

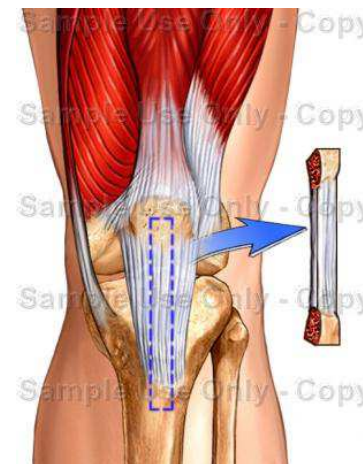
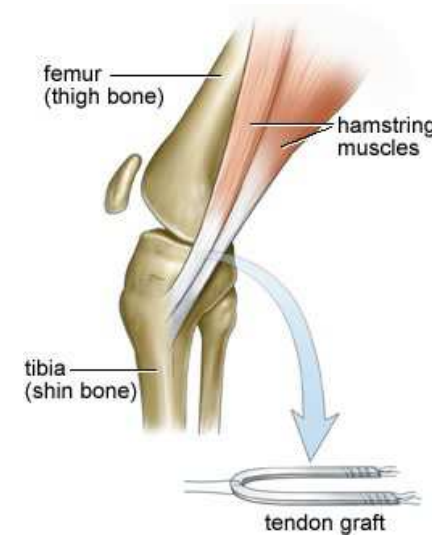
Presentatie Voorste Kruisband



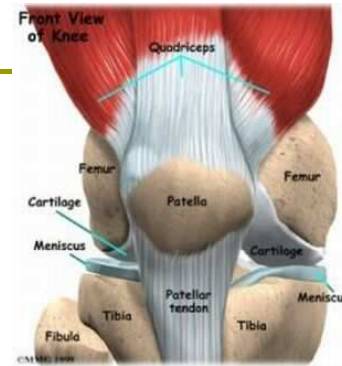
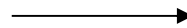
De voorste kruisband reconstructie

Mogelijke greffen voor intra-articulair herstel:

- ❑ Hamstrings (semi-tendinosis/ Gracilis)
- ❑ Patellapees (BoneTo Bone)



- Quadriceps pees



- Allogreffe : donor ! (tibialis ant./post. // patellapees// achillespees//hamstrings)

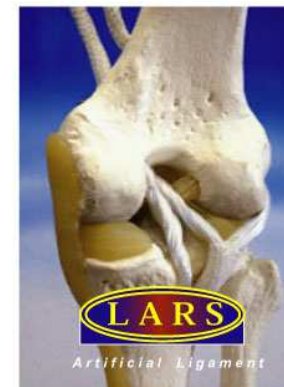
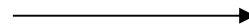


Posterior Tibial Tendon Problems



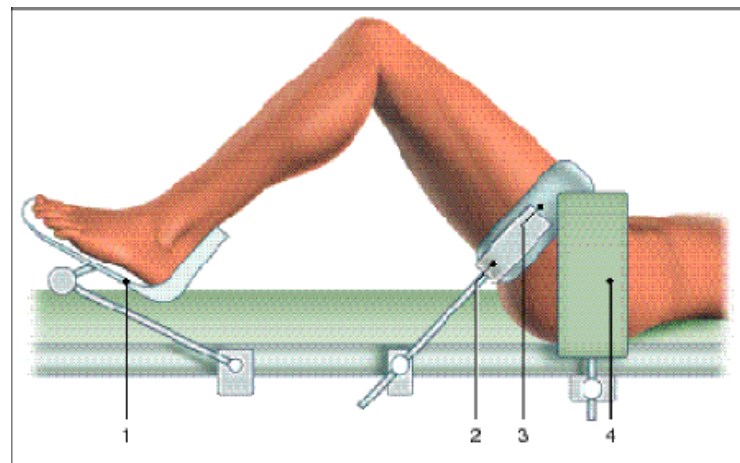
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- Kunstgreffe ("Lars" ligament)

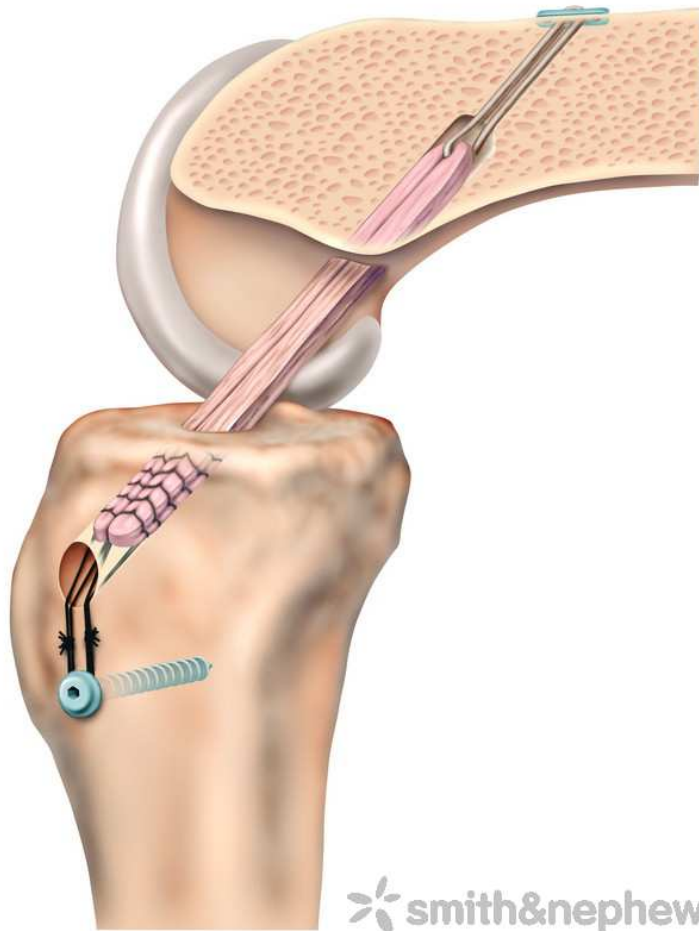


De installatie

- ▣ Afhangend in arthroscopische kniesteun
- ▣ In flexie met hielsteun en zijdesteun

