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Video of Arthroscopic Surgical Procedures

Arthroscopic posterior cruciate ligament reconstruction using the posterior trans-septal portal with preservation of remnant PCL bundle and meniscofemoral ligament with peroneus longus

Sharat Balemane¹

¹Department of Orthopaedics, Yenepoya Medical College, Mangaluru, Karnataka, India.

Previously, surgeons would remove the remnants and the footprints for good visualization. Here, we preserve the posterior cruciate ligament (PCL) remnant, which can increase the length of the PCL graft, preserve proprioception, ease of graft passing, and allow more anatomic positions.

Innovation – We described how to avoid killer turn by pulley and rod technique. And how to avoid neurovascular damage by creating safe transportal technique, preserve footprint, and locating the anatomical tibial footprint.

Different from current practice – The position of the PCL graft was anatomic because the original PCL insertion was intact. The advantages of our technique are the creation of transseptal portals with visualization of the posterior compartment and killer turn prevention and we have also noticed marked reduction of operative time with an average of 90 min [Video 1]. Description – Create posteromedial portal with transillumination technique, insert rod from posteromedial portal, and create posterolateral portal, after transseptal clearance, tibial footprint located and tibial tunnel drilled and pulley inserted underneath the graft to avoid killer turn, and help in easy passage of graft.

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Ethical approval

The Institutional Review Board approval is not required.



Video 1: Posterior cruciate ligament technique.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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*Corresponding author: Sharat Balemane, Department of Orthopaedics, Yenepoya Medical College, Mangaluru, Karnataka, India. sharatnb123@gmail.com Received: 21 July 2022 Accepted: 26 July 2023 EPub Ahead of Print: 23 January 2024 Published: 29 March 2024 DOI: 10.25259/JASSM_20_2022 Video available on: www.jassm.org

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