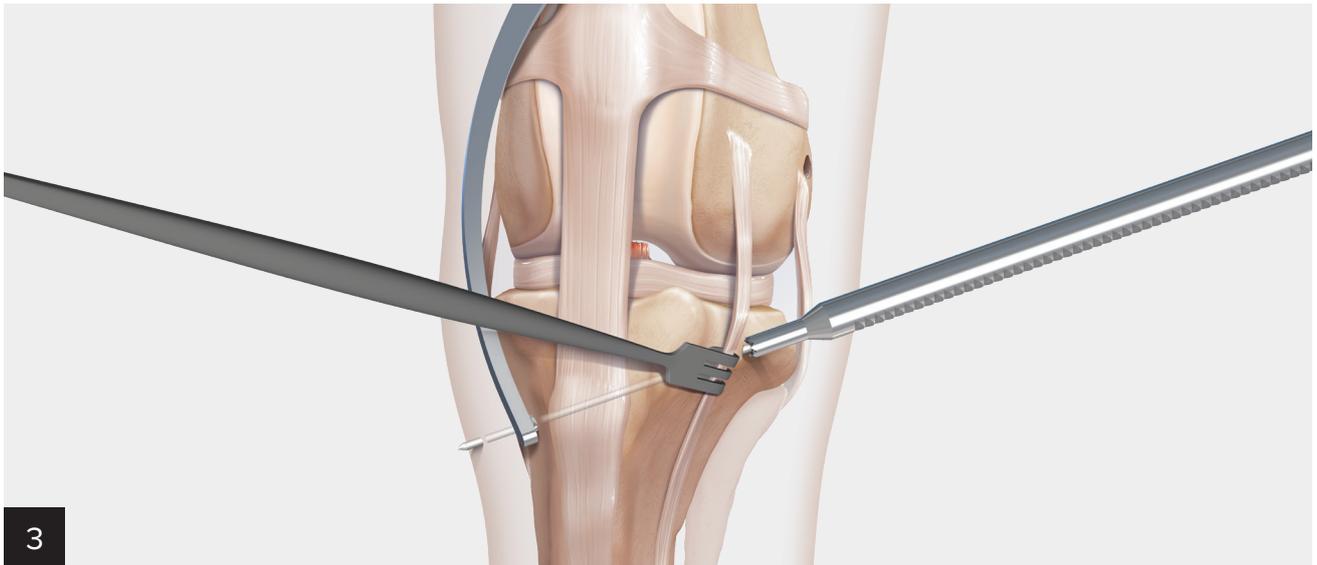
Knotless Technique



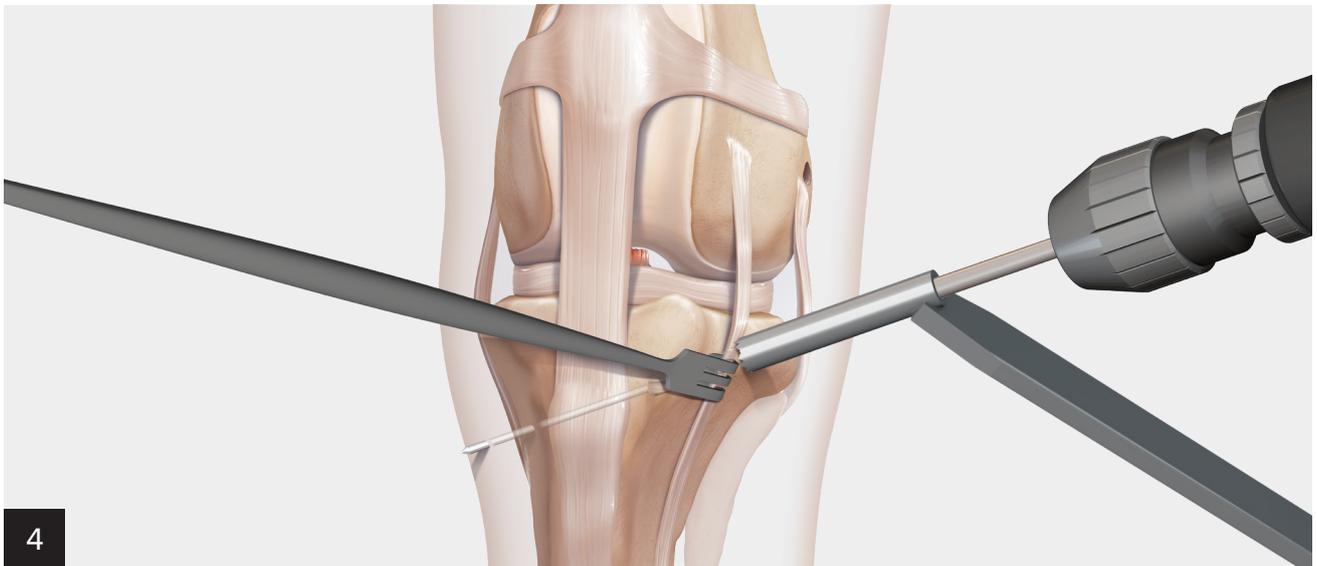
The location for the 2.5 mm Mini PushLock anchor is just lateral to the femoral-fabellar joint at the distal end of the small ridge on the femur at this site. This will be approximately 2 mm to 4 mm from the distal pole of the fabella dependent on patient size. Make a mark at this location using the bone punch and mallet. Strike with a mallet to create a pilot hole for the drill bit.



