Transtibial PCL Reconstruction

Surgical Technique

PCL Cruciate Reconstruction ToolBox Set (AR-1269S) includes:

- Cannulated Drills, 6, 7, 8 and 9 mm
- PCL Suture Pusher
- PCL Rasp
- PCL Popliteal Protector Cap
- "Worm" Curving Suture Passer
- Cannulated Headed Reamers, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5 and 11 mm
- PCL Femoral Target Marking Hook, right
- PCL Femoral Target Marking Hook, left
- Tunnel Dilator, 7 mm
- Tunnel Dilator, 8 mm
- Tunnel Dilator, 9 mm
- Tunnel Dilator, 9.5 mm
- Tunnel Dilator, 10 mm
- Tunnel Dilator, 10.5 mm
- Tunnel Dilator, 11 mm
- Adapteur Drill Guide C-Ring
- Calibrated Guide Pin Sleeve for 2.4 mm Pins
- Jacob's Chuck Handle
- PCL Tibial Adapteur Guide Marking Hook, curved
- PCL Tibial Adapteur Guide Marking Hook, angled
- Easy-In and Easy-Out
- Cannulated Bio-Interference Screwdriver Shaft, 6 mm – 11 mm
- Cannulated Bio-Interference Screwdriver Shaft, 3.5 mm Hex
- Chuck Key
- PCL Cruciate ToolBox Instrumentation Case

Implants and Disposables:

- Delta Tapered Bio-Interference Screw, 7.5 mm – 9 mm
- Delta Tapered Bio-Interference Screw, 8 mm – 10 mm
- Delta Tapered Bio-Interference Screw, 9 mm – 11 mm
- Delta Tapered Bio-Interference Screw, 10 mm – 12 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 7 mm – 9 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 8 mm – 10 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 9 mm – 11 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 10 mm – 12 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 11 mm – 13 mm
- Delta Tapered Bio-Interference Screw, Delta Tapered, 12 mm – 13 mm
- Sheathed Bio-Interference Screw, 7 mm x 23 mm
- Sheathed Bio-Interference Screw, 8 mm x 23 mm
- Sheathed Bio-Interference Screw, 9 mm x 23 mm
- Sheathed Bio-Interference Screw, 10 mm x 23 mm
- Sheathed Bio-Interference Screw, 11 mm x 23 mm
- Sheathed Bio-Interference Screw, 12 mm x 23 mm
- Sheathed Bio-Interference Screw, 13 mm x 23 mm
- Sheathed BioComposite Interference Screw, 7 mm x 23 mm
- Sheathed BioComposite Interference Screw, 8 mm x 23 mm
- Sheathed BioComposite Interference Screw, 9 mm x 23 mm
- Sheathed BioComposite Interference Screw, 10 mm x 23 mm
- Nitinol Guide Pin for Bio-Interference Screw, 1.1 mm
- Guide Wire Introducer, 1.1 mm
- TethTidel (sterilized)
- TethTidel (sterilized)
- Transient ACL Disposables Kit, without Saw Blade

All implants & disposables come sterile and are single use.

This description of technique is provided as an educational tool and should not be used in clinical practice. This description is intended as a guide to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product’s Directions For Use.

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The Arthroscopic PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Graft passing has been simplified by using curved suture passes to bring the graft passing suture into the joint when introducing the graft through the tibial tunnel.

Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posterolateral corner (PLC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization.

In preparation for tunnel guide pin placement, adequate visualization of the posterior aspect of the tibia can be achieved with a 30˚ or 70˚ arthroscope down the anteromedial portal.

The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Use of the appropriate Tibial Tunnel Cannula helps to eliminate fluid loss during tunnel drilling.

Use of the appropriately sized Cannulated Drill is selected and the appropriate drill guide pin is inserted through the tibial or femoral tunnel as an alternative portal to the anteromedial portal. The Popliteal Protector Cap is inserted through the posteromedial portal.

In preparation for tibial tunnel guide pin placement, adequate visualization of the posterior aspect of the tibia can be achieved with a 30˚ or 70˚ arthroscope down the anteromedial portal.

The Popliteal Protector Cap is inserted through the anatomical portal and placed over the end of the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill guide establishes a constant distance to avoid potential damage to posterior neurovascular structures during guide pin placement.

A specially designed 3-90˚ Arthroscope Anterior Portal Aid is inserted through the anteromedial portal to orient the tibial fixation site proximally and distally.

The appropriately sized Cannulated Drill is selected and the appropriate drill guide pin is inserted through the tibial or femoral tunnel as an alternative portal to the anteromedial portal.

