TECHNIQUE GUIDE

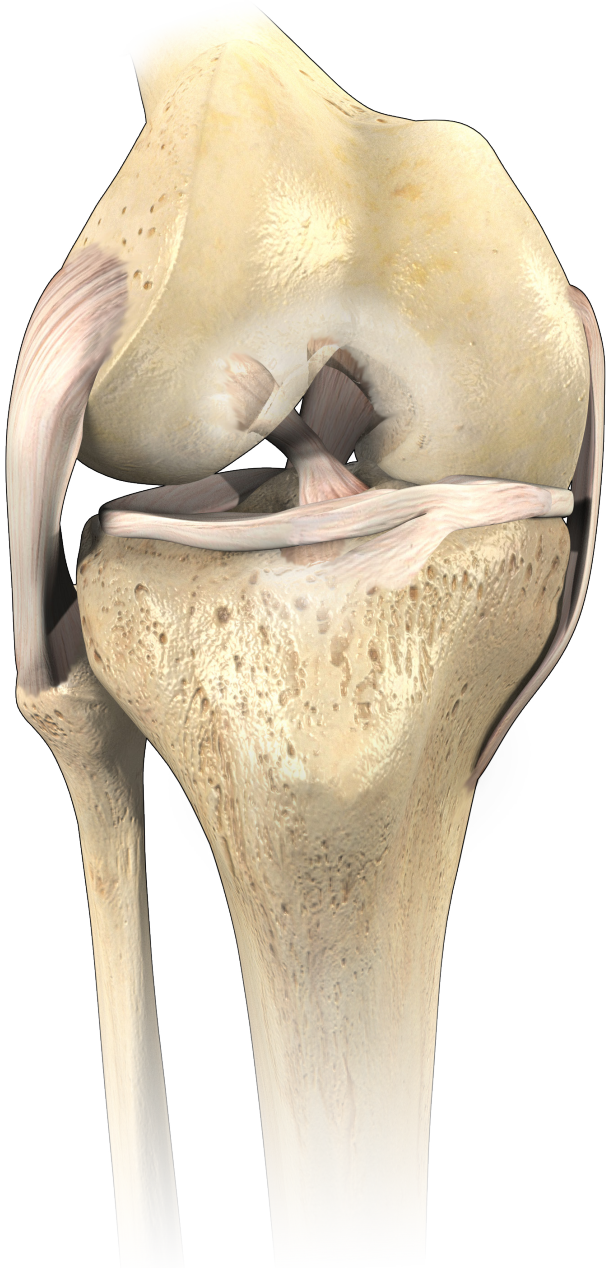
stryker®

Sports Medicine

FEMORAL FIXATION ACL/PCL RECONSTRUCTION

Featuring

G-Lok®



G-LOK TECHNIQUE GUIDE

The G-Lok's unique design allows for two points of tactile feedback. The toggle suture is designed to provide confirmation that the G-Lok has passed outside the femoral tunnel and properly deployed on the femoral cortex. The Nitinol Rod provides the ability to confirm G-Lok is properly deployed for reliable suspensory fixation.

1. Determine appropriate tunnel lengths and loop length *(See Figure 1)*. The total tunnel length can be measured using the Stryker Outside-In Depth Gauge. Then the Socket length and selection of loop size can be calculated with the following equations:
   a. TTL – desired amount of graft in tunnel = recommended loop size needed (round up when needed)
   b. Socket length = TTL – Loop size + 11

   See VersiTomic G-Lok Calculation Sheet

2. Load the graft onto the continuous loop until equal lengths are on both sides.

3. Re-check the sizing.
   a. Remember that the loop adds approximately 0.5mm to the proximal portion of the grafts.
   b. The lead suture is a standard #5 suture. Consider switching out for a high strength suture, especially if the graft is expected to be a tight fit.

4. Mark the graft. Mark TTL from back of stretched G-Lok. This mark indicates when the back end of the G-Lok has fully exited the cortex. *(See Figure 2)*

5. Pass the lead and toggle suture through the tibial tunnel and femoral tunnel, pulling in line with the axis of the femoral tunnel.

6. Use the lead suture to pull the G-Lok and graft through the tunnels. Keep slack out of toggle suture by maintaining slight tension when passing the graft. *(See Figure 3)*

   Note: Orient the G-Lok so that the top of the implant is anterior or inferior when passing the G-Lok through the femoral tunnel.