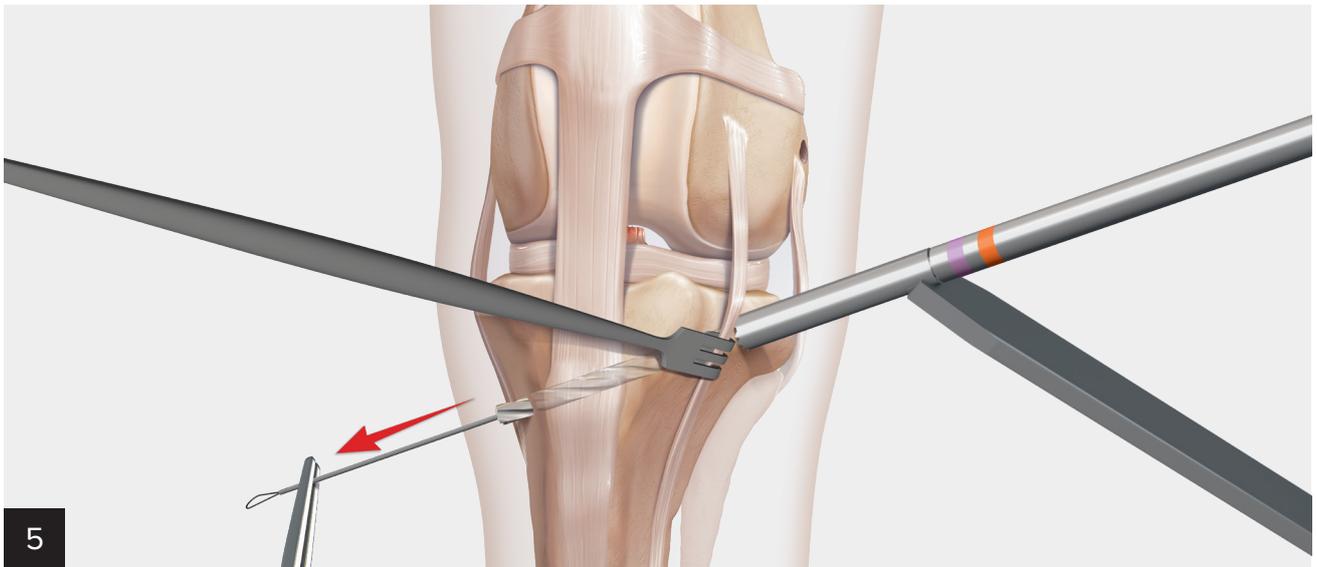
Using the 1.8 mm drill bit and drill sleeve, drill a tunnel at the femoral site parallel to the femoro-fabellar joint line at a 45° to 60° angle to the femur. The drill bit contains a depth stop to prevent over-drilling of the hole.



