



Ankle Stabilisation System (LASS®)

INDICATIONS

- Reconstruction of medial and lateral ligaments
- Suitable for acute and chronic cases
- Failure of previous stabilisation procedures

BENEFITS

- Simple and reproducible procedure
- No specialised instrumentation required
- Based on same technology as Surgilig® for acromioclavicular reconstruction

INSTRUMENTATION



No.	Code	Description	Quantity
1	LABT45	AO Tap - 4.5mm	1
2	LABD32	AO Drill Ø3.2mm	1
3	LAKW25	K-Wire Ø2.5mm x L160mm	1
4	LACD55	Cannulated Drill Ø5.5mm	1

REHABILITATION

It is recommended that the ankle should be immobilised in a below the knee cast and be non-load bearing for 6 weeks.

Ankle Stabilisation System (LASS®)

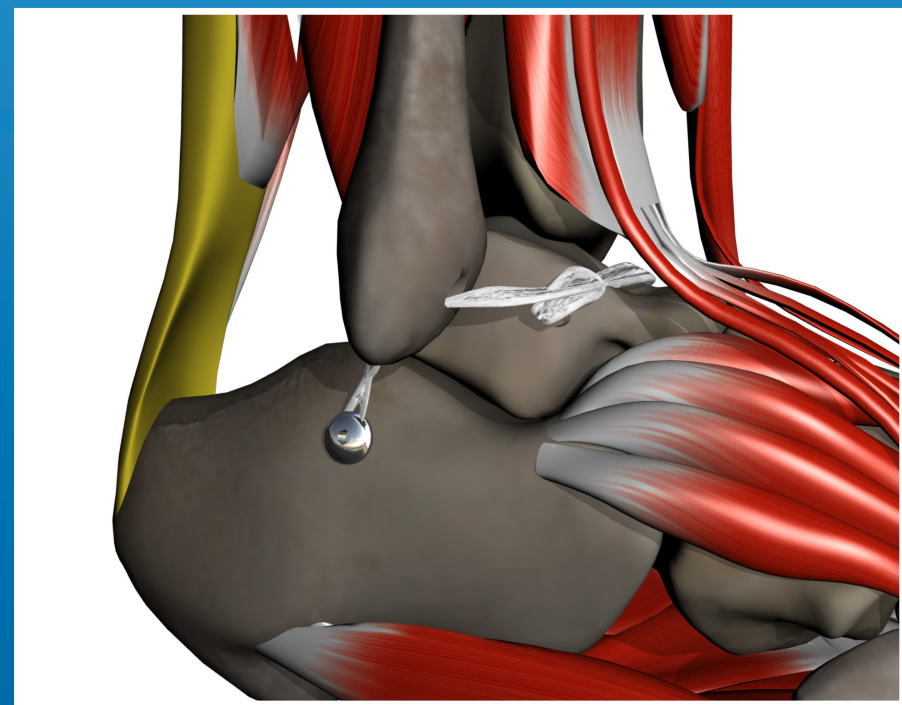
LASS® is a synthetic ligament used in ATFL and CFL reconstruction. It is made of double braided polyester with a weave design that acts as a scaffold encouraging tissue in-growth.

LASS® has been developed from Surgilig® which is the market leader for acromioclavicular reconstruction. Surgilig® was first introduced and developed for the shoulder and ankle by Prof. Angus Wallace of Nottingham Hospitals and further developed for use in the ankle by Mr Sunil Dhar.

LOCKDOWN™ ANKLE STABILISATION SYSTEM (LASS®)

LASS® Ligament Sizes (sterile)		LASS® Screws & Washers (sterile)	
CODE	DESCRIPTION	CODE	DESCRIPTION
LA090	LASS® Ligament 9cm	LASW26	Screw Ø4.5mm x 26mm & Ø11mm washer
LA100	LASS® Ligament 10cm	LASW30	Screw Ø4.5mm x 30mm & Ø11mm washer
LA110	LASS® Ligament 11cm	LASW34	Screw Ø4.5mm x 34mm & Ø11mm washer
LA120	LASS® Ligament 12cm	LASS® Disposable Instrument Pack (sterile & disposable)	
LA130	LASS® Ligament 13cm	CODE	DESCRIPTION
LA140	LASS® Ligament 14cm	LACD55	Cannulated Drill Ø5.5mm
LA150	LASS® Ligament 15cm	LAKW25	K-Wire Ø2.5mm x L160mm
LA160	LASS® Ligament 16cm	LABD32	AO Drill Ø3.2mm
LASS® Length Gauge		LABT45	AO Tap - 4.5mm
CODE	DESCRIPTION	LASS® Instrument (non-sterile & non-disposable)	
LALG	Length Gauge (sterile)	CODE	DESCRIPTION
		IN384	Loop Tensioner

