



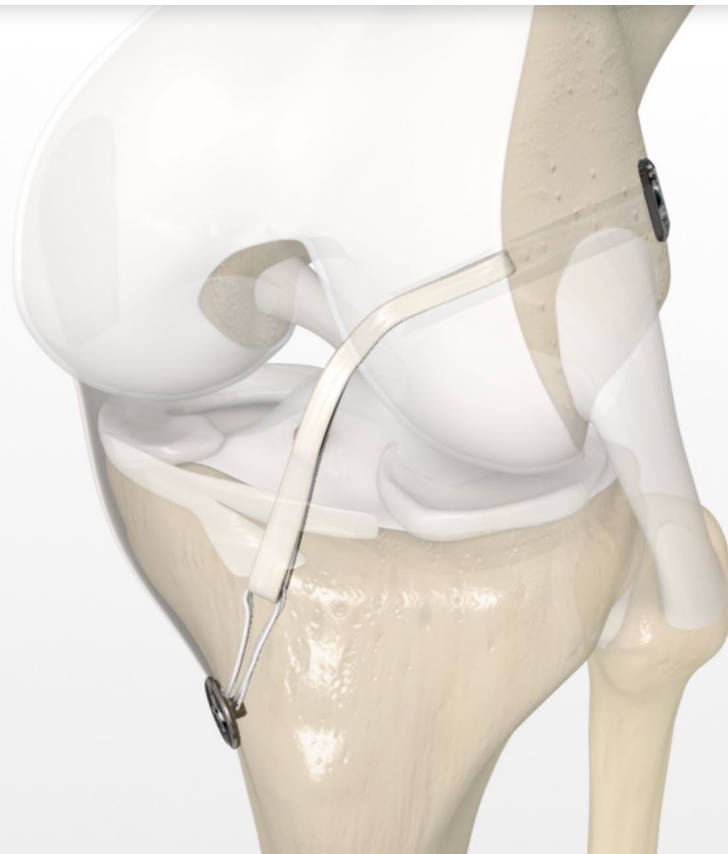
stryker



VersiTomic RR

All-inside ACL reconstruction system

Retrograde reamer

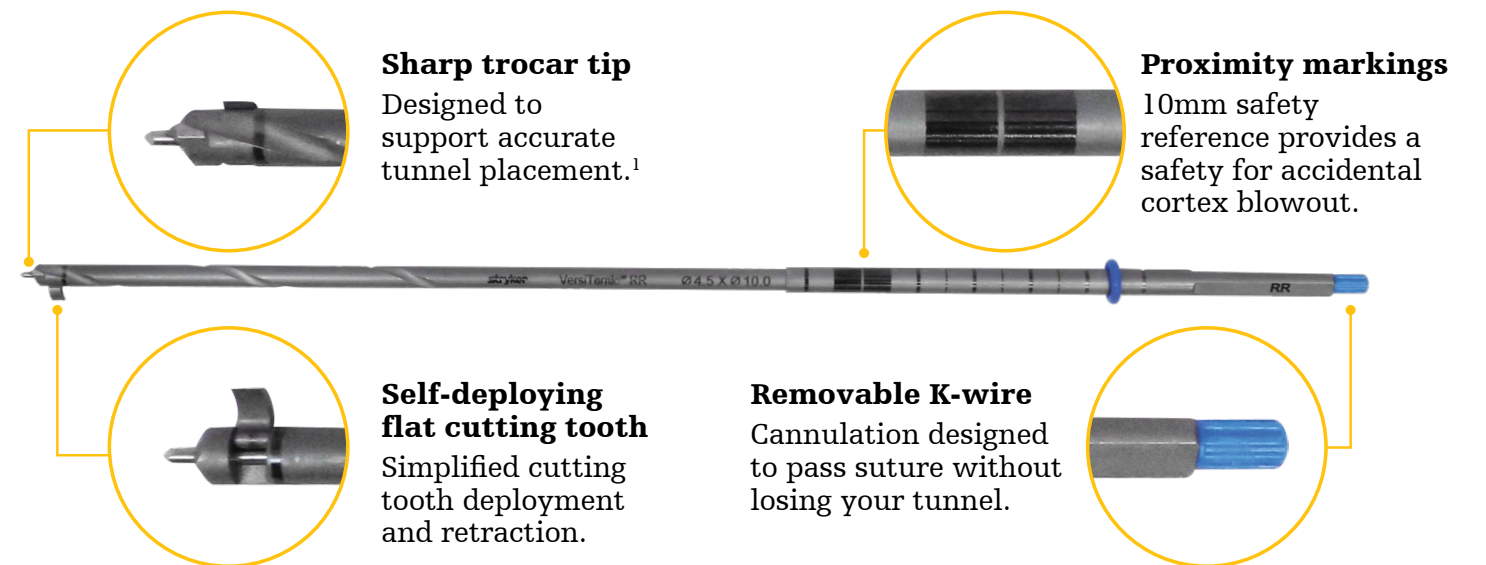


Technique guide

VersiTomic RR

Overview

VersiTomic RR is a retrograde reaming system used for precise ACL, PCL and meniscal root tunnel creation.¹ The drill features a self-deploying flat cutting tooth, a robust design, proximity indicators, and a sharp trocar tip, all designed for optimized retrograde reaming. The drill comes with a removable K-wire inside a cannulated drill to enable suture passing with a nitinol passing loop.

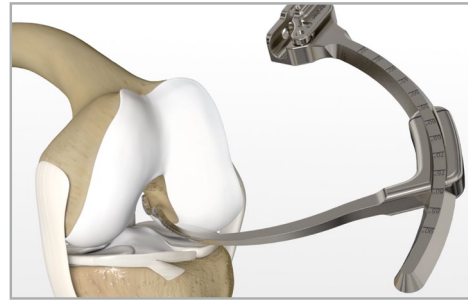