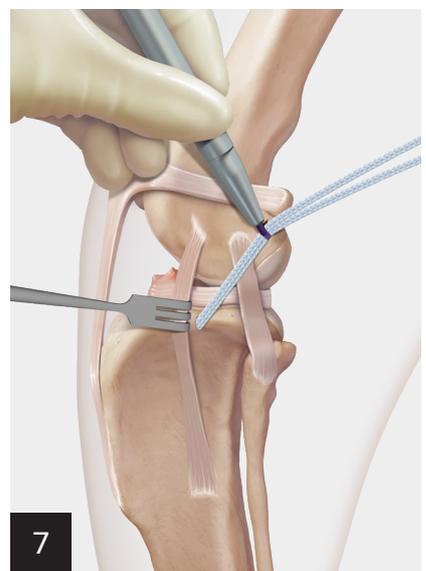
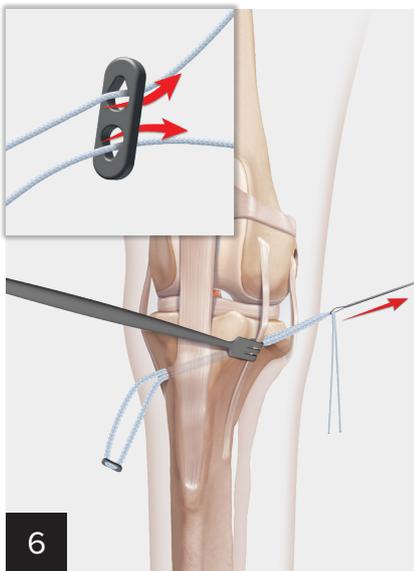
Place a 0.049 inch (1.24 mm) guidewire on the tibial site and advance through the tibia at a 20° proximal and 20° caudal angle to exit medially within the footprint of the caudal sartorius insertion. An aiming guide may be used to ensure accurate placement of the guidewire. Drill over the guidewire with the 2.0 mm cannulated drill bit. Create a small approach to expose the target site on the medial surface of the tibia. If doing open arthrotomy, a second approach may not be necessary.



Drill over the guidewire with the 2.0 mm cannulated drill bit (protect the soft tissues). Create a small approach to expose the target site on the medial surface of the tibia. If doing open arthrotomy, a second approach may not be necessary.

