

Surgilig™ Acromio-Clavicular Ligament

Surgilig™ is a synthetic ligament used in acromio-clavicular reconstruction to replace the ligament and recreate the anatomy. It is made of double braided polyester with a weave design that acts as a scaffold encouraging tissue in-growth.

Surgilig™ is looped around the coracoid, and then passed behind the clavicle where it is secured with a 3.5mm bicortical screw and washer. The Surgilig™ implant has one hard loop for screw fixation and one soft loop which surrounds the coracoid.

Surgilig™ Standard Ligament Sizes:

SD6070 Surgilig™ Ligament 7cm
 SD6080 Surgilig™ Ligament 8cm
 SD6090 Surgilig™ Ligament 9cm
 SD6100 Surgilig™ Ligament 10cm
 SD6110 Surgilig™ Ligament 11cm
 SD6120 Surgilig™ Ligament 12cm
 SD6130 Surgilig™ Ligament 13cm

Surgilig™ Special Ligament Sizes:

SD6050 Surgilig™ Ligament 5cm
 SD6060 Surgilig™ Ligament 6cm
 SD6140 Surgilig™ Ligament 14cm
 SD6150 Surgilig™ Ligament 15cm
 SD6160 Surgilig™ Ligament 16cm
 SD6170 Surgilig™ Ligament 17cm
 SD6180 Surgilig™ Ligament 18cm
 SD6190 Surgilig™ Ligament 19cm
 SD6200 Surgilig™ Ligament 20cm

Surgilig™ Length Gauge:

SD6000/S Length Gauge (sterile)

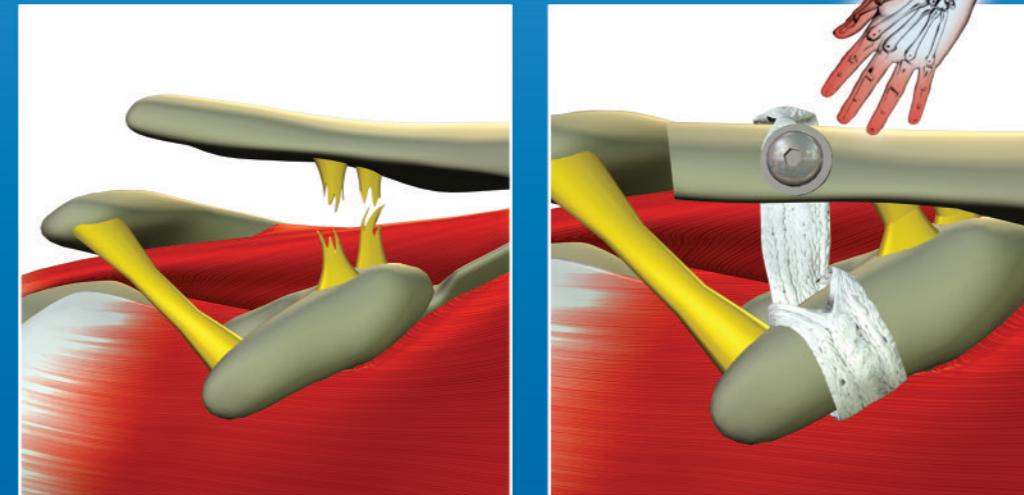
Surgilig™ Screws & Washers:

MSFS20 Ø3.5mm Cortical Screw L20mm & 1mm Washer
 MSFS22 Ø3.5mm Cortical Screw L22mm & 1mm Washer
 MSFS24 Ø3.5mm Cortical Screw L24mm & 1mm Washer
 MSFS26 Ø3.5mm Cortical Screw L26mm & 1mm Washer
 MSFS28 Ø3.5mm Cortical Screw L28mm & 1mm Washer
 MSFS30 Ø3.5mm Cortical Screw L30mm & 1mm Washer
 MSFS32 Ø3.5mm Cortical Screw L32mm & 1mm Washer
 MSFS34 Ø3.5mm Cortical Screw L34mm & 1mm Washer
 MSFS36 Ø3.5mm Cortical Screw L36mm & 1mm Washer
 MSFS38 Ø3.5mm Cortical Screw L38mm & 1mm Washer
 MSFS40 Ø3.5mm Cortical Screw L40mm & 1mm Washer