Markings on the femoral hook determine the femoral tunnel distance from the articular cartilage margin. The surgeon should contact the end of the Drill Stop when the guide pin tip reaches the marking hook tip, preventing the guide pin tip from advancing past the marking hook tip.

Use of the Notchplasty/Tunnel Rasp to round off the proximal femoral tunnel can help eliminate tunnel related artifacts that may cause symptoms on the graft or result in smooth passage of the graft.

Graft fixation is performed with an interference screw equal in diameter to the graft and tunnel. The screw is placed in the distal tunnel, and the knee is cycled repeatedly through range of motion prior to tunnel fixation. With the knee at 90˚ of flexion and an anterior drawer force placed on the leg, a dead tapered screw 2 mm larger in diameter than the graft and tunnel is used for tunnel fixation.

The PCL Femoral Adapter Grade Marking Hook is attached to the drill guide and inserted through the anatomical portal. Markings on the femoral hook determine the anatomical tunnel distance from the articular cartilage margin and through the tunnel posteriorly.

The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Graft passing has been simplified by using curved suture passes to bring the graft passing suture into the joint when introducing the graft through the tibial tunnel.

Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posterolateral corner (PLC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization.

In preparation for tunnel guide pin placement, adequate visualization of the posterior aspect of the tibia can be achieved with a 30˚ or 70˚ arthroscope down the anteromedial portal.

The Popliteal Protector Cap is inserted through the anatomical portal and placed over the end of the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill guide establishes a constant distance to avoid potential damage to posterior neurovascular structures during guide pin placement.

A specially designed 3-90˚ Arthroscope Anterior Portal Aid is inserted through the anteromedial portal to orient the tibial fixation site proximally and distally.

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Markings on the femoral hook determine the femoral tunnel distance from the articular cartilage margin. The surgeon should contact the end of the Drill Stop when the guide pin tip reaches the marking hook tip, preventing the guide pin tip from advancing past the marking hook tip.

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The PCL Femoral Adapter Grade Marking Hook is attached to the drill guide and inserted through the anatomical portal. Markings on the femoral hook determine the anatomical tunnel distance from the articular cartilage margin and through the tunnel posteriorly.

The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Graft passing has been simplified by using curved suture passes to bring the graft passing suture into the joint when introducing the graft through the tibial tunnel.

Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posterolateral corner (PLC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization.

In preparation for tunnel guide pin placement, adequate visualization of the posterior aspect of the tibia can be achieved with a 30˚ or 70˚ arthroscope down the anteromedial portal.

The Popliteal Protector Cap is inserted through the anatomical portal and placed over the end of the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill guide establishes a constant distance to avoid potential damage to posterior neurovascular structures during guide pin placement.

A specially designed 3-90˚ Arthroscope Anterior Portal Aid is inserted through the anteromedial portal to orient the tibial fixation site proximally and distally.

The appropriately sized Cannulated Drill is selected and the appropriate drill guide pin is inserted through the tibial or femoral tunnel as an alternative portal to the anteromedial portal.

Markings on the femoral hook determine the femoral tunnel distance from the articular cartilage margin. The surgeon should contact the end of the Drill Stop when the guide pin tip reaches the marking hook tip, preventing the guide pin tip from advancing past the marking hook tip.

Use of the Notchplasty/Tunnel Rasp to round off the proximal femoral tunnel can help eliminate tunnel related artifacts that may cause symptoms on the graft or result in smooth passage of the graft.

Graft fixation is performed with an interference screw equal in diameter to the graft and tunnel. The screw is placed in the distal tunnel, and the knee is cycled repeatedly through range of motion prior to tunnel fixation. With the knee at 90˚ of flexion and an anterior drawer force placed on the leg, a dead tapered screw 2 mm larger in diameter than the graft and tunnel is used for tunnel fixation.

The PCL Femoral Adapter Grade Marking Hook is attached to the drill guide and inserted through the anatomical portal. Markings on the femoral hook determine the anatomical tunnel distance from the articular cartilage margin and through the tunnel posteriorly.

The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur.

Graft passing has been simplified by using curved suture passes to bring the graft passing suture into the joint when introducing the graft through the tibial tunnel.

Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posterolateral corner (PLC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization.

In preparation for tunnel guide pin placement, adequate visualization of the posterior aspect of the tibia can be achieved with a 30˚ or 70˚ arthroscope down the anteromedial portal.
The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tibial tunnel drilling. Tuldrum placement can be accurately positioned using instrumentation that references distances from anatomical landmarks on the tibia and femur. 

Graft passing has been simplified by using curved suture passers to bring the graft passing sutures into the joint when introducing the graft through the tibial tunnel. Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posteromedial corner (PMC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization.