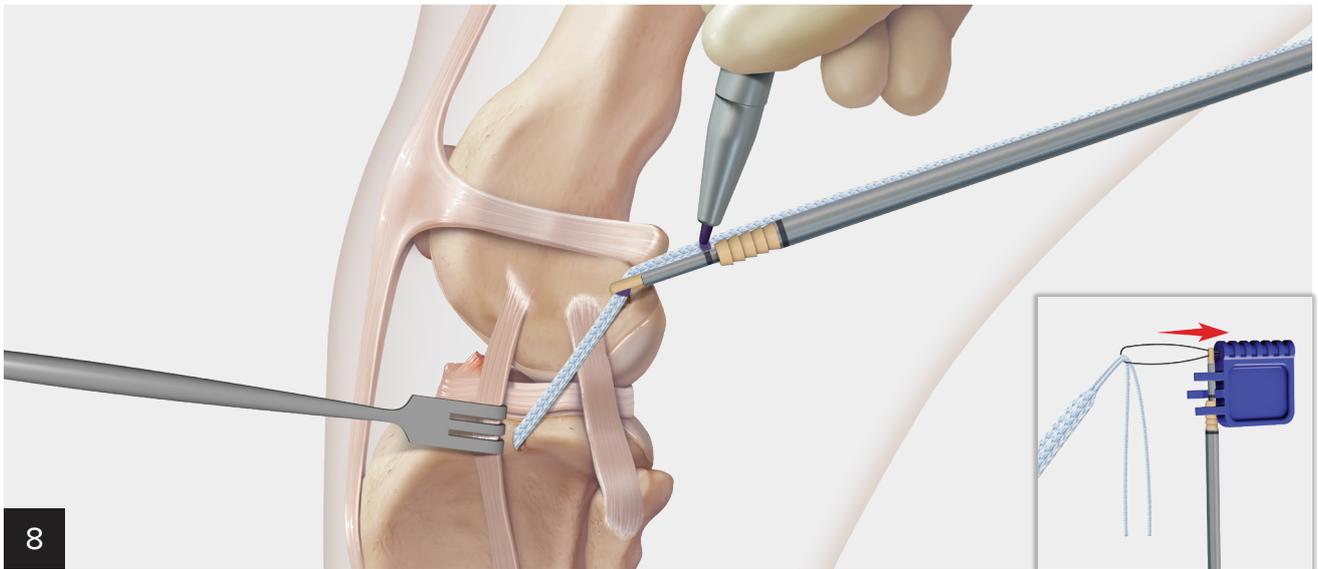


Leave the 2.0 mm cannulated drill bit in position and remove the guidewire using a pair of hemostats. Place a Nitinol suture passer through the cannulation. The orientation of the loop will be dependent on the choice of knotless or knotted technique. Clamp the end of the Nitinol suture passer with a small hemostat to prevent it from being accidentally withdrawn from the tibial tunnel. Remove the 2.0 mm cannulated drill bit.

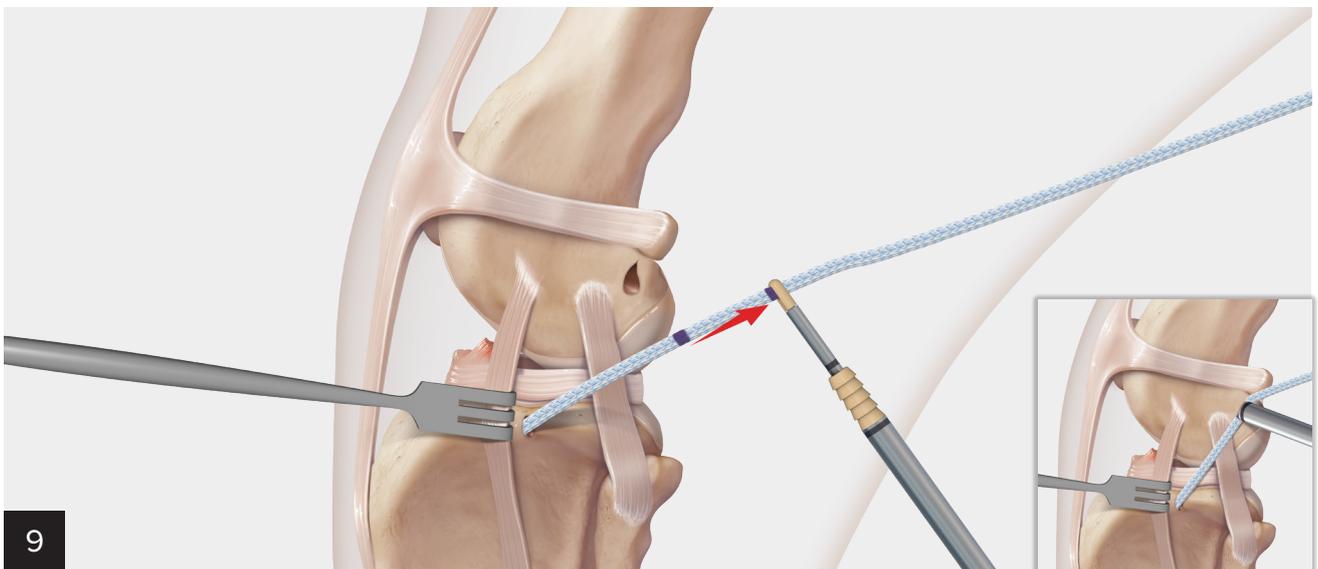


Place a 2-hole button on the SutureTape and run it down to the middle of the strand. Shuttle both ends of the SutureTape through the tibial tunnel using the prearranged Nitinol suture passer, locking the 2-hole button tightly to the tibia with no interposing soft-tissue. Pull both limbs of the suture taut and lay over the predrilled hole in the femur.

