

Double After Single

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Knee Course Val d'Isère 2010

Why Double

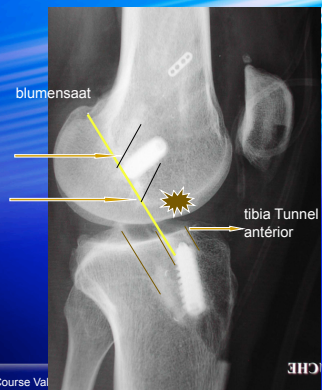
Why Not?

- Failure of 1st step of ACLR :But with:
 - Hamstrings intact+++
 - Use of Hamstrings+++

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2nd stage KJ / Hamstring

New tunnel : correct
fémoral tunnel : antérieur!



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New tunnel :STSG navigated

Tunnel hamstring



Favorable
anisometry

Analysis of Failure

- Analysis rerupture
 - Recent
 - Trauma
 - Chronic
- Clinical Instability



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Preoperative analysis

- Clinical examination
 - Lachman
 - Pivot shift
 - Frontal laxity
 - PCL?
- Radiological examination
 - Laximetry: Telos
 - Knee Frontal and sagittal view in full extension
 - Mechanical axis
 - Slope of the Sagittal tibia plateau

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Analysis of Tunnel:

- Radiological
- MRI / TDM
 - Position of the tunnels
 - Widening
 - Tibia
 - Femur

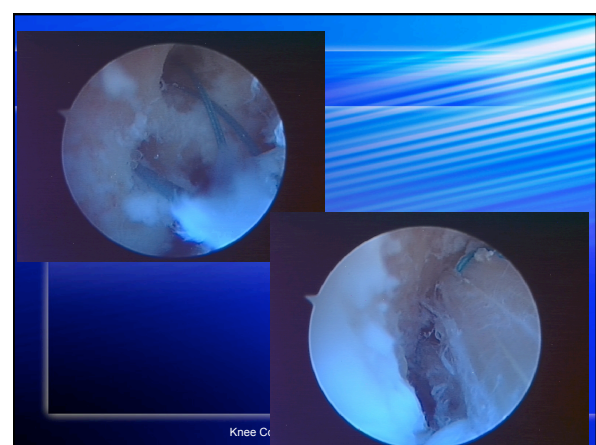
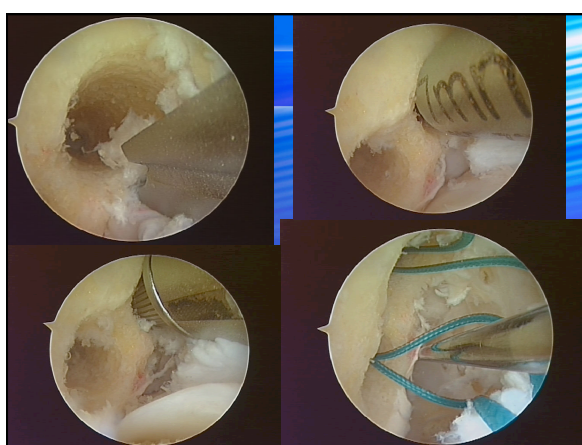
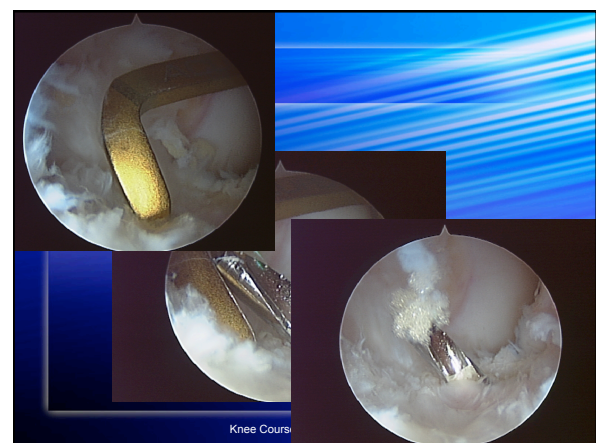
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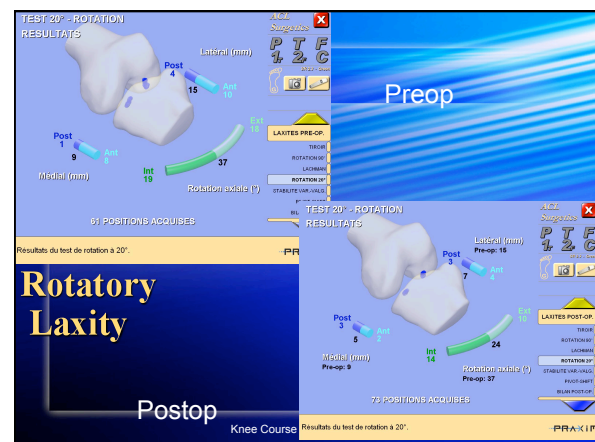
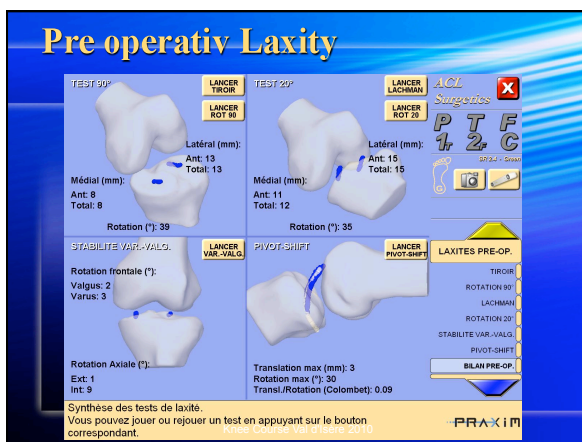
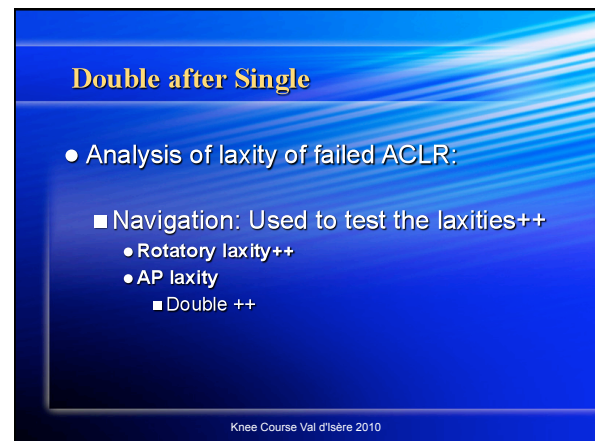