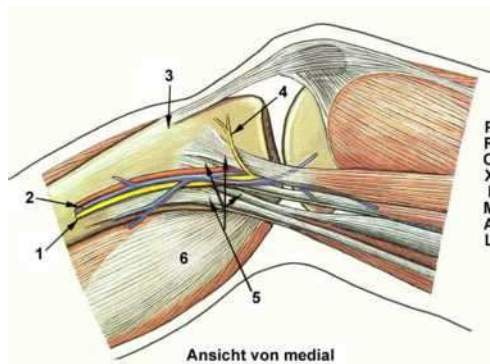


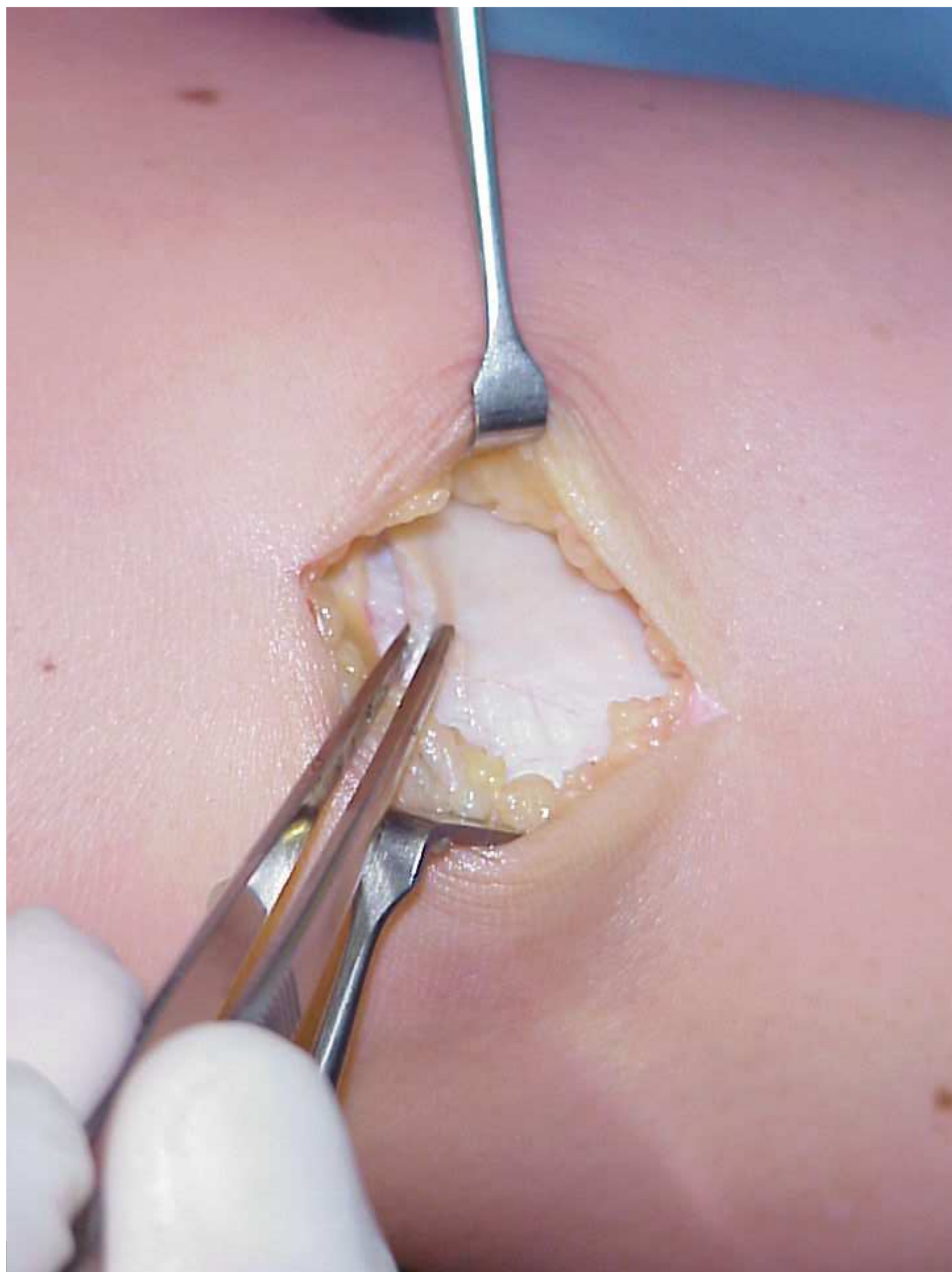
De endobutton techniek



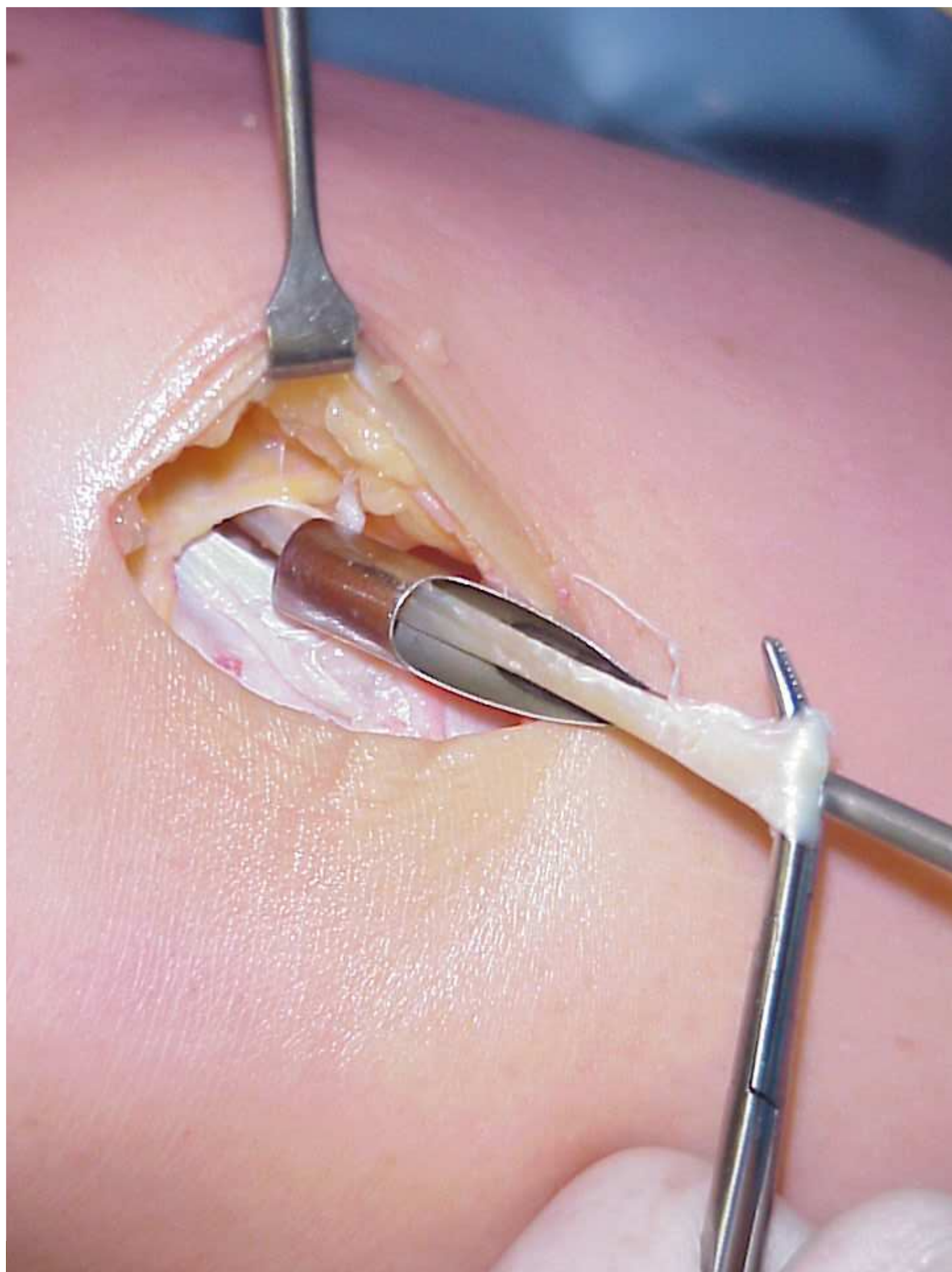
 smith&nephew

Techniek VKB met hamstrings

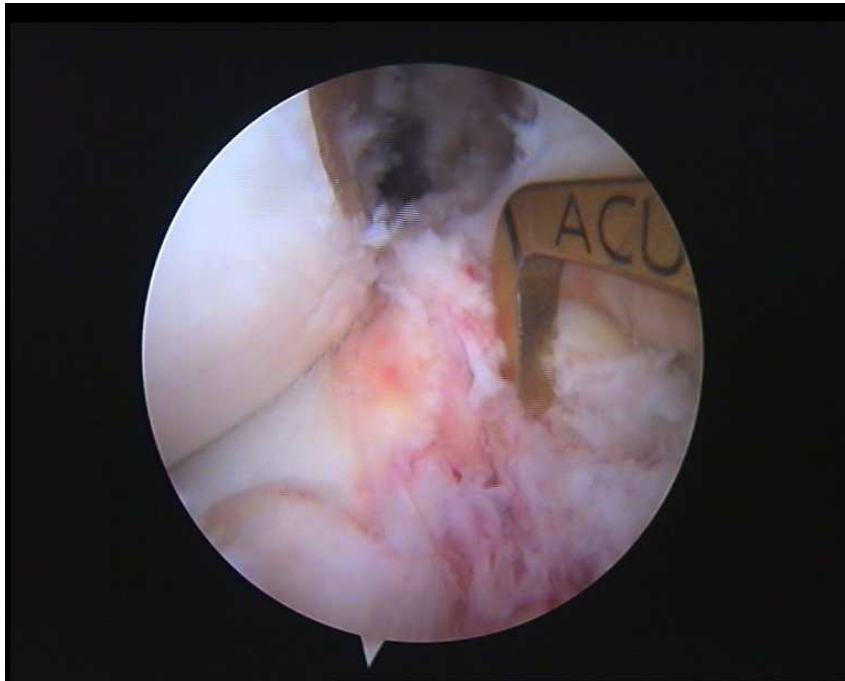




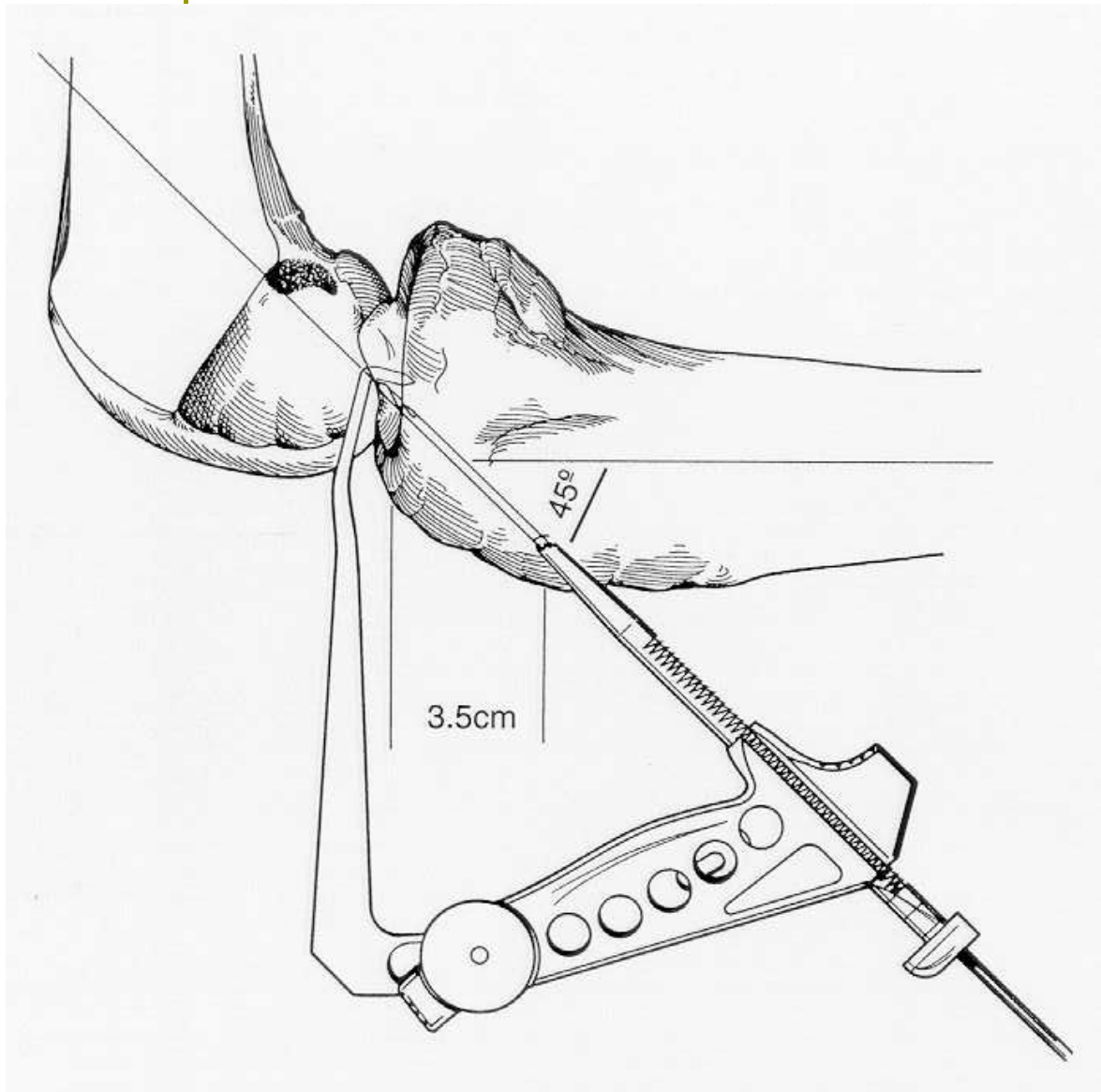


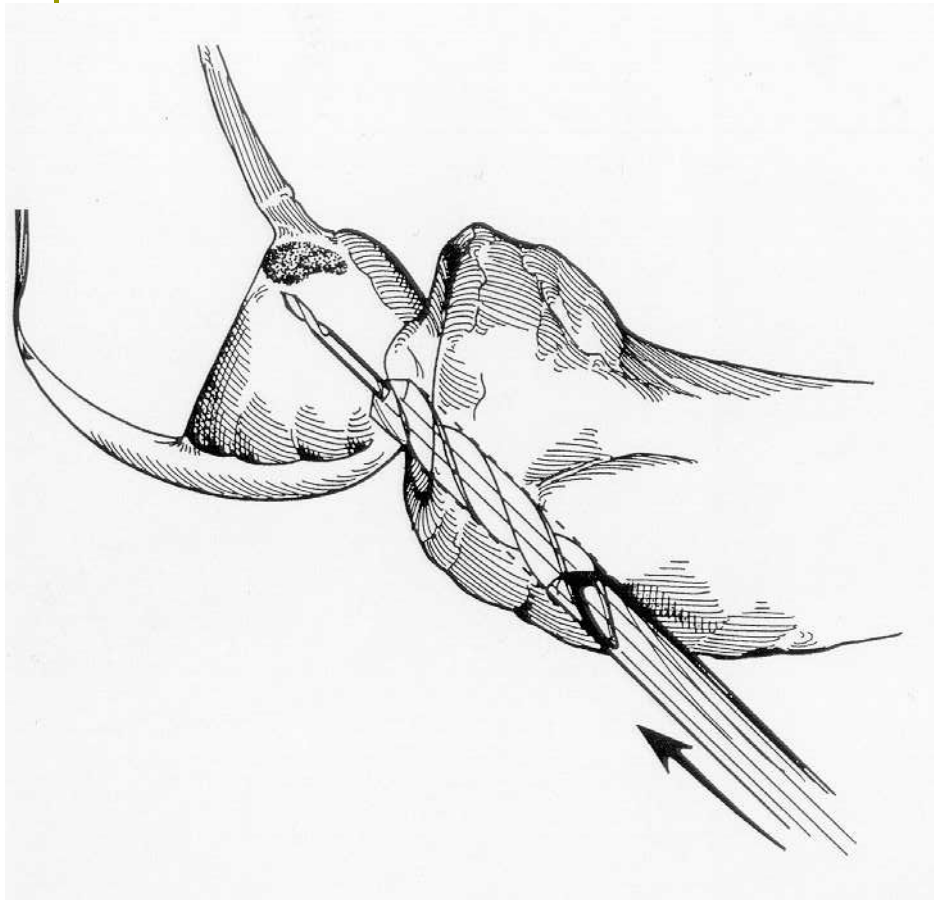


TIBIALE Tunnel



- Acufex richter
- Oude insertie
- Laterale meniscus
- A.K.B.



