

International Conference on Sports Medicine and Fitness

March 23-25, 2015 Chicago, USA

Revision ACL reconstruction; pearls

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Reconstruction of the torn Anterior Cruciate Ligament (ACL) has seen a significant increase in volume over the past 3 decades. Although the most of these patients have a fairly uneventful recovery and return to sport and/or work, there are patients who present as clinical failures, with three categories represented by recurrent instability, loss of motion, and pain. There are a myriad of causes of a failed primary surgery, but the goal of revision surgery remains the same to provide a stable and functional ACL that most accurately reproduces the kinematics of the native knee.

Learning Objectives

- Recognizing the common pitfalls in the diagnosis and management of the patient.
- Determine the cause of ACL graft failure.
- ACL Surgery: How to get it right the first time.
- What to do if it fails: Valuable technical pearls on how to perform Revision ACL surgery.
- How to approach the patient with a failed primary and revision ACL surgery, examination and radiographic workup, and revision ACL construction.
- Understand expected outcomes to counsel patient.

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The current concept of all-inside meniscal repair

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The meniscus plays an important role in the function of the knee. Preservation of the meniscus is preferred if possible when considering treatment of a meniscus tear. A thorough understanding of the anatomy of the meniscus, the structure, the mechanics, and other factors of meniscal healing are critical when evaluating the torn meniscus for a reparative procedure. Many options for meniscus repair exist for the orthopaedist. Options such as open repair or arthroscopically-assisted inside-out techniques have long-term favorable results. The all-inside techniques are attractive because of the decrease in operative time and ease of the