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Joint Preservation

# Technique Guide

**VersiTomic®**

Anterior Cruciate Ligament  
Reconstruction



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*The opinions expressed are those of Dr. Rauh  
and are not necessarily those of Stryker*

## VersiTomic Anterior Cruciate Ligament Reconstruction: Anteromedial Surgical Technique

Michael Rauh, M.D. is an Orthopaedic Sports Medicine specialist at the State University of New York at Buffalo. His surgical cases focus on the latest techniques in arthroscopic surgery of the knee, shoulder, and elbow, as well as, general orthopaedic reconstructive surgery, and trauma surgery. During his Sports Medicine Fellowship at the renowned Cleveland Clinic, Dr. Rauh worked with the Cleveland Browns, Indians, and Cavaliers. While in Buffalo, Dr. Rauh serves as the medical director and team physician for the Buffalo Bandits of the National Lacrosse League. Dr. Rauh is the Clinical Assistant Professor of Orthopaedic Surgery for the School of Medicine and Biomedical Sciences, State University of New York at Buffalo, where he teaches orthopaedic sports medicine fellows, residents, medical students, and conducts research.



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### Establishing Portals

When using VersiTomic through the anteromedial portal, it may be helpful to establish the anteromedial portal low and central to the medial condyle.

### Tibial Tunnel

The tibial tunnel is created using standard techniques and can be done before or after the femoral tunnels are created.



Figure 1.



Figure 2a.

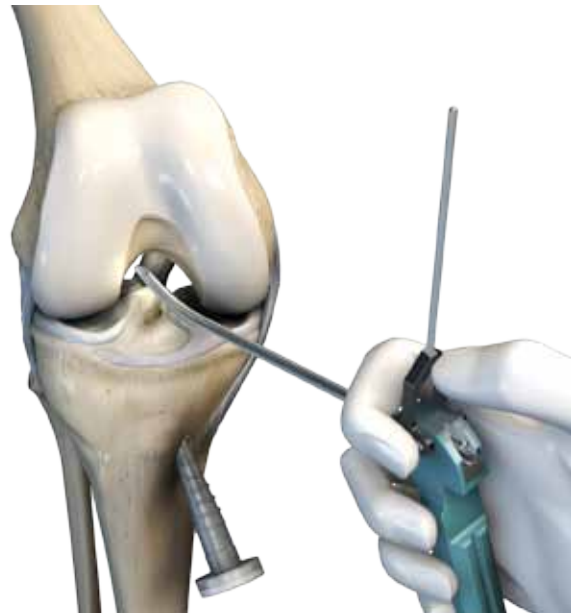
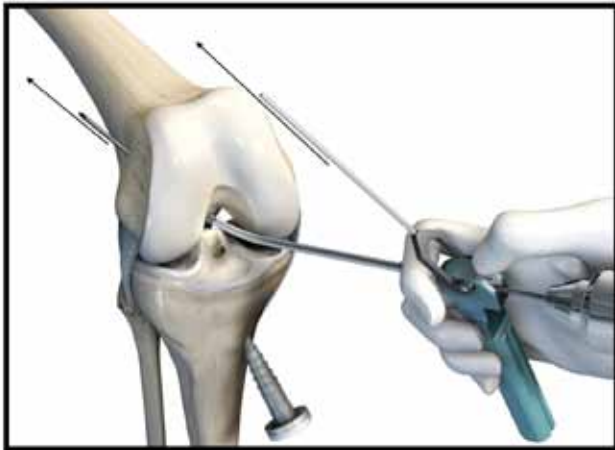


Figure 2b.

