

S U R G I C A L I M P L A N T S

orthopaedic surgery

Surgical procedure

Tendor
fixation system

COUSIN

B I O T E C H

PERCUNATEOUS TENORRAPHY OF THE ACHILLES TENDON

Surgical procedure



TENDORBIOLIG[®] or RESORBAID[®]
fixation system

COUSIN
BIOTECH

OBJECTIVE

The aim is to realise with this technique a fast, strong and as less abrasive as possible reparation of the recent traumatic lesions of anatomically important tendons in the organism and particularly the Achilles tendon.

The system can also be used for fractures of other big tendons of the human body and for certain patella fractures.

THE TENDOR SYSTEM

The method is easy : it consists in realising a frame or a hooping by percutaneous way.

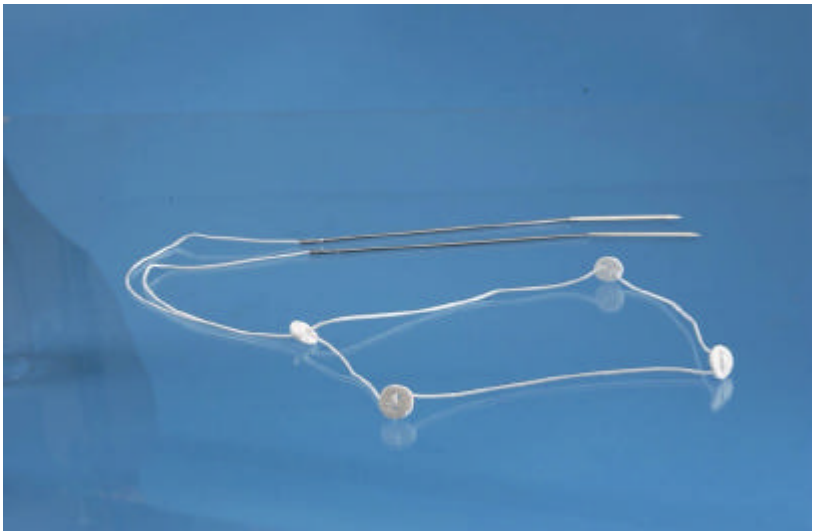
This lacing is leaned on buttons in order to avoid the "cheese wire" effect.

Finally, it is essential, for aseptic reasons and for the comfort of the patient, that no element go through the skin in post operative time.

The system gives to the patient the possibility to have a nearly "normal" life.

THE TENDOR SYSTEM CONSISTS OF :

- ☒ One **ligament of 800 mm** long
- ☒ **2 needles** long enough (150 mm) to reach from a distance the fracture and to control the right way for the ligament,
- ☒ **4 « buttons »** which are leaned on the external fibres of the tendon.



- ☒ There are 2 types of TENDOR :

BIOLIG® TENDOR:

The ligament is made of **NON ABSORBABLE** polyethylene terephthalate and the **4 ABSORBABLE** buttons are in Poly L Lactid (PLLA)

RESORBAID® TENDOR:

Ligament and buttons are both **ABSORBABLE**, in Poly L Lactid (PLLA)

SURGICAL TECHNIQUE



The patient is in ventral decubitus position, locating by palpation (or with a scan) the fracture area.



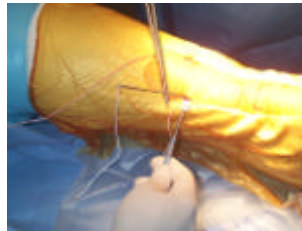
4 cutaneous incisions of 1 centimetre are executed.

The two first incisions are the superior ones and then a dissection of the tissues till the Achilles tendon is carried out.



These incisions are situated high enough in order to lace the proximal tendon fragment with enough tissue.

The prosthesis is horizontally inserted through the tendon from a cutaneous incision to another one.



A Button is put on the prosthesis with a needle.

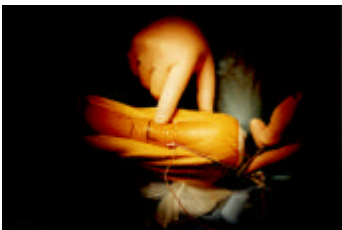
The needle is vertically inserted downwards the tendon to bring the tissue closer.



The needle will come out to the closest calcaneal insertion of the tendon where a cutaneous incision is done with the point of the needle.



Once again, a button is put in place before the inferior horizontal passing from a cutaneous incision to another one.



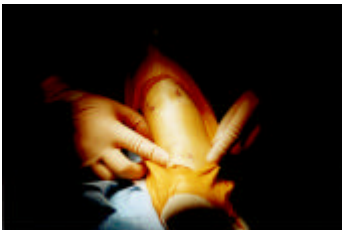
After putting in place the third button, the needle is vertically inserted upwards the tendon to bring the tissue closer.



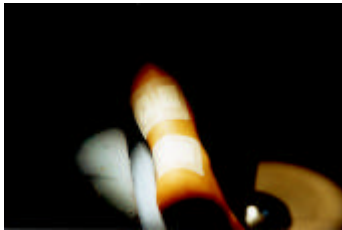
The surgeon can reinforce the structure with a second lacing in « X »: due to the elasticity of the skin, he uses the same cutaneous incisions, but he inserts the ligament in another part of the tendon.



The foot is placed in maximum equine position and the frame leaned on the buttons is closed under tension on a knot to insure a durable consolidation of the fracture.



Closing of the four cutaneous points



Stick Plaster.

POST OPERATIVE FOLLOW UP

No plaster is planned after the surgery.

The patient can rest on his foot with a counter, but he must not unroll the step.

Auto re-education, reduced to a mobilisation of the tibio-tarsus articulation in the limits of the pain, starts.

Around the fourth week, the patient can start unrolling the step, but he must not propel himself before the 6th week.

The logo for Cousin Biotech features the word "COUSIN" in a large, bold, white, italicized sans-serif font. Below it, the word "BIOTECH" is written in a smaller, white, spaced-out sans-serif font. The text is centered between two green, diamond-shaped graphic elements that point towards each other.

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