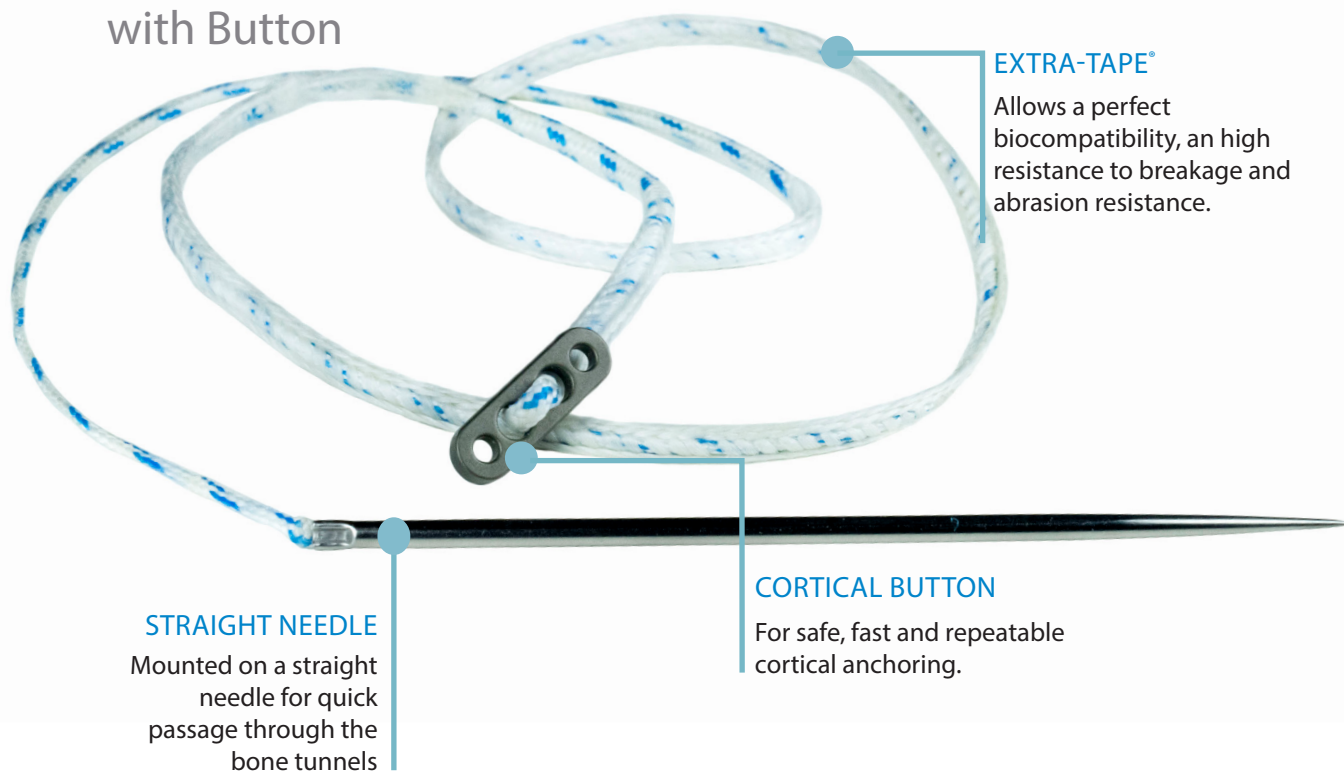




EXTRA-CAPSULAR STABILIZATION OF
A CRANIAL CRUCIATE LIGAMENT RUPTURE

EXTRA-TAPE®

with Button



2

	Diameter of the K-wire millimeter	Diameter of the drill bit millimeter	Screw diameter indication millimeter	Approx. resistance of the implants. newton
EXTRA-TAPE® - Button	1.2	2.0	3.0	600
Novalig® 2000 - Button	1.2	2.5	3.5	2000
Novalig® 4000 - Button	2	3	4	4000

THE IMPLANT MUST BE ADAPTED TO THE SIZE OF THE PATIENT

The size of the implant will be determined based on the patient's weight and bones' size. Based on those information, the strongest implant adapted to the patient should be used.

