



## OPUS® Foot and Ankle Applications

### Lateral Ankle Ligament Reconstruction

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### Technique Guide

The Lateral Ankle Instability is a reconstruction procedure that involves the reattachment of the Anterior TaloFibular Ligament (ATFL) and the CalcaneoFibular Ligament (CFL) to the distal fibular head.

## Technique

**Step 1** After determining the point of lateral collateral rupture and affected ligaments (anterior talofibular ligament and/ or calcaneal fibula ligament), the surgeon will decide on the surgical approach. If both ligaments need repair then an "S" type incision would be indicated (Figure 1).



Figure 1

**Step 2** Once exposure is achieved for the anterior talofibular ligament (Figure 2), and if the rupture is closer to the fibula, a site prep is performed at the fibula, by drilling into the fibula parallel to the articular lateral wall so as not to breach the ankle joint (Figure 3).

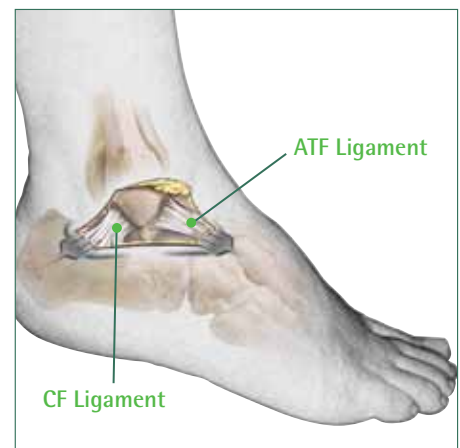


Figure 2



Figure 3

**Step 3** After preparing the repair site, use the SmartStitch or free stitch to place the suture into the anterior talofibular ligament. If the ligaments are too narrow for the SmartStitch a free stitch should be used. (Figure 4). Using proper OPUS implant technique, thread the implant and partially tension the suture.



Figure 4

*TIP: If the ligament, or ligaments cannot be identified or the actual structure is unstable, autogenous or allograft may be necessary. Implants may need to be placed in the fibula cancelous or talus bone.*

**Step 4** Place the implant into the prepared site in the fibula, squeeze the implant handle one time to deploy the bone lock, and tension the suture down while holding the ankle in a neutral position with slight eversion. Once you have achieved appropriate tension, lock the suture by deploying the black button, and squeeze the implant handle 3 more times.

If the calcaneal fibula ligament is ruptured, repeat the process for that ligament, being cautious of nerve branches from the sural nerve, and the peroneal tendons.

*TIP: If both ligaments are ruptured, simultaneous tensioning of two implants will allow the correct and anatomical realignment of the anatomy as shown in Figures, 5, 6, 7 and 8*

The OPUS implant can be used in multiple configurations depending on the type of rupture.

For example, if the rupture of the anterior talo fibula is closer to the talus, then set the implant in the talar neck, and use the SmartStitch on the proximal segment instead of the distal segment.

For the calcaneal fibula ligament, the anchor can be placed in the fibula, the calcaneus, or both if there is no ligament and the surgeon needs to use a graft from the peroneal tendon.



Figure 5



Figure 6



Figure 7



Figure 8

# The ArthroCare® Foot and Ankle System

Offers everything you need for the most effective repair



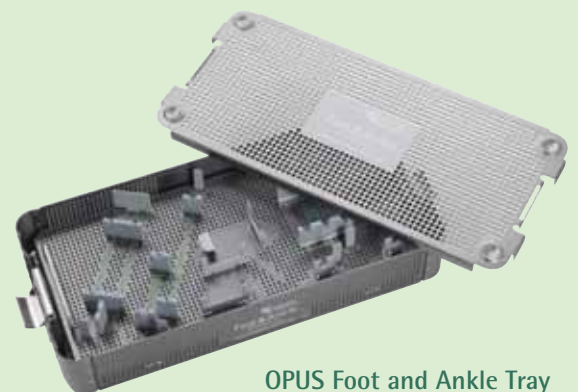
SmartStitch Suturing Device  
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Superior stitch



Mini Magnum™ Knotless Implant  
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