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# All inside BTB flipped graft reconstruction technique – presentation of previous experience and technique of graft preparation

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# Faculty Disclosure Information

- Nothing to disclosure



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# BTB Flipped Graft

- Graft length of 65-70mm
- Tibial part for femoral tunnel 20mm
- Flip back patella end to achieve this length
  - 15-20 mm length for patella graft
  - 2-3 small drill holes for patellar part
- Tibial end for femoral tunnel always 20mm long, 9-10mm wide
- Femoral tunnel 25mm (5mm to adjust length)
- Tibial tunnel 25-30mm



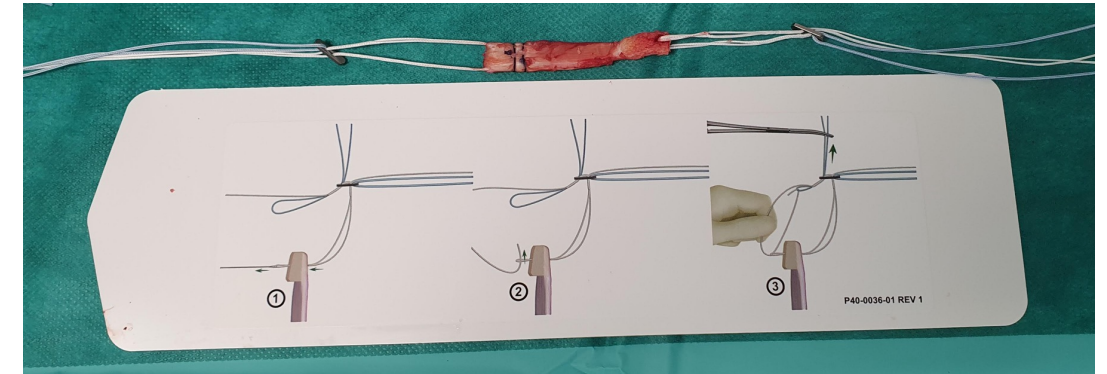
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# BTB Flipped Graft – our mode

- BTB TightRope + **TightRope RT**
- VICRYL absorbable suture
- 2 small drill patellar stock holes



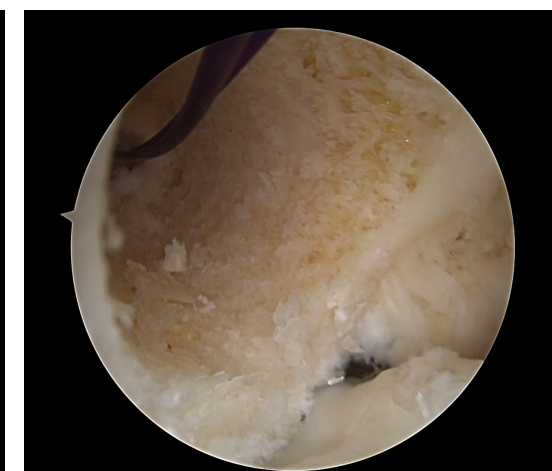
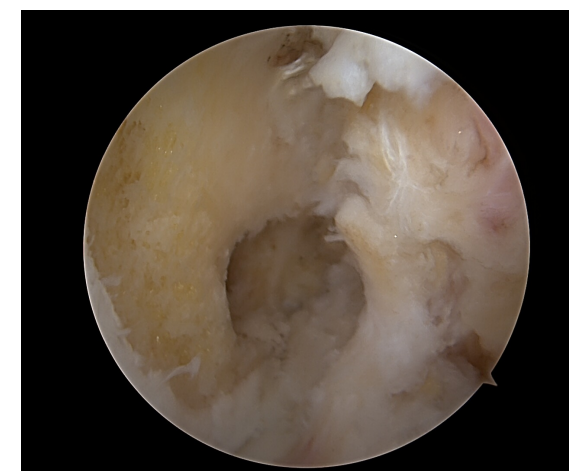
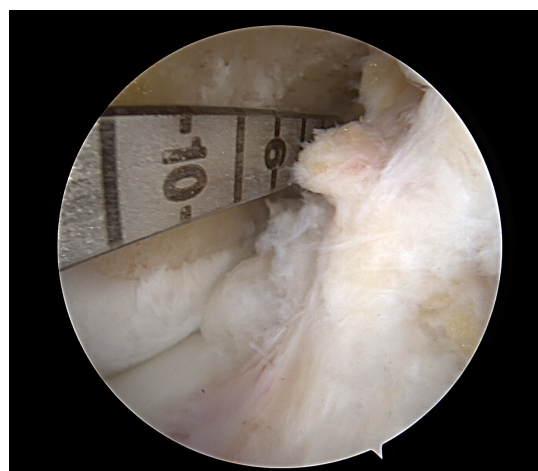
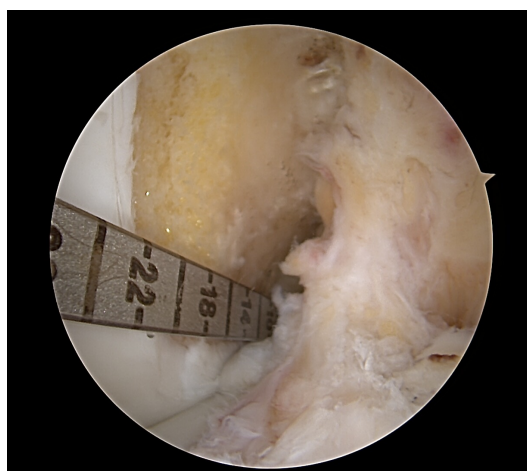
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# Femoral socket placement