Enables a smoothly cut tunnel promoting the possibility of more graft to tunnel interface

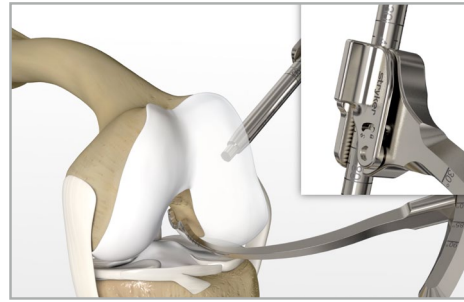
62% more accurate tunnel placement while requiring 235% less force to retrograde ream than the leading competitor.¹

*testing was completed using a sawbones model

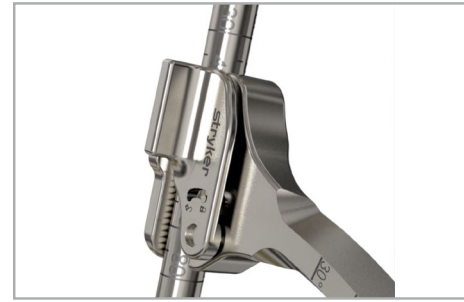
Femoral tunnel



1. After setting the guide angle to the surgeon's preferred angle, place the side specific VersiTomic RR femoral guide through the lateral portal and over the center of the ACL footprint.



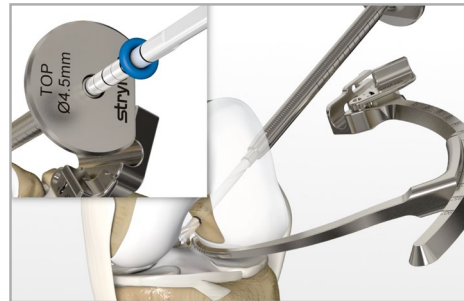
2. With the guide body trap door closed, insert the bullet and advance to the lateral cortex.



