Corin is committed to providing educational support and updates on the latest developments in the LARS™ portfolio to healthcare practitioners worldwide to ensure that best practice guidelines are promoted in each of our geographies. LARS™ News is a publication designed to allow surgeons to readily access information and raise awareness within the orthopaedic community. To request further information on LARS™ ligaments please complete the form on the next page, go to the website at www.larsligament.com or email us at australia@coringroup.com.

LARS™ Seminar and Lab series - Advanced soft tissue solutions, 29 July - 1 August 2014

Corin Australia is delighted to announce this year’s LARS™ Seminar and Lab series - Advanced soft tissue solutions. This exciting series of educational events will showcase the versatility of the LARS™ ligament for soft tissue reconstruction in a variety of applications. Our expert faculty, led by renowned Canadian orthopaedic surgeon and published author, Associate Professor Pierre Ranger, will conduct high level cadaver workshops as well as presentations covering the latest clinical research on LARS™.

Tuesday 29 July
PERTH, WA
Cadaver lab and seminar

Wednesday 30 July
MELBOURNE, VIC
Dinner seminar

Thursday 31 July
SYDNEY, NSW
Cadaver lab and seminar

Friday 1 August
BRISBANE, QLD
Dinner seminar

Associate Professor Ranger now has data on 125 patients treated with LARS™ for multiligament injuries of the knee (including PCL, PLC and ACL), 2-10 years follow-up. Working out of the University of Montreal, Associate Professor Ranger has been actively involved in the following areas:

- Medical director of the Clinique Chirurgicale de Laval and the Clinique de Medicine Sportive de Laval
- Member of the PCL, arthroscopy and full luxation of the knee Canadian study groups
- The Quebec Ski Team
- The Formula 1 Grand Prix of Montreal
- The NHL players Association

LARS™ Additional ligaments now available for reimbursement
- Rotator cuff
- ACJ
- MCL
- Hybrid graft reinforcer
  This narrow, flat band augment can add strength and durability to biological grafts in a variety of indications including ACL reconstruction.
Anterior cruciate ligament reconstruction with LARS™ artificial ligament results at a mean follow-up of eight years.

Parchi PD, Gianluca C, Dolfi L, Baluganti A, Nicola P, Chiellini F, Lisanti M.

*International Orthopaedics Journal April 2013.*

The aim of this study was to review patients that underwent ACL reconstruction with the LARS™ ligament in the First Orthopaedic Division of Pisa University during the period between January 2003 and December 2005.

**Methods:** Twenty-six patients were reviewed with an average follow-up of 95.3 months (7.9 years). The review protocol was articulated in three phases: (1) a subjective evaluation using three grading scales: VAS, KOOS and the Cincinnati knee rating scale, (2) a clinical and objective evaluation, and (3) a biomechanical evaluation of knee stability.

**Results:** A global positive result was obtained in 92.3% of the patients (16 optimal results and eight good results), with a fast functional recovery and a high knee stability. A global poor result was reported in two cases. In our series we did not record cases of infection or knee synovitis. We recorded only one case of mechanical graft failure. The results obtained from our study are encouraging and similar to those in the literature.

**Conclusions:** We conclude that the LARS™ ligament can be considered a suitable option for ACL reconstruction in carefully selected cases, especially for older patients needing a fast functional recovery.

---

Gluteal tendon repair augmented with a synthetic ligament.

Bucher TA, Darcy P, Ebert JR, Smith A, Janes G.

*Surgical technique and a case series October 2013.*

We describe an augmented surgical repair technique for gluteus minimus and medius tears, along with a supportive case series. A consecutive series of 22 patients presenting with clinical and radiological findings consistent with hip abductor tears, who had undergone failed prior conservative treatments, were prospectively recruited. Patients underwent open bursectomy, Y-iliotibial release, debridement of the diseased tendon, decortication of the trochanteric foot-plate and reattachment augmented with a LARS™ ligament through a trans-osseous tunnel, together with suture anchors. All patients were assessed pre- and postoperatively to 12 months with the Oxford Hip Score (OHS), the Short-Form Health Survey (SF-36) and a Visual Analogue Pain Scale (VAS), while a satisfaction scale was employed at 12 months. A statistically significant improvement (p<0.05) was observed for all patient reported outcome measures, while all patients were at least ‘satisfied’ with the procedure at 12 months. One patient reported some lateral hip discomfort at 10 months, and removal of the LARS™ interference screw provided immediate relief. One patient had a urological catheter-related complication. With no other complications and no clinical failures of the repair, we believe the technique to be safe and reliable, whilst reducing the incidence of re-tears as reported in the existing literature.