For information:

- 5-20 kg : Extra-Tape®
- 10-25 kg : NOVALIG 2000
- + of 25 kg : NOVALIG 4000

Novetech Surgery's ligaments and tendons are made of medical grade UHMWPE fibers. They guarantee a scientifically approved resistance and biocompatibility in both veterinary and human medicine.

Used on millions of patients, this technology results in minimal inflammatory response, thus accelerating post-operative recovery,

EXTRACAPSULAR STABILIZATION OF THE RUPTURED CRANIAL CRUCIATE LIGAMENT WITH A SYNTHETIC LIGAMENT

Developed with the surgery department of Vetagro Sup,
Veterinary School of Lyon (France)



STEP 1

Femoral tunnel drilling

STEP 2

Tibial tunnel drilling

STEP 3

Positionning of the Extra-Tape®

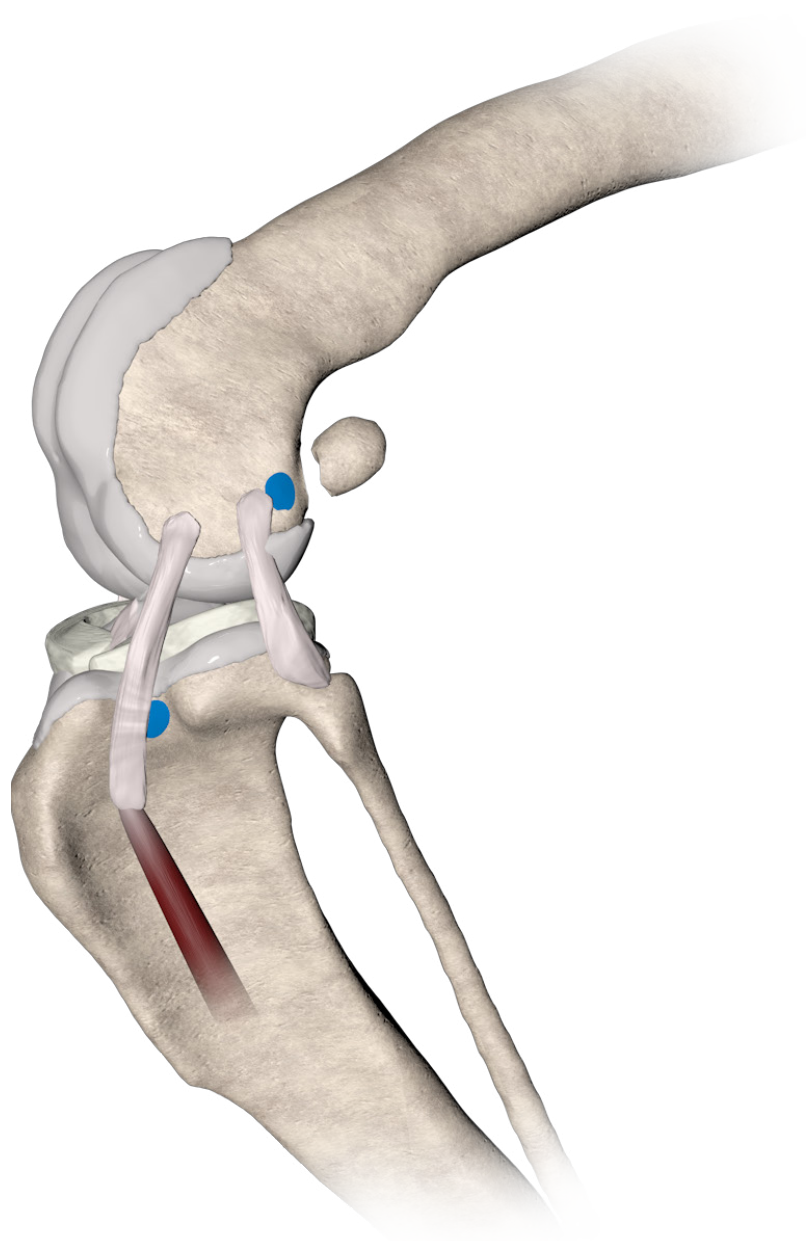
STEP 4

Fixation of the Extra-Tape®

Extra-Tape® operating technique

Strict application of aseptic techniques throughout the procedure is essential for a successful outcome.

