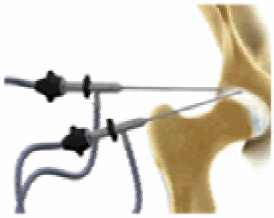
Orthopaedic and Sports Injuries Services "OASIS"

Munawar Shah FRCS, FRCS Tr & Orth

Consultant Trauma & Orthopaedic Surgeon

Little Aston Spire Hospital
Little Aston Hall Dr
Sutton Coldfield, B74 3UP
01215807406
01922656972
la.oasis@live.co.uk
http://littleastonoasis.com

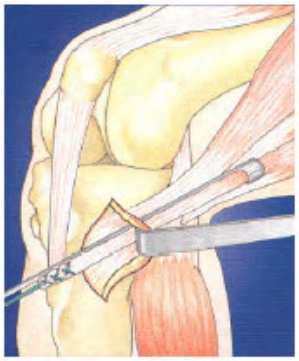


Operative technique Rigidfix Both ends

How I Do It M Shah

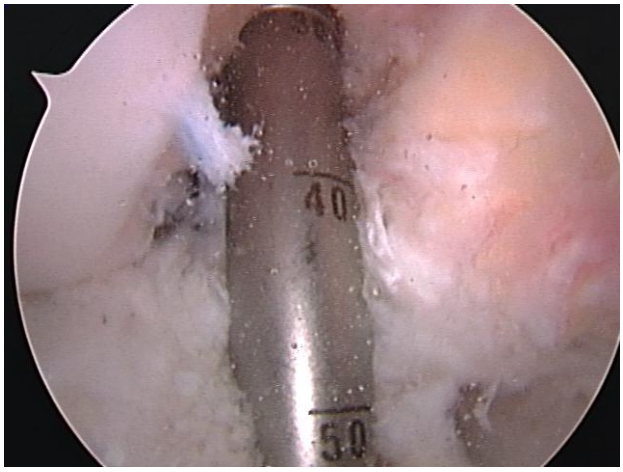
1. Tendon Removal.

A 1½" incision is made. The gracilus and semi-tendinosis are harvested using a tendon stripper the tendon is sized and appropriate drill is used.



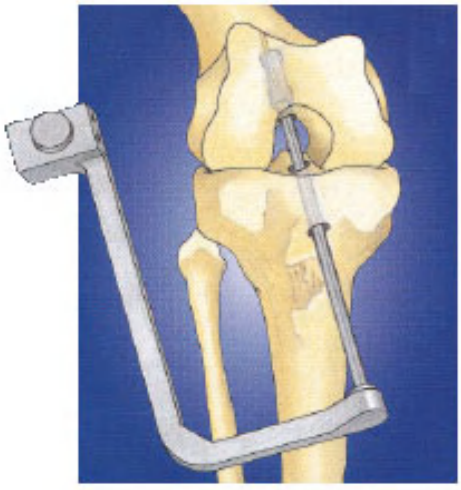
2. Tunnels.

A hole (tunnel) is drilled in the upper tibia (lower leg bone) and exits into the centre of the joint at the original ACL insertion. Drilling continues until another hole is drilled in the femur (upper leg bone) for about 30mm. These tunnels will be used to insert the hamstring tendon.



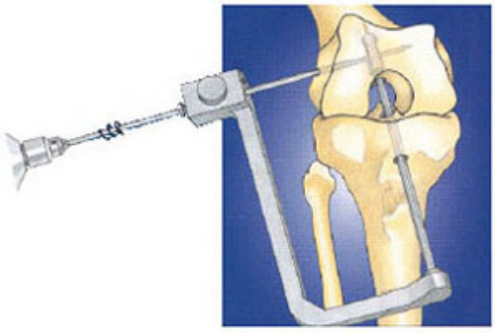
3. Rigidfix femoral cannula positioning.

