Preliminary Results Of The ‘Surgilig™, Synthetic Ligament In The Management Of

- Early mobility & fast rehabilitation
- No second surgery required
- 1 step procedure - LockDown™ is strong
  - 45 sit-ups
  - 45 press ups
  - 16k run with 35lb backpack (17kg)

11 soldiers with ACJ disruption

All had LockDown™ with Weaver Dunn procedure
All failed medical tests

91% of patients satisfied or better

Mean time from injury to surgery: 7.2 months
Mean patient age: 37.6 years
Mean time to follow-up: 26.9 months
16 Grade III / 4 Grade IV / 25 Grade V

50 LockDown™ cases

The simple shoulder score was 10.92 (range 6-12)
The UCLA score was 31.38 (range 11-35)
The mean Oxford was 45.31 (range 35-48)

This product is intended solely for use in all markets outside of the United States of America. For US product information, please contact your local LockDown™ representative.

The LockDown™ implant has one hard loop for screw fixation and one soft loop which surrounds the coracoid.

LockDown™ is looped around the coracoid, and then passed behind the clavicle where it is secured with a 3.5mm biocortical screw and washer.

It is made of double braided polyester with a weave design that acts as a scaffold encouraging tissue in-growth. Over 11,000 implantations have been made over a 10 year period across international markets. LockDown™ allows early mobilisation at 2 weeks and quick rehabilitation, with light exercise at 8 weeks and contact sport at 12 weeks.

Cite: Wood T. Preliminary Results Of The ‘Surgilig™, Synthetic Ligament In The Management Of

INDICATIONS

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

CLINICAL HERITAGE

representative.

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INSTRUMENTATION

- All items are supplied sterile, complete with end of box labels for convenient record keeping

FINLEY PARK HOSPITAL & BRITISH ARMY

- 11 soldiers with ACJ disruption
- All had LockDown™ with Weaver Dunn procedure
- 6 months post-op all soldiers passed medical tests
- 10k run with 35lb backpack (17kg)
- 45 press-ups
- 45 sit-ups
- All soldiers were in contact careers
- 1 step procedure - LockDown™ is strong
- No recent surgery required
- Early mobility & fast rehabilitation

GUILDS & ST. THOMAS HOSPITAL, LONDON

- 50 LockDown™ cases
- 45 patients reviewed (6 lost to follow-up)
- 18 Grade I / 4 Grade II / 25 Grade III
- Mean time to follow-up: 26.6 months
- Mean patient age: 37.6 years
- Mean time from injury to surgery: 7.2 months
- 22 patients - 13 females
- 10% of patients satisfied or better
- The mean Oxford score was 42.37 (range 25-48)
- The UCLA score was 35.30 (range 11-52)
- The simple shoulder score was 10.92 (range 6-12)

* Carlos A. Stabilization of acromioclavicular joint dislocation using the ‘Surgilig’ technique, (Shoulder & Elbow 2011; 3, pp166 - 170)

* Special sizes available on request only.

LDSS38
38mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS36
36mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS34
34mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS32
32mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS30
30mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS28
28mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS26
26mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS24
24mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS20
20mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS18
18mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS16
16mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS14
14mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS12
12mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS10
10mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS08
8mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS06
6mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS04
4mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS02
2mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)
LDSS00
1mm Cortical Screw (3.5mm Dia) & 1mm Washer (SS)

LDLG
LockDown™ Length Gauge

PRODUCT INFORMATION

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Periodic Review (Q3) of the Surgilig™, Synthetic Ligament in the Management of Acromioclavicular Joint Dislocation and Disruption (JAMA) sawdust (2003) 1531-1530

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# Shoulder Stabilisation System (LSSS™)

LockDown™ is a synthetic device used in acromioclavicular 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 ingrowth. Over 11,000 implantations have been made over a 10 year period across international markets. LockDown™ allows early mobilisation at 2 weeks and quick rehabilitation, with light exercise at 8 weeks and contact sport at 12 weeks.

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

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**Surgical Technique**

**Shoulder Stabilisation System (LSSS™)**

**Preparation**

The patient is positioned in a deck chair position and routine surgical preparation of the skin is performed.

**The clavicle is reduced to its anatomical position and the Length Gauge is held in the planned position of the screw and washer to measure the required LockDown™.**

The Tubular Introducer is passed around the base of the coracoid from medial to lateral, staying close to the bone. The soft loop of the Length Gauge is passed through the hard loop of the chosen LockDown™.

**The metal leader of the Length Gauge is passed through the loop at the other end of the Length Gauge.**

**The soft loop of the Length Gauge is passed over the soft loop of the LockDown™.**

**The Length Gauge is tightened around the coracoid removing any slack.**

1 cm of the lateral end of the clavicle may be excised in the plane of the acromioclavicular joint, especially in chronic cases, to avoid any post operative impingement.

**Note:** The markings on the Length Gauge are 1 cm apart. The double stitch represents an 11 cm LockDown™.

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

The soft loop of the Length Gauge is then passed over the soft loop of the LockDown™. The Length Gauge is tightened around the coracoid.

**The hard loop is anchored to the anterior clavicle using the LockDown™ screw and washer. The clavicle is prepared for the screw and washer using a 2.5 mm drill and 3.5 mm cortical tap.**

The Screw and washer are seated into place. **Note:** Cut the Length Gauge from the hard loop of the LockDown™ before the screw and washer are fully seated.

All soft tissue is reconstructed over the top of the clavicle and acromioclavicular joint, and the wound closed in layers. The arm is supported for 2 weeks in a polysling. Light exercise can start from 8 weeks and contact sport from 12 weeks. The patient is advised against heavy lifting for 3 months. Rehabilitation should progress at the surgeon’s discretion.

**SUGGESTED INSTRUCTIONS FOR USING LOCKDOWN™ SHOULDER STABILISATION SYSTEM (LSSS™)**

This recommended surgical technique is designed to serve as a general guideline. It is not intended to supersede institutional protocols or professional clinical judgement concerning patient care.