



Meniscus Ramp Lesion Repair

Surgical Technique

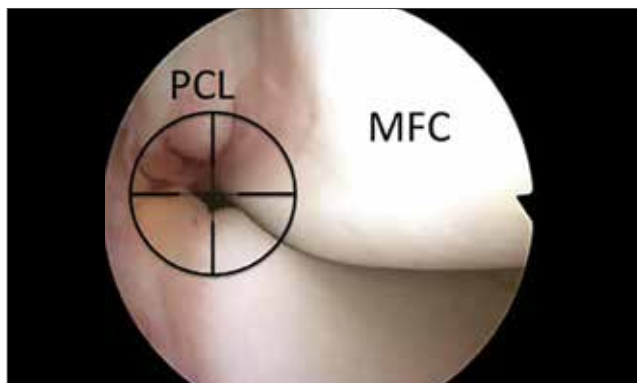


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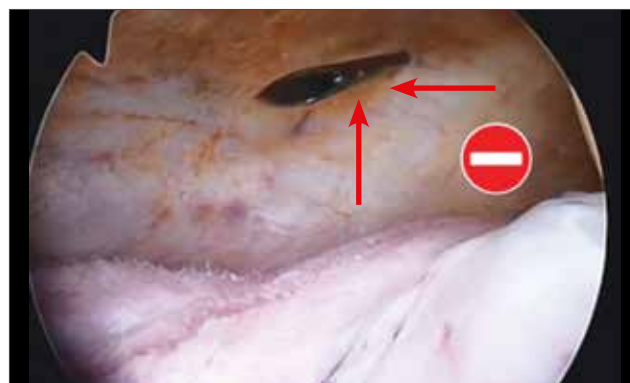
Introduction

The patient is placed supine on the operating table with a tourniquet placed high on the thigh. The knee is placed at 90° of flexion with a foot support to allow for full range of knee motion. Use a standard high lateral parapatellar portal for the arthroscope and a medial parapatellar portal for the instruments.¹

Arthroscopic Exploration of the Posterior Horn of the Medial Meniscus



To gain access to the posteromedial compartment, the arthroscope is introduced through the anterolateral portal deeply into the notch and underneath the posterior cruciate ligament. Applying valgus stress helps to approach the posteromedial compartment. The assistance of a blunt trocar helps if the passage of the camera is difficult.



A standard posteromedial portal is created under direct arthroscopic visualization of the posteromedial capsule. The entry point is localized with transcutaneous illumination and a needle to find a safe entry point. The portal entry is just above the meniscus, proximal to the medial femoral condyle.



The posterior horn of the medial meniscus is explored with a needle or a probe to detect a possible ramp lesion. An 8mm x 30mm PassPort Button™ Cannula is introduced into the posteromedial portal.

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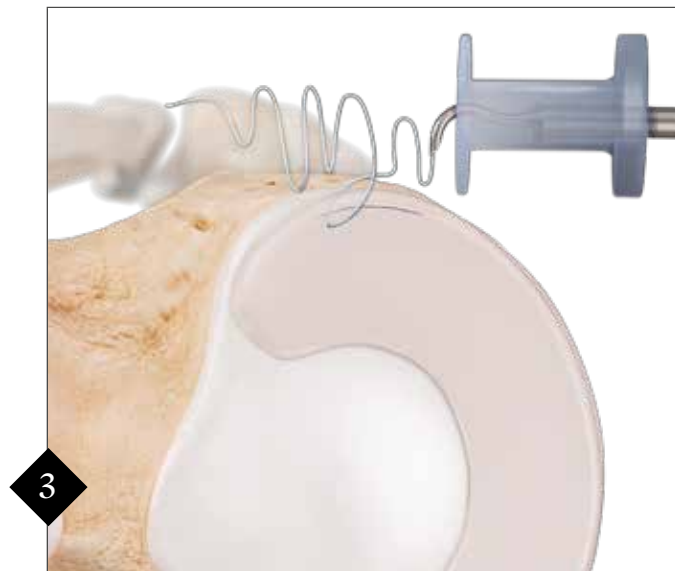
Use a low profile, left curved QuickPass™ SutureLasso™ suture passer preloaded with 2-0 FiberStick™ suture for the right knee. The low profile QuickPass is passed from posterior to anterior, catching both of the fragments and emerging at the superior edge of the meniscus.



Advance the preloaded 2-0 FiberStick with the QuickPass SutureLasso into the joint.

Note:

- **Retract any exposed suture until it is below the tip of the lasso prior to passing through tissue.**
- **Apply internal tibial rotation to improve exposure of the posteromedial meniscus.**



After advancing an appropriate amount of 2-0 FiberWire® suture, the lasso can exit the meniscal tissue.



Use a Mini Suture Retriever to retrieve the 2-0 FiberWire.

