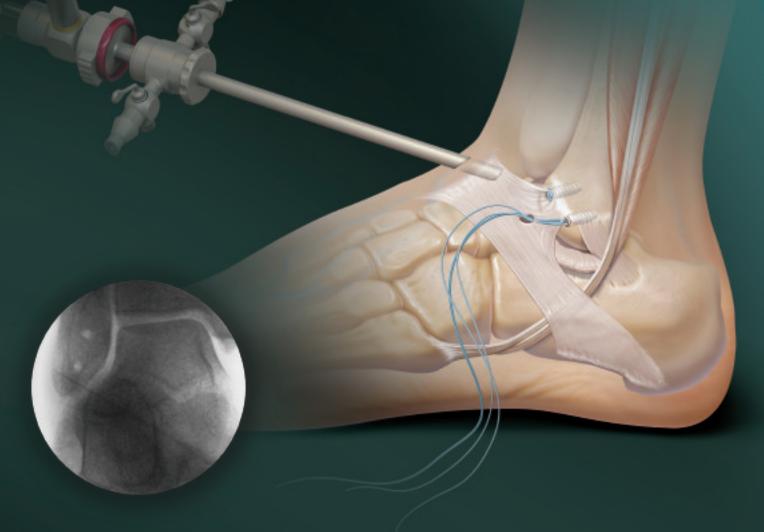
## **ArthroBrostrom®**

The Only Arthroscopic Ankle Ligament Repair Kit

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



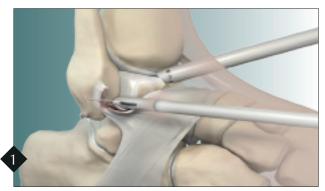


http://tinyurl.com/arthrobrostrom-info

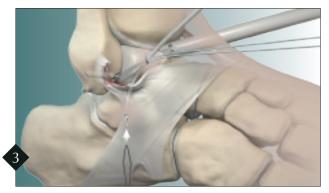
This device and surgical procedure was developed in conjunction with Peter Mangone, M.D. and Jorge Acevedo, M.D.

## Surgical Technique Overview

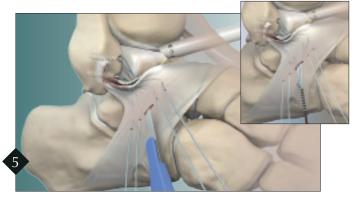
Standard anteromedial and anterolateral portals are made. Viewing from the anteromedial portal, debridement of the joint is performed with particular attention paid to preparation of the anterior aspect of the distal fibula.



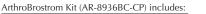
Assemble the Drill Guide, obturator and K-wire from the kit. Place through the anterolateral portal onto the inferior aspect of the fibula, approximately 1 cm proximal to the tip of the distal fibula.



Pass the SutureLasso<sup>TM</sup> "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).



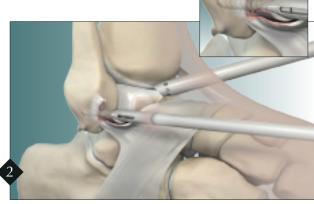
Arthroscopic Drill Guide
Obturator
Cannulated Step Drill, 2.4 mm
Solid Step Drill, 2.4 mm
Guidewire, 1.2 mm
Micro SutureLasso, lateral ankle
Micro SutureLasso, small curved
3 mm x 14 mm BioComposite SutureTak,
one #1 FiberWire, blue
3 mm x 14 mm BioComposite SutureTak,
one #1 TigerWire, white/black



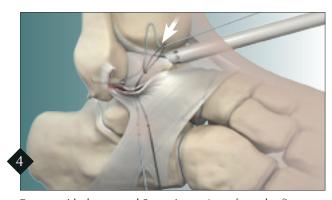
Ankle Arthroscopy Set AR-8655S
Ankle Distractor AR-1713S
Ankle Distraction Strap AR-1712



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.