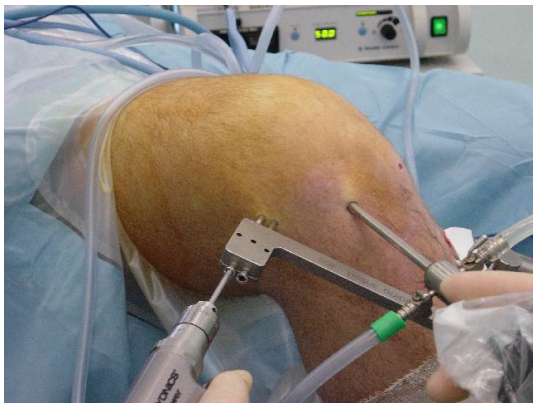
A rod is inserted into the tibial and femoral tunnels. A device, Rigidfix Cross Pin Guide Frame, is then inserted over the rod, through the tibial tunnel into the femoral tunnel. The Rigidfix Cross Pin Guide Frame is used to determine the correct location for drilling tunnels in the side of the femur.



4. Drill lower pin site in the side of the femur.

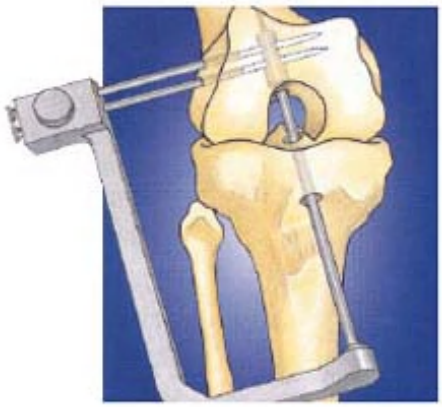
Using the Rigidfix Cross Pin Guide Frame, the lower cross pin tract is drilled.

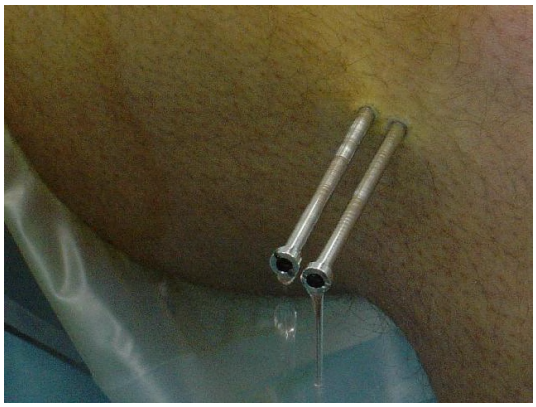




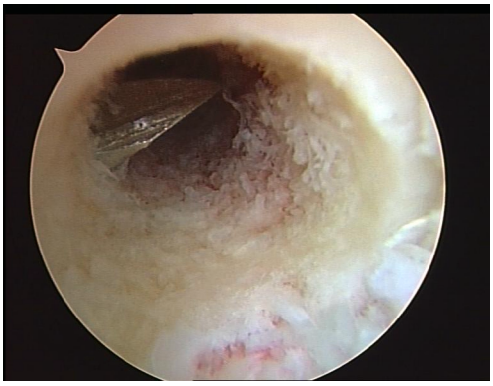
5. Drill upper pin site in the side of the femur.

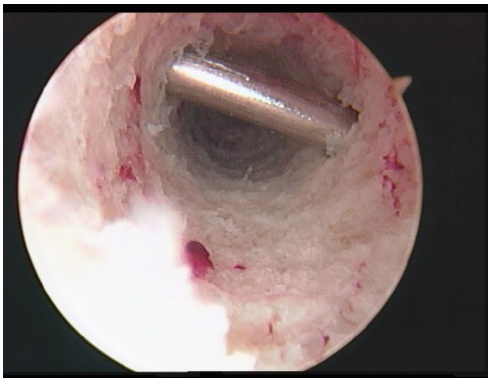
The upper pin is drilled and a sleeve left in both pin sites. The guide is removed, leaving the femoral sleeves in place for the transfix pins.