3. Read the length of the femoral tunnel indicated by the etched lines on the bullet.

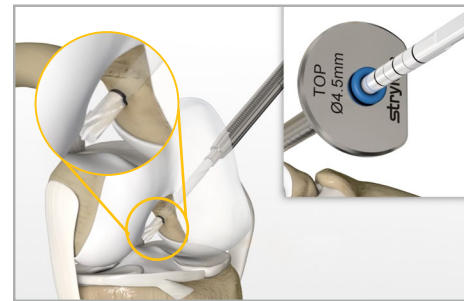


4. Select the appropriately sized VersiTomic RR according to the desired socket diameter to be created. Place the reamer into the bullet and drill in a clockwise/forward direction through the lateral cortex to create the femoral tunnel.



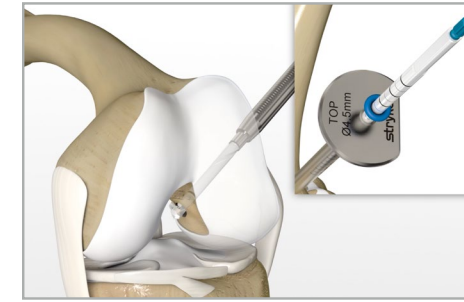
5. Once the reamer has penetrated the femoral condyle into the joint space, rotate the bullet 90 degrees to the right or left and open the trap door to remove the guide body and femoral guide arm. Leave the bullet in place.

Note: At this time the bullet may be malleted into the cortex based on surgeon preference.

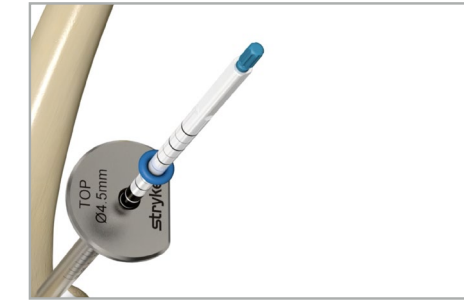


6. Advance the reamer into the joint space, aligning the black etched mark on the drill in line with the aperture of the tunnel. Slide the blue rubber grommet flush to the head of the bullet.

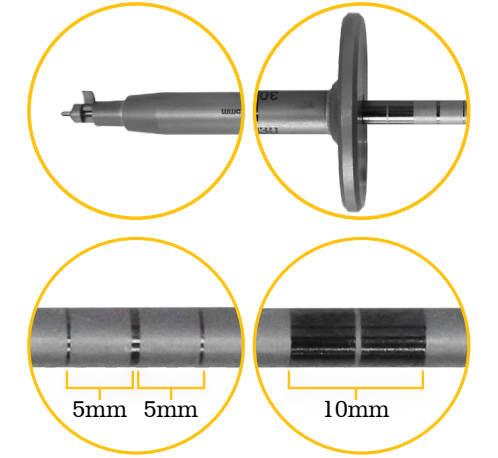
Femoral tunnel



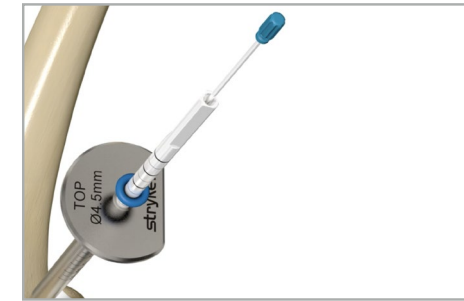
7. To create the femoral graft socket, ream in a counterclockwise/reverse direction, which will automatically activate the flat cutting tooth with bone.



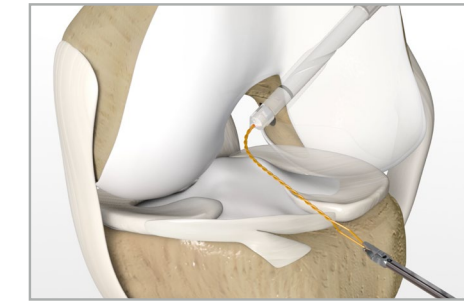
8. The femoral socket length can be determined by assessing the black etched marks on the reamer.