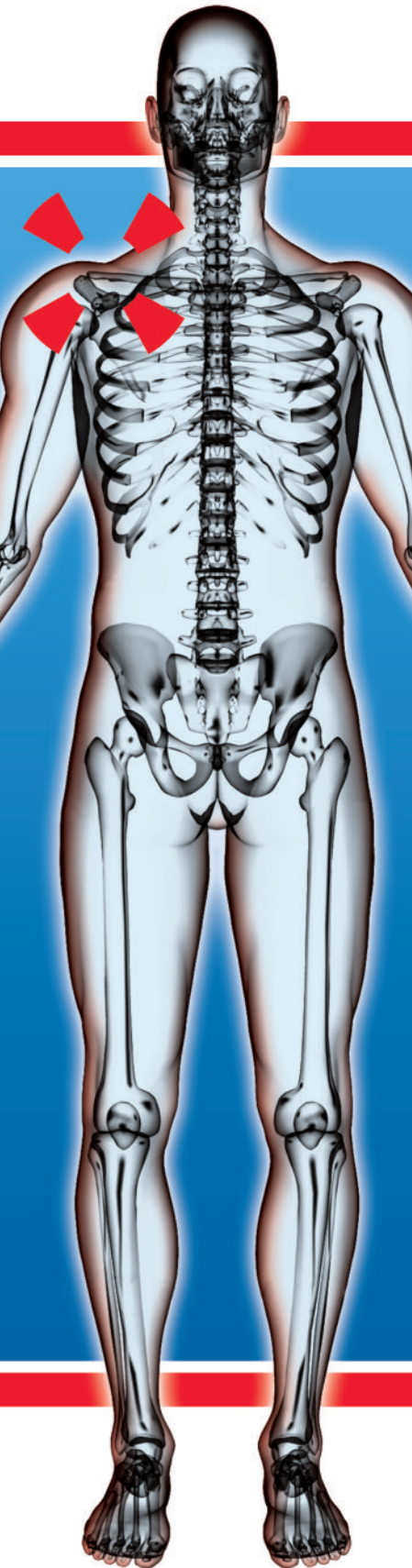
Surgilig™ Instrumentation:

IN633 Tubular Introducer (Large)
 IN634 Tubular Introducer (Medium)
 IN635 Loop Tensioner
 IN637 Cannulated Positioner
 IN630 AO Handle with Quick Coupling
 IN629 AO Screwdriver Shaft Ø2.5mm
 IN631 Drill Sleeve Ø2.5mm & Tap Sleeve Ø3.5mm
 IN626 Depth Gauge
 IN632 Screw Holding Sleeve
 RM04213 Surgilig™ Tray
 RM04211 Surgilig™ Tray Lid
 IN627/S AO Drill Ø2.5mm, L130mm (sterile)
 IN628/S AO Cortical Tap Ø3.5mm, L130mm (sterile)
 IN520/S K-Wire (sterile)

Surgilig™ Acromio-Clavicular Ligament



Surgical Technique



Manufactured by:

Surgicraft
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 Fax: +44 1527 551166

customerservice@surgicraft.co.uk
 www.surgicraft.co.uk



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Distributed by:

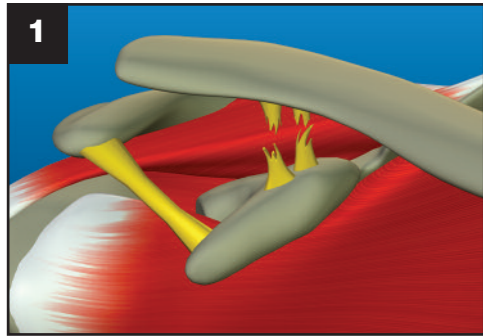


Surgilig™ Indications:

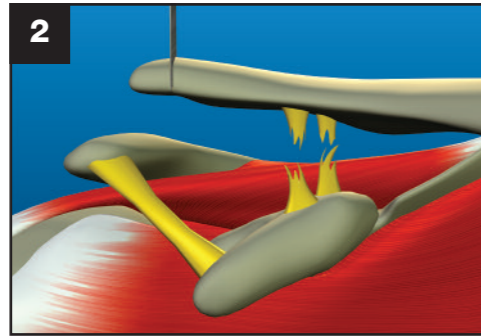
- Acromio-clavicular dislocation (acute & chronic).
- Rockwood Type III, IV & V acromio-clavicular joint injury.
- Lateral clavicle fractures.
- Failure of a previous stabilisation procedure such as a failed Weaver Dunn.

Surgilig™ Surgical Technique

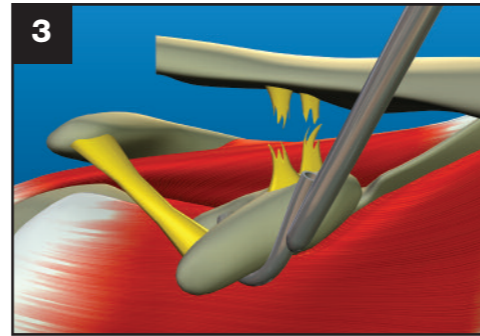
Acromio-Clavicular Ligament



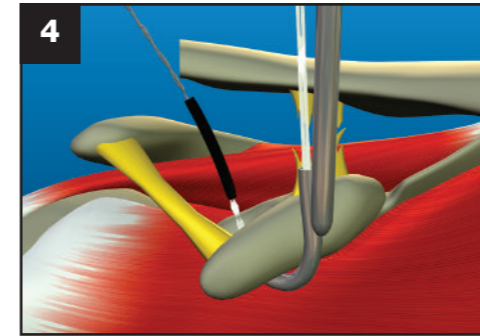
1 The lateral end of the clavicle is exposed and the base of the coracoid identified via a shoulder strap incision.



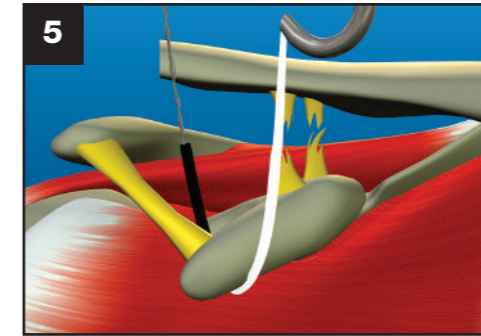
2 1cm of the lateral end of the clavicle is excised in the plane of the acromio-clavicular joint.



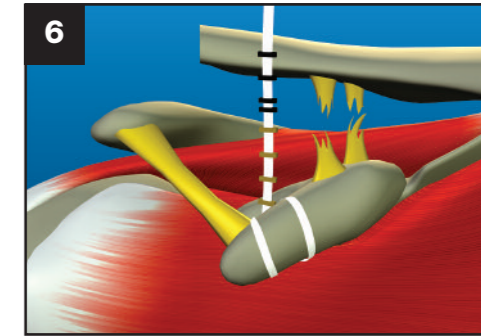
3 The Surgilig™ Tubular Introducer is passed around the base of the coracoid from medial to lateral, staying close to the bone.



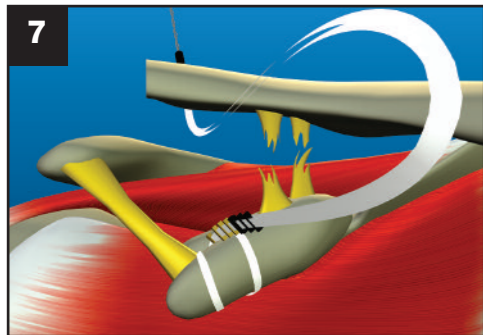
4 The metal leader of the Surgilig™ Length Gauge is passed through the Tubular Introducer from medial to lateral.



