

Open Achilles Tendon Repair Using the OPUS® Mini Magnum®

Dr. Ira Weiner

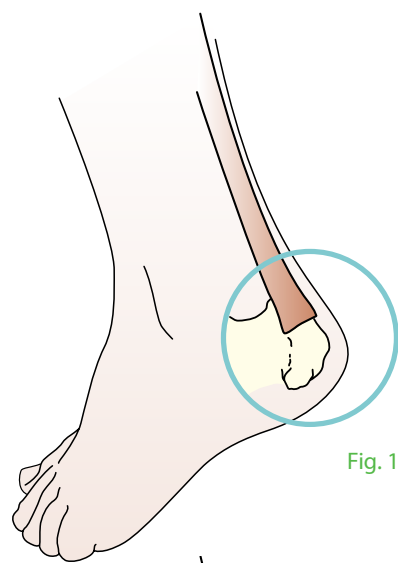


Fig. 1

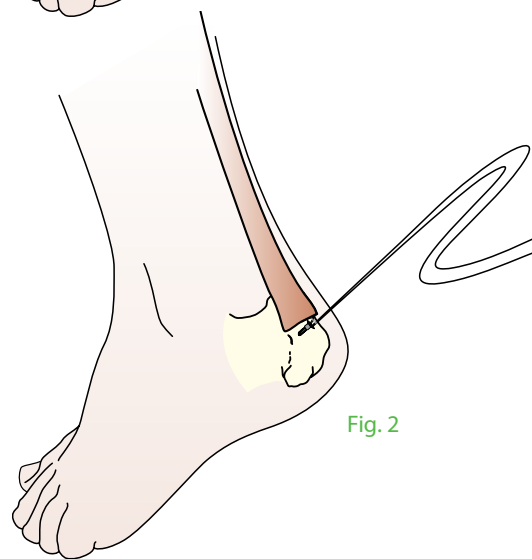


Fig. 2

For the purposes of this demonstration we are assuming that the Achilles tendon is torn at or near the insertion.

Position the patient in the prone position. A tourniquet for hemostasis is at the surgeon's discretion. The incision is midline along the length of the Achilles tendon. Other incisions can be used but this one seems to work and heal the best. Following adequate exposure incise the paratenon in a linear fashion (Fig. 1). Depending on the type of repair desired or warranted the Achilles is repaired using the surgeon's method of choice. It is important at this step to leave two suture tails of equal length that are approximately 24 inches long (Fig. 2). This is necessary in order to fully engage the OPUS Mini Magnum insertion device. This step is critical for the success of the procedure. MagnumWire® must be used with the Mini Magnum implant and is an appropriate length as well as being sufficiently strong enough to hold the repair firmly without breaking. Care should also be taken to assure the free ends of the suture are at equal lengths.

Preparation of the bone is performed using any number of techniques. The implant is placed at the prepared area. Care must be taken to position the implant perpendicular to the bone. A 3mm drill with drill guide is used to place the guide hole. There is an automatic stop on the drill as it meets with the drill guide, and it should be drilled in completely. The included PathFinder® can be used to maintain visualization of the hole and may be left in place as deemed necessary.

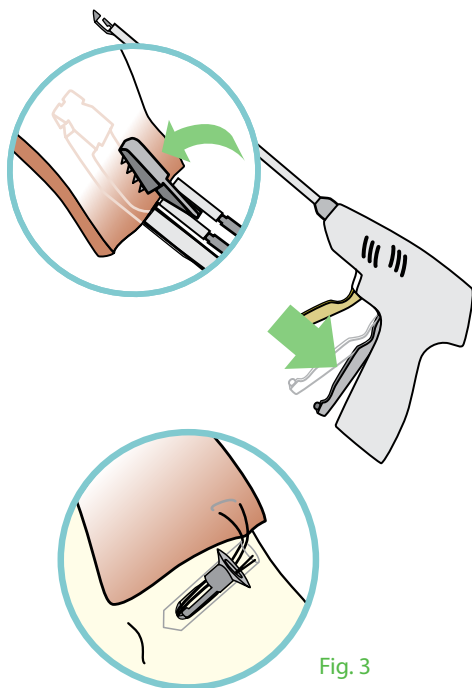


Fig. 3

Next, insert the free suture ends through the capture loop on the OPUS Mini Magnum device. Pull the ring straight away, which will thread the free ends of the suture into the device. Gently adjust the suture until approximately 2 inches of free suture ends remain. Begin using the ratchet and carefully check that two full winds of suture are obtained around the back suture reel. This will insure the implant will properly tension the tendon to the bone.

Begin winding the wheel until only a small portion of suture is visible coming from the end of the application device. It is important to turn the device 180 degrees so that the black handle of the applicator faces toward the suture coming from the tendon. This insures the suture goes in straight. Insert the tip of the device into the previously drilled hole until the horizontal laser mark on the shaft of the implant is at the bone surface. Squeeze the handle once to deploy the bone lock and pull back gently to set the implant. Continue to tighten the suture using the ratchet wheel until the desired tension is obtained. Press the black suture lock button on the device fully, and squeeze the handle 3 times to lock the suture in place.

You may now pull back on the implant applicator device and cut the sutures to the desired length (Fig. 3). The tendon repair is then reinforced with suture and method of choice. Closure is obtained again using the method of choice.

Postoperative care involves compression splinting for 2 weeks with no weight bearing. Depending on the extent of the repair, casting should be considered for at least 4 additional weeks followed by protected weight bearing for an additional 2 weeks.



ArthroCare Sports Medicine
680 Vaqueros Avenue
Sunnyvale, CA 94085-3523
order entry **800-797-6520**
phone 408-736-0224
order entry fax 888-994-2782
arthrocarsportsmedicine.com

ArthroCare Europe AB
Baggensgatan 25
111 31 Stockholm
Sweden
phone +46 8 546 172 00
fax +46 8 546 172 39
info@arthrocare.se

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