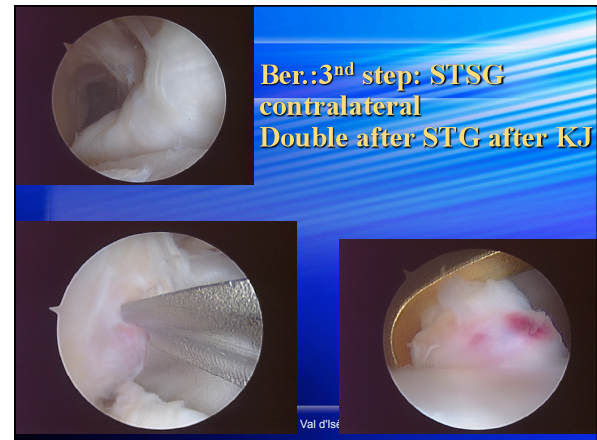
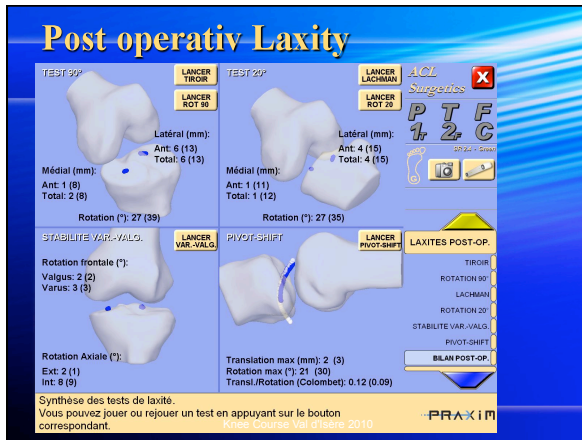
C. C. 18y

- Acrobatic sports: 1st ACL 1 year
- Pain and Instability: Telos: 6 mm

Femur tunnel: ?
TibiaTunnel : ?







How I do

- good position for both tunnels; EASY!
- Femur:
 - AM = Single T
 - PL second
- Tibia
 - AM=Single T
 - PL second

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How I do

- Malposition for Femur: Always : anterior and anisometry behaviour of the graft
 - New AM
 - Another direction: Divergent tunnel +++
 - Second PL down and forward
- Malposition for the Tibia: What is a bad position?
 - Anterior?
 - Posterior?

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