ArthroBrostrom[®]

The Only Arthroscopic Ankle Ligament Repair Kit

- Restores stability
- Smaller incision than an open Brostrom
- Potential for less pain and less swelling



http://tinyurl.com/arthrobrostrom-info

This device and surgical procedure was developed in conjunction with Peter Mangone, M.D. and Jorge Acevedo, M.D.

Surgical Technique Overview

Standard anteromedial and anterolateral portals are made. Viewing from the anteromedial portal, debridement of the joint is performed with particular attention paid to preparation of the anterior aspect of the distal fibula.



Assemble the Drill Guide, obturator and K-wire from the kit. Place through the anterolateral portal onto the inferior aspect of the fibula, approximately 1 cm proximal to the tip of the distal fibula.



Pass the SutureLassoTM "inside-out" through the portal, the extensor retinaculum and capsular tissue into the joint, and then pass the nitinol wire loop through the lasso exposing the outside of the soft tissue.



Make a small incision (5 mm) between the inner two holes and retrieve all suture limbs through the central incision using an arthroscopic probe (see inset).

ArthroBrostrom Kit (AR-8936BC-CP) includes:

Arthroscopic Drill Guide Obturator Cannulated Step Drill, 2.4 mm Solid Step Drill, 2.4 mm Guidewire, 1.2 mm Micro SutureLasso, lateral ankle Micro SutureLasso, small curved 3 mm x 14 mm BioComposite SutureTak, one #1 FiberWire, blue 3 mm x 14 mm BioComposite SutureTak, one #1 TigerWire, white/black Optional Accessories:Ankle Arthroscopy SetAR-8655SAnkle DistractorAR-1713SAnkle Distraction StrapAR-1712



For more information on foot & ankle procedures please scan the QR code



Drill with the cannulated Step Drill until it "bottoms out" on the Drill Guide. Remove the K-wire and insert the anchor into the drill hole. Tap with a mallet until the laser line on the driver is in contact with bone (see inset).



Repeat with the second SutureLasso 1 cm from the first suture, along the inferior extensor retinaculum. Place the second anchor 1 cm superior to the first and repeat steps 1 through 3.



Bluntly dissect down to the inferior extensor retinaculum. Tie down the sutures so they lie flush on the retinaculum with distraction released and the ankle held in neutral position. All portals are closed in a routine fashion.

