

# ACROLIG<sup>TM</sup>

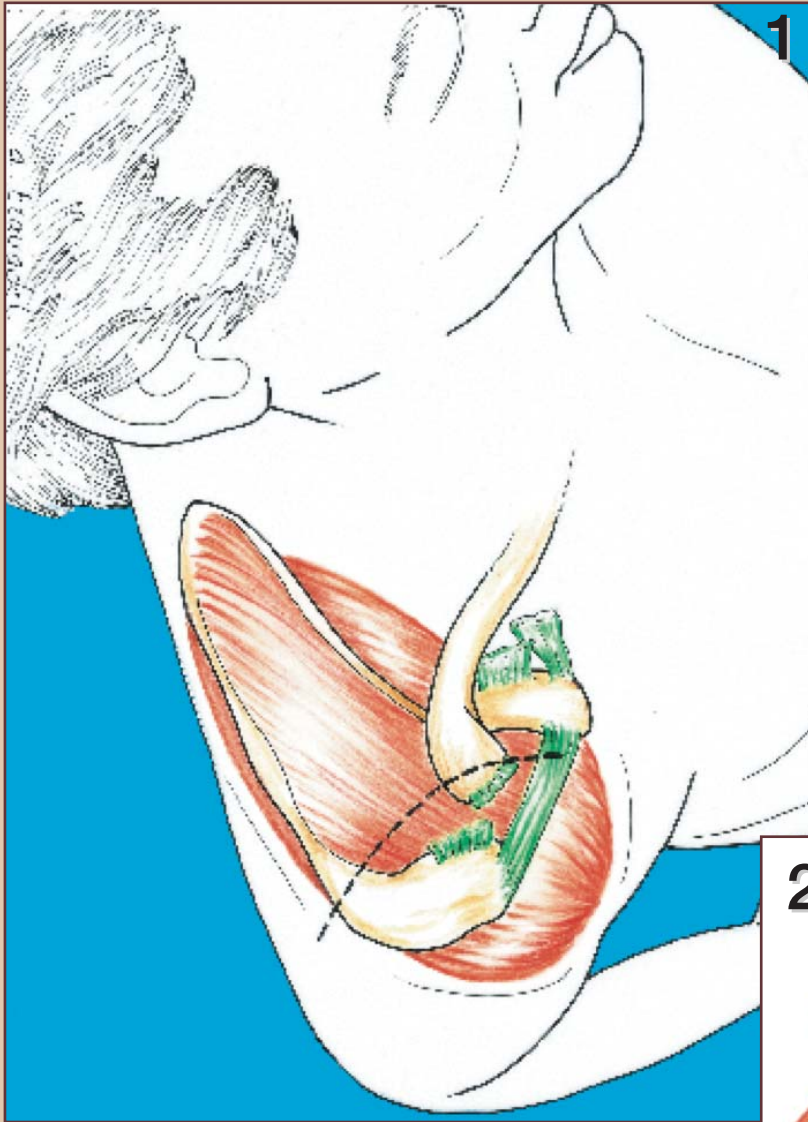
Acromioclavicular stabilization plasty



## ACROLIG<sup>TM</sup> PLASTY IS INDICATED

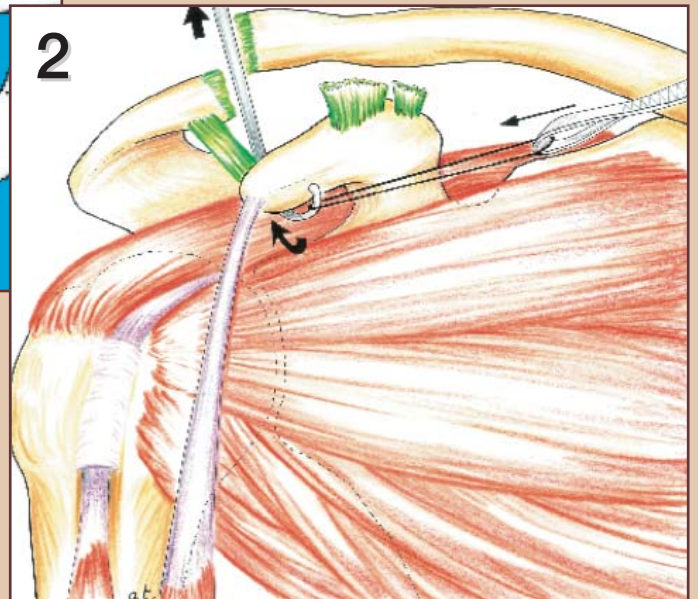
1. In new lesions where it will maintain reduction during the period of ligament healing and assure secondary reinforcement.
2. In chronic lesions where its role of “tutor” will guide the colonisation of collagen and the reconstruction of new coracoclavicular and acromioclavicular ligaments.

