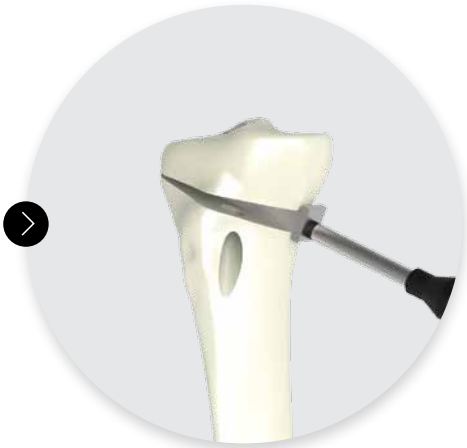
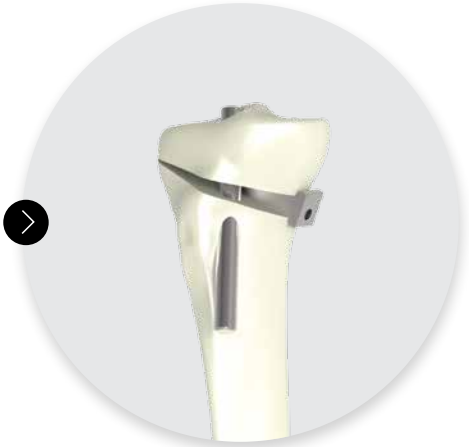
SURGICAL TECHNIQUE

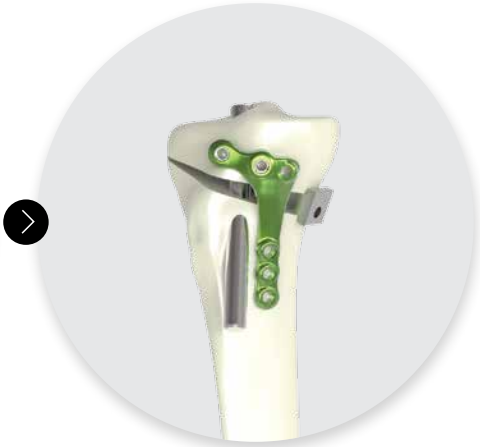
1. Perform the ACL tunnel following the surgeon's surgical technique.



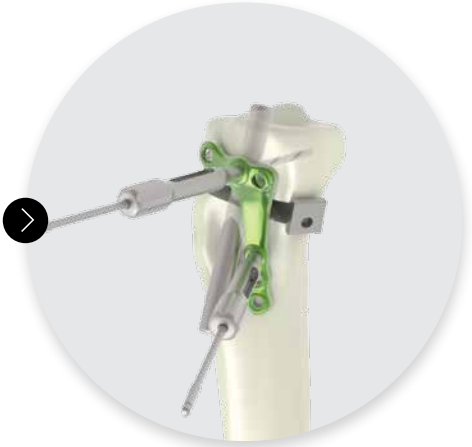
2. Perform osteotomy cut. Progressively open the site using metallic wedges (from 6 to 16 mm). Then drill the ACL tunnel to the desired diameter.



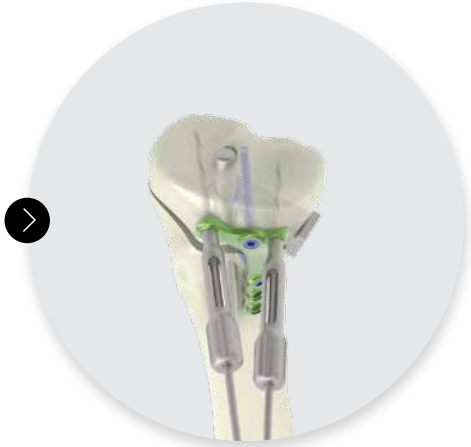
3. Insert the spacer (Ø8 mm - ANC601 or Ø10 mm - ANC649) in order to preserve the tunnel during the insertion of the proximal polyaxial screws (see steps 5 and 6).



4. Position the plate: the diaphyseal part of the implant should run alongside the anterior tibial tuberosity, the anterior and medial proximal polyaxial holes are positioned on either side of the tunnel.



5. Insert the screws located on both sides of the osteotomy site.
Drill with a Ø4.0 mm drill bit (ANC211) using the drill guide (ANC212). To avoid drilling through the tunnel, use the polyaxiality for the placement of the screw into the proximal medial hole.



6. Once the first two screws have been inserted, repeat the procedure with the other two proximal screws. To avoid drilling through the tunnel, use the polyaxiality for the placement of the screw into the proximal anterior hole.

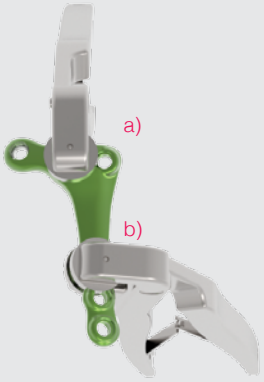
BENDING THE PLATE

1. Bending should only be performed on the metaphyseal part of the plate between:

- the medial polyaxial hole (a.)

- the first diaphyseal hole (b.)

The positioning of the bending pliers must be as accurate as possible so that the ergonomic qualities of the plate are not altered.



2. Each bendable area should be bent **only once and in one direction.**

3. Bending should not be excessive.

4. The holes must be protected so as to avoid damaging the fixation. The oval-shaped distortion of the holes when bending the plate into shape is a particular risk.

FINAL RESULT

Complete the procedure by inserting the last two distal screws and removing the metallic wedge and the spacer.