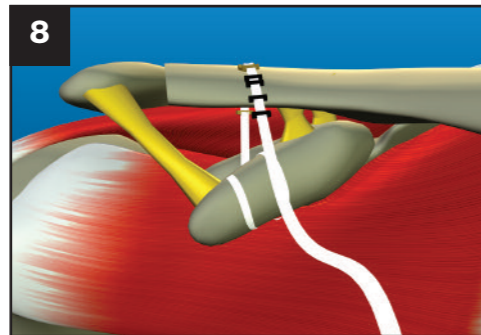
5 The Tubular Introducer is removed leaving the Length Gauge around the base of the coracoid.



6 The metal leader of the Length Gauge is passed through the loop at the other end of the Length Gauge removing any slack.

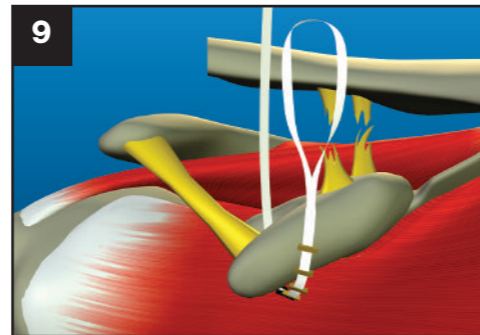


7 The metal leader of the Length Gauge is passed under the lateral end of the clavicle from anterior to posterior.

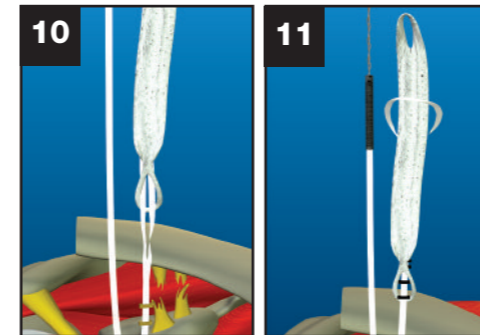


8 The clavicle is reduced to its anatomical position and the Length Gauge is held in the planned position of the fixation screw to measure the required implant length.

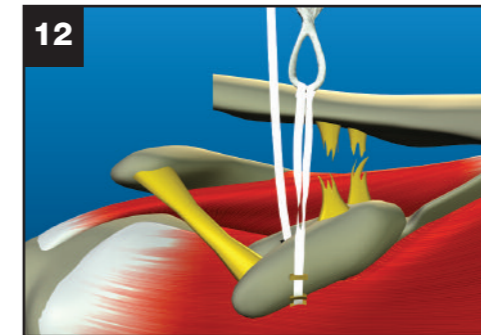
N.B. The markings on the Length Gauge are 1cm apart. The double stitch represents an 11cm Surgilig™.



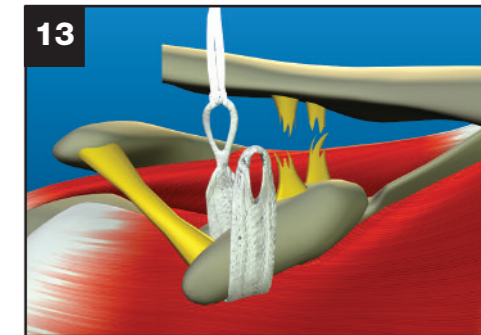
9 The metal leader is passed back under the clavicle and back through its loop to undo the anchorage point. The Length Gauge is **NOT** removed from under the coracoid.



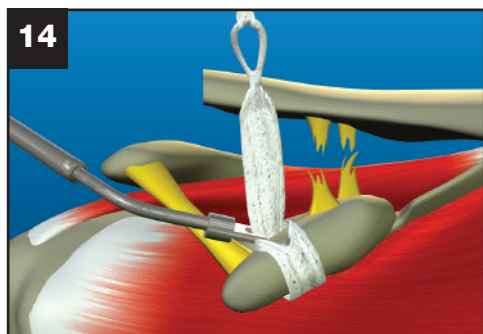
10 The soft loop of the Length Gauge is passed through the hard loop of the Surgilig™. The soft loop of the Length Gauge is then passed over the soft loop of the Surgilig™.