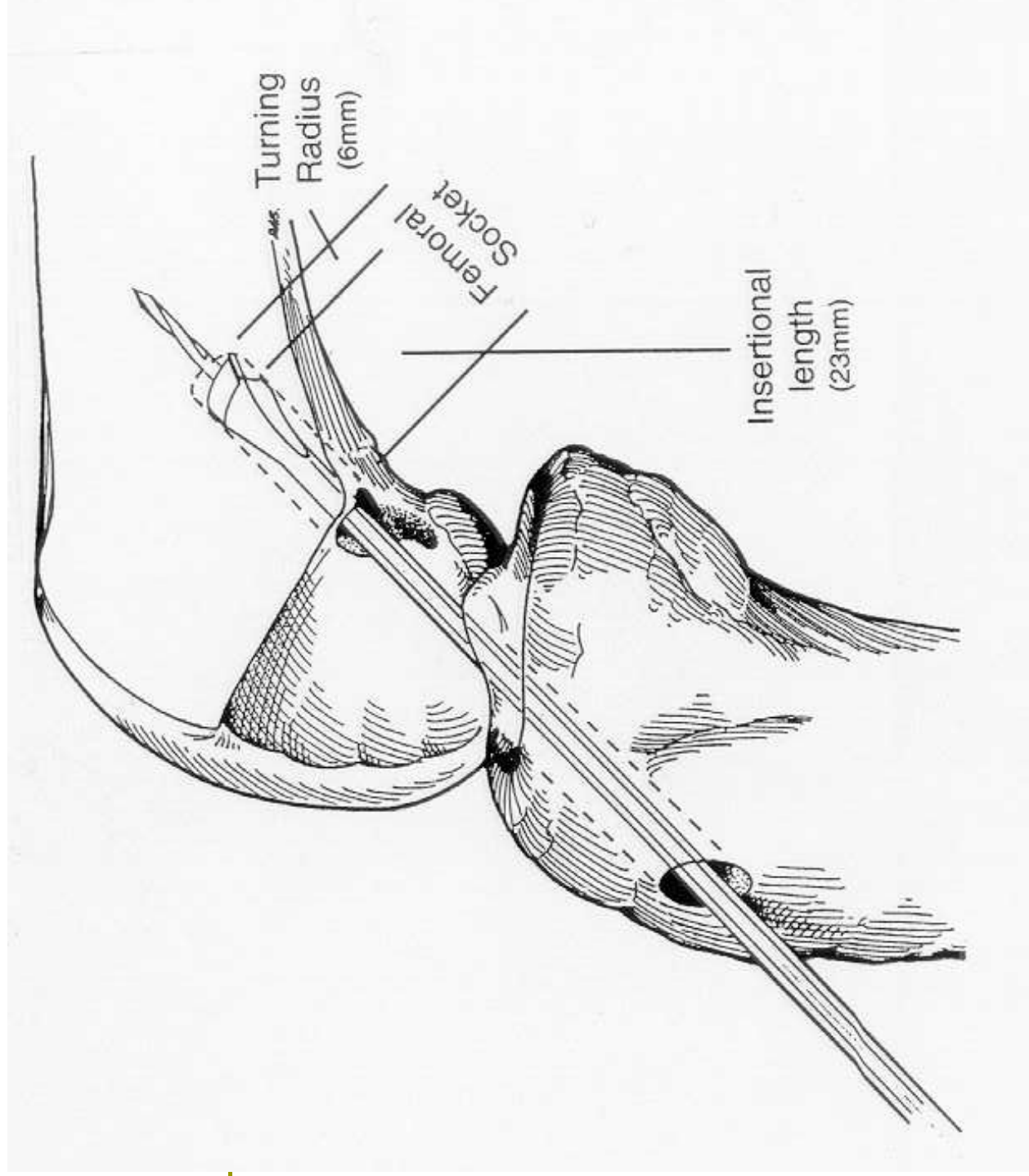


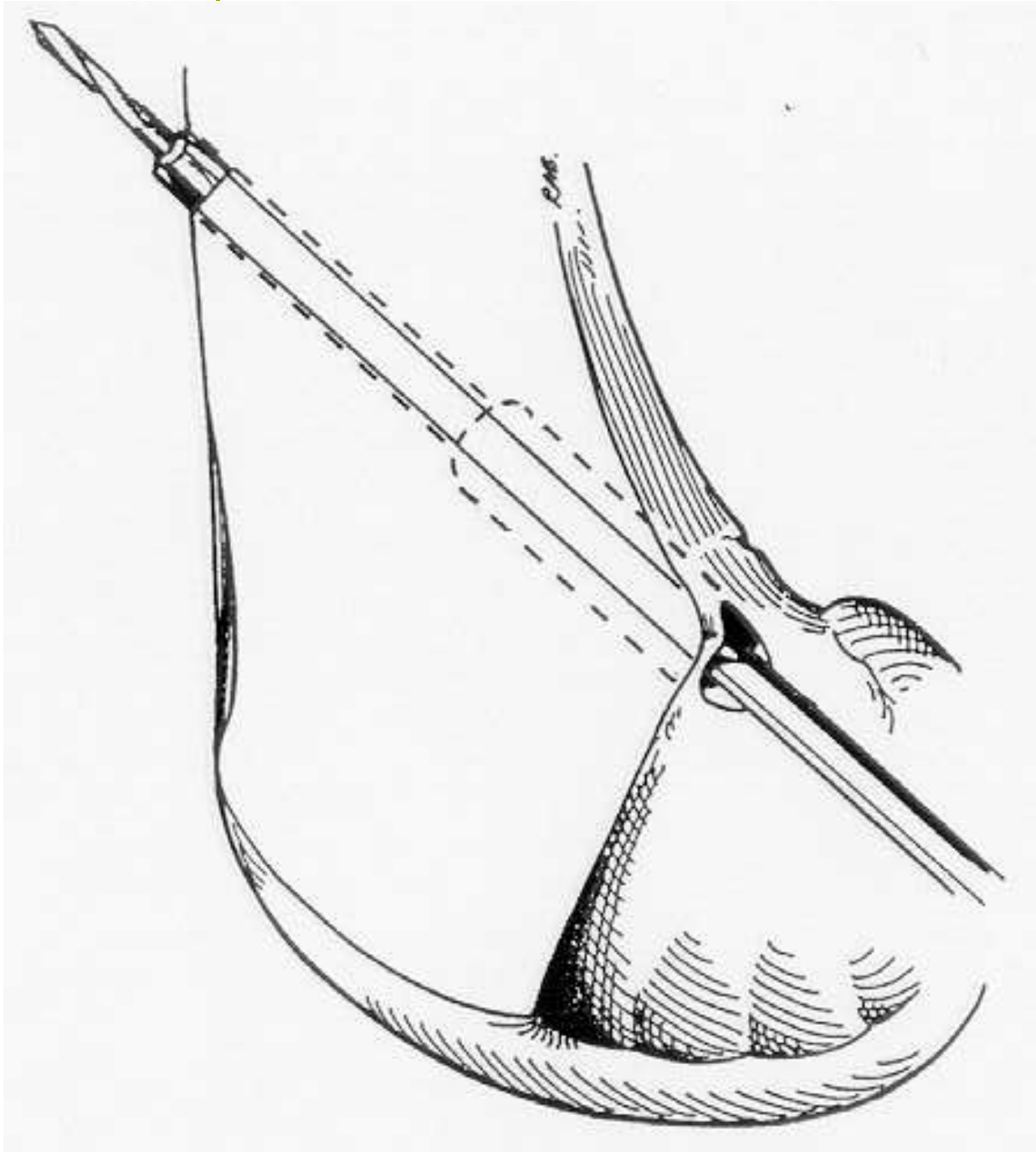


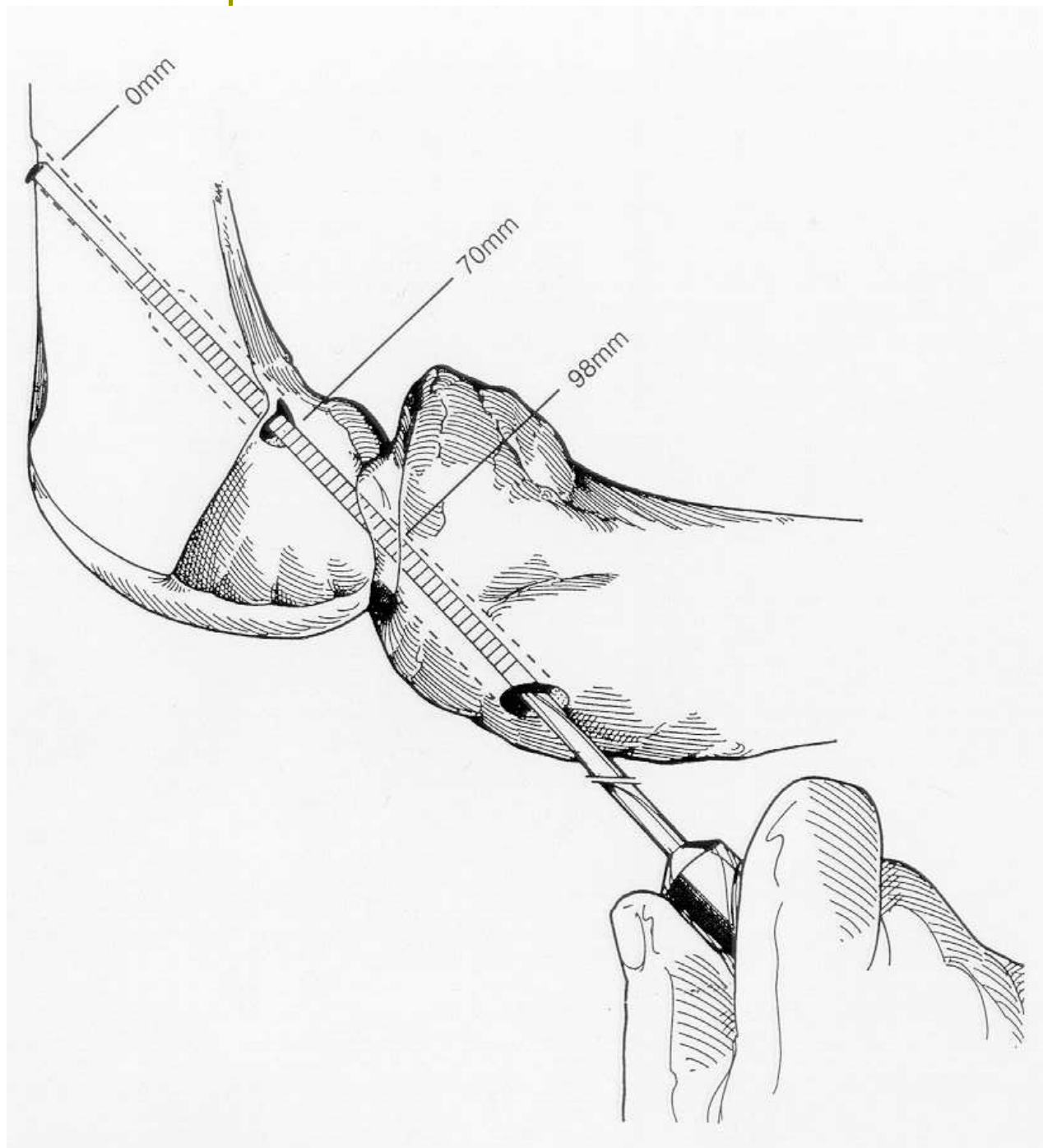










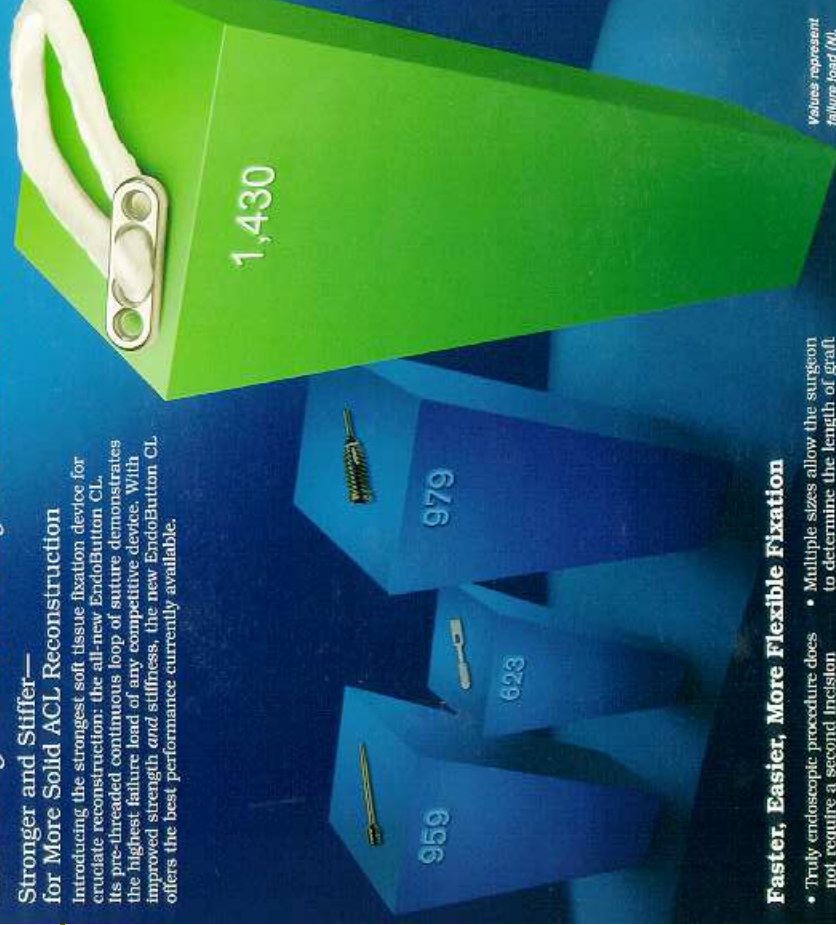


Hard Facts About Soft Tissue Fixation

Introducing the All-New Acufex® EndoButton® CL

Stronger and Stiffer— for More Solid ACL Reconstruction

Introducing the strongest soft tissue fixation device for cruciate reconstruction: the all-new EndoButton CL. Its pre-threaded continuous loop of suture demonstrates the highest failure load of any competitive device. With improved strength *and* stiffness, the new EndoButton CL offers the best performance currently available.



