



A Comparison of Postoperative Outcomes
Between Internal Brace Augmented and NonAugment Hamstring Tendon Autograft Anterior
Cruciate Ligament Reconstruction (ACLR)

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Disclosures:

None



Introduction: ACL injury

- Anterior cruciate ligament is the most injured knee ligament.
- For acute ruptures, the gold standard surgical treatment is ACL reconstruction (ACLR) using tendon or ligament autograft.



Introduction: Internal Brace

- An internal brace is relating concept that applied knotless bone anchors and braided suture tape to fortify the strength of the ligament graft.
- Internal brace augmented ACL reconstruction is a technique that marries a previously published technique with the potential advantages of suture tape augmentation to increase the biomechanical strength of the reconstruction at the time of surgery and potentially reinforcing the graft thereafter.



Methods

Design: prospective, experiment, experimental level of intervention, analytical and randomized control trial.

CONTROL GROUP: received the standard practice of non-augmented hamstring autograft

EXPERIMENT GROUP: received augmented hamstring autograft

Graft/Internal **Brace Survival Functional Outcomes** Joint Laxity Graft/Internal **Brace Survival Functional**

Hamstring Autograph + Internal Bracing

Hamstring

Autograph

Outcomes

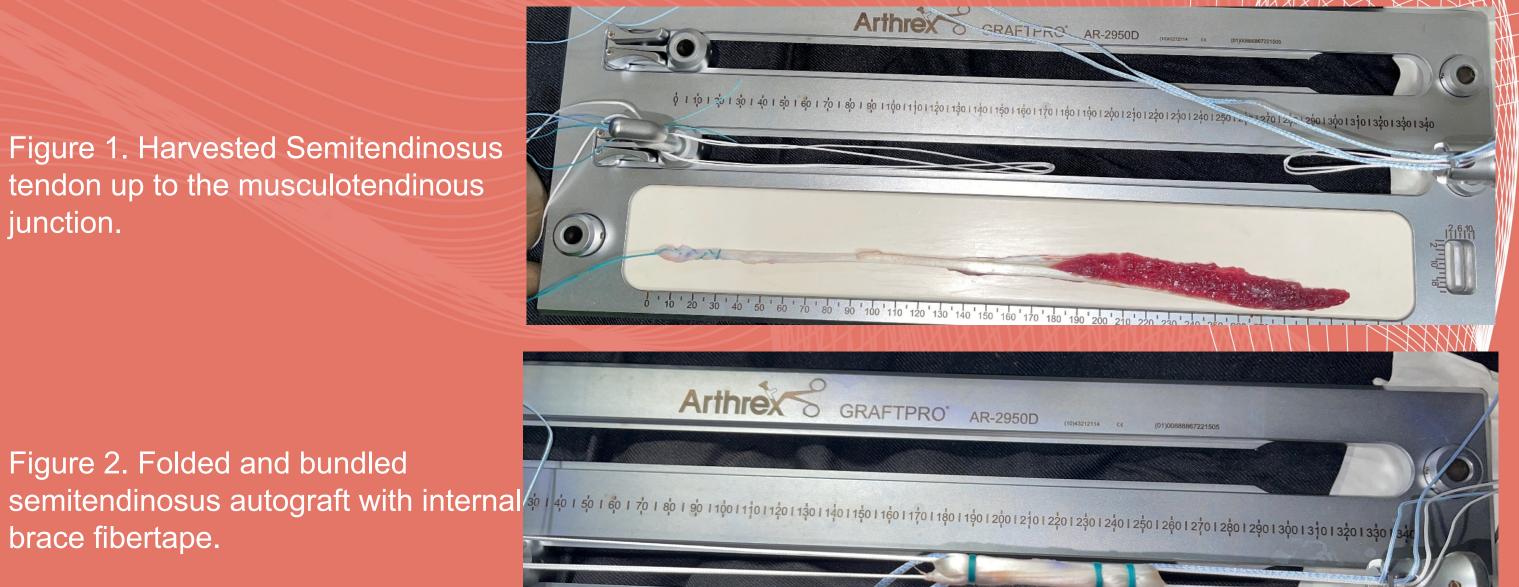
Joint Laxity



Intra-operative photos

Figure 1. Harvested Semitendinosus tendon up to the musculotendinous junction.

Figure 2. Folded and bundled brace fibertape.





Intra-operative photos

Figure 3. Insertion of graft with internal brace through the bone tunnels created.



RESULTS

Ten patients (mean age 22.3 years, range 21-23) who underwent ACLR with internal brace augmentation and 27 patients (mean age 24.3 years, range 17-43) without internal brace augmentation were included in this study.

No patient from both groups underwent reoperation.

No patient in both groups experienced ACL failure and underwent revision ACLR.



RESULTS

No tears were seen on follow-up MRI of all patients on both groups. 1 month post-op scores of augmented comparing to non-augmented ACLR Tegner activity scores (8.6 to 7.3, 7.1 to 7.0), Lysholm scores (76.5 and 75.8), IKDC scores (83.4 and 81.7) and KOOS scores (77 and 65) show significantly better scores amongst augmented ACLR.



RESULTS

4 months and 8 months scores show no statistically significant difference. 1 year post-op scores of augmented comparing to non-augmented ACLR Tegner activity scores (9.2 to 9.3, 8.1 to 8.3), Lysholm scores (96.5 and 85.8), IKDC scores (93.4 and 83.0) and KOOS scores (89 and 72) show better scores amongst patients who underwent augmented ACLR compared to non-augmented ACLR.



DISCUSSION

 Compared to standard hamstring ACLRs, the study showed that the population who underwent augmented hamstring ACLRs exhibited improved PROMs, less pain, and a higher percentage of and earlier return to pre-injury activity level without evidence of over constraint..



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