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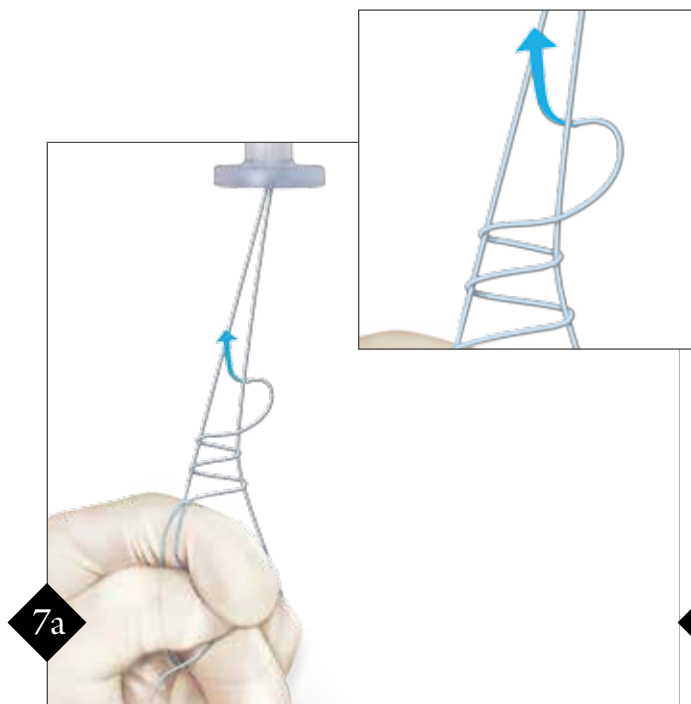
Create an arthroscopic sliding knot of the surgeon's choice. Illustrations 5 - 8 show one option.



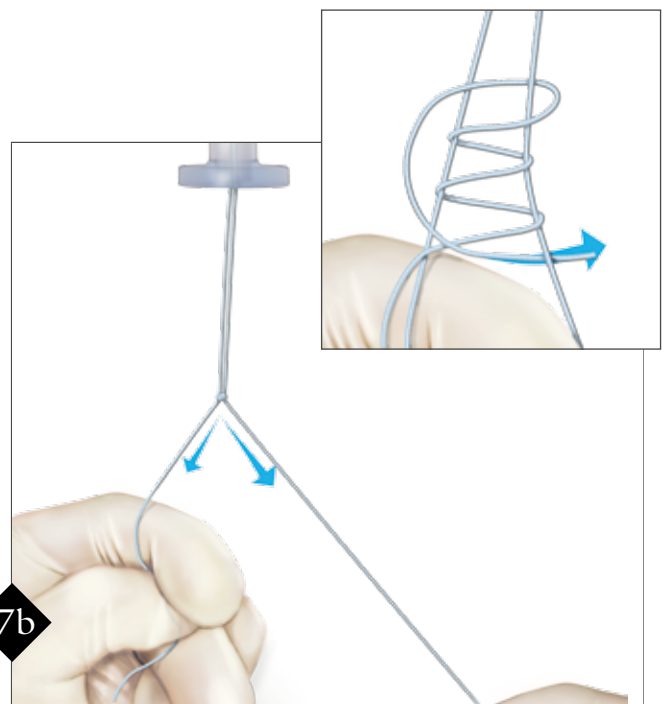
Keep the fixed suture (left) short.



Wrap the other suture (right) around the fixed suture three times.



After three circumferential loops, pass the end of the right suture from the bottom up in between the left and the right strand.



Pass the end of the right suture top down just proximal in between the two suture strands.

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By pulling at the right strand, the knot is tightened. Before it is locked, pull on the left suture in order to slide the knot into the joint and towards the repair site.



The knot is locked with half hitches and a Knot Pusher/Suture Cutter.



Reference

1. Thauat M, Jan N, Fayard JM, Kajetanek C, Murphy CG, Pupim B, Gardon R, Sonnery-Cottet B. Repair of Meniscal Ramp Lesions Through a Posteromedial Portal During Anterior Cruciate Ligament Reconstruction: Outcome Study with a Minimum 2-Year Follow-up. *Arthroscopy*. 2016;32(11):2269-2277.

Ordering Information

Knee Obturator for Posterior Portal	AR-1266
Non-Ratcheting Screwdriver Handle	AR-1999NR
PassPort Button Cannula, 8 mm ID x 3 cm	AR-6592-08-30
QuickPass SutureLasso for ramp lesion w/2-0 FiberStick, left	AR-6068-25L
QuickPass SutureLasso for ramp lesion w/2-0 FiberStick, right	AR-6068-25R
Small Knot Pusher	AR-1296
Knot Pusher/Suture Cutter for 2-0 FiberWire	AR-4515
ACL TightRope Suture Cutter	AR-4520
2-0 FiberStick	AR-7222
Mini Suture Retriever, straight	AR-11540
Mini Suture Retriever, 15° up curve	AR-11550

Please note that not all products advertised in this brochure/surgical technique guide may be available in all countries. Please contact Arthrex Customer Service or your local Arthrex Representative for availability.

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