In preparation for tibial tunnel guide pin placement, adequate visualization of the posterior aspect of the tibial plateau with a 30° or 70° arthroscope down to the insertion of the PCL should be performed. The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tibial tunnel drilling. Tuldrum placement can be accurately positioned using instrumentation that references distances from anatomical landmarks on the tibia and femur. 

Graft passing has been simplified by using curved suture passers to bring the graft passing sutures into the joint when introducing the graft through the tibial tunnel. Recent literature describes a significant interaction between the posterior cruciate ligament (PCL) and the posteromedial corner (PMC). It is important to note that a significant number of PCL injuries involve combined injuries to the PLC.

A posteromedial portal may be used to improve visualization. 

In preparation for tibial tunnel guide pin placement, adequate visualization of the posterior aspect of the tibial plateau with a 30° or 70° arthroscope down to the insertion of the PCL should be performed.

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**References**


When introducing the graft through the tibial tunnel, the anterior tibial tunnel entry is approximately 5 cm distal to the anterior tibial tunnel exit point. The distal end of the marking hook is placed through the trough just anterior to the end of the guide pin, approximately 10 mm distal to the posterior tibial articular cartilage.

After guide pin and drill removal, a Tibial Tunnel Cannula is inserted through the tibial tunnel. The appropriately sized Cannulated Drill is selected and the Drill Stop for Adapteur Drill Guide is advanced over the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill stop establishes a constant distance to avoid potential damage of posterior neurovascular structures during guide pin drilling.

The PCL Tibial Adapteur Guide Marking Hook is attached to the drill guide and is inserted over the guide pin. The Drill Stop is locked into place with the set screw. The drill guide and the guide pin sleeve should contact the end of the Drill Stop when the guide pin tip reaches the marking hook tip, preventing the guide pin from advancing past the marking hook. When using the PCL Tibial Adapteur Guide Marking Hook, it is important to note that a significant number of PCL injuries involve combined ACL/PCL injuries, so it is necessary to take precautions during tibial tunnel drilling.

The Arthrex Transtibial PCL Reconstruction System includes unique safety features for protecting posterior neurovascular structures during tibial tunnel drilling. Tunnel placement can be accurately positioned using instrumentation that references distances from anatomical constants on the tibia and femur. Graft passing has been simplified by using curving suture passers to bring the graft passing sutures into the joint line. The PCL Tibial AdapteurGuide Marking Hook is inserted through the tibial tunnel, and the black cap of the Cannulated Drill is press-fit against the articular cartilage. A Power Drill is tightened on the Drill Tip Guide Pin at a length of 22.5 cm from the guide pin tip. The PCL Femoral Adapteur Guide Marking Hook is attached to the drill guide and is inserted over the guide pin. The PCL Femoral Adapteur Guide Marking Hook is attached to the drill guide and is inserted through the tibial tunnel. The Popliteal Protector Cap is inserted through the femoral tunnel. When placing the pin, visualize it penetrating the posterior aspect of the tibia through a posteromedial or anterior portal. The appropriately sized Cannulated Drill is selected and the Drill Stop for Adapteur Drill Guide is advanced over the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill stop establishes a constant distance to avoid potential damage of posterior neurovascular structures during guide pin drilling.

Use of the tapered Tibial Tunneler Cannula allows insertion through the tibial or femoral tunnel for an alternative portal to the joint line without loss of tissue and blood. Use of the Notchplasty/Tunnel Rasp to round off the proximal or distal cut edge of the transtibial graft will aid in seating the suture and prevent the “Worm” from coming out of the tibial tunnel edge. The “Worm” memory wire remains up the back of the tibia and into the intercondylar notch. The appropriate size is determined by the flat end of the “Worm” handle. A Batten Retriever is inserted through the contralateral portal to retrieve the suture.

A Femoral Fixation Suture Pusher is inserted into the femoral tunnel to retrieve the suture. The black cap of the Cannulated Drill is press-fit against the articular cartilage. A Power Drill is tightened on the Drill Tip Guide Pin at a length of 22.5 cm from the guide pin tip. The PCL Femoral Adapteur Guide Marking Hook is attached to the drill guide and is inserted over the guide pin. The PCL Femoral Adapteur Guide Marking Hook is attached to the drill guide and is inserted through the tibial tunnel. The Popliteal Protector Cap is inserted through the femoral tunnel. When placing the pin, visualize it penetrating the posterior aspect of the tibia through a posteromedial or anterior portal. The appropriately sized Cannulated Drill is selected and the Drill Stop for Adapteur Drill Guide is advanced over the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill stop establishes a constant distance to avoid potential damage of posterior neurovascular structures during guide pin drilling.