---

**Upcoming Events 2014**

**MAY**

LARS™ PCL / Posterolateral corner seminar, SA

**JUNE**

LARS™ Shoulder seminar, NSW

**JULY**

LARS™ Seminar and Lab series
The use of the ligament augmentation and reconstruction system (LARS™) for posterior cruciate reconstruction.

Smith C, Ajuied A, Wong F, Norris M, Back D and Davies A.


**Purpose:** To systematically review and assess the use of the Ligament Advanced Reinforcement System (LARS) for posterior cruciate ligament (PCL) reconstruction.

**Methods:** A search of multiple databases was conducted using the following terms: (LARS[All Fields] AND posterior[All Fields]) OR (LARS[All Fields] AND PCL[All Fields]). The methodologic quality of each article was assessed by use of abridged Downs and Black criteria.

**Results:** Fifty-four studies were found from the database search, of which 5 were included in the final review (4 case series and 1 case-control study). One hundred twenty-nine PCL reconstructions with LARS were performed. The mean patient age was 32.2 years, with 89 male and 40 female patients included. The mean follow-up time ranged from 10.5 to 44 months. Lysholm scores improved from a mean of 64.8 preoperatively to 89.8 postoperatively. No patients had International Knee Documentation Committee grade 1 or 2 preoperatively, with 93.0% achieving this postoperatively. Only 1 case of synovitis and 1 case of graft rupture were reported.

**Conclusions:** There is little evidence on the effectiveness of PCL reconstructions using LARS ligaments. What data there are show great promise, with short- and medium term outcome data appearing favorable to autograft reconstruction. Complication rates are encouragingly low.

**Clinical Relevance:** LARS has great potential for PCL reconstruction. Further studies are needed regarding the use of LARS ligaments during PCL reconstruction, including longer follow-up periods and investigation into the optimal timing for reconstruction. This may be best achieved by way of a multicenter study.

---

Evaluation of the acromioclavicular reconstruction using LARS™ artificial ligament in acute acromioclavicular joint dislocation.


**Purpose:** The most appropriate procedure for surgical treatment of severe acromioclavicular (AC) joint dislocation is still not clear. The purpose of this study is to evaluate the outcomes of coracoclavicular (CC) reconstruction with ligament augmentation and reconstruction system (LARS) artificial ligaments for the treatment of acute complete AC joint dislocation.

**Methods:** Twenty-four patients (16 male and 8 female, ages ranged from 21 to 45) with acute complete AC joint dislocations were treated with CC reconstruction using LARS artificial ligaments. All these dislocations were unstable injuries. Clinical evaluation was used by the Constant scores and VAS. The radiographic evaluation consisted of Zanca radiographs for bilateral AC joint and axillary radiographs for the injured shoulder.

**Results:** All patients had follow-up times of 36 months (range 6–60). The Constant scores rose from 62.3 ± 6.9 preoperatively to 94.5 ± 9.3 at final evaluation (P<0.05). Preoperative VAS scores were 5.1 ± 1.7, and the VAS scores at the last review were 0.7 ± 1.4 (P<0.05). Follow-up radiographs showed anatomical reduction in 20 patients and slight loss of reduction in 4 patients. Calcification of CC ligament in 4 patients, degenerative change around the AC joint in 2 patient and clavicular osteolysis around screws in one patient were found.

---

**LARS™ Versatility and performance in soft tissue reconstruction**

- ACL
- MCL
- PCL / PLC
- ACJ
- Rotator cuff
- Quads / Patella tendon
- Multiligament
- Gluteal repair
- Ankle / Achilles
I am interested in the following:

- LARS™ ACL
- LARS™ ACL augmentation
- LARS™ PCL
- LARS™ ACJ
- LARS™ Gluteal repair
- LARS™ Posterolateral Corner
- LARS™ Seminar and Lab series, July - August
- LARS™ PCL / PLC seminar - SA, May
- LARS™ Shoulder seminar - NSW, June

Name: .......................................................... Position: ..........................................................
Address: .................................................................................................................................
Telephone: ..............................................................................................................................
Email: ........................................................................................................................................

Corin
17 Bridge Street
Pymble, NSW, 2073
t: +61 1300 138 811
f: +61 1300 139 946
e: australia@coringroup.com

www.coringroup.com

www.larsligaments.com