4

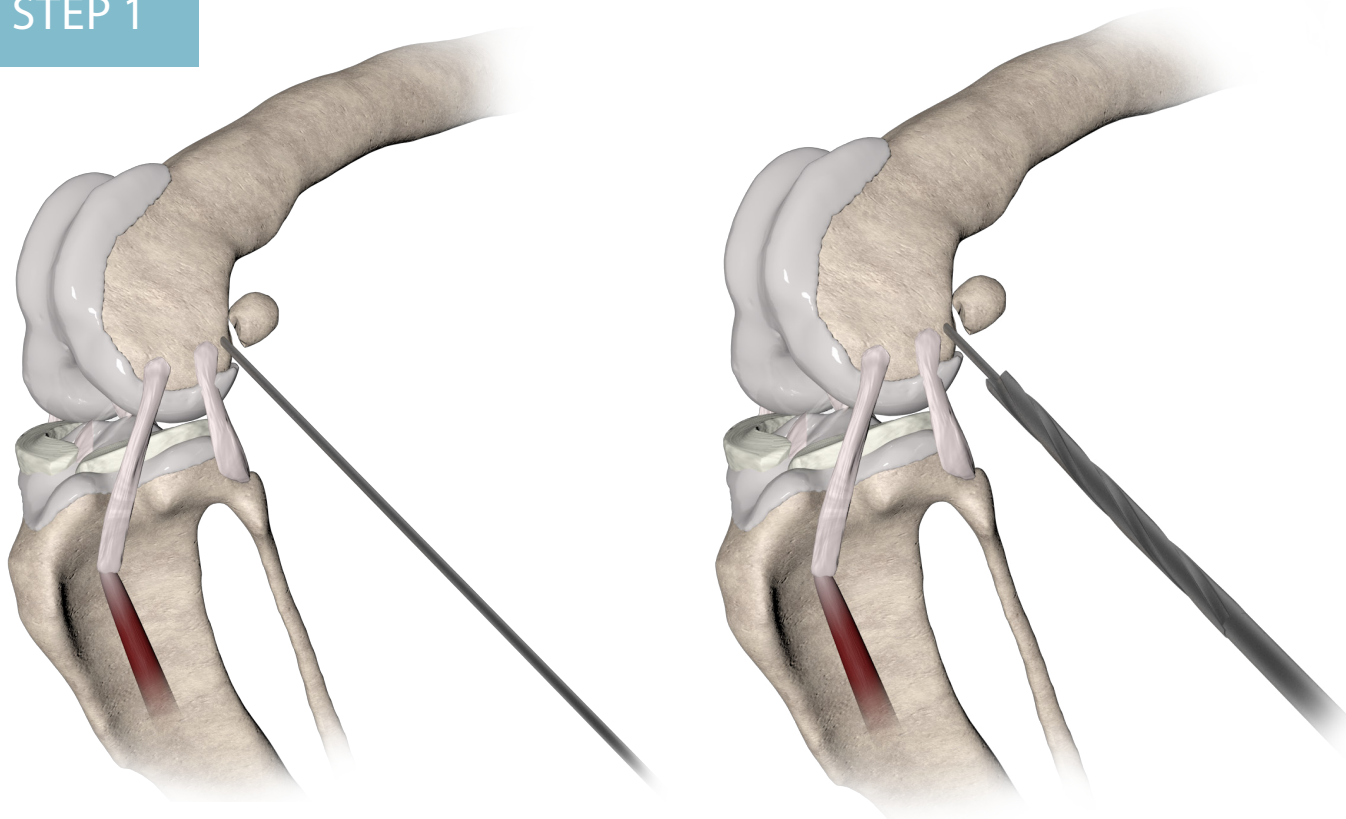


Classic lateral stifle approach

The isometric insertion sites are those described by Don HULSE (Hulse et al, 2011)