## Femoral Tunnel

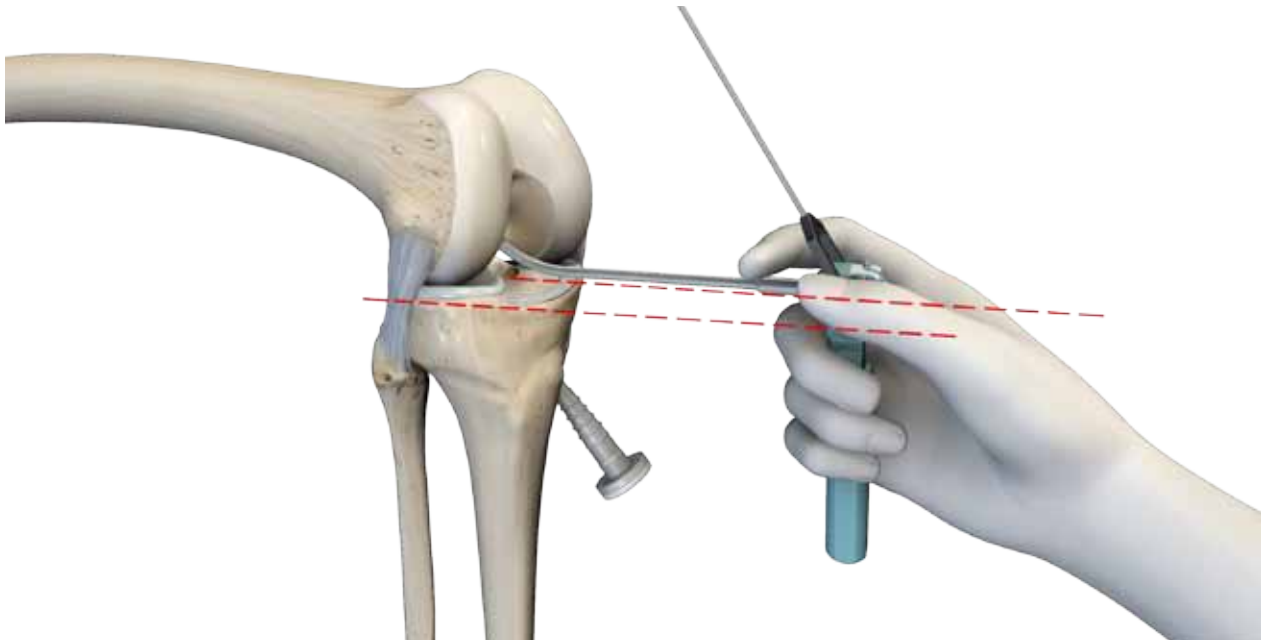
The preferred VersiTomic AM guide is placed through the anteromedial portal and positioned in the desired location.

The AccuPin is engaged to identify the plane in which the pin should exit.



*Figure 3a.*

In order to take advantage of the curvature of the guide, position the guide so that it is parallel with the tibia (colored portion of the shaft parallel with tibial shaft, straight cannulated portion of AM guide shaft is parallel to tibial plateau).



*Figure 3b.*

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The VersiTomic SMA Flexible Pin is then advanced through the AM guide and advanced to the lateral wall of the intercondylar notch.

*Note:*

Before advancing the guide pin into bone, recheck positioning of the guide to ensure placement has not been moved during introduction of the guide pin into the AM Guide. Flexion of the knee to 100-110 degrees during pin insertion assists in maximizing tunnel length.

The Guide Pin is then advanced in small increments until it exits out of the femur.

*Note:*

Advancing the pin driver close to the guide helps prevent the flexible guide pin from wobbling during drilling and helps ensure solid advancement of the pin through the femur.