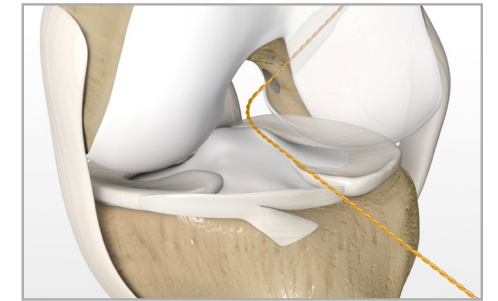
Note: Each black etched mark represents 5mm. The first solid black etched proximity marking indicates the socket is 10mm from the cortex.



9. Once the socket has been created, put the drill in clockwise/forward to close the cutting tooth and advance the reamer until the tip is in the joint space. Remove the blue handled K-wire by rotating the handle counterclockwise.

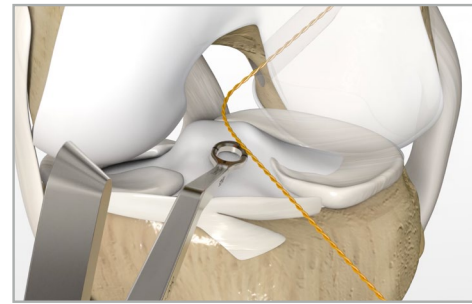


10. Insert the kite end of the Nitinol Wire through the VersiTomic RR cannulation into the joint space. Pull the nitinol wire through the lateral portal.



11. Remove the reamer and bullet.

Tibial tunnel

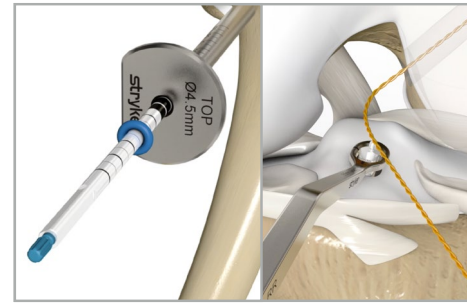


1. After setting the guide angle to the surgeon's preferred angle, place the guide body with VersiTomic RR Tibial arm into the joint and over the tibial footprint and advance the bullet to the tibial cortex.

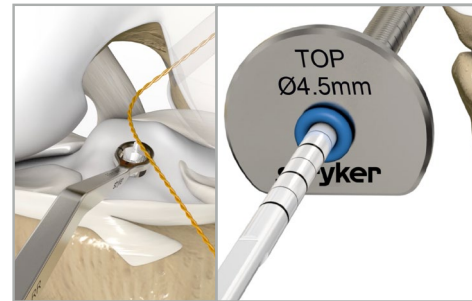


2. Read the length of the tibial tunnel indicated by the etched lines on the bullet. Select the VersiTomic RR according to the desired socket diameter to be created.

Note: If the reamer size used is the same, it is possible to re-use the same reamer from the femoral side being sure to reinsert the blue K-wire prior to attaching to the drill.



3. Place the VersiTomic RR into the bullet and drill the reamer in a clockwise/forward direction advancing into the joint space.

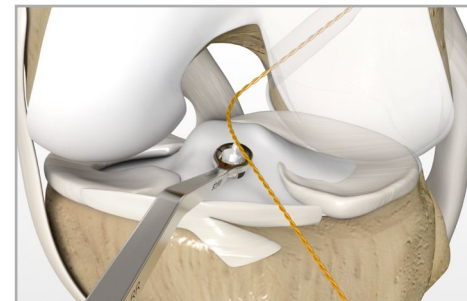


4. Once the reamer enters the joint space, rotate the bullet 90 degrees to the right or left and open the trap door to remove the guide body and tibial guide arm while leaving the bullet in place.

Note: At this time the bullet may be malleted into the cortex based on surgeon preference.

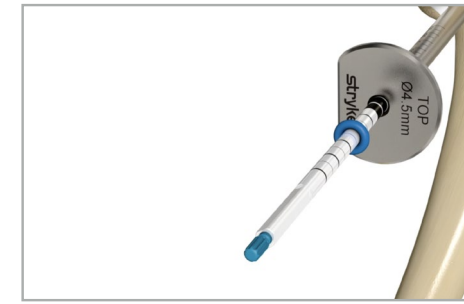


5. Advance the reamer into the joint space, aligning the black etched mark on the drill head with the aperture of the tibial tunnel. Slide the blue rubber grommet flush to the head of the bullet head.