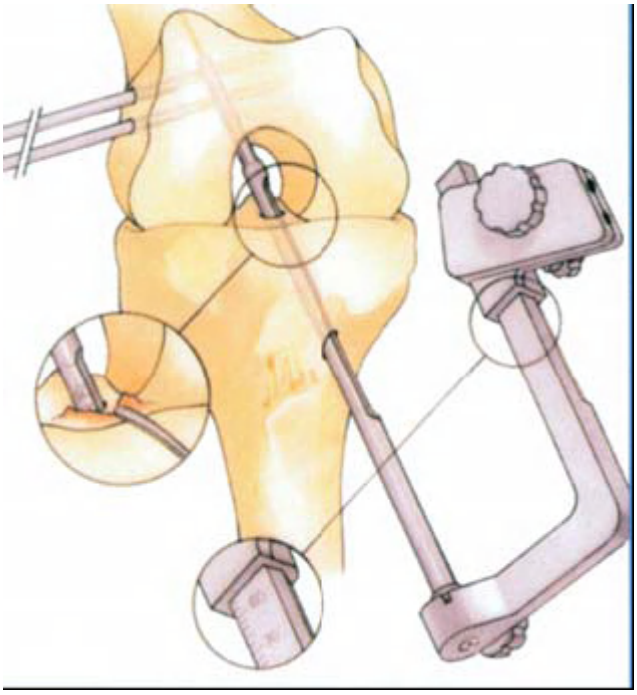
6. Check with a Guide to make sure pin sites are central (Femoral)





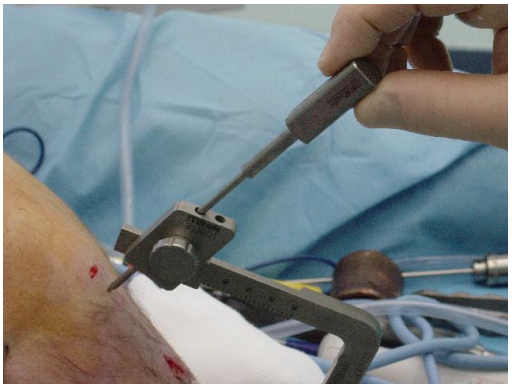
7. Rigidfix tibial cannula positioning

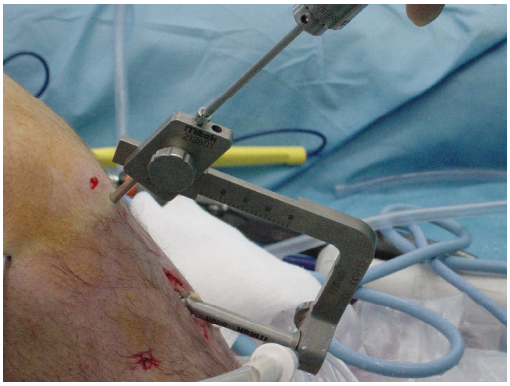
The Tibial jig is now inserted and pushed till it is flush at the femoral end.

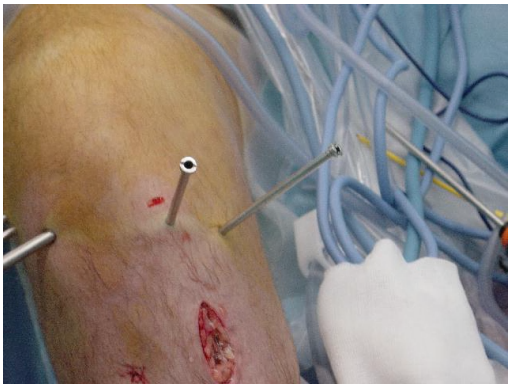


8. Rigidfix tibial cannula positioning My preference

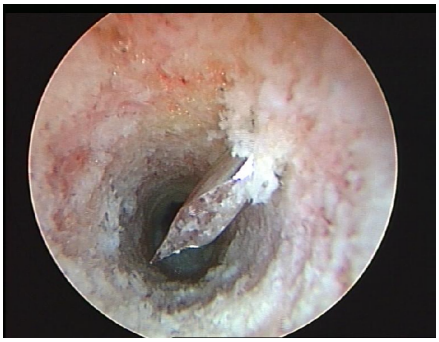
I use a cross pinning technique rather than parallel pins after making sure the pins are just below the joint line and above the opening for the tibial tunnel using the feeler / pusher.