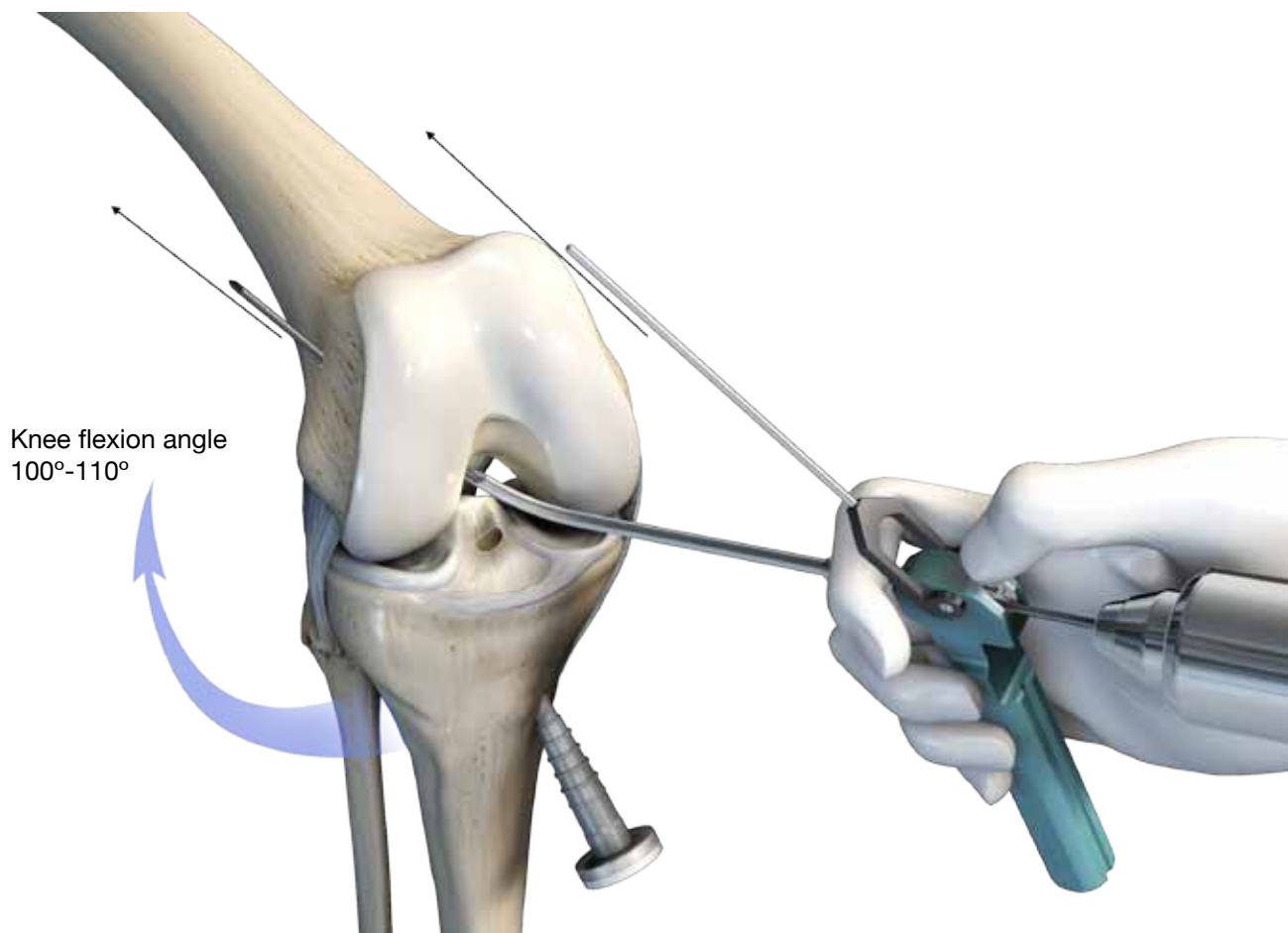


Figure 3c.

Once the pin has exited the lateral soft tissues, the AM guide can be removed.

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## Referencing Total Tunnel Length

Advance the VersiTomic SMA flexible guide pin until the color marking transition point is situated just at the bone-notch interface.