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LockDown Medical Limited
16 The Oaks, Clews Road
Redditch, Worcestershire
B98 7ST. UK

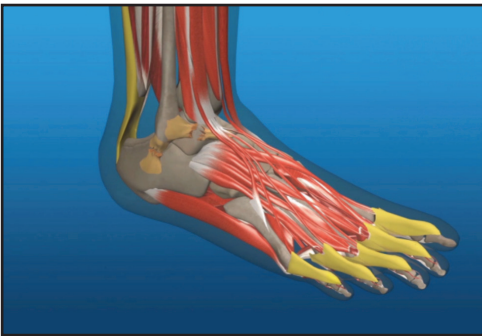
Tel: +44 (0)1527 555888
Fax: +44 (0)1527 551166
Email: customerservice@lockdown.uk.com
Web: www.lockdown.uk.com



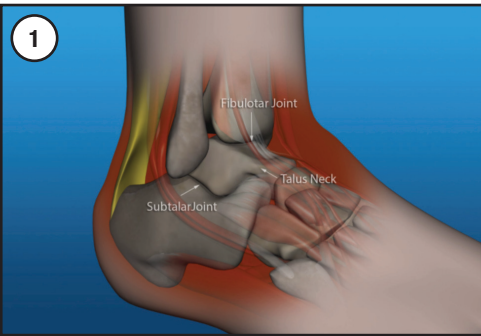
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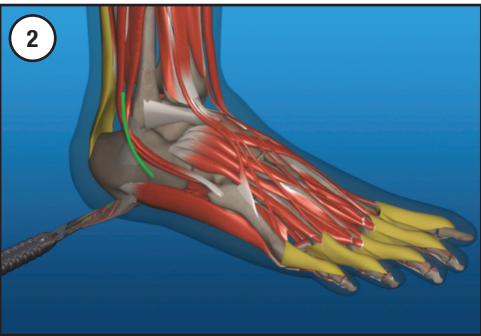
Product Information



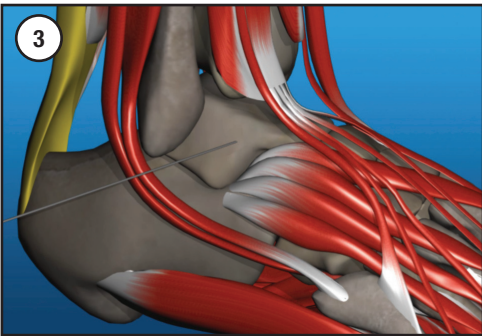
Preparation
Routine surgical preparation of the skin is performed.



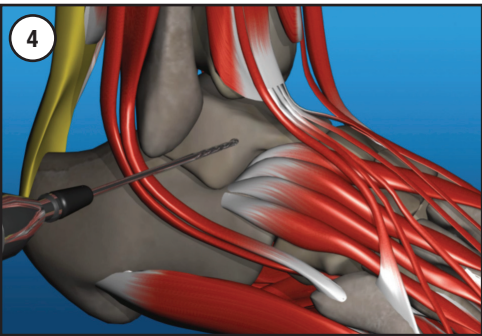
1
The neck of the talus, fibulotalar and subtalar joints are identified.



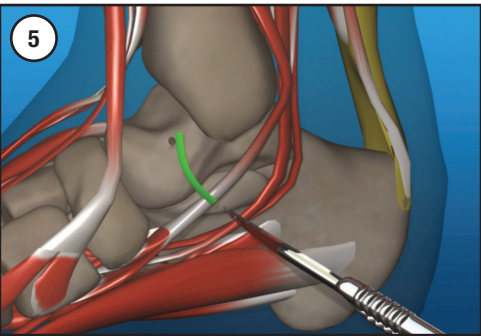
2
A longitudinal, ventrally curved skin incision is made just over the posterior margin of the lateral malleolus.



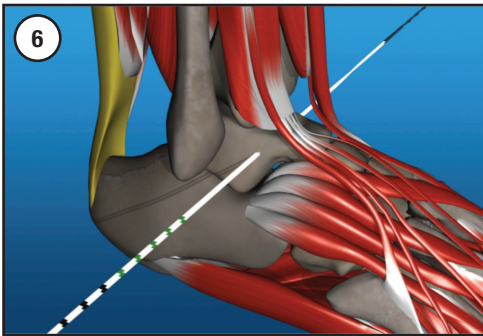
3
A 2.5mm Kwire is used to determine the route through the talar neck.