# SURGICAL TECHNIQUE



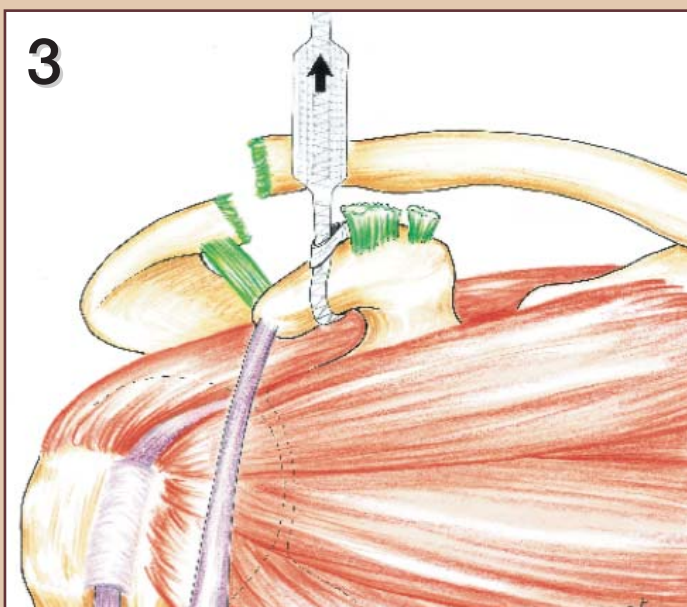
1. Note that the patient is under general anaesthetic in a semi-reclining position releasing the shoulder.

The approach used is an anteroposterior approach to the “epaulette” between the coracoid process at the front and the acromion at the back. The delto-trapezial fascia is opened in “J” following the curve of the acromion by adapting itself to possible associated musculo-aponeurotic lesions.

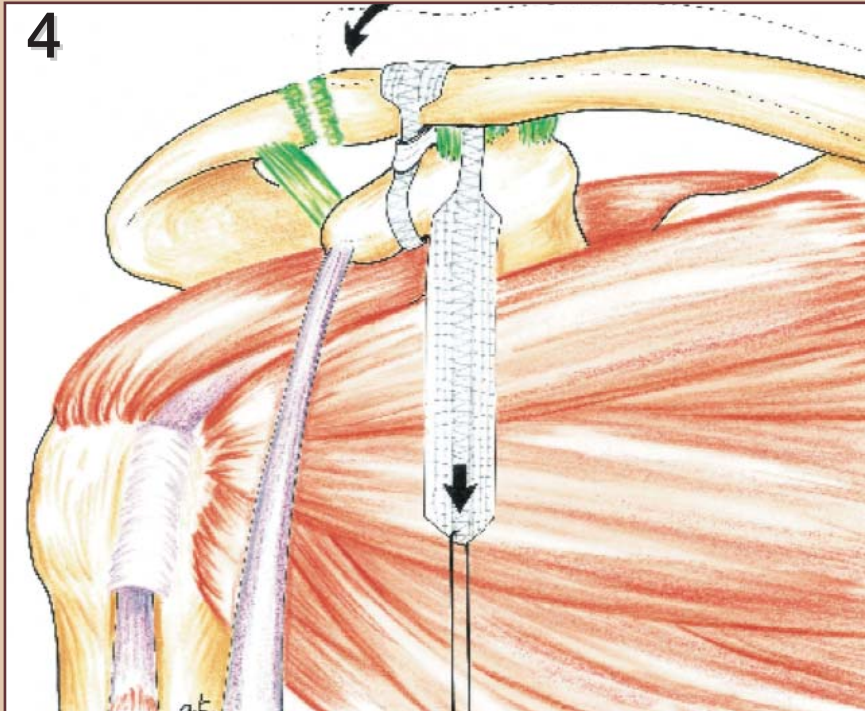


2. In the event of disinsertion of the delto-pectoral yoke, the coracoid is easily approached from the front of the clavicle. In other cases, the fibres of the anterior deltoid can be detached longitudinally perpendicular to the coracoid without requiring the disinsertion of the deltoid.

The “loop” end of the ACROLIG™ is threaded under the coracoid using the tendon guide or a dissector.