Femoral tunnel drilling

STEP 1



5

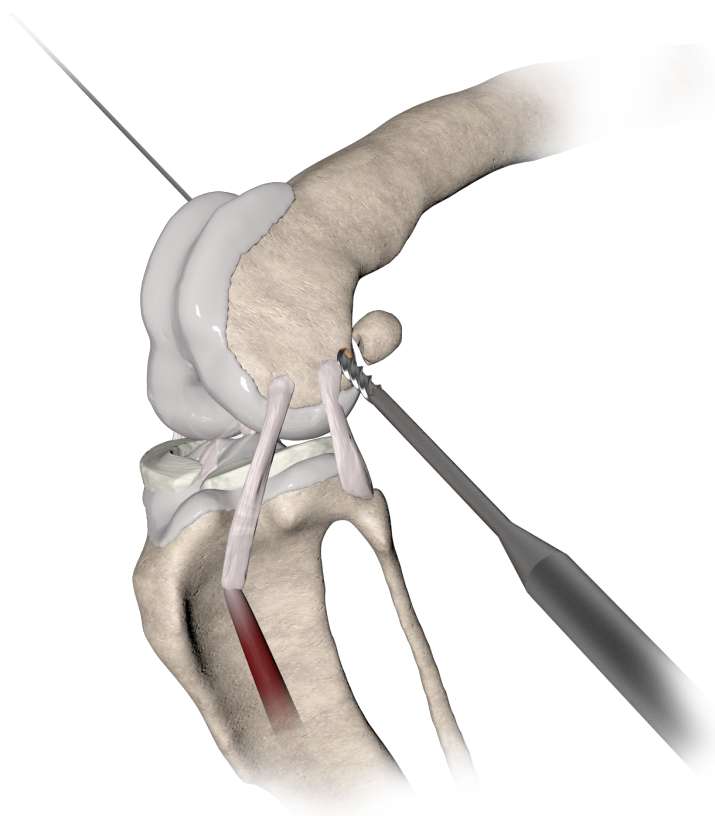
Insert the trocar k-wire on the lateral aspect of the femoral condyle just distal and cranial to the sesamoid.

The trocar k-wire should be oriented proximally and cranially so that it exits in the middle of the cranio-medial part of the distal femoral shaft.

The femoral tunnel is drilled over the k-wire previously placed.

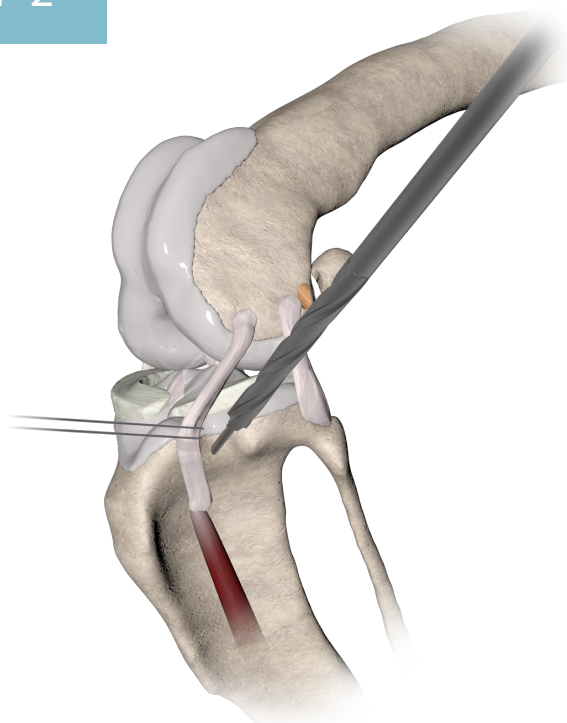
The diameter of the drill bit is chosen to fit the appropriate screw size.

Then the femoral tunnel is pre-taped to facilitate insertion of the interference screw.



Tibial tunnel drilling

STEP 2



Place the trocar k-wire proximal and caudal to the extensor digitorum longus. The exit point should be on the medial side of the tibia under the Sartorius muscle.