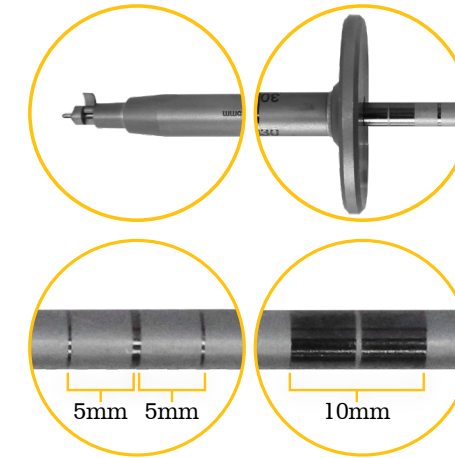


6. To create the tibial graft socket, ream in a counterclockwise/reverse direction, which will automatically activate the flat cutting tooth with bone.

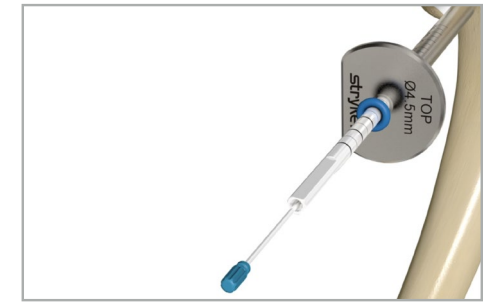
Tibial tunnel



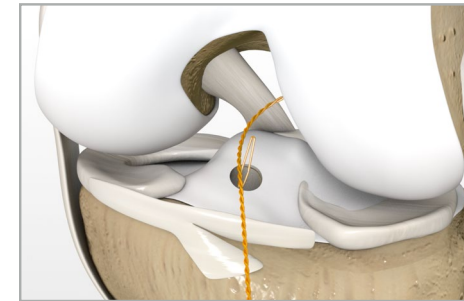
7. The tibial socket length can be determined by assessing the black etched marks on the reamer.



Note: Each black etched mark represents 5mm. The first solid black etched proximity marking indicates the socket is 10mm from the cortex.



8. Once the socket has been reamed, drill in clockwise/forward to close the cutting tooth and advance the reamer until the tip is in the joint space. Remove the blue handled K-wire by rotating the handle counterclockwise.



9. Insert the kite end of the nitinol wire through the VersiTomic RR cannulation into the joint space.



10. Remove the reamer and bullet.

Graft passage

ProCinch suspensory fixation

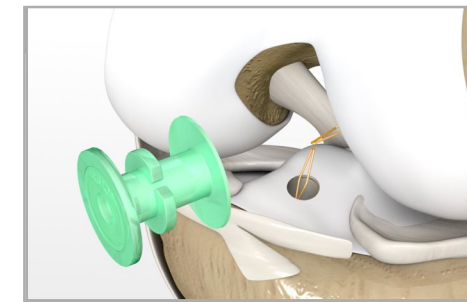
Adjustable loop

The ProCinch's IntelliBraid technology is designed to facilitate maximum braid strength and minimize suture slippage while giving you all-inside adjustable loop fixation options on the femur and tibia.² When the ProCinch adjustable loop is paired with one of five slotted buttons, fixation is strong, low-profile, versatile and anatomic.²