The appropriately sized Cannulated Drill is selected and the Drill Stop for Adapteur Drill Guide is advanced over the guide pin sleeve and connected to the drill guide by aligning the flat surface of the sleeve with that of the drill guide. The drill stop establishes a constant distance to avoid potential damage of posterior neurovascular structures during guide pin drilling.
Transtibial PCL Reconstruction

Surgical Technique

PCL Cruciate Reconstruction ToolBox Set (AR-1269S) includes:

- Cannulated Drills, 6, 7, 8 and 9 mm
- AR-1206L-AR-1209L
- PCL Suture Pusher
- AR-1263
- PCL Rasp
- AR-1264
- PCL Popliteal Protector Cap
- AR-1267
- "Worm" Curving Suture Passer
- AR-1268
- Cannulated Headed Reamers, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5 and 11 mm
- AR-1407-AR-1411
- Jacob's Chuck Handle
- AR-1415
- PCL Femoral Target Marking Hook, right
- AR-1846
- PCL Femoral Target Marking Hook, left
- AR-1847
- Tunnel Dilator, 7 mm
- AR-1854-07.0
- Tunnel Dilator, 7.5 mm
- AR-1854-07.5
- Tunnel Dilator, 8 mm
- AR-1854-08.0
- Tunnel Dilator, 8.5 mm
- AR-1854-08.5
- Tunnel Dilator, 9 mm
- AR-1854-09.0
- Tunnel Dilator, 9.5 mm
- AR-1854-09.5
- Tunnel Dilator, 10 mm
- AR-1854-10.0
- Tunnel Dilator, 10.5 mm
- AR-1854-10.5
- Tunnel Dilator, 11 mm
- AR-1854-11.0
- Alloplast Dil Guide 4½-Ring
- AR-1873
- Calibrated Guide Pin Boss, for 2.4 mm Pins
- AR-1876
- DRIL Tool with Drill Guide Handle
- AR-1877
- PCL Tibial Guide, 9 mm, 7.5 mm, 6.5 mm, 6.0 mm, 5.5 mm, 5.0 mm, 4.5 mm, 4.0 mm
- PCL Tibial Alignment Guide Marking Hook, curved
- AR-1880
- PCL Tibial Alignment Guide Marking Hook, angled
- AR-1880-01
- Easy-In and Easy-Out
- Cannulated Bio-Interference Screwdriver Shaft
- AR-1997
- Cannulated Screwdriver Shaft
- AR-1997D
- Renthal S Scoring Handle
- AR-1999
- Needle Fast PCL Guide, 6 mm – 11 mm
- AR-5035B-09 – 11
- Suture Retriever
- AR-6010
- PCL Centex, curved and
- AR-7012
- PCL Straight Curved, curved and
- AR-7014
- Chuck Key
- AR-8241
- PCL Cruciate ToolBox Instrumentation Case
- AR-1269C

Implants and Disposables:

- Delta Tapered Bio-Interference Screw, 4 mm – 9 mm
  AR-5035TB-04
- Delta Tapered Bio-Interference Screw, 9 mm – 10 mm
  AR-5035TB-09
- Delta Tapered Bio-Interference Screw, 9 mm – 11 mm
  AR-5035TB-11
- Delta Tapered Bio-Interference Screw, 10 mm – 12 mm
  AR-5035TB-12
- Red Composite Interference Screws, Delta Tapered, 3 mm x 30 mm
  AR-5037TX-30
- Red Composite Interference Screws, Delta Tapered, 3 mm x 40 mm
  AR-5037TX-40
- Red Composite Interference Screws, Delta Tapered, 5 mm x 30 mm
  AR-5037TX-50
- Red Composite Interference Screws, Delta Tapered, 5 mm x 40 mm
  AR-5037TX-50
- Red Composite Interference Screws, Delta Tapered, 6 mm x 30 mm
  AR-5037TX-60
- Red Composite Interference Screws, Delta Tapered, 6 mm x 40 mm
  AR-5037TX-60
- Red Composite Interference Screws, Delta Tapered, 7 mm x 23 mm
  AR-5037TX-723
- Sheathed Bio-Interference Screw, 7 mm x 23 mm
  AR-1258
- Sheathed Bio-Interference Screw, 8 mm x 23 mm
  AR-1259
- Sheathed Bio-Interference Screw, 9 mm x 23 mm
  AR-1260
- Sheathed Bio-Interference Screw, 10 mm x 23 mm
  AR-1261
- Sheathed Bio-Interference Screw, 11 mm x 23 mm
  AR-1262
- Sheathed Bio-Interference Screw, 12 mm x 23 mm
  AR-1263
- Sheathed Composite Interference Screw, 6 mm x 23 mm
  AR-1266
- Sheathed Composite Interference Screw, 7 mm x 23 mm
  AR-1267
- Sheathed Composite Interference Screw, 8 mm x 23 mm
  AR-1268
- Sheathed Composite Interference Screw, 9 mm x 23 mm
  AR-1269
- Sheathed Composite Interference Screw, 10 mm x 23 mm
  AR-1270
- Sheathed Composite Interference Screw, 11 mm x 23 mm
  AR-1271
- Sheathed Composite Interference Screw, 12 mm x 23 mm
  AR-1272
- Nitinol Guide Pin for Bio-Interference Screw, 1.3 mm
  AR-1249
- Guide Wire Introducer, 1.1 mm
  AR-4608
- Tapered Femur Guide, 1.1 mm
  AR-1012
- Tapered Femur Guide, 1.3 mm
  AR-1013
- Tapered ACL Disposables Kit without Saw Blade
  AR-1988