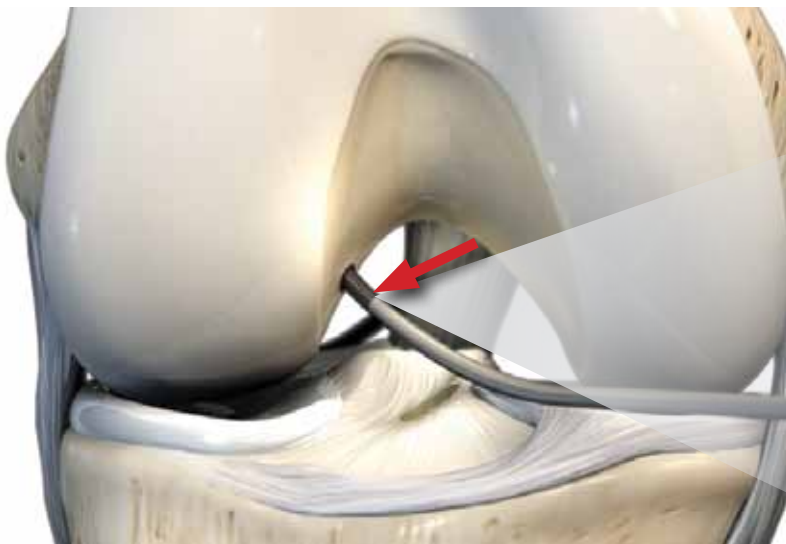


Figure 4a.

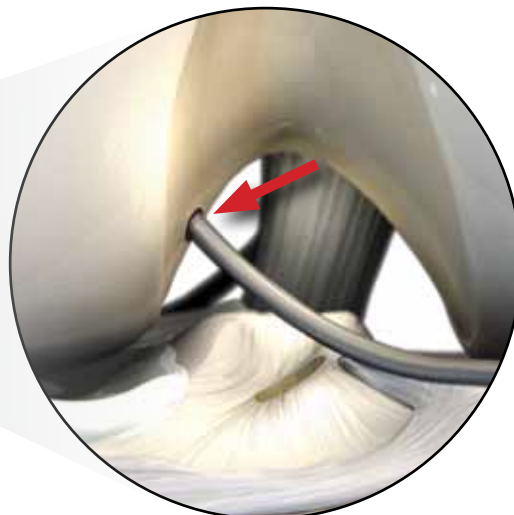


Figure 4b.

Utilize the depth gauge from outside-in to measure the total tunnel length. Make a small nick where the pin exits the lateral soft tissues. Advance the depth gauge over the pin to the lateral cortex of the femur. The depth gauge is read from the very tip of the pin.



Figure 5a.



Figure 5b.

## Femoral Tunnel

To ream the femoral tunnel through the anteromedial portal, reference the markings of the eccentric head, insert the VersiTomic reamer over the guide pin with the single cutting flute away from the medial femoral condyle and PCL.

Drill the femoral socket to the desired depth.

*Note:* At this point, if using G-Lok suspensory fixation, continue to ream through the lateral femoral cortex with the calibrated 4.5mm VersiTomic flexible reamer.