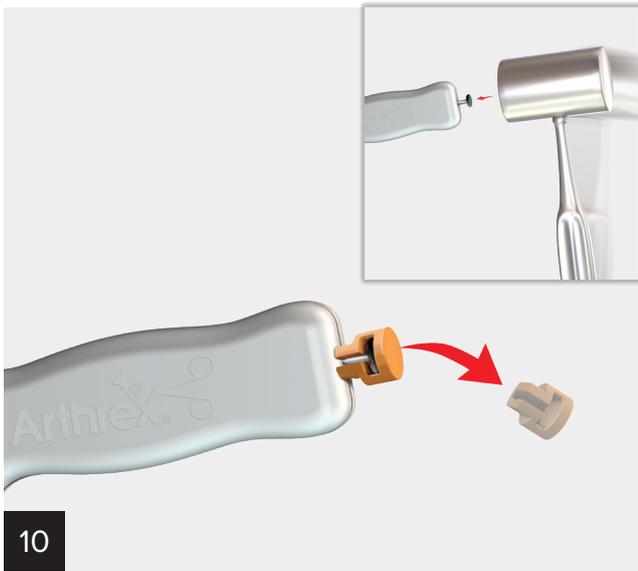
With the marking pen, mark the location of the center of the hole on the suture.



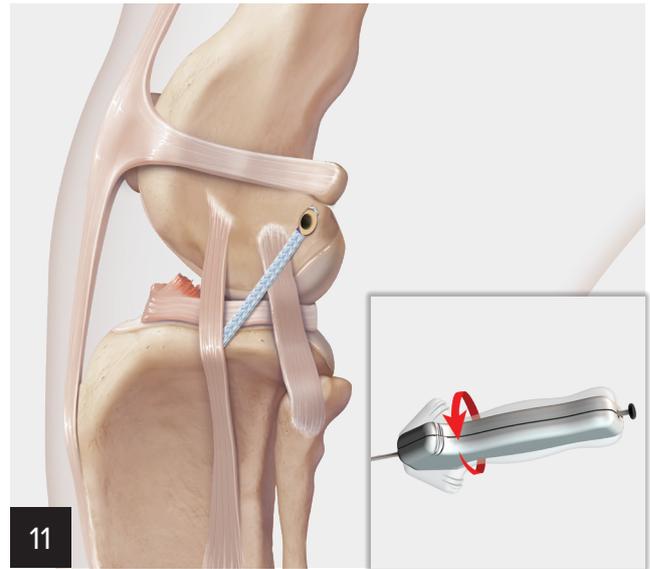
Load the SutureTape through the tip using the preloaded suture passer and slide eyelet of anchor over the mark created in previous step. Pull both limbs of the suture material up shaft of Mini PushLock® anchor and mark the location of laser line on suture.



Move the eyelet to this mark and advance the anchor and suture into the F2 tunnel.

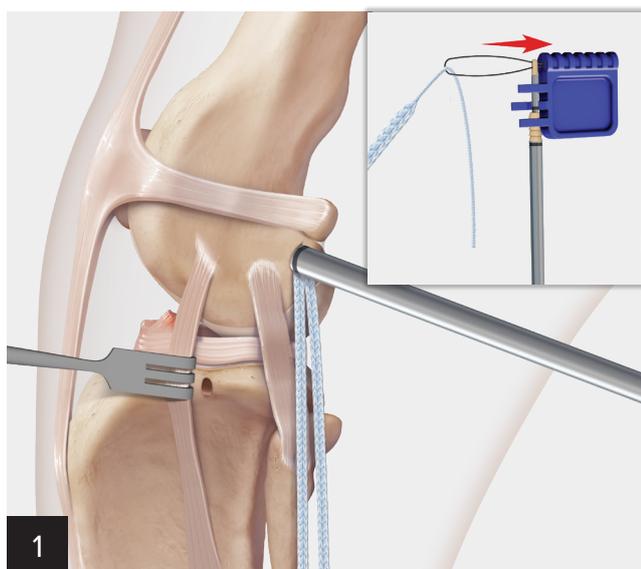


10 Remove the orange safety tab from the end of the Mini PushLock anchor inserter and impact with a mallet until the anchor is completely seated to the laser line.