All implants & disposables come sterile and are single use.

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Transtibial PCL Reconstruction

Surgical Technique

PCL Cruciate Reconstruction ToolBox Set (AR-1269S) includes:

- Cannulated Drills, 6, 7, 8 and 9 mm (AR-1206L-AR-1209L)
- PCL Suture Pusher (AR-1263)
- PCL Rasp (AR-1264)
- PCL Popliteal Protector Cap (AR-1267)
- “Worm” Curving Suture Passer (AR-1268)
- Cannulated Headed Reamers, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5 and 11 mm (AR-1407-AR-1411)
- Jacob’s Chuck Handle (AR-1415)
- PCL Femoral Target Marking Hook, right (AR-1846)
- PCL Femoral Target Marking Hook, left (AR-1847)
- Tunnel Dilator, 7 mm (AR-1854-07.0)
- Tunnel Dilator, 7.5 mm (AR-1854-07.5)
- Tunnel Dilator, 8 mm (AR-1854-08)
- Tunnel Dilator, 8.5 mm (AR-1854-08.5)
- Tunnel Dilator, 9 mm (AR-1854-09)
- Tunnel Dilator, 9.5 mm (AR-1854-09.5)
- Tunnel Dilator, 10 mm (AR-1854-10.0)
- Tunnel Dilator, 10.5 mm (AR-1854-10.5)
- Tunnel Dilator, 11 mm (AR-1854-11.0)
- Adapteur Drill Guide C-Ring (AR-1875)
- CALIBRATED Guide Pin Sleeve for 2.4 mm Pins (AR-1876)
- CALIBRATED Guide Pin Sleeve for 2.4 mm Pins (AR-1877)
- CALIBRATED Guide Pin Sleeve for 2.4 mm Pins (AR-1878)
- PCL Tibial Adapteur Guide Marking Hook, curved (AR-1880)
- PCL Tibial Adapteur Guide Marking Hook, angled (AR-1880-01)
- Ratcheting Screwdriver Handle (AR-1999)
- Double Bundle PCL Guide, 6 mm – 11 mm (AR-5015-06 – 11)
- Implants and Disposables:
  - Delta Tapered Bio-Interference Screw, 7.5 mm - 9 mm (AR-5035TB-09)
  - Delta Tapered Bio-Interference Screw, 8.5 mm - 10 mm (AR-5035TB-10)
  - Delta Tapered Bio-Interference Screw, 9.5 mm - 11 mm (AR-5035TB-11)
  - Delta Tapered Bio-Interference Screw, 10.5 mm - 12 mm (AR-5035TB-12)
  - Delta Tapered Bio-Interference Screw, 8 mm - 11 mm (AR-5035TC-08 – 11)
  - Delta Tapered Bio-Interference Screw, 9 mm - 12 mm (AR-5035TC-09 – 12)

  - BioComposite Interference Screw, Delta Tapered, 7 mm x 23 mm (AR-5040C)
  - BioComposite Interference Screw, Delta Tapered, 8 mm x 23 mm (AR-5041C)
  - BioComposite Interference Screw, Delta Tapered, 9 mm x 23 mm (AR-5042C)
  - BioComposite Interference Screw, Delta Tapered, 10 mm x 23 mm (AR-5043C)

  - Nitinel Guide Pin for Bio-Interference Screw, 1.3 mm (AR-1249)
  - Guide Wire Introducer, 1.2 mm (AR-4068)
  - Tibial Tunnel Fixer (AR-1020)
  - Nitinel Guide Pin for Bio-Interference Screw, 1.3 mm (AR-1098S)

  - All implants & disposables come sterile and are single use.

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