Values represent failure load (N).

Faster, Easier, More Flexible Fixation

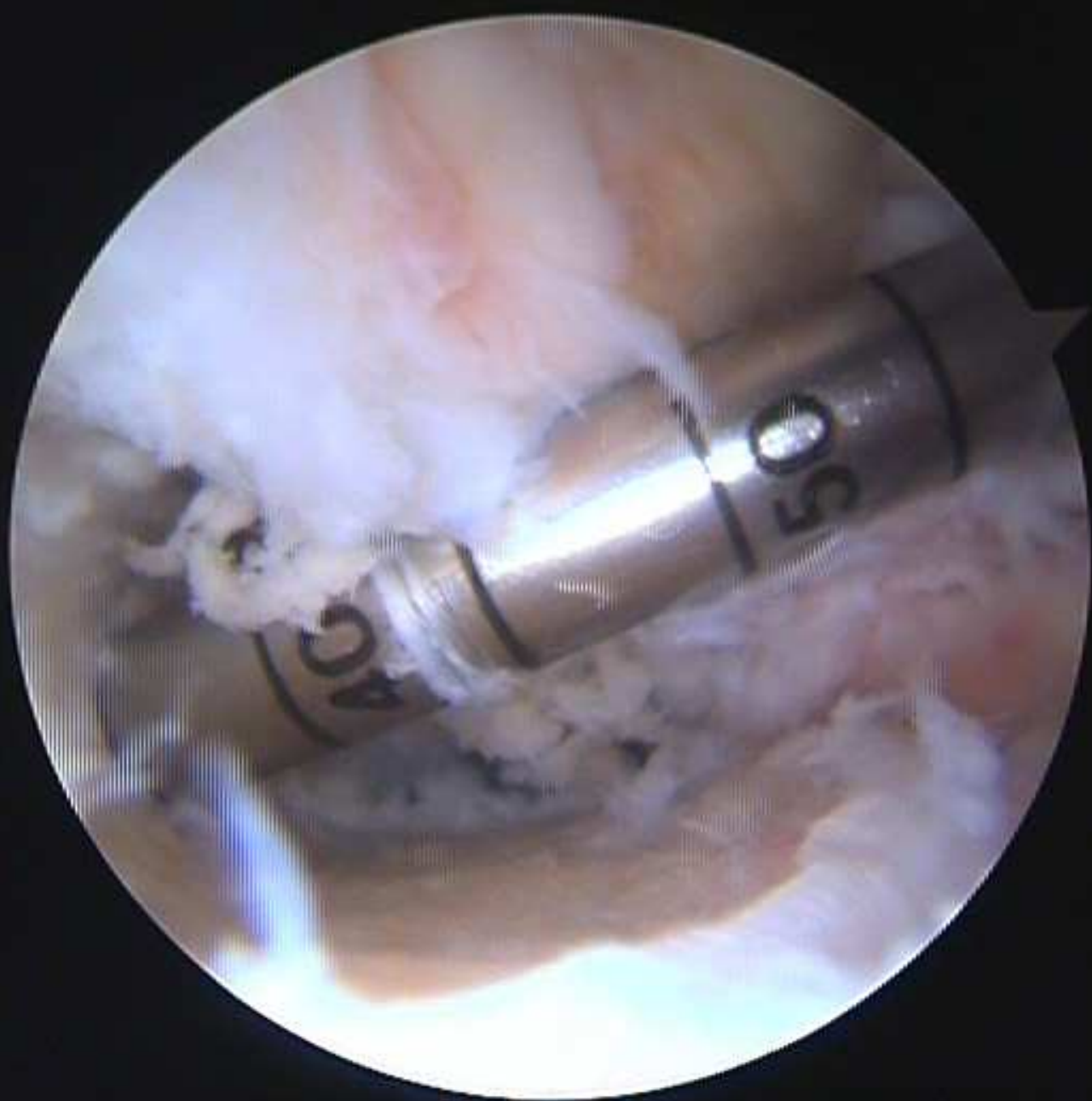
- Truly endoscopic procedure does not require a second incision
- Endoscopic revision possible without lateral incision and bone removal
- Consistent cortical fixation does not rely on cancellous bone quality
- Multiple sizes allow the surgeon to determine the length of graft to insert in the femoral socket
- The only soft tissue fixation device that can be used with twin socket techniques