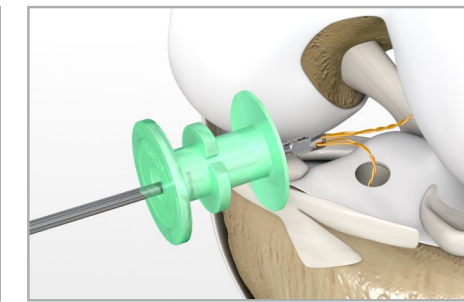
Products needed for this section



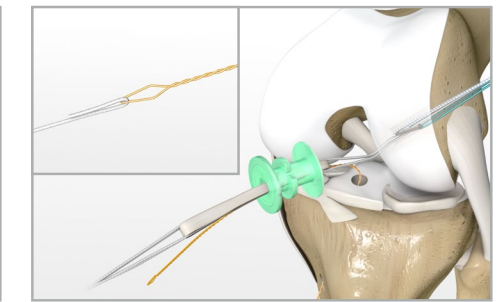
Graft passage



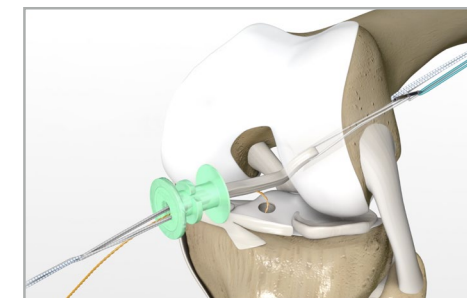
1. Insert the Gateway cannula into the medial portal for graft passage.



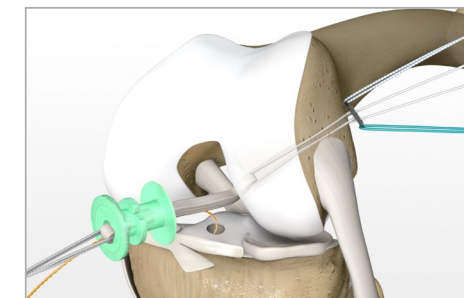
2. Pull the femoral sided nitinol wire into the joint space. Using a grasper, pull the femoral and tibial loops through the Gateway cannula and out from the joint space.



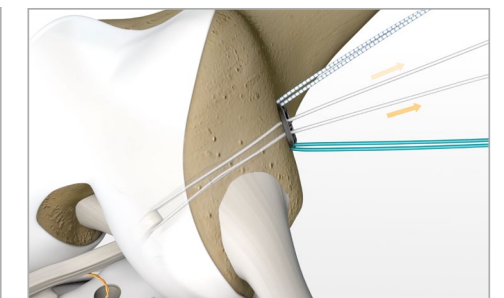
3. Load the single solid white ProCinch RT speed stitch through the femoral Nitinol wire loop and pull through the Gateway cannula and into the joint advancing to the femoral tunnel.



4. Once the green lead, striped flip and solid white tensioning sutures are through the skin, unthread the speed shuttle and remove it from the ProCinch. Pull the lead suture until the button passes the lateral femoral cortex.



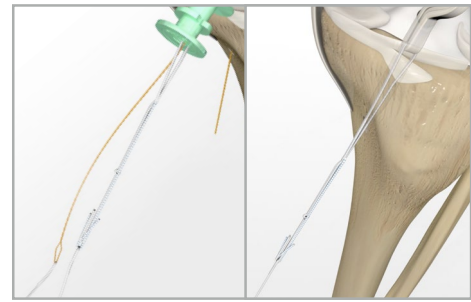
5. While maintaining tension on the graft, use the green lead and striped flip sutures to toggle the button confirming the button has flipped and is flush against the femoral cortex.



6. Incrementally shorten the adjustable loop by alternating pulls on the white tensioning tails pulling a few millimeters at a time. Continue to tension until the desired tendon length is in the femoral socket.

Confirm the spliced eyelets on the tensioning tails are even and the construct is tight.

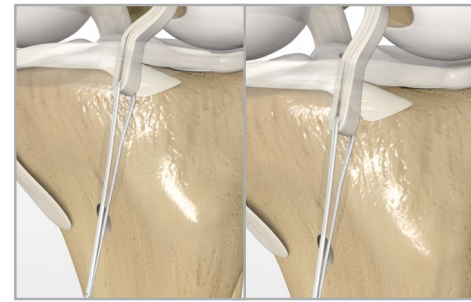
Graft passage



7. On the tibial side, load the striped ProCinch No button speed shuttle through the tibial sided nitinol wire. Pull through the Gateway cannula and into the joint, advancing into the tibial tunnel.



8. If graft whip stitch suture tails require passing through the tibial tunnel, you may load the tails through the fixed loop of the striped speed shuttle loop prior to passing through the tibial tunnel.