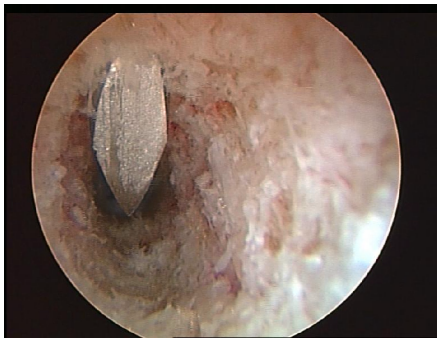




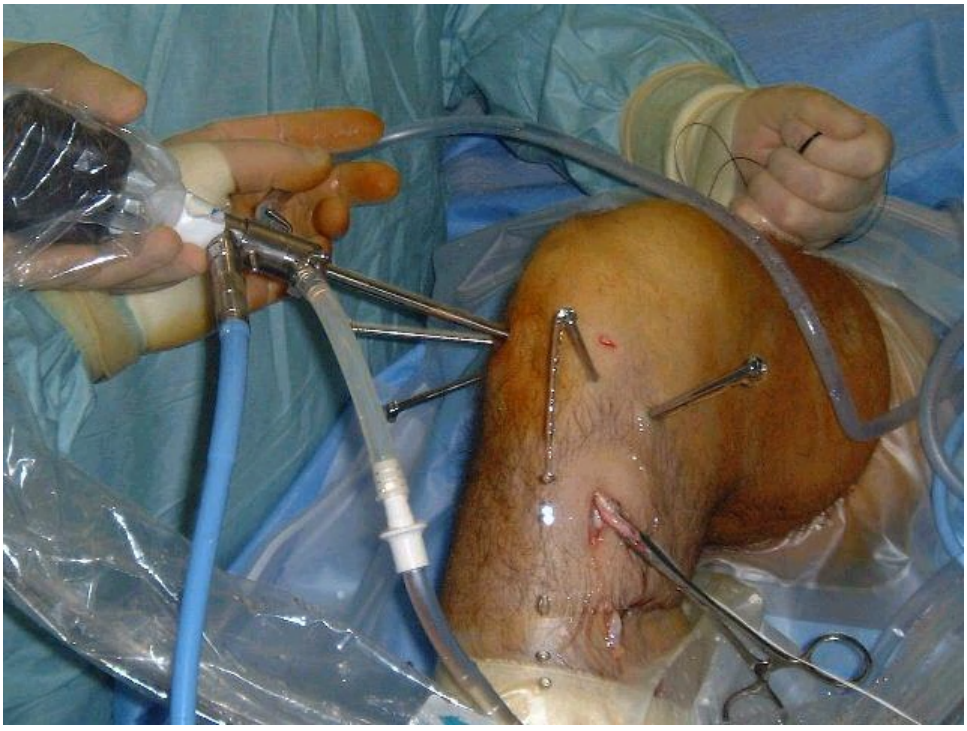


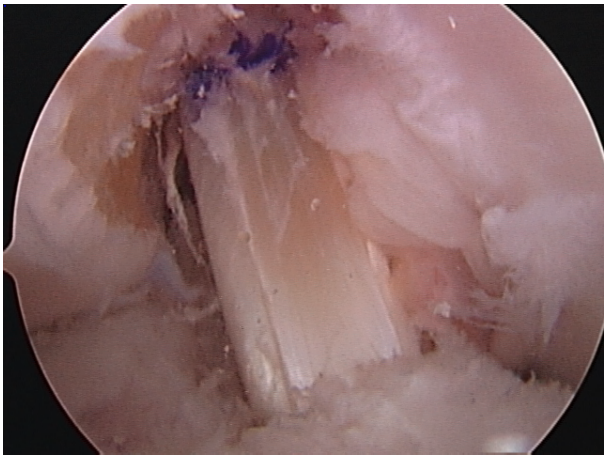
9. **Check with a Guide to make sure pin sites are central (Tibial)**