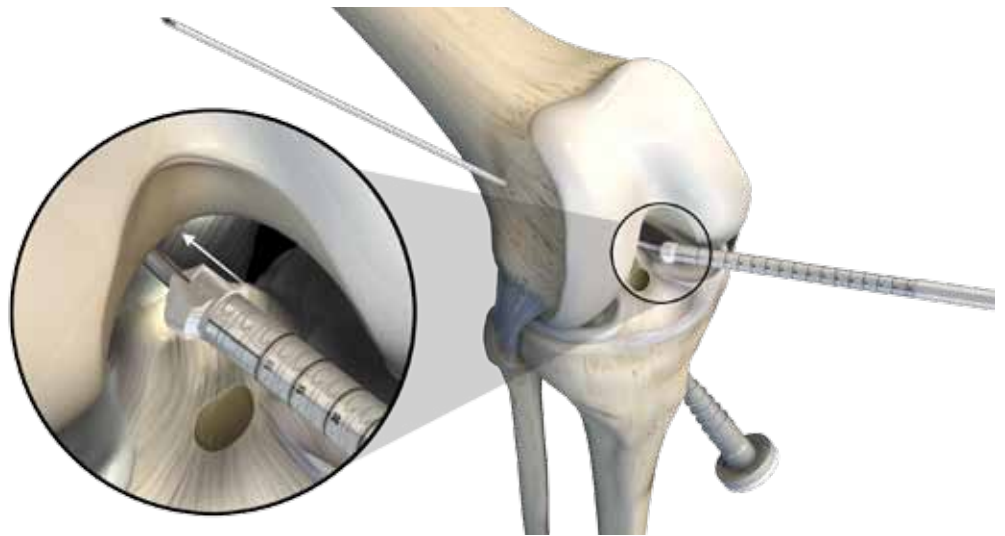


Figure 6.

## Graft Passage

Once tunnel creation is complete, use the suture eyelet to pass a suture loop through the femoral tunnel for assistance in graft passage.

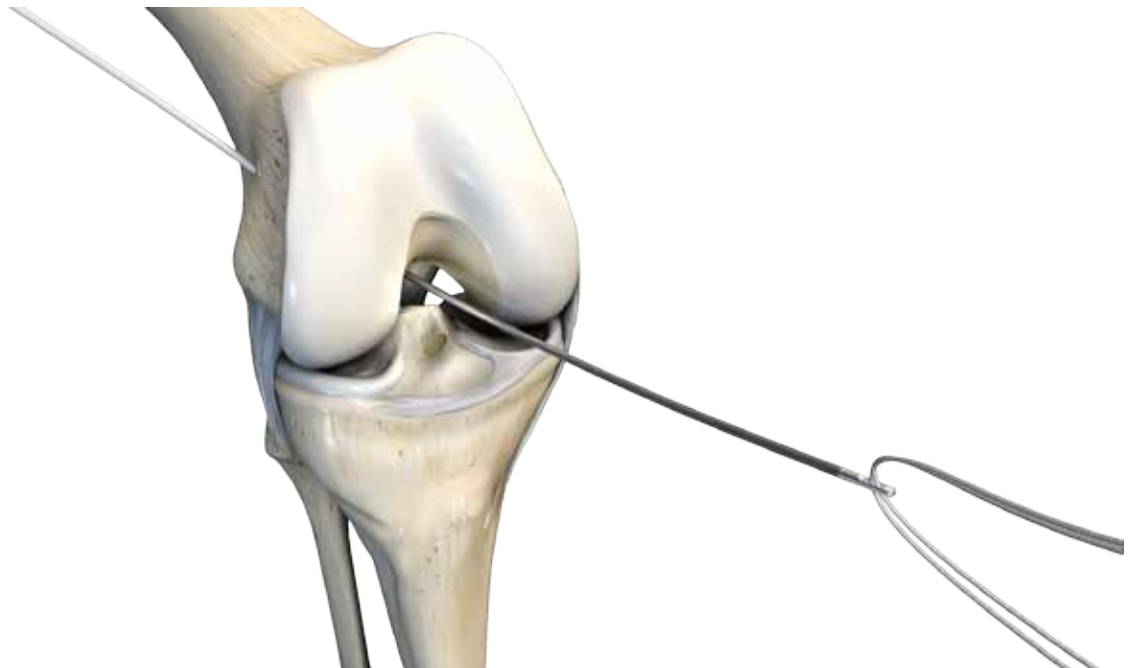


Figure 7a.

## Graft Passage

Utilize a loop retriever or probe to grab the passing suture down through the tibial tunnel.