9. Once the ProCinch No button loop is through the skin, unthread the striped speed shuttle tail and remove it from the ProCinch. Pull on the ProCinch loop to advance the graft into the tibial tunnel.



10. With the graft seated into the tibial tunnel, load the slotted button onto the ProCinch loop.

Note: If a concave button is used, ensure the protrusion of the button is facing the tibia to allow for proper self-centering on the tibia.



11. Incrementally shorten the adjustable loop by alternating pulls on the white tensioning tails—pulling a few millimeters at a time and bringing the button flush to the tibial cortex.



12. Continue pulling the tails until the desired tendon tension is achieved. After cycling the knee, further tensioning can be done by pulling on both the femoral and tibial tensioning tails independently.

Graft passage



13. After final tensioning, cut the ProCinch tails.

Ordering information

ProCinch suspensory fixation

Part number	Description
0234102090	ProCinch adjustable loop implant standard tension
0234102060	ProCinch adjustable loop implant reverse tension
0234102061	ProCinch adjustable loop implant no button
0234102065	ProCinch adjustable loop implant open loop with button
0234102066	ProCinch adjustable loop implant open loop no button
0234102101	CrossCut suture cutter
0234100001	ProCinch slotted button concave round 11mm
0234100002	ProCinch slotted button concave round 14mm
0234100003	ProCinch slotted button concave round 20mm
0234100004	ProCinch slotted button flat 8 X 12mm
0234100005	ProCinch slotted button flat 14mm

XBraid suture

Part number	Description
391090070	#2 XBraid, S, white/blue, XPass suture, non-needled, 50" suture (one end stiffened 12")
391090071	#2 XBraid, S, white/black, XPass suture, non-needled, 50" suture (one end stiffened 12")
391090076	#2 XBraid, S, white/blue, XPass suture w/ Loop, non-needled, 26" suture (one end stiffened 12", other end .75")

GateWay silicone cannula

Part number	Description
3910080020	8mm x 20mm GateWay silicone cannula (Box of 5)
3910080030	8mm x 30mm GateWay silicone cannula (Box of 5)
3910080040	8mm x 40mm GateWay silicone cannula (Box of 5)
3910080050	8mm x 50mm GateWay silicone cannula (Box of 5)
3910012030	12mm x 30mm Gateway silicone cannula (Box of 5)
3910012040	12mm x 40mm GateWay silicone cannula (Box of 5)

Sports Medicine

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VersiTomic RR reamers and instrumentation

Part number	Description
0234109005	Nitinol wires (pack of 5)
0234109060	Retrograde reamer 4.5 x 6.0mm
0234109065	Retrograde reamer 4.5 x 6.5mm
0234109070	Retrograde reamer 4.5 x 7.0mm
0234109075	Retrograde reamer 4.5 x 7.5mm
0234109080	Retrograde reamer 4.5 x 8.0mm
0234109085	Retrograde reamer 4.5 x 8.5mm
0234109090	Retrograde reamer 4.5 x 9.0mm
0234109095	Retrograde reamer 4.5 x 9.5mm
0234109110	Retrograde reamer 4.5 x 10.0mm
0234109111	Retrograde reamer 6.0 x 11.0mm
0234109112	Retrograde reamer 6.0 x 12.0mm
0234109200	Guide body
0234109201	Stepped bullet, 4.5mm
0234109202	Stepped bullet, 6.0mm
0234109203	Bullet sleeve, 2.4mm
0234109204	Bullet, 2.4mm
0234109210	ACL tibial arm, elbow
0234109211	ACL tibial arm, oval
0234109220	ACL femoral arm, right
0234109221	ACL femoral arm, left
0234109230	PCL tibial arm
0234109240	PCL femoral arm
0234109250	Meniscal Root arm
0234109260	Tendon stripper, open
0234109261	Tendon stripper, closed
0234109262	Tunnel depth probe

References:

1. DHFD15772
2. DHFD12761

Stryker
Sports Medicine
5670 Greenwood Plaza Blvd.
Ste. 200
Greenwood Village, CO 80111
t: 866 596 2022
www.sportsmedicine.stryker.com