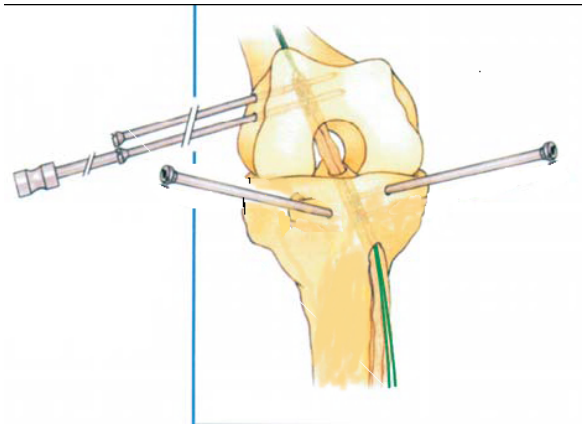
Pass the guide and followed by the graft and pull it up to the mark shown on the graft so it can fit snugly.





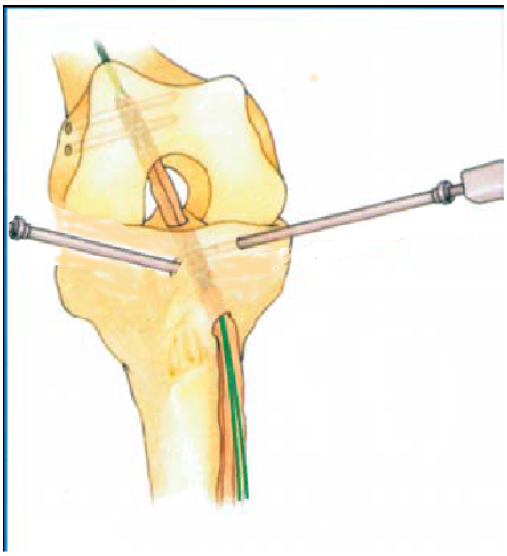
10. Femoral Fixation

The assistant will maintain the graft under slight tension through the threads coming out of the tibia and the femur. First the distal pin will be inserted, then the proximal one.



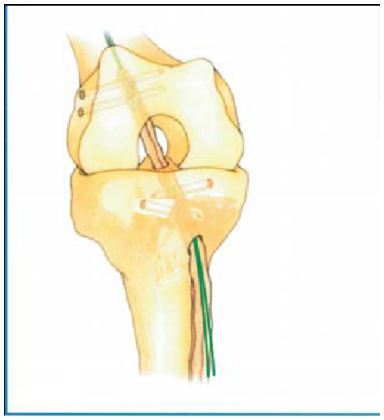
11. Tibial Fixation

Maintaining the graft in tension, first position the medial pin and then the Lateral one with the same modality of the femoral one; tension on the threads coming out of the tibial holes must be maximal and homogenous.



12. **Strong, stiff hamstring graft.**

The hamstring graft in now anchored to the tibia. Excess graft and sheath material is trimmed.



If you are interested in making an appointment to discuss a treatment, please click here to contact us, or telephone 01215807406

Orthopaedic and Sports Injuries Services "OASIS"

Munawar Shah FRCS, FRCS Tr & Orth

Consultant Trauma & Orthopaedic Surgeon

Little Aston Spire Hospital
Little Aston Hall Dr
Sutton Coldfield, B74 3UP
01215807406
01922656972
la.oasis@live.co.uk
http://littleastonoasis.com