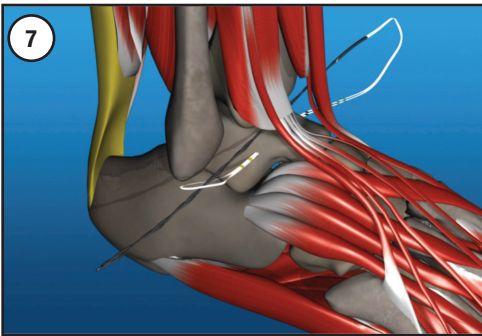
4
A bone tunnel is created through the talar neck using a 5.5mm cannulated drill over the Kwire.



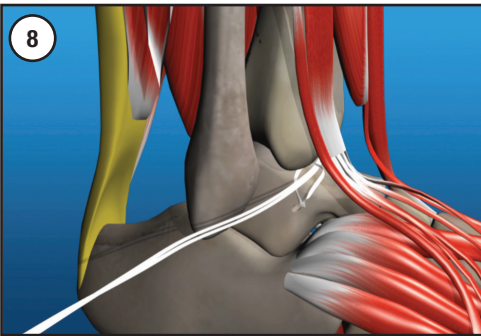
5
An incision is made on the medial side adjacent to the bone tunnel.



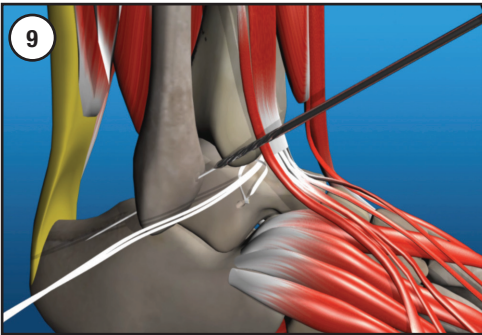
6
The Length Gauge is passed in a lateral to medial direction through the bone tunnel in the talar neck and exits through the medial incision.



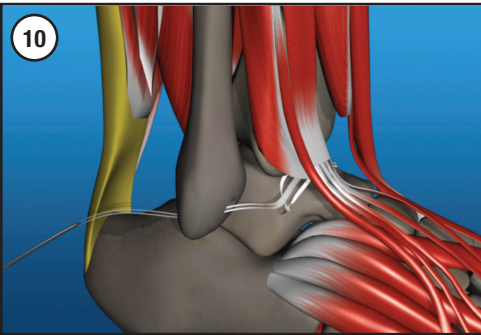
7
The metal leader of the Length Gauge is returned through the medial incision over the dorsal aspect of the talar neck. The metal leader is then passed through the loop at the opposite end of the Length Gauge.



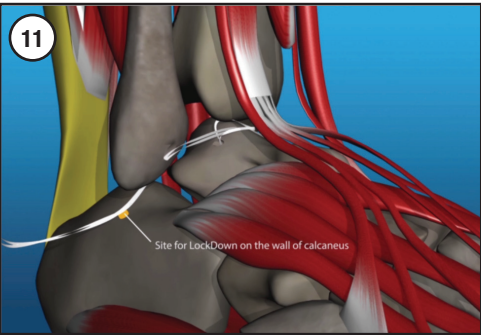
8
The Length Gauge is tightened around the talar neck.



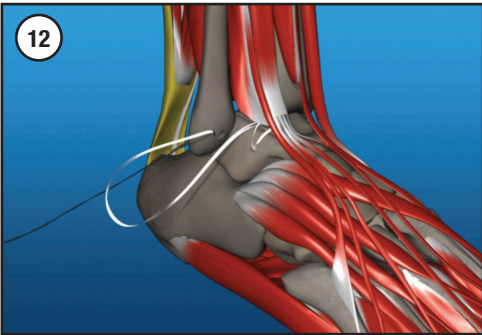
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Using the same Kwire and 5.5mm cannulated drill, a bone tunnel is created in an AP direction through the distal part of the fibula, 7mm proximal from the distal tip of the fibula, protecting the peroneal tendons.



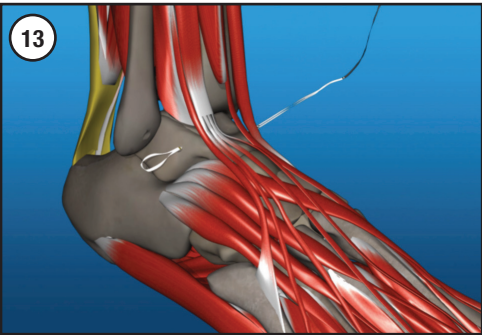
10
The Length Gauge is passed through the fibula bone tunnel. A soft tissue tunnel is created vertically below the posterior fibula hole to enable the Length Gauge to rest against the lateral wall of the calcaneus.