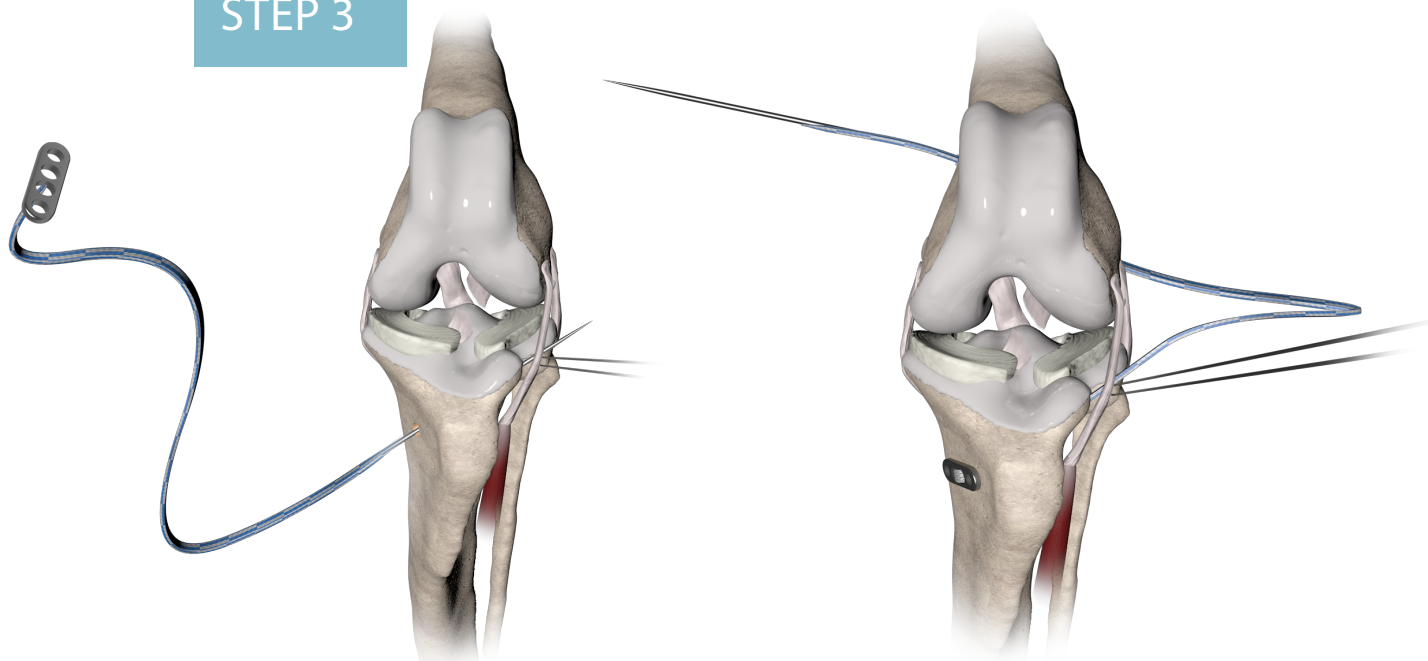
Drill the tibial tunnel with the cannulated drill bit guided by the trocar k-wire

6

Insertion of the Extra-Tape®

Insert the needle of the Extra-Tape® through the tibial tunnel from the medial side. Then, insert the needle through the femoral tunnel from the lateral to the medial side.

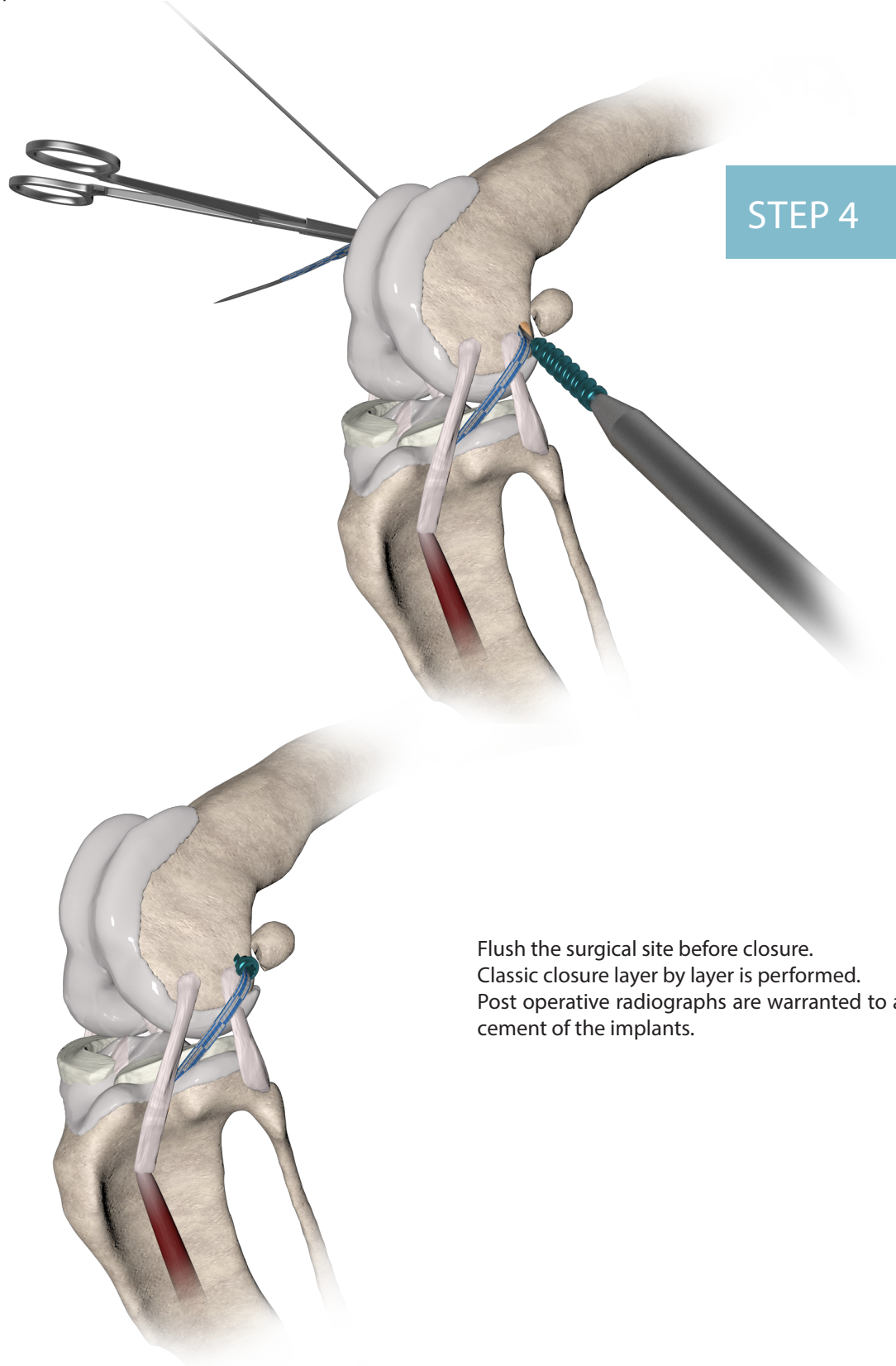
STEP 3



Fixation of the Extra-Tape®

Before tensioning, make sure the cortical button is well positionned against the medial cortex of the tibia. Apply tension and mobilize the stifle in order to pre-stress the prosthesis. Check the stability of the stifle and its range of motion, if necessary adjust the tension.

Place the interference screw in the femoral tunnel. When the implants position is satisfactory, you can cut the Extra-Tape® on the medial side of the femoral tunnel.



STEP 4

7

Flush the surgical site before closure.
Classic closure layer by layer is performed.
Post operative radiographs are warranted to assess proper placement of the implants.

NOVETECH SURGERY provides a range of ligament and tendon implants and their fixation systems exclusively for veterinary surgery.

We are a driving force in the development of new surgical techniques that are based on solid scientific evidence, thanks to close relationships with our referral surgeons and veterinary schools,

In addition to its implants, **NOVETECH** SURGERY offers veterinarians a complete catalog of instrumentation and equipment for orthopedic and arthroscopic surgery.



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Innovation **G**roup for **O**rthopaedic **S**urgery.

IGOS is an International group of collaborations between surgeons in order to allow scientific research work with the aim of developing surgery physiological Joints using the latest technology

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WE ARE INVESTED IN PAIN MANAGEMENT

we are working on pain management using less traumatic and physiological techniques, and on simplified and less burdensome post-operative procedures.



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CAUTION: in addition to this surgical techniques, it is necessary to be trained by an experienced surgeon before any application of this product.

