Joining the dots

Corin offers a suite of resources to support the use of LARS in a comprehensive range of indications. These publications may facilitate pre-operative planning and can assist with patient dialogue.

LARS resources can be supplied as hard copy or sent as a digital file for storage on desktop or mobile devices. Many animations are now also available on the Corin Group YouTube channel.

Corin Academy

Surgeon education program

A series of soft tissue cadaver workshops through 2015 offered hands on experience to over 50 surgeon delegates.

Corin sees significant value in facilitating learning experiences that enhance quality patient outcomes.

In 2016, an expert faculty will deliver a number of Australian cadaver workshops focusing on the comprehensive LARS portfolio.

To register your interest please complete the back page or contact your local Corin agent.
A review of surgical repair methods and patient outcomes for gluteal tendon tears

Jay R. Ebert, Thomas A. Bucher, Simon V. Ball, Gregory C. Janes. HIP Int, 2015

Advanced hip imaging and surgical findings have demonstrated that a common cause of greater trochanteric pain syndrome (GTPS) is gluteal tendon tears. Conservative measures are initially employed to treat GTPS and manage gluteal tears, though patients frequently undergo multiple courses of non-operative treatment with only temporary pain relief. Therefore, a number of surgical treatment options for recalcitrant GTPS associated with gluteal tears have been reported. These have included open trans-osseous or bone anchored suture techniques, endoscopic methods and the use of tendon augmentation for repair reinforcement. This review describes the anatomy, pathophysiology and clinical presentation of gluteal tendon tears. Surgical techniques and patient reported outcomes are presented. This review demonstrates that surgical repair can result in improved patient outcomes, irrespective of tear aetiology, and suggests that the patient with "trochanteric bursitis" should be carefully assessed as newer surgical techniques show promise for a condition that historically has been managed conservatively.

75th Annual Scientific Meeting of the Australian Orthopaedic Association, October 2015

Corin was a proud sponsor of the AOA ASM in Brisbane.

The sports knee section featured some excellent presentations, including Dr Peter Annear’s ‘Early Return to Sport in High Competitive and Elite Athletes – A comparative study of double bundle hamstring and hamstring/LARS hybrid Anterior Cruciate Reconstruction’.

To see this presentation and other recordings please visit the AOA website and follow the ‘e-proceedings’ link via your member login.
LATERAL ANKLE, AUS

Primary ankle ligament augmentation versus modified Brostrom-Gould procedure: a 2-year randomized controlled trial

Mark Porter, Bruce Shadbolt and Robert Stuart. ANZ Surg, 28 July 2014

**Background:** More than 20% of patients develop chronic instability following appropriate management of an ‘ankle sprain’. There is little research comparing surgical techniques. ‘Anatomical’ procedures, such as the modified Brostrom-Gould (MBG), are generally preferred. However, not all patients are suitable for this procedure. Augmentation of a primary repair using a synthetic ligament, such as the ligament augmentation reconstruction system (LARS), is another ‘anatomic’ option. Our objective was to compare the clinical outcome following the MBG with that following the LARS technique using a prospective randomized clinical trial.

**Methods:** Patients who satisfied the study criteria were randomly allocated to undergo the LARS procedure or the MBG procedure. All patients followed a similar rehabilitation programme. Patients completed the foot and ankle outcome score (FAOS) before surgery, and then at 1 year and 2 years following surgery. Statistical analysis was used to compare the groups (P < 0.05).

**Results:** Forty-one patients took part in the study, 21 were randomized to the LARS group and 20 to the MBG group. The LARS group had a significantly better improvement in the total FAOS at both 1 year (25.5 standard error (SE) 3.8 versus 16.0 SE 3.3) and 2 years (27.1 SE 4.5 versus 15.8 SE 4.9) post-surgery.

**Conclusion:** Primary repair combined with LARS results in better patient-scored clinical outcome, at 2 years post-surgery, than the MBG procedure. Although longer follow-up is required, the LARS procedure may be considered as an alternative, especially in those patients for whom the MBG is relatively contra-indicated.

LATERAL ANKLE, AUS

Augmented short undersized hamstring tendon graft with LARS™ artificial ligament versus four-strand hamstring tendon in anterior cruciate ligament reconstruction: preliminary results


**Background:** This retrospective study compares the results of reconstruction of isolated chronic anterior cruciate ligament rupture using augmented short undersized sized hamstring tendon graft with ligament advanced artificial reinforcement system (LARS) versus a four-strand hamstring tendon graft (4-SHG). Our hypothesis was that postoperative knee stability after using augmented short length or small diameter hamstring tendon graft with LARS artificial ligament could be significant and satisfactory more than four-strand hamstring tendon graft group.

**Materials and methods:** Between June 2007–July 2008, 72 patients were divided into a (LARS) augmented group (n = 27) and a (4-SHG) group (n = 45).

**Results:** Mean FU is 5 years. KT-1000 examinations showed that the LARS group had significantly less anterior displacement than the (4-SHG) group P = 0.013. IKDC score demonstrated statistically significant differences (P = 0.05).

**Conclusions:** Our study indicates that early results of augmenting short length or small diameter harvested hamstring tendons with LARS in ACL reconstruction provides satisfactory, comparable results and displayed higher knee stability compared to (4-SHG) group. Level of evidence: Level III (case control study).

At Corin, we offer a comprehensive range of soft tissue reconstruction solutions from acromion to achilles. Our diverse range of LARS ligaments can help achieve reproducible, stable reconstruction and augmentation with the chance of enhanced recovery in patients with common and complex demands. To request further information please complete the form overleaf, visit our website www.coringroup.com or email us at sarah.evans@coringroup.com
Acute surgical management of traumatic knee dislocations — Average follow-up of 10 years


Background: Traumatic knee dislocations have been managed historically by means of either delayed reconstruction or non-operative methods. More recently, there has been a trend towards early reconstruction. There is no clear consensus in the literature as to how such patients should be managed and in what time frame.

Objective: The aim of this study was to establish the long-term outcome of patients who underwent acute surgical management of their traumatic knee dislocation.

Methods: Thirty-six patients with traumatic knee dislocations were treated by multi-ligament reconstruction. All surgical interventions occurred within 21 days of presentation. The collateral ligament complexes were primarily repaired where possible and reconstructions were performed with either autograft, allograft or the ligament augmentation and reconstruction system (LARS) synthetic graft.

Results: The mean time to surgery was 12 days (1 to 21) with a mean follow-up of 10.1 years (7 to 19). The International Knee Documentation Committee (IKDC) assessment demonstrates that 56% of patients went on to have “nearly normal” knee function and the average Tegner–Lysholm score of 80 (57 to 91), is consistent with good function. The Knee Outcome score (KOS) was 84% for Activities of Daily Living and 74% for Sports.

Conclusion: This study demonstrates a high level of overall knee function following the acute surgical reconstruction of traumatic knee dislocations. Level of evidence: Level 2B: Cohort Study with Outcome Measures.