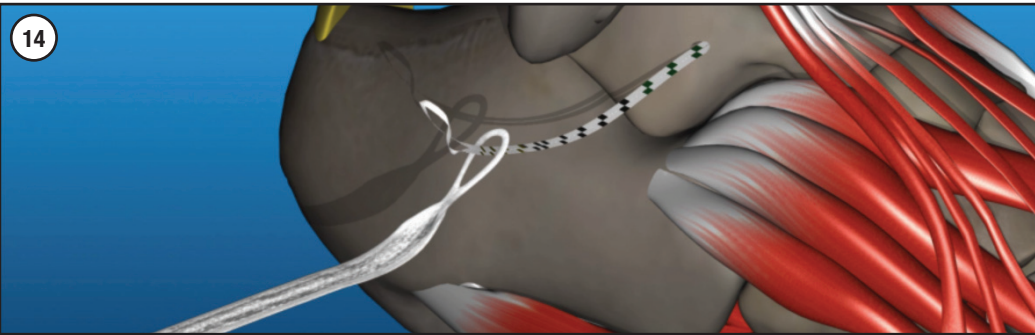
11
The Length Gauge is then pulled tight so that it is positioned to recreate the anatomical position of the Calcaneofibula Ligament (CFL). The optimum position for the screw is 2cm from the distal tip of the fibula.
N.B. The markings on the Length Gauge are 1 cm apart. The double mark represents an 11cm LockDown™.



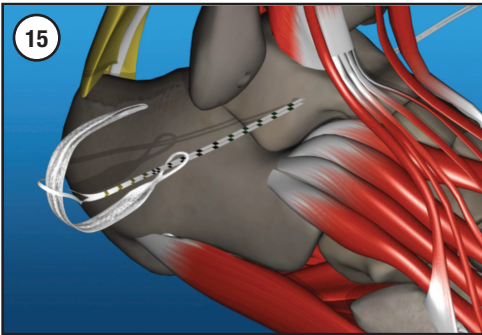
12
After the measurement has been obtained, the Length Gauge is removed from the fibula bone tunnel and the loop around the talar neck is undone.



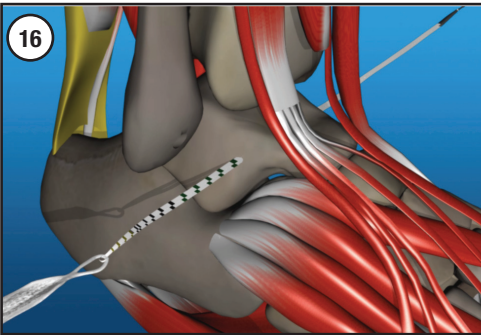
13
The Length Gauge remains within the talar neck bone tunnel.



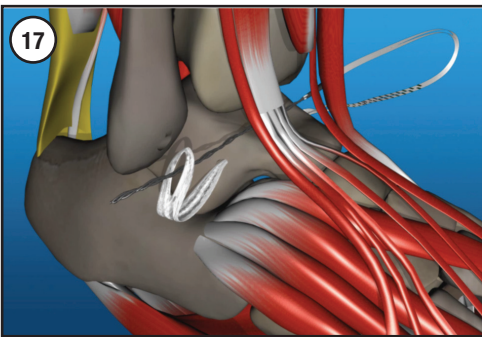
14
The soft loop of the Length Gauge is passed through the hard loop of the chosen LockDown™.



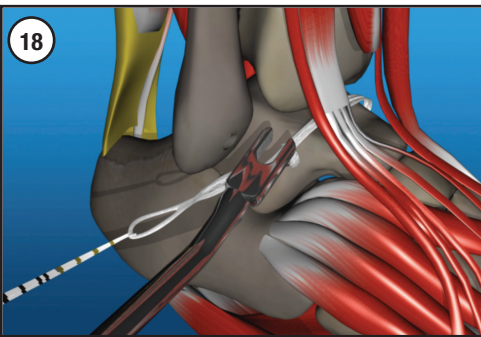
15
The soft loop of the Length Gauge is then passed over the soft loop of the LockDown™.