Figure 1

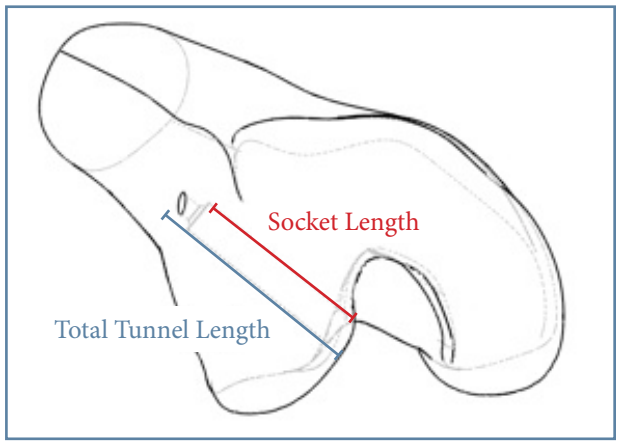


Figure 2

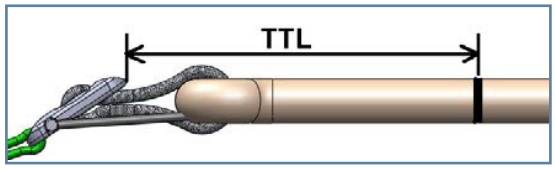
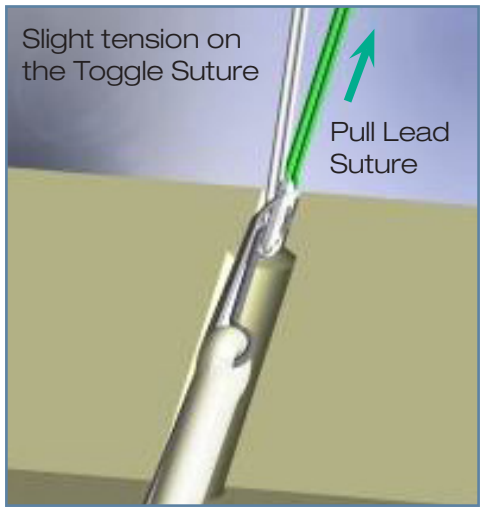


Figure 3



7. When the mark on the graft reaches the aperture of the femoral tunnel, the G-Lok implant should be out of the tunnel.
   a. If using the toggle suture, pull up on the toggle suture to flip the G-Lok for proper deployment. *(See Figure 4)*
   b. If the nitinol rod was utilized, push up and then pull back on the rod to confirm the G-Lok has deployed. *(See Figure 5)* *Note: pulling backwards on the rod prematurely can cause the G-Lok to flip inside the bone tunnel.*

8. Confirm that the G-Lok has flipped.
   a. If toggle suture was used: alternate pulling up on the lead and toggle suture to feel the button toggle on the cortex. *(See Figure 4)*
   b. If rod was used: pull back on the rod – short up and down movements can provide tactile feedback.
   c. Pull back on the graft to confirm proper fixation.

9. Remove the Nitinol Rod from the G-Lok implant using two hands.
   a. Pull back on the rod with one hand, while using the other to unthread the rod from the G-Lok with 2 full counter-clockwise rotations. *Note: More than two full rotations may result in the rod wrapping up in the graft. If this occurs, rotate the rod clockwise and pull down.*

10. Remove both the lead and toggle sutures. This can be done before or after fixating the tibial aspect of the graft. If done prior, maintain tension on the graft. *Note: Maintaining tension on the graft is important to prevent G-Lok from moving from its flipped position.*

11. Fixate the remaining portion of the graft as necessary.

Figure 4

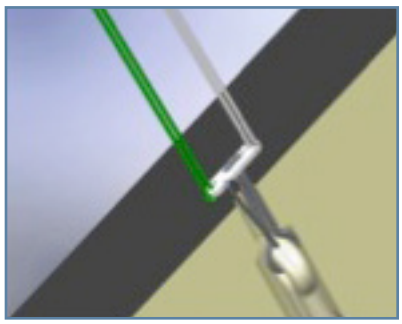


Figure 5

Figure 6

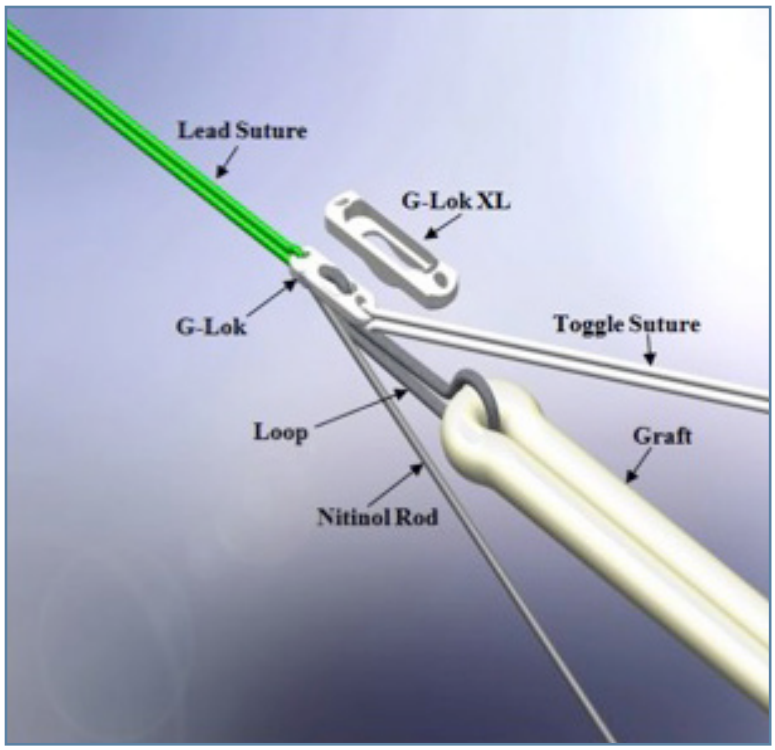
The **G-Lok XL** is available to provide an additional 6.8mm in length and 1.2mm in width to the G-Lok implant. The G-Lok snaps securely into the G-Lok XL and is designed for 6mm – 10mm tunnels.

1. Remove both the lead and toggle sutures from the G-Lok and thread them into their respective holes of the G-Lok XL. *(See Figure 7.1)*
2. Insert the G-Lok into the G-Lok XL *(See Figure 7.2)*. Ensure the two suture holes line up so that the G-Lok properly snaps into the G-Lok XL. *(See Figure 7.3)*

Figure 7.1

Figure 7.2

Figure 7.3



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