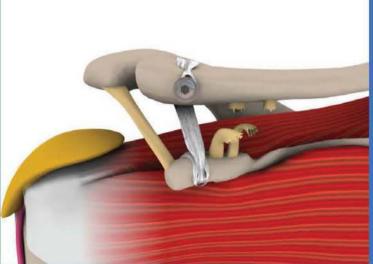


Surgilig™

Acromio-clavicular Ligament





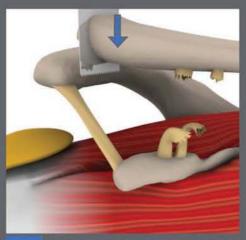
Surgical Technique

Indications

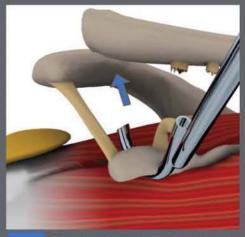
- Acromio-clavicular dislocation
- Rockwood Type III, IV or V acromio-clavicular joint injury
- Failure of a previous stabilisation procedure such as a failed Weaver Dunn
- Lateral clavicle fractures
- Revision reconstruction when the coraco-acromial ligament no longer available



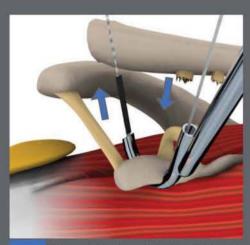
The lateral end of the clavicle is exposed and the base of the coracoid identified.



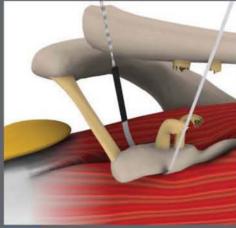
2 1 cm of the lateral end of the clavicle is excised in the plane of the AC joint.



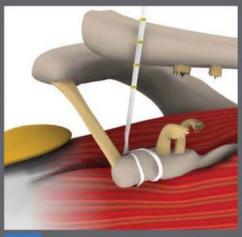
The Surgilig Tubular Introducer is passed around the base of the coracoid from medial to lateral, staying close to bone.



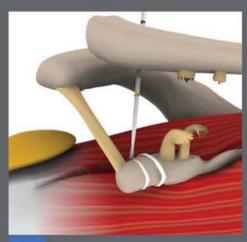
The metal leader of the Surgilig length gauge is introduced through the Tubular Introducer from medial to lateral.



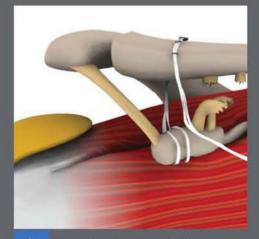
The Tubular Introducer is removed leaving the length gauge around the base of the coracoid.



The metal leader of the surgilig length gauge is passed through the loop at the other end of the length gauge removing any slack.

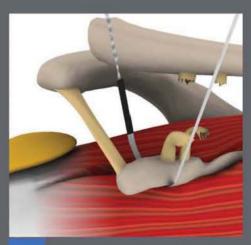


7 The metal leader of the surgilig length gauge is passed under the lateral end of the clavicle from anterior to posterior.



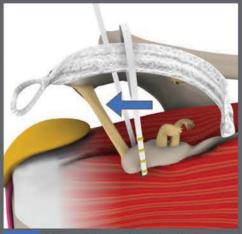
The clavicle is reduced to its anatomical position and the length gauge is held in the planned position of the fixation screw to measure the required implant length.

N.B. The markings on the length gauge are 1cm apart. The double stitched mark represents an 11cm Surgilig.

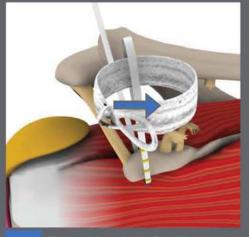


The metal leader is passed back under the clavicle and back through its loop to undo the anchorage point.

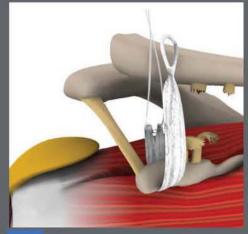
The length gauge is NOT removed from under the coracoid.



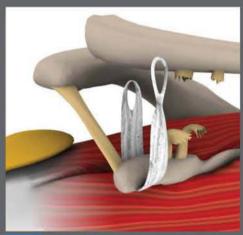
The hard loop of the Surgilig is passed through the loop of the length gauge.



The hard loop of the Surgilig is passed through the soft loop of the Surgilig.



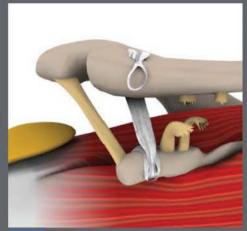
12 The Surgilig is now passed under the coracoid by pulling the length gauge.



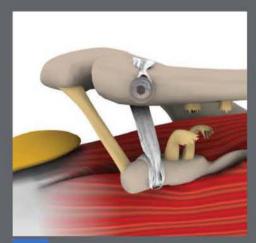
The loop of the length gauge is cut and removed.



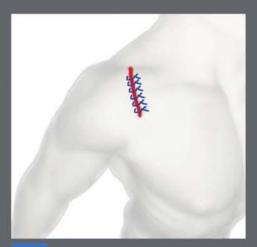
The hard loop of the Surgilig is passed through the Surgilig soft loop removing any slack using the Surgilig loop tensioner.



The hard loop is now passed under the clavicle and tensioned across the superior aspect of the clavicle with the clavicle reduced.



The hard loop is then anchored to the anterior side of the clavicle in a 'tent peg' fashion using a small fragment 2.5mm drill and tap with a 3.5mm bicortical screw and washer. *



All soft tissue is reconstructed over the top of the clavicle and acromio-clavicular joint and wound closed in layers.



The arm is supported for 2 weeks in a polysling and the patient is advised against heavy lifting for a period of 3 months.

Surgilig is a synthetic ligament used in acromion-clavicular reconstruction to replace the ligament and recreate the anatomy. It is made of double braided polyester with a patented weave design which acts as a scaffold encouraging tissue in-growth (predominantly scar tissue).

Surgilig - Standard Sizes		Instrumentation	
SD6070	7cm	INS625	Cannulated Positioner
SD6080	8cm	INS100	Tubular Introducer
SD6090	9cm	INS101	Loop Tensioner
SD6100	10cm		
SD6110	11cm		
SD6120	12cm		
SD6130	13cm		

SD6000/S Length Gauge (single)

Guide Wire for Cannulated Positioner (Single) IN520/S

Surgilig - Non Standard Sizes (available on request)

SD6050	5cm
SD6060	6cm
SD6140	14cm
SD6150	15cm
SD6160	16cm
SD6170	17cm
SD6180	18cm
SD6190	19cm
SD6200	20cm



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