3. The flat part of the ligament is then threaded through the loop and pulled tight.

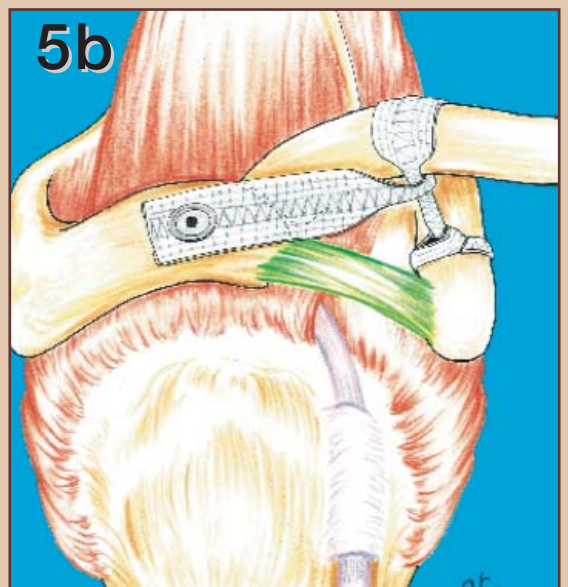
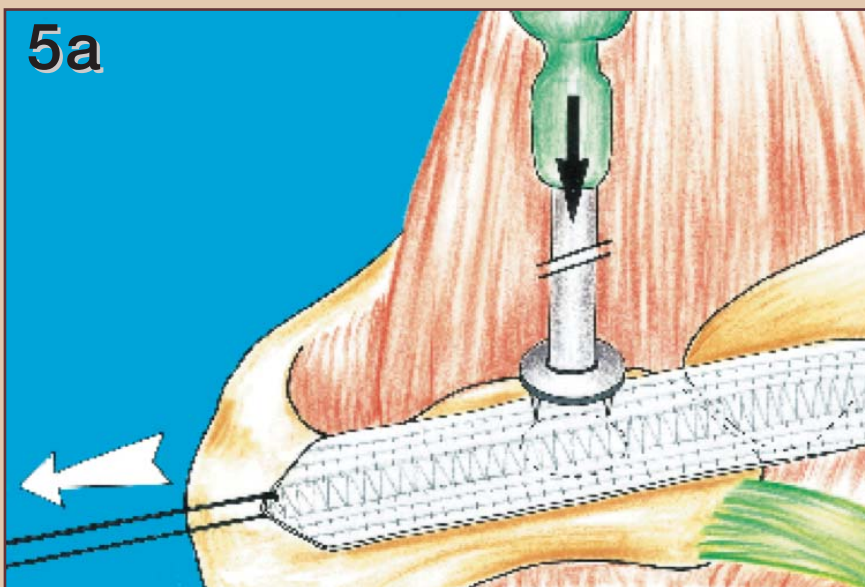


4. The first flat section of the ACROLIG™ “knots” round the clavicle from front to back, reducing the coracoidoclavicular subluxation, a stop point allowing for fixing this first time of reduction.

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

In old lesions:

A resection of the distal cm of the clavicle is often associated with this.



5. Fixation of the tensioned ligament on the acromion using the fixation staple and the locking screw perpendicular to the posterior edge of the clavicle (thickest area of the bone). The fascia previously opened in a “J” is re-closed with staples and its suture is supported on the flat part of Acrolig.

## POST-OPERATIVE PROTOCOL

An immobilisation of the elbow to the body takes place for 3 weeks supporting the weight of the arm during the period of healing. *Pendular mobilisation of the arm is forbidden* during this period followed by a classic protocol of re-training for one or two months.

Most sports activities (and notably contact sports) may be resumed during the post-operative 3<sup>rd</sup> month.

# PRODUCT DESCRIPTION

The ACROLIG™ is a flat reinforcing strip of 20 X 160 mm made from Polyethylene Terephthalate, a material that is widely proven in ligament repair and reconstructive surgery. The fiber is the result of the best manufacturing processes in compliance with current standards - ISO 13485 and CE marking - and requirements for perfect biocompatibility for implants: tests available on request.

This ligament has been specially designed for articular triplasty, hence its unique design in three sections to suit the anatomical imperatives of the coracoid, acromion and clavicle.

## FIXATION SYSTEM:

Titanium TA6V staple + locking screw specially designed for fixation through the ACROLIG™ ligament into the acromion.

## OBJECTIVES FULFILLED BY ACROLIG™ (fresh and old lesions) :

1. Reduction in acromioclavicular dislocation.
2. Repair and strengthening of all injured ligament structures.
3. Avoid the anterior subluxation effect of simple coracoclavicular cerclages.
4. No need for additional pins.
5. Easily tensioned using the acromial staple.
6. Perfect fit of the ligament to the anatomy (no fragilisation of the clavicle by fixation through the bone or shearing by a cylindrical ligament).
7. Reinforced healing of the ligament providing secondary stabilisation of the joint.
8. Decrease the risk of repeated rupture.
9. Early full functional recovery for work and sport.

# IMPLANTS

FX290.202	ACROLIG™ Ligament
FX290.201	Fixation staple H. 10 mm
FX290.200	Locking screw



# INSTRUMENTS

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



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