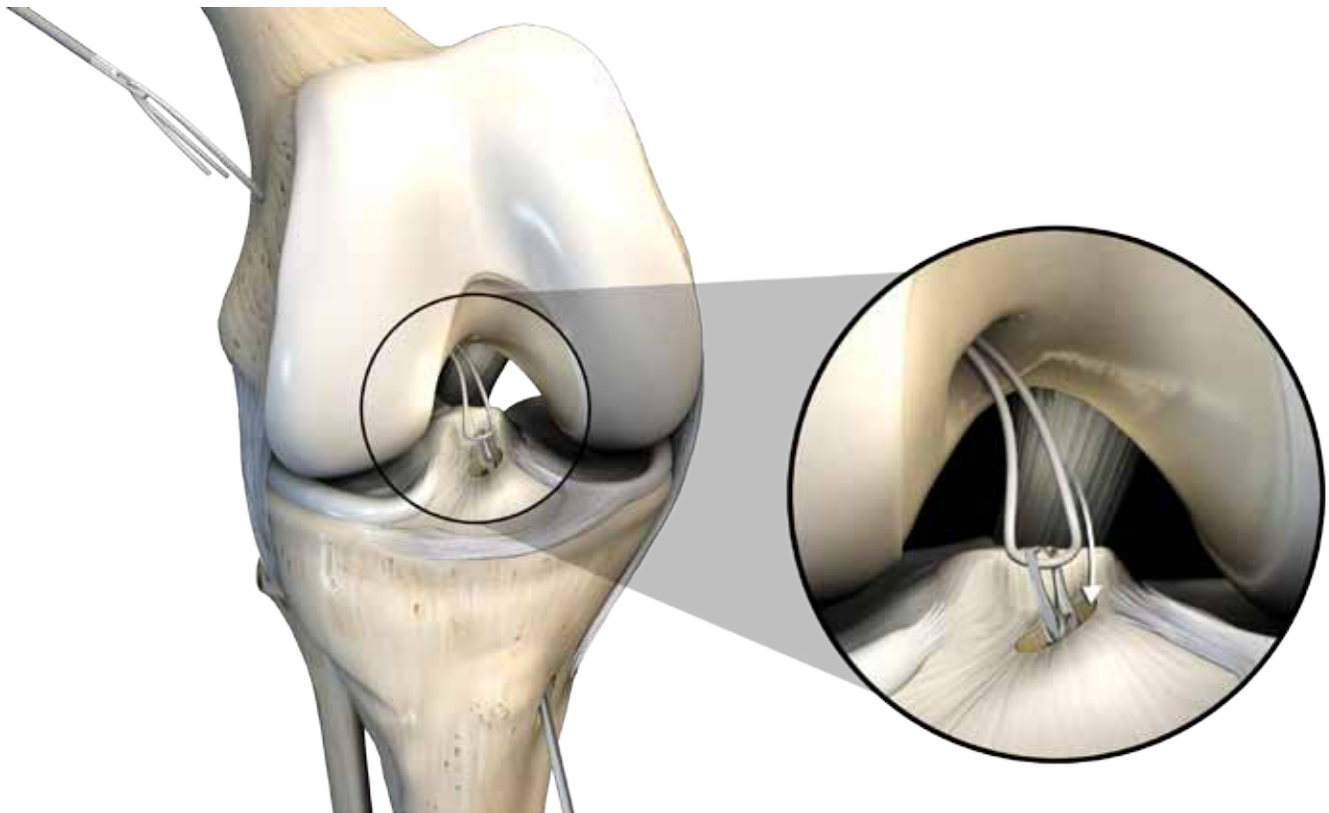


Figure 7b.

Graft passage and fixation can then be completed (method of fixation is based on surgeon preference, see associated fixation implant IFU or technique guide for instructions.)