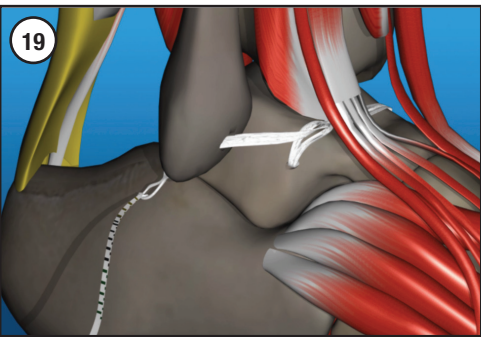
16
The soft loop of the Length Gauge is then pulled down the length of the LockDown™ securing itself to the hard loop. The Length Gauge is used to pull the LockDown™ through the talar neck leaving the soft loop exposed on the lateral side.



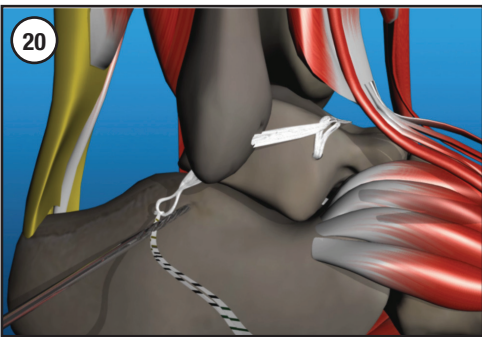
17
The metal leader of the Length Gauge is passed over the talar neck and through the soft loop of the LockDown™.



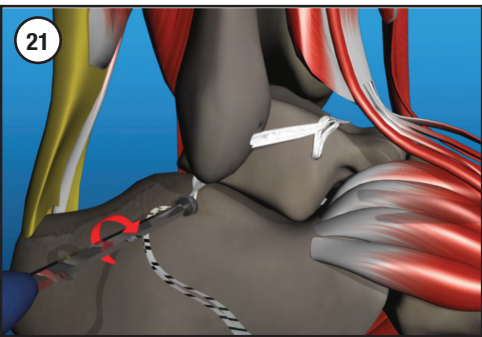
18
The soft loop of the LockDown™ is tightened around the talar neck. Any slack is removed with the Loop Tensioner.



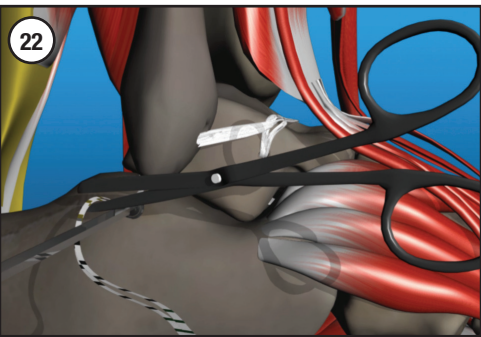
19
The Length Gauge with the LockDown™ attached is passed through the fibula bone tunnel.



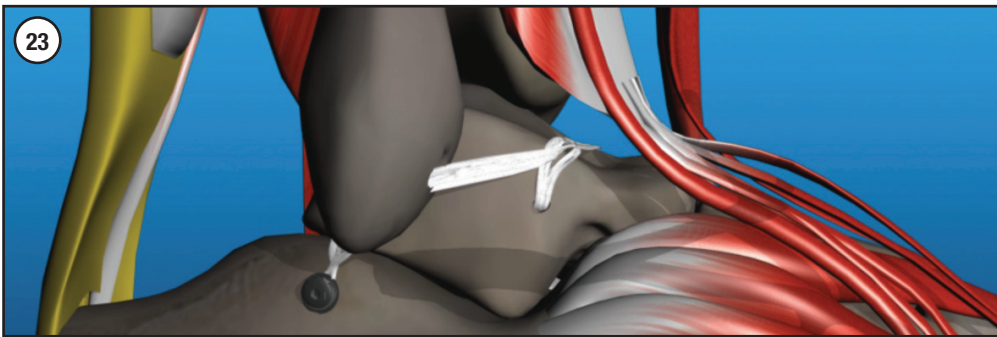
20
The foot is placed in a neutral position. The LockDown™ is tensioned and the hard loop is anchored to the lateral calcaneus wall using the LockDown™ screw and washer.



21
The calcaneus wall is prepared for the screw and washer using a 3.2mm drill and a 4.5mm tap. Ensure LockDown™ is clear of the drill during preparation to prevent damage. The screw and washer are seated into place.



22
Note: Cut the measuring device from the hard loop from the LockDown™ before fully seating the screw and the washer.



23
The wound is closed in layers. The ankle is immobilised in the neutral position or with a slight plantar flexion and non weight bearing for 6 weeks.

SUGGESTED INSTRUCTIONS FOR USING LOCKDOWN™ ANKLE STABILISATION SYSTEM (LASS®)

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.