- ACL all inside femoral guide at 110 degrees, predrill with 3,5 mm drill and than use propriate flipcutter size
- Femoral socket length 25mm, radius size 9-10mm
- PDS transporter suture



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# Tibial socket placement

- Drill tibial guide set at 55 degrees
- Pre-drill with 3,5 mm drill
  - Hard cortical bone
- Matching size FlipCutter drill
- Tibial tunnel length 25-30 mm
- Preserving cortical bone for BTB graft
- Vicryl transporter suture (make difference)



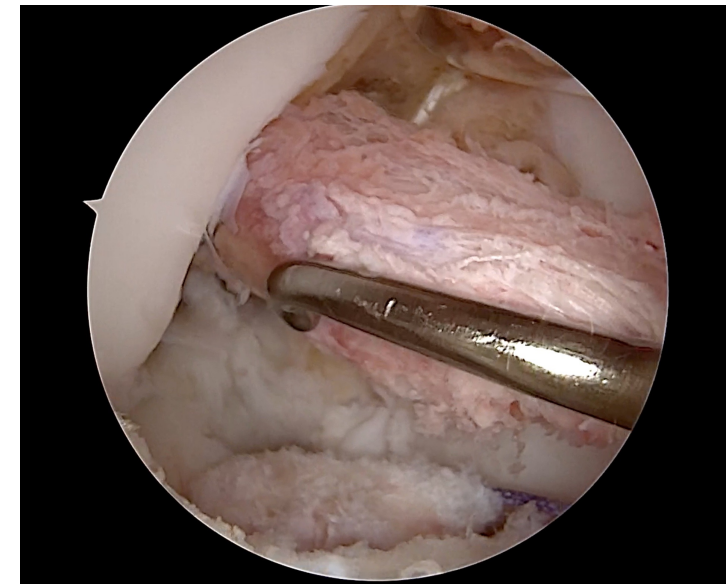
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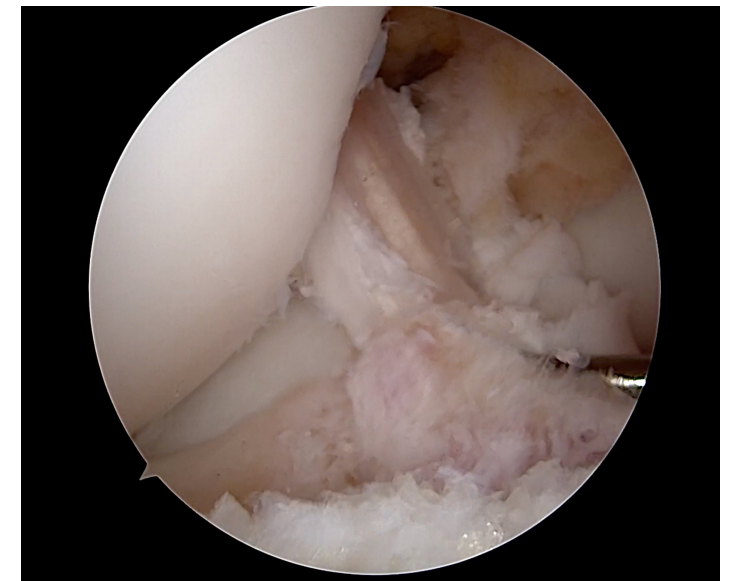
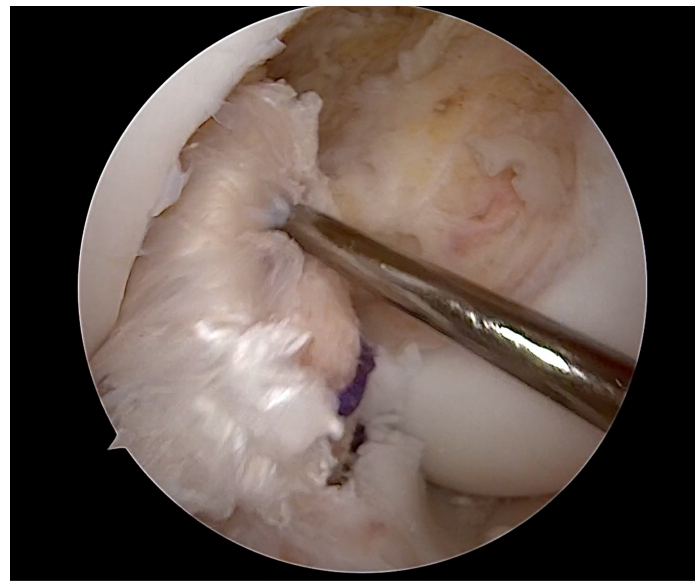
# Graft passing