## Joint Replacements

PART #	DESCRIPTION
234-108-001	VERSITOMIC ACL FLEXIBLE REAMER STERILIZATION TRAY
234-108-012	VERSITOMIC AIMER FORK
234-108-013	VERSITOMIC STARTER AWL
234-108-015	VERSITOMIC AM GUIDE STRAIGHT
234-108-016	VERSITOMIC 7MM AM GUIDE RIGHT ACL
234-108-017	VERSITOMIC 7MM AM GUIDE LEFT ACL
234-108-018	VERSITOMIC 6MM AM GUIDE RIGHT ACL
234-108-019	VERSITOMIC 6MM AM GUIDE LEFT ACL
234-108-021	VERSITOMIC 5MM AM GUIDE RIGHT ACL
234-108-022	VERSITOMIC 5MM AM GUIDE LEFT ACL
234-108-020	VERSITOMIC FLEXIBLE GUIDE PIN
234-108-045	VERSITOMIC 4.5MM FLEXIBLE REAMER
234-108-050	VERSITOMIC 5MM FLEXIBLE REAMER
234-108-055	VERSITOMIC 5.5MM FLEXIBLE REAMER
234-108-060	VERSITOMIC 6MM FLEXIBLE REAMER
234-108-065	VERSITOMIC 6.5MM FLEXIBLE REAMER
234-108-070	VERSITOMIC 7MM FLEXIBLE REAMER
234-108-075	VERSITOMIC 7.5MM FLEXIBLE REAMER
234-108-080	VERSITOMIC 8MM FLEXIBLE REAMER
234-108-085	VERSITOMIC 8.5MM FLEXIBLE REAMER
234-108-090	VERSITOMIC 9MM FLEXIBLE REAMER
234-108-095	VERSITOMIC 9.5MM FLEXIBLE REAMER
234-108-100	VERSITOMIC 10MM FLEXIBLE REAMER
234-108-105	VERSITOMIC 10.5MM FLEXIBLE REAMER
234-108-110	VERSITOMIC 11MM FLEXIBLE REAMER
234-108-115	VERSITOMIC 11.5MM FLEXIBLE REAMER
234-108-120	VERSITOMIC 12MM FLEXIBLE REAMER

PART #	DESCRIPTION
234-020-130	VERSITOMIC ACL/PCL STERILIZATION TRAY
234-020-181	TIBIAL DRILL GUIDE SPINE
234-020-182	TIBIAL DRILL GUIDE BOLT
234-020-183	TIBIAL DRILL GUIDE DOUBLE POINT FORKED ARM
234-020-184	TIBIAL DRILL GUIDE SINGLE FORKED ARM
234-020-185	TIBIAL DRILL GUIDE ELBOW ARM
234-040-045	4.5mm VERSITOMIC CANNULATED DRILL
234-040-050	5.0mm VERSITOMIC CANNULATED DRILL
234-040-055	5.5mm VERSITOMIC CANNULATED DRILL
234-040-060	6.0mm VERSITOMIC CANNULATED DRILL
234-040-065	6.5mm VERSITOMIC CANNULATED DRILL
234-040-070	7.0mm VERSITOMIC CANNULATED DRILL
234-040-075	7.5mm VERSITOMIC CANNULATED DRILL
234-040-080	8.0mm VERSITOMIC CANNULATED DRILL
234-040-085	8.5mm VERSITOMIC CANNULATED DRILL
234-040-090	9.0mm VERSITOMIC CANNULATED DRILL
234-040-095	9.5mm VERSITOMIC CANNULATED DRILL
234-040-100	10.0mm VERSITOMIC CANNULATED DRILL
234-040-105	10.5mm VERSITOMIC CANNULATED DRILL
234-040-110	11.0mm VERSITOMIC CANNULATED DRILL
234-040-115	11.5mm VERSITOMIC CANNULATED DRILL
234-040-120	12.0mm VERSITOMIC CANNULATED DRILL
234-020-118	PIN PULLER
234-020-111	GRAFT SIZING BLOCK
234-020-129	PARALLEL GUIDE
234-020-280	ACL DISPOSABLE PACK
234-020-290	ACL DISPOSABLE PACK - SOFT TISSUE FIXATION

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