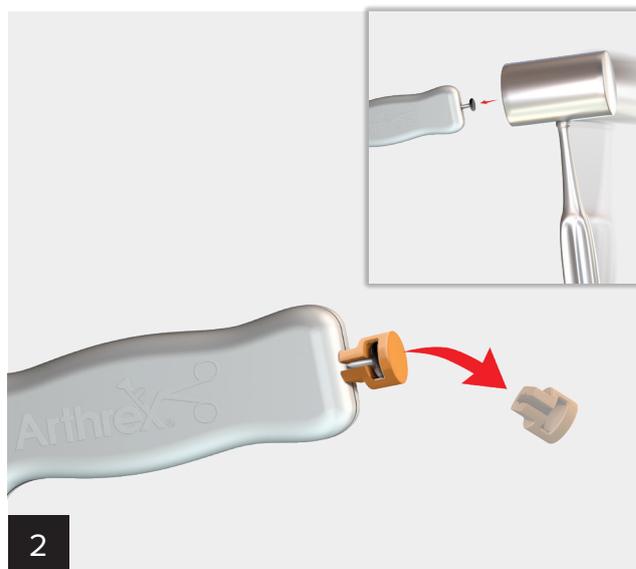


11 Once seated, unscrew the handle from the Mini PushLock anchor (rotate counterclockwise 6 full turns) and cut the excess SutureTape flush at the anchor. Final fixation.

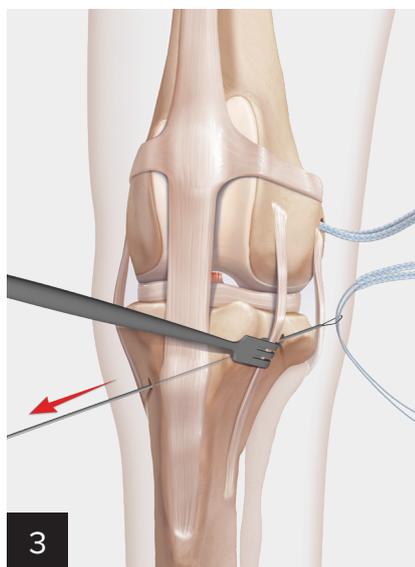
Knotted Technique



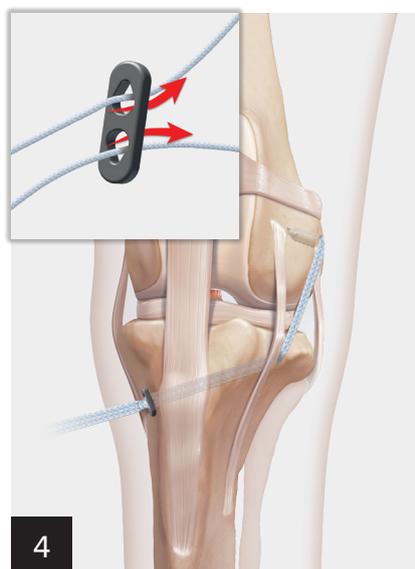
Using the suture passer on the Mini PushLock® anchor, load a piece of SutureTape through the eyelet on the anchor, pulling it through so that 2 limbs of approximately equal length are created. Advance the anchor and suture into the F2 tunnel.



Remove the orange safety tab from the end of the Mini PushLock anchor and tap with a mallet until the anchor is completely seated to the laser line.



Insert both limbs of SutureTape into the Nitinol suture passer and pull the SutureTape through the tibial tunnel.



Load each limb of the SutureTape onto the 2-hole button. Tension the SutureTape appropriately and tie securely with two surgeon's throws followed by 3 half-hitches on alternating posts.



Cut off excess SutureTape. Final fixation.

Ordering Information

Product Description	Item Number
PushLock® Convenience Pack, 2.5 mm	VAR-8825PK
Mini PushLock Anchor, PEEK, 2.5 mm, 5 per box	VAR-8825P
SutureTape, 38 in, white and blue, 5 per box	VAR-7580
2-hole button, 2.6 mm	VAR-8921

Instruments

Product Description	Item Number
Punch for 2.5 mm PushLock Anchor	VAR-1322P
Drill Guide/Tissue Protector for 2.5 mm PushLock Anchor	VAR-8825DG
Drill Bit for Soft Bone, 1.8 mm	VAR-8825D-01
Drill Bit for Hard Bone, 2.0 mm	VAR-8825D-02
Cannulated Drill Bit, 2.0 mm	VAR-8933-20C
Guidewire, 0.049"/1.24 mm	VAR-8920P
Nitinol Suture Passing Wire	VAR-1255-08
Aiming Guide	VAR-2810

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