ACROLIG®
Acromioclavicular Stabilization Plasty

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Table of contents

1. Anatomic Reminder
2. Stages of the Acromioclavicular Luxation
3. Surgical Technique
4. Competition
5. Implants & Instruments
6. Rehabilitation protocol
1. Anatomic Reminder

- The acromioclavicular joint connects the acromion and the clavicle.
- It is a flat and synovial type.
- The synovial liquid of the synovial membrane is contained in a joint capsule.
Acromioclavicular ligament: It reinforces the upper part of the capsule. Made of two plans:

- **Deep plan**: it is a thickness of the capsule
- **Surface plan**: independent from the capsule

Coracoclavicular ligament: Composed of two beams:

- **Conoid ligament** (postero-medial, triangular)
- **Trapezoidal ligament** (antero-lateral, trapezoidal)
2. Stages of the Acromioclavicular Luxation

Stage 1: Simple distorsion, partial lesion of the ligaments without instability of the clavicle.

Stage 2: The acromioclavicular ligaments are slack but not broken. Discrete mobility of the clavicle in the piano key (vertical mobility), without any antero-posterior mobility.

Stage 3: Complete luxation of the acromioclavicular and coraco-clavicular ligaments. Visible deformation of the shoulder with important projection of the external end of the clavicle, it can be reduced by a simple pressure (piano keys). An abnormal antero-posterior mobility can also exist.

Stage 4: Idem at the stage 3 with a rupture of the delto-trapezoidal cap.
Stages 1 & 2

Stages 3 & 4
3. Surgical Technique
Approach

The approach use is named « epaulette ». It is an antero-posterior opening which is made to well expose the coracoid access.

Other ways are initially possible according to the surgical practices but they must take into consideration the coracoid exposure.
In the event of disinsertion of the delto-pectoral cap, the coracoid is easily approached from the front of the clavicle. In other cases, the fibres of the anterior deltoid can be detached longitudinally perpendicular to the coracoid.

The flat part of the ligament is then inserted through the loop and pulled tight.
In old lesions:

Use the same fitting technique to strengthen a Padlock-type ligament repair. A resection of the distal cm of the clavicle is often associated with this.

**Clavicular Time**

The first flat section of the ACROLIG® "knots" around the clavicle from front to back, reducing the coracoidoclavicular subluxation.

It is pulled back using the second flat section. It reduces both anterior and posterior subluxations while strengthening acromioclavicular ligament repair.

Put a stitch at the crossing of the ligament to maintain properly the reduction.
Fixation of the tensioned ligament on the acromion using the ACROFIX® staple and screw perpendicular to the posterior edge of the clavicle (thickest area of the bone).
4. Competition

LARS (BIOMET)

- In the LARS Instrumentation set with using synthetic ligament.
- LARS LAC 20 diam. 3.7 mm
- LAC 30 diam. 4.5 mm
- A rebuilding with beams.
- Fixing by 2 conical screws ligamentaires out of titanium diam. 5.2 X 15 mm and diam. 4.7 X 15 mm
- The intern beam reduces the drawer the external beam reduces the piano key.
- Immediate mobilization, resumption of the sport at 5 weeks.
5. Implants & Instruments

FX290.202 ACROLIG™ Ligament

FX209.201 Fixation staple H. 10mm
FX290.200 Locking screw

FX629.200 Drill guide Ø 3.2mm
FX629.201 Impactor screwdriver
FX629.202 Right grommet
FX629.203 Left grommet
FX629.204 Drill Ø 3.2mm
FX688.802 Hexagonal 2.5mm screwdriver

FX629.210 Complete instrumentation
FX629.211 Container
6. Rehabilitation Protocol

- Immobilization of the elbow on the body during 3 weeks with a slight work.
- Immobilization with a jersey type FAG or IMMO DONJOY
- Mobilization at the end of three weeks (at this stage the pendular motions are prohibited!!).
- After this time a Physiotherapist will work on it.
- No axial traction before two months.
- No fighting or violent sports before three months.