- Through medial portal - widening a little bit
- Femoral button much easier to pass, watch button go up the socket
- Pull suture loop up slowly into the femur
- Adapt bone stock as you like



# Graft passing

- Tibial side pass with transporter suture
- Can be tricky on medial portal because of soft tissue
- Should see flipped side with scope
- Accommodate the graft and make proper tension



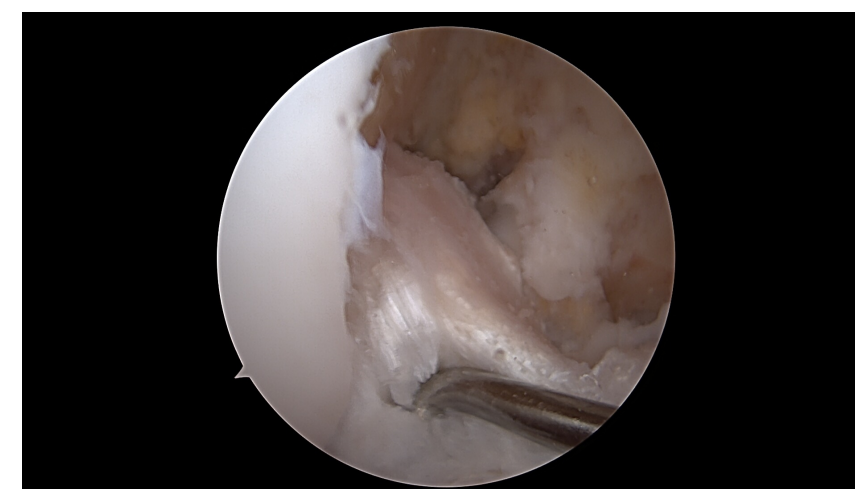
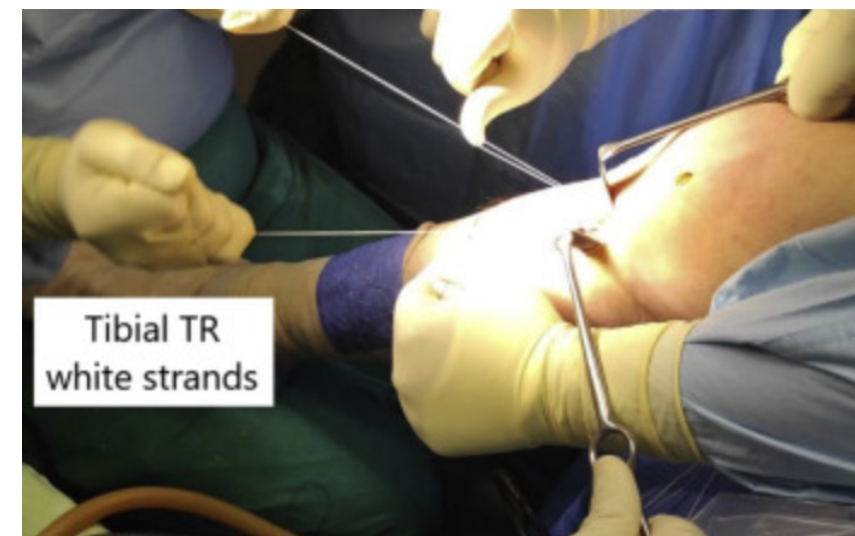
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# Graft tensioning

- Tension in extension on tibial side
- Pull hard on white cords TightRope implant
- White ends should be equal on femoral side
- Flex to 15 degrees and retighten



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# Technique advantages

- Conventional all inside technique – GraftLink or BTB graft
- Smaller patella graft required
- Less prepattellar pain
- Less pain/swelling post op without tibial tunnel
- No screws for fixation
- Good option for revision – intact cortex



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4. Feller, J.A. · Webster, K.E.

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*Am J Sports Med.* 2003; **31**:564-573

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