ACUFEX®
DYONICS®



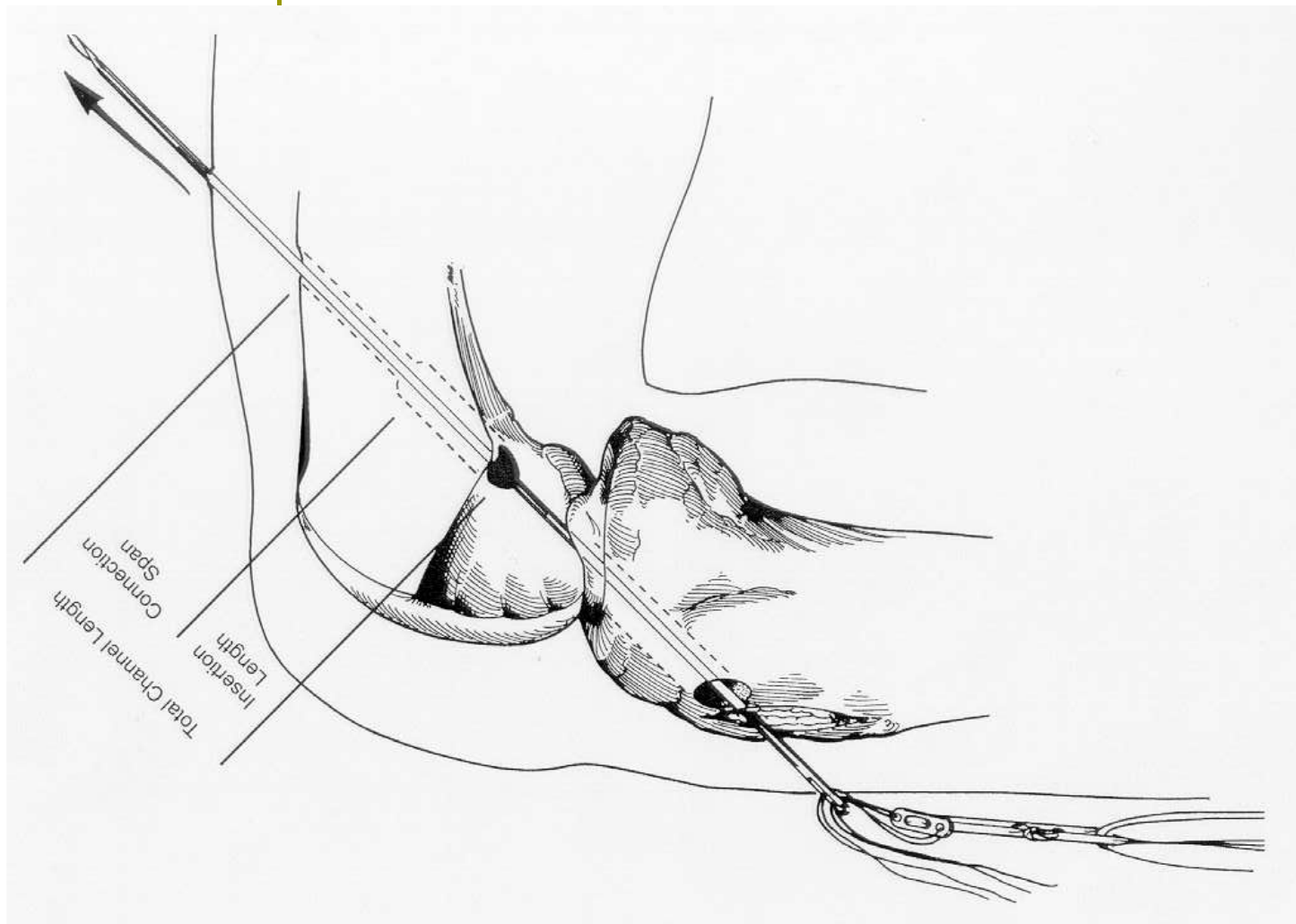


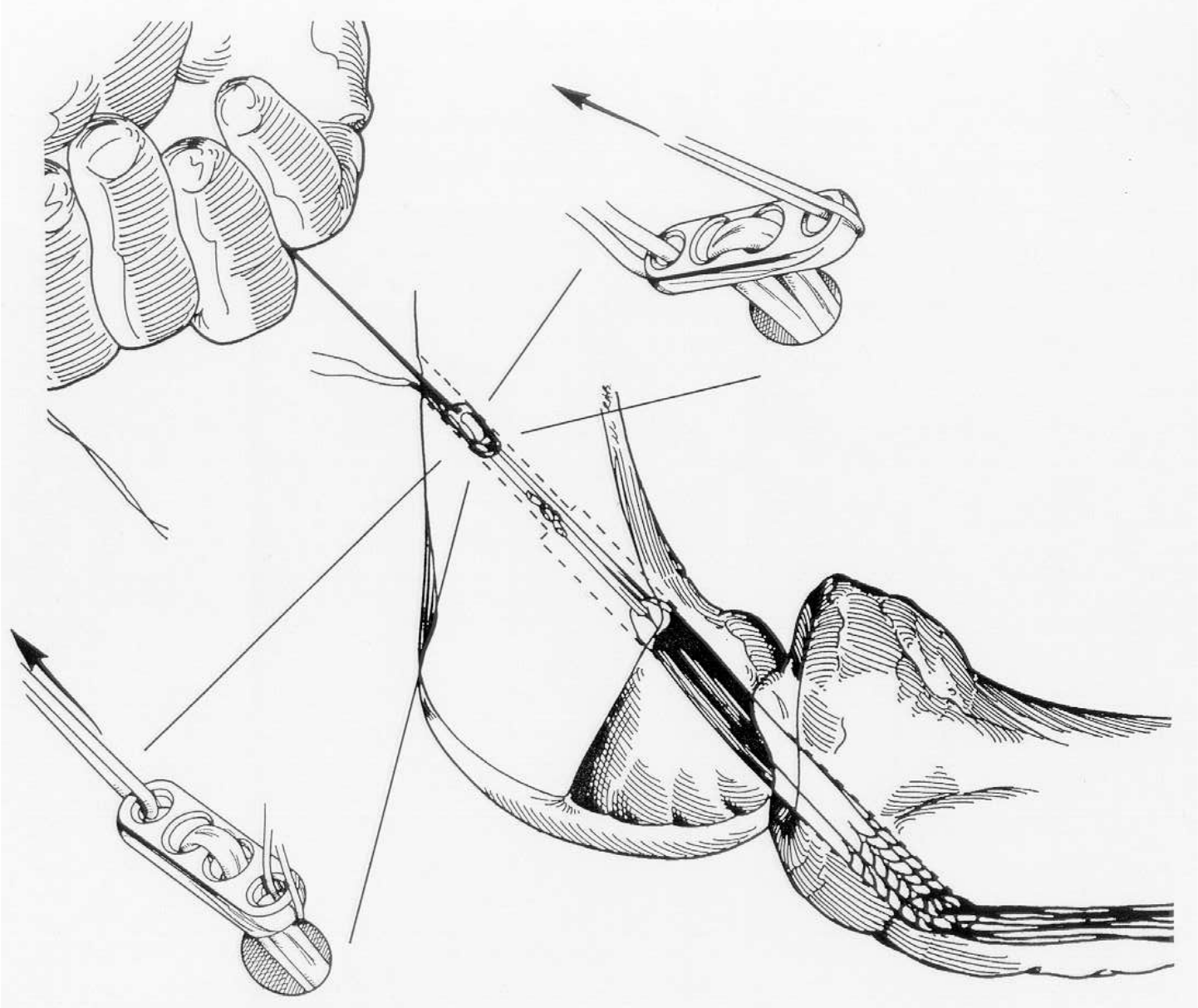




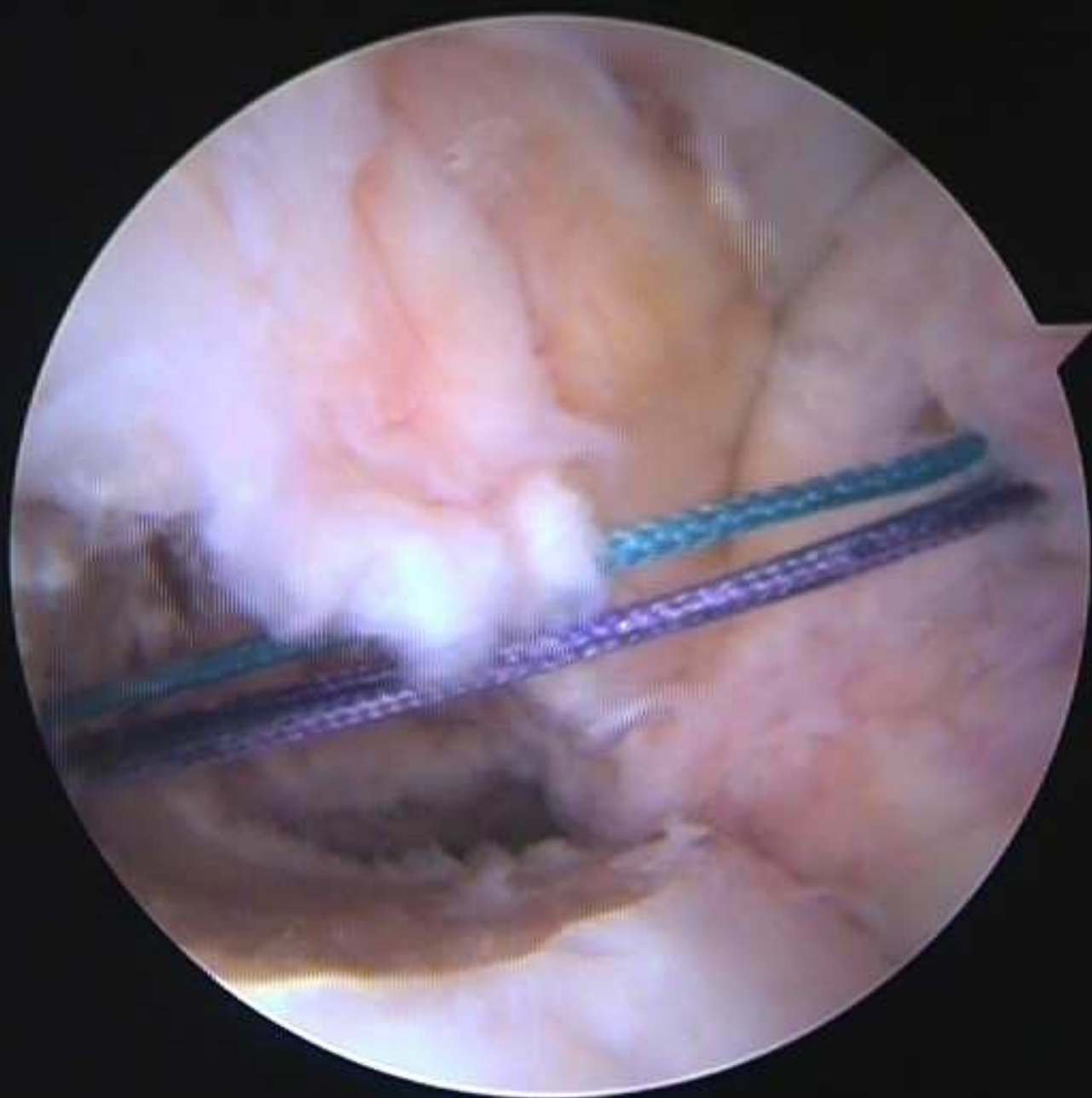


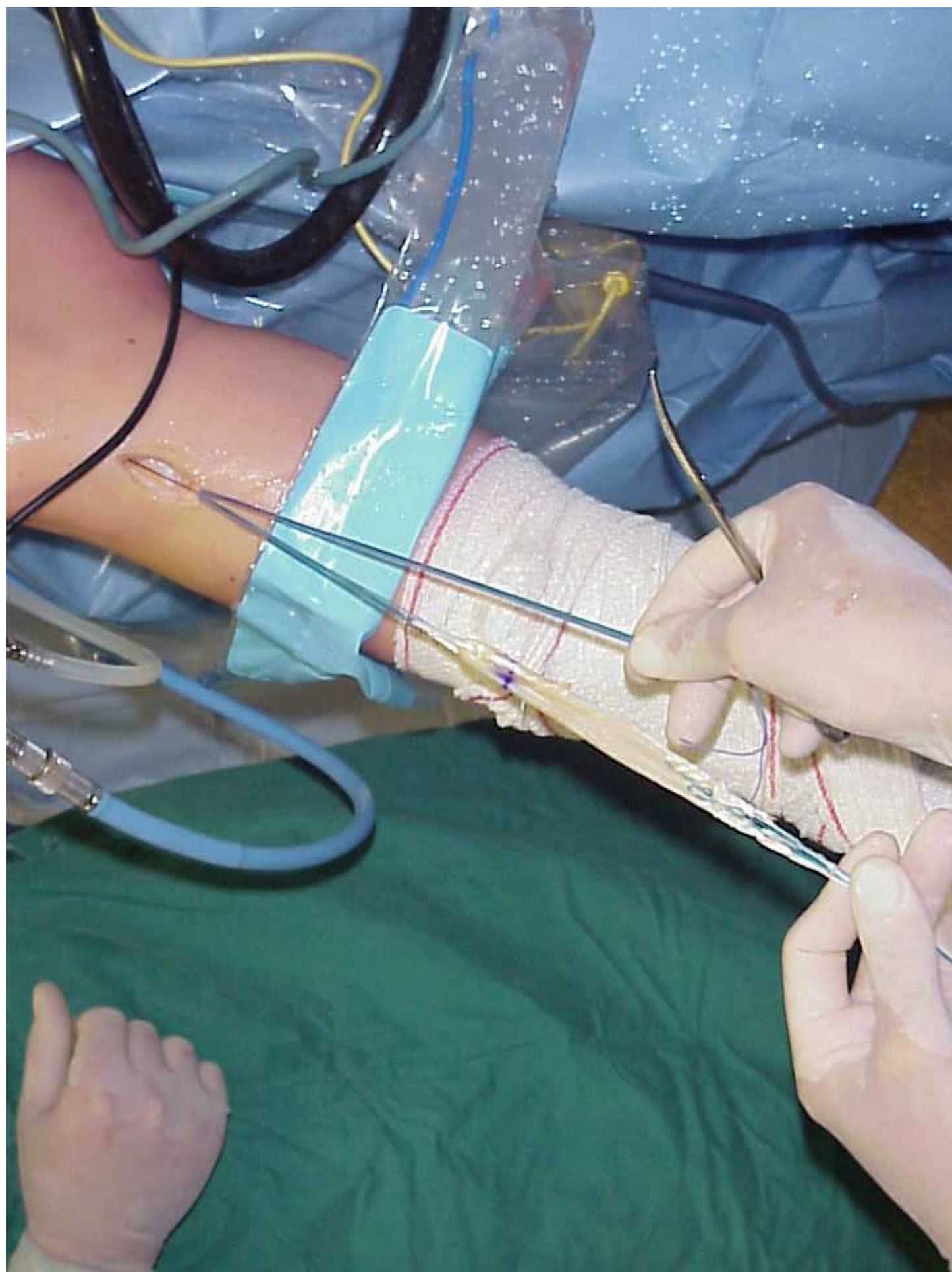


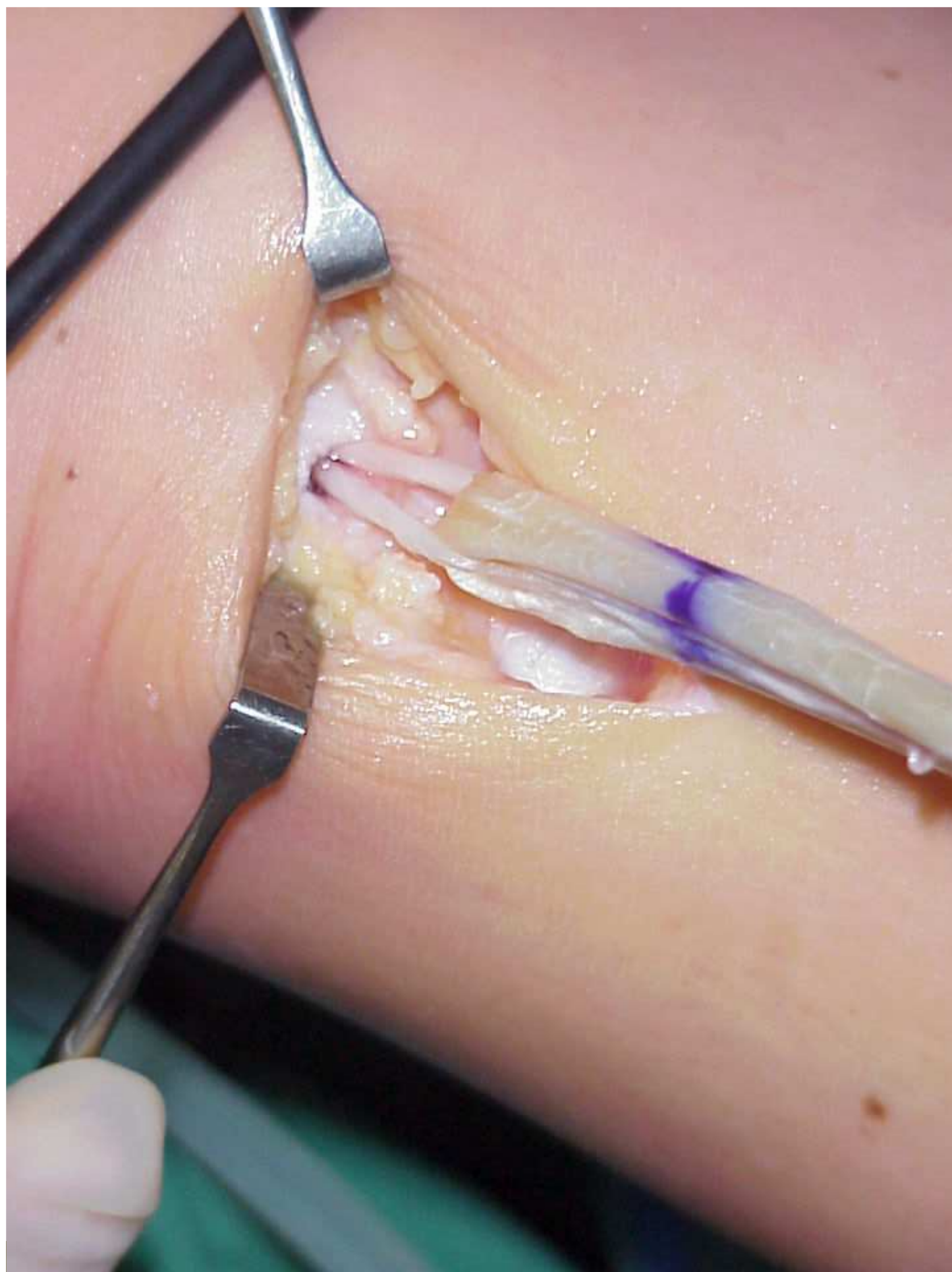


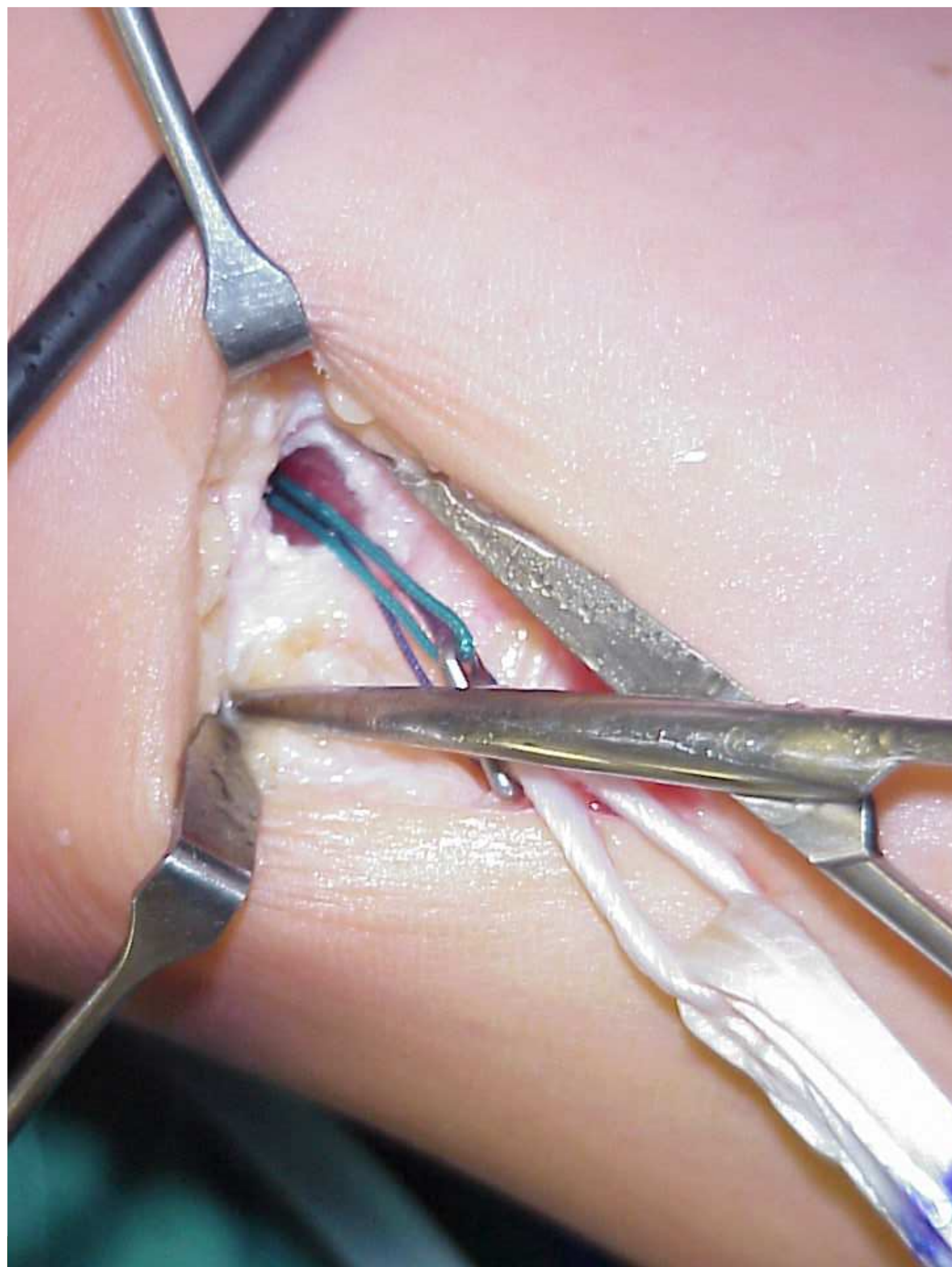


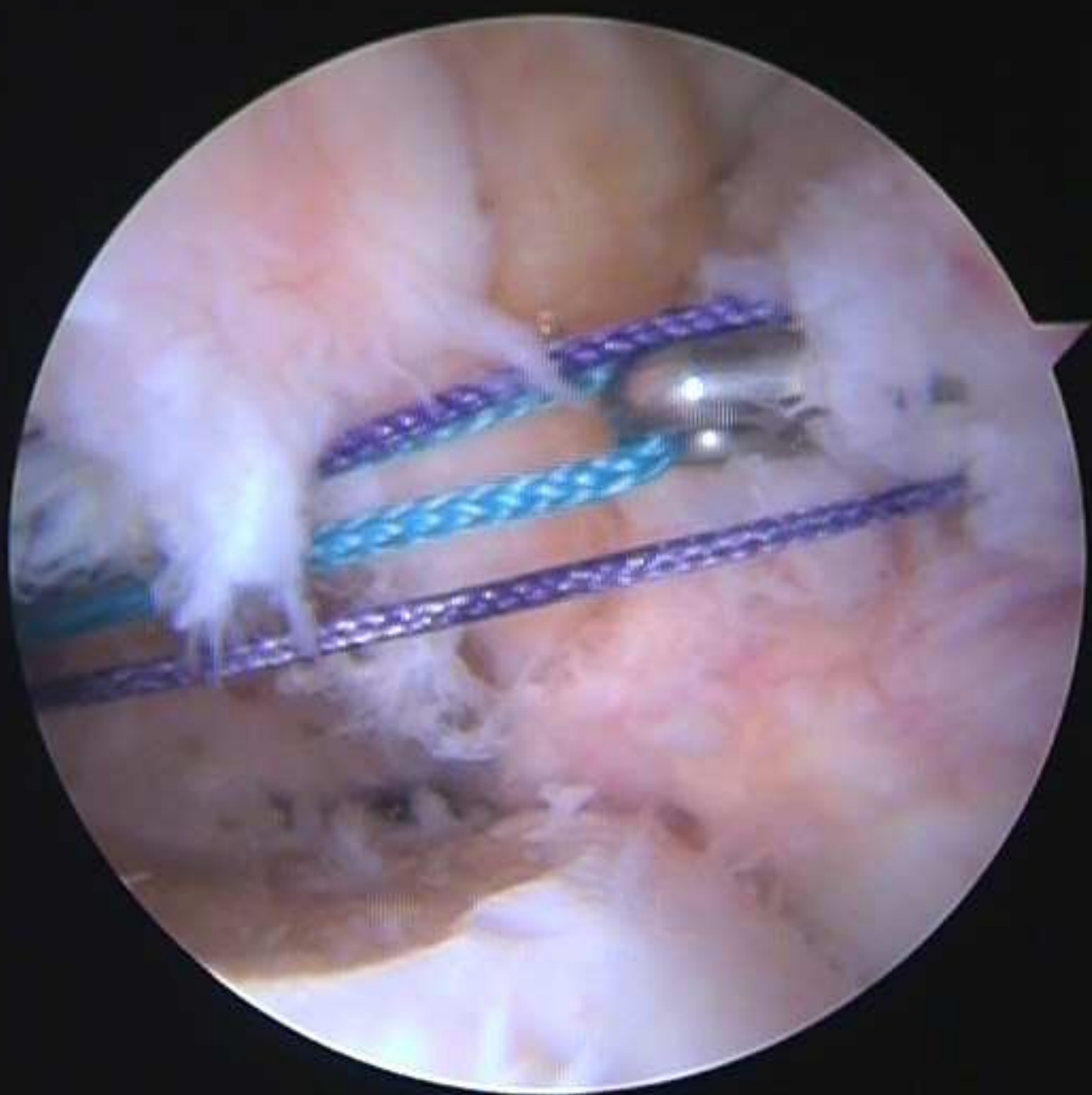








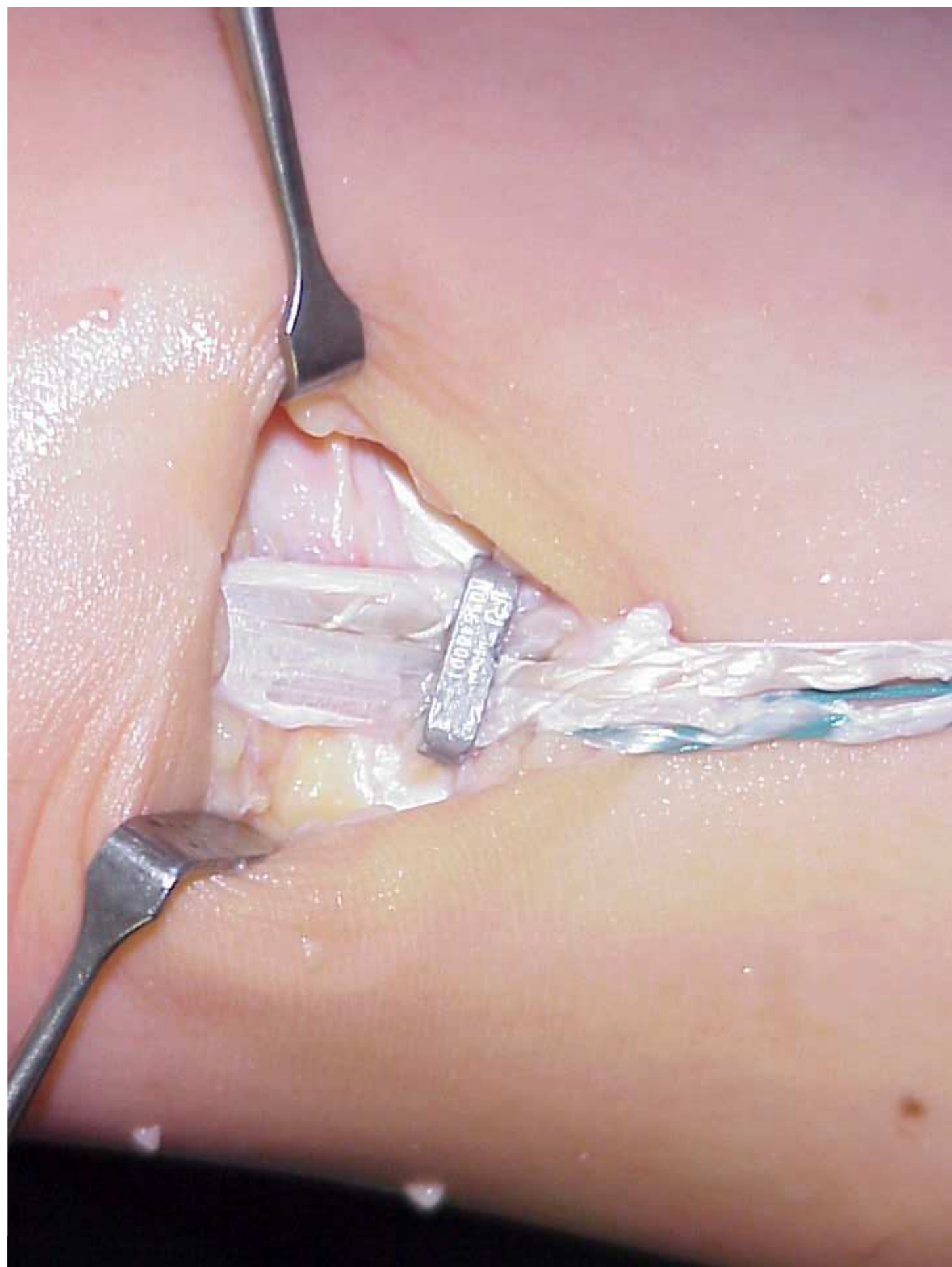


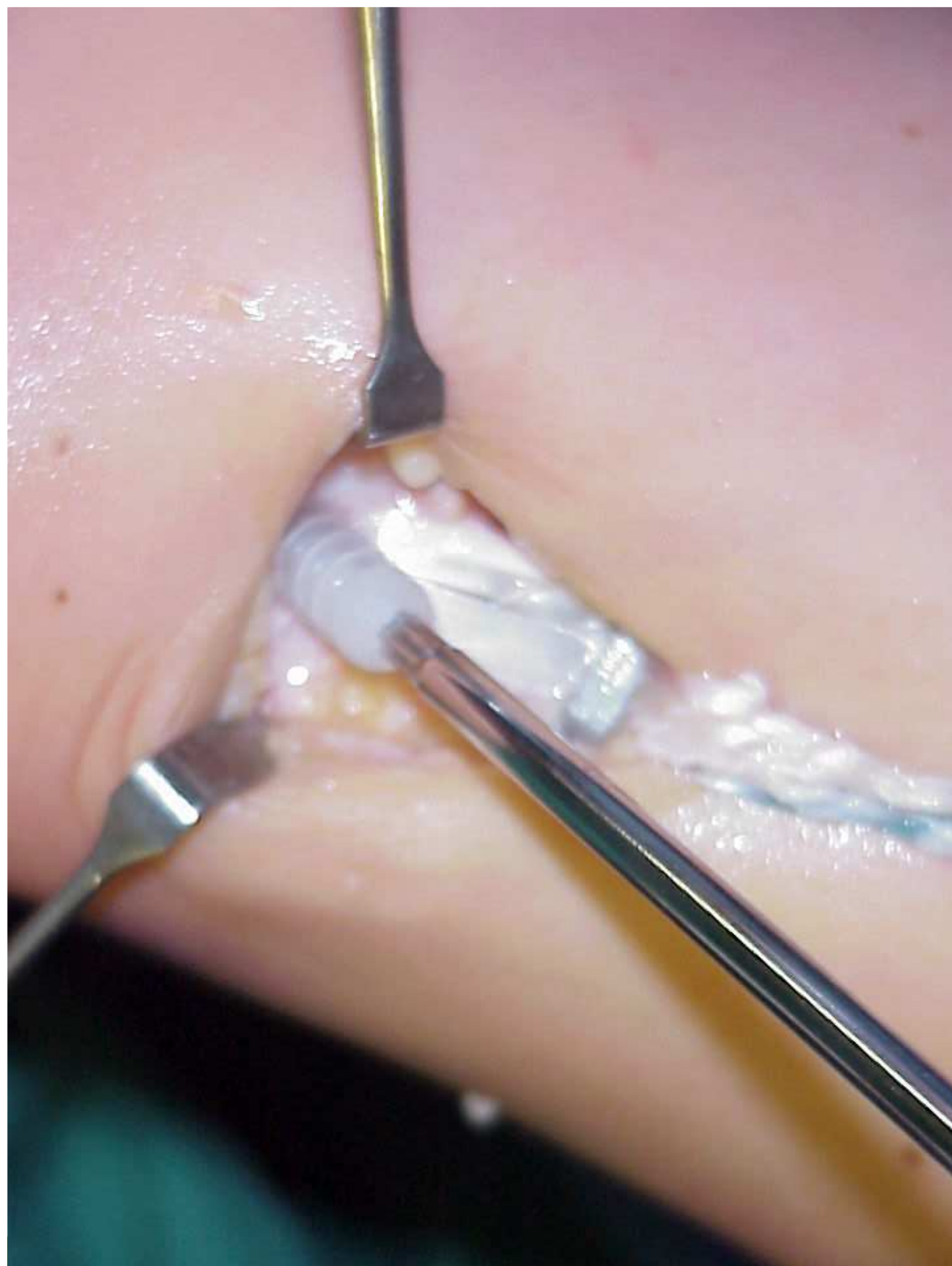


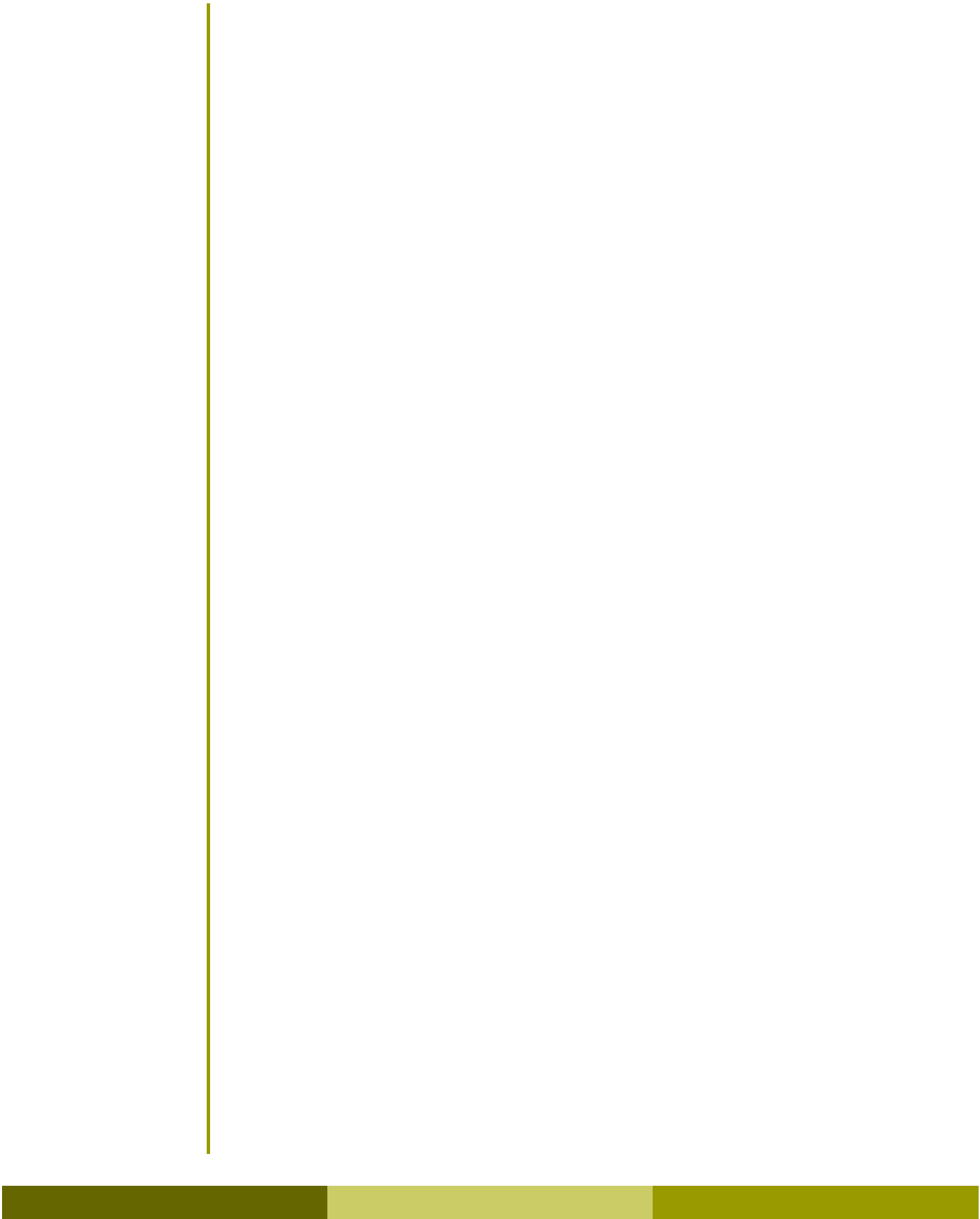




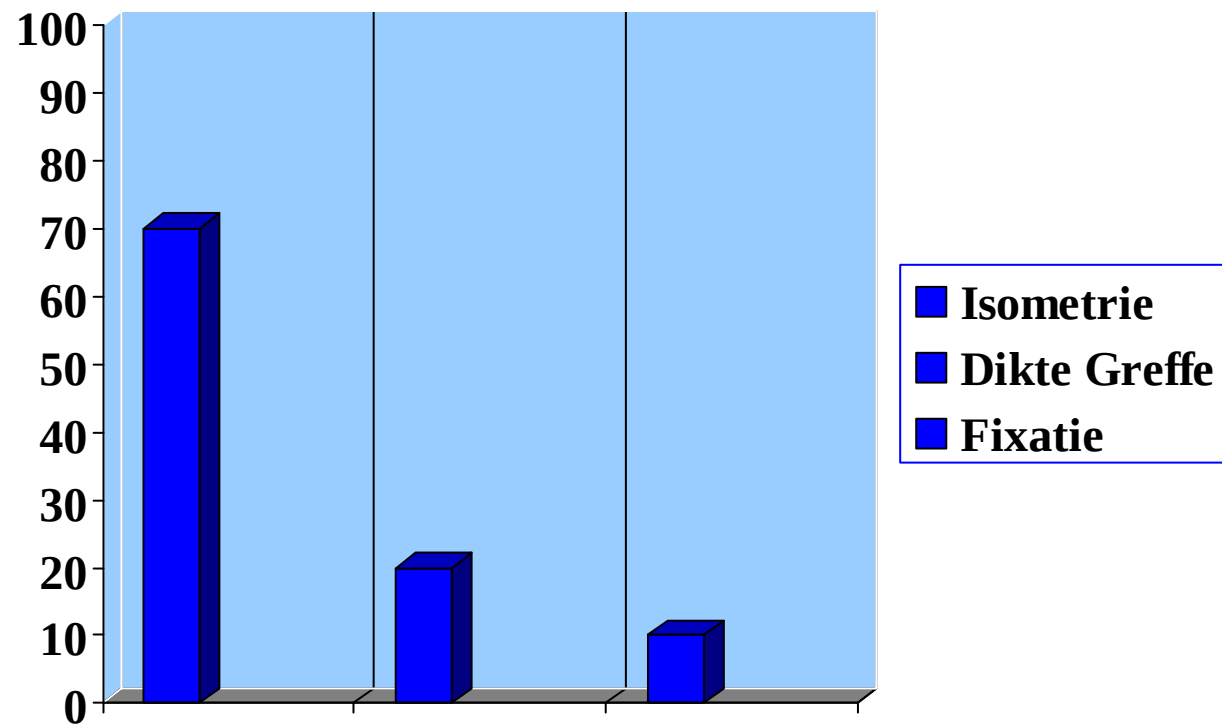








Sterkte van de Kruisband