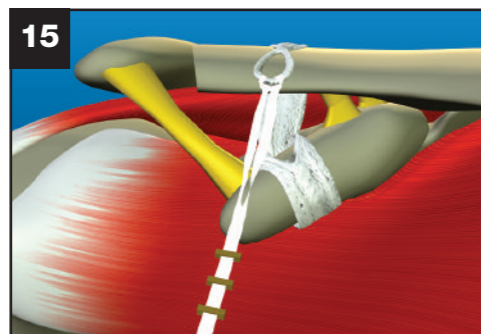
11 The soft loop of the Length Gauge is then pulled down the length of the Surgilig™, securing itself to the hard loop.



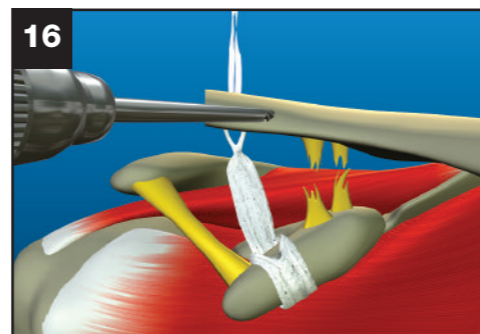
12 The Surgilig™ is passed under the coracoid, by pulling the Length Gauge.



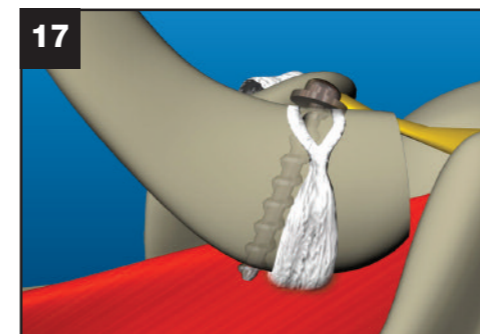
13 The metal leader of the Length Gauge is passed through the soft loop of the Surgilig™, removing any slack using the Surgilig™ Loop Tensioner.



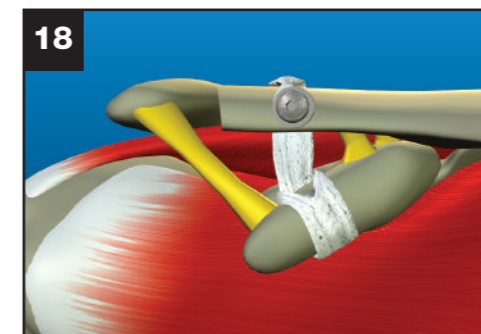
14 Using the metal leader as a guide, the Length Gauge is passed under the clavicle and the Surgilig™ is tensioned across the superior aspect of the clavicle and the clavicle reduced.



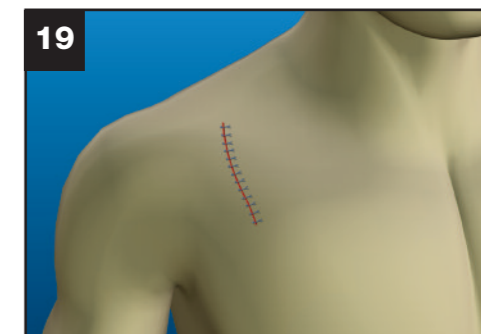
15 The hard loop is anchored to the anterior clavicle using a small fragment 3.5mm bicortical screw and washer. The clavicle is prepared for the screw using a drill and tap.



16 The screw should be inserted at an angle to avoid possible abrasion of the Surgilig™ by the screw tip. Add an additional 4mm to the measured screw length, to allow for the height of the washer and ensure bicortical fixation.



17 The screw is seated into place. N.B. Cut the Length Gauge from the hard loop of the Surgilig™ before the screw is fully seated.



18 All soft tissue is reconstructed over the top of the clavicle and acromio-clavicular joint, and the wound closed in layers. The arm is supported for 2 weeks in a polysling and the patient is advised against heavy lifting for 3 months.