Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

New surgical procedure for the treatment of acromioclavicular joint meniscal tears

O HADDO, R DEOL, A NARVANI, DJ ROUSSOW
Barnet General Hospital, Barnet, UK

CORRESPONDENCE TO

O Haddo, Spinal Deformity Unit, Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middlesex HA7 4LP, UK
M: +44 (0)7855 762681; E: ohaddo@doctors.org.uk

BACKGROUND

Anatomical studies have confirmed the presence of a cartilaginous meniscus within the acromioclavicular joint (ACJ).¹ Acute meniscal tears are caused by trauma, presenting as high arc pain. Ultrasound is the investigation of choice. We describe an arthroscopic technique for the treatment of this condition.

TECHNIQUE

Inclusion criteria include young patients with no degenerative changes. General and regional anaesthesia are used, with the patient in the beech chair position. A 2.5-mm small arthroscope and a 2.2-mm radiofrequency probe are inserted through portals, anterior and posterior to the ACJ. A fluid management system with suitable pressure is used. Adhesions are first divided in order to visualise the meniscus. The meniscus must be approached through both portals with the radiofrequency probe to achieve complete ablation. The recovery period is 3–4 weeks. Seven patients have had this procedure, with only one revision to ACJ excision.

DISCUSSION

We believe this procedure to be very effective in the treatment of ACJ meniscal pathology. It maintains a normal ACJ, has a quicker recovery period and avoids complications associated with ACJ excision, including destabilising the clavicle.²

References

1. Salter Jr EG, Nasca RJ, Shelley BS. Anatomical observations on the acromioclavicular joint and supporting ligaments. *Am J Sports Med* 1987; **15**: 199–206.
2. Blazar PE, Iannotti JP, Williams GR. Anteroposterior instability of the distal clavicle after distal clavicle resection. *Clin Orthop* 1998; **348**: 114–20.

Bone sutures: a simple technique for passing multiple sutures through one bony tunnel

CLAIR ASHFORD, ATCHUTHAN VARACHARAJ, COLIN STEIN-LECHNER

Department of Orthopaedics, North Devon District Hospital, Barnstaple, Devon, UK

CORRESPONDENCE TO

Clair Ashford, Department of Orthopaedics, North Devon District Hospital, Raleigh Park, Barnstaple, Devon EX31 4JB, UK
M: +44 (0)7740 598154; E: clairashford@doctors.org.uk

BACKGROUND

Passing sutures through bony tunnels is usually performed using a blunt probe or a suture mounted on a straight needle;¹ if multiple sutures are to be passed through the same canal, either technique may damage sutures already *in situ*, by crushing, cutting or piercing them. Apart from using specialist equipment,² we have found no approach to overcome this problem. We describe here a simple technique, requiring no special equipment, which resolves the problem.

TECHNIQUE

A primary suture is passed through each bone canal and a loop tied in its middle (Fig. 1); the free ends may be secured with artery forceps. The sutures being used for the repair are then

Figure 1 Diagram illustrating the suture passing technique. (i) Preparing the suture to be passed; (ii) passing the final suture through the canal.