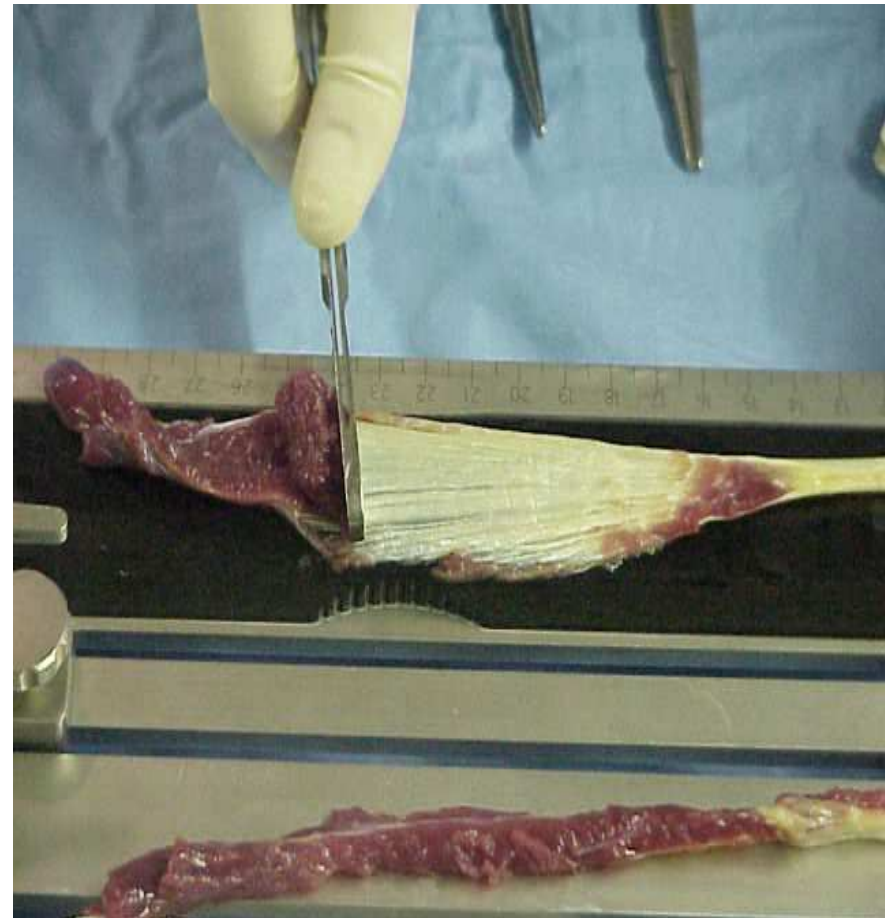


Prepareren van de greffe

- ❑ Semitendinosus en gracilis moeten vrijgemaakt worden van spierweefsel.
- ❑ Pezen worden wat bevochtigd en platgelegd op zwarte strip.



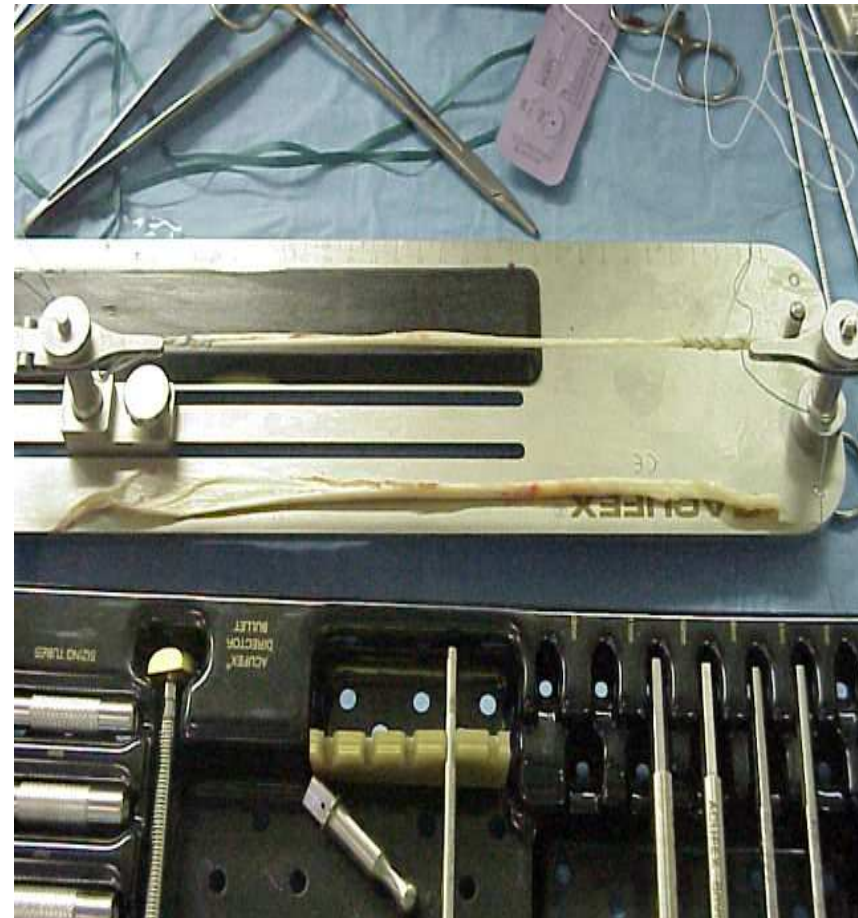
- ❑ Met achterkant van pincet of met regine wordt spierweefsel verwijderd, dit van allebei de pezen.
- ❑ Nadien de 2 pezen opspannen tussen de klemmen om gemakkelijk te hechten.



- Meestal wordt gehecht met ethibond
2. Men start van buiten naar binnen. Na 5 steken wordt teruggekeerd zodat aan elke kant 2 draaduiteinden komen te hangen.



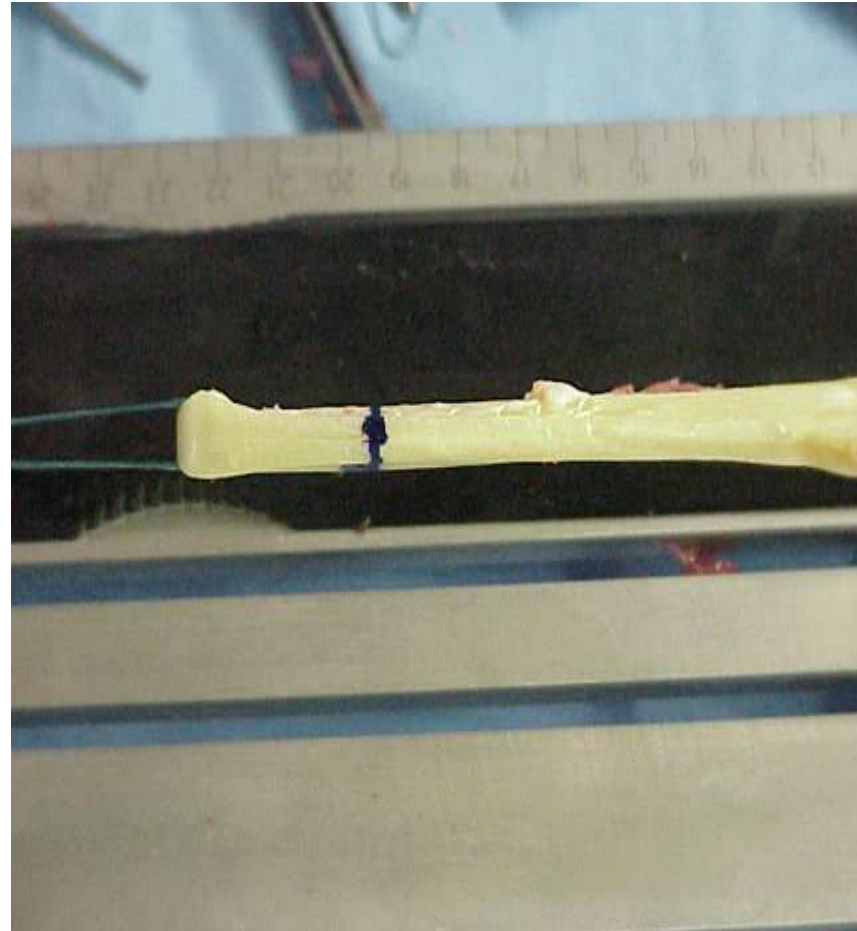
- ❑ 1 pees wordt in wit gehecht, andere in groen.
- ❑ Eventuele loshangende zijtakken worden ofwel afgeknipt, ofwel vastgehecht met een fijne draad.



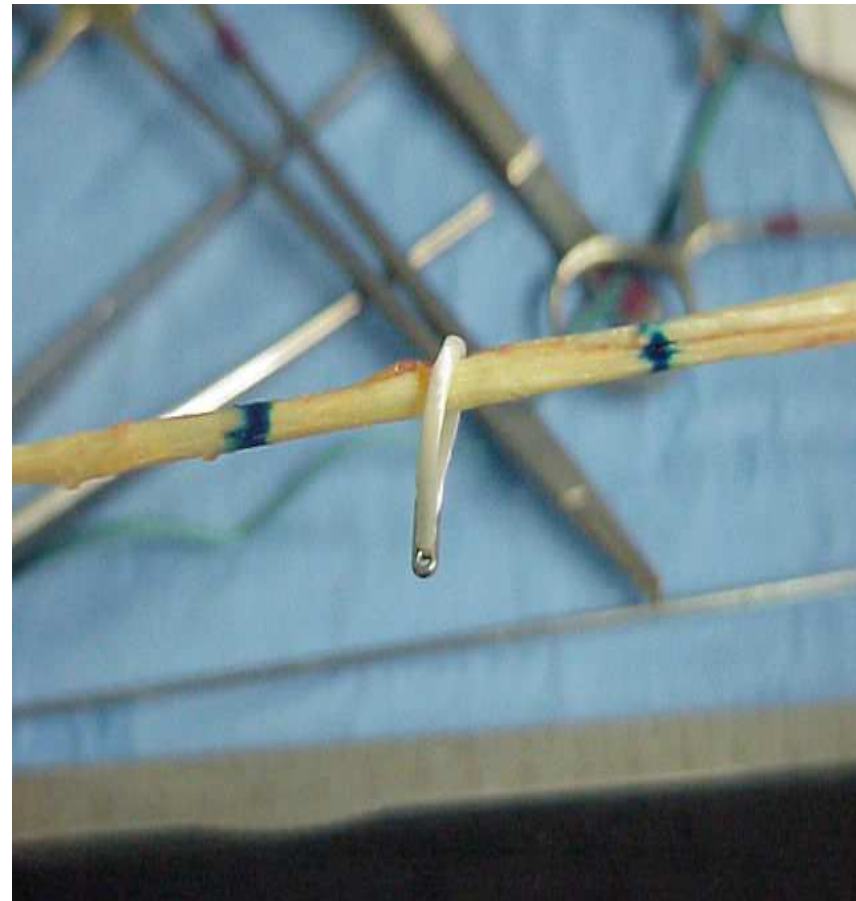
- Dan worden de 2 pezen samen doormidden gevouwen en door een sizing buisje gehaald om diameter te bepalen.
- Greffe moet redelijk spannen in het buisje.



- Nadien wordt op 25 mm van peesuiteinde een paars lijntje getrokken. Dit gedeelte komt later in de femorale tunnel te zitten.
- Nu is de greffe klaar om aan endobutton te bevestigen.



- Zodra de maat van de endobutton bepaald is, wordt de greffe door de lus gehaald en terug dubbel gevouwen.
- Doorheen de gaatjes van de endobutton wordt een trekdraad en een kanteldraad gestoken.



- De trekdraad is best een zo dik mogelijke draad, bvb. Ticron 5, mersilene bandje of 2 vicryl 2 door hetzelfde gaatje.
- Voor de kanteldraad wordt een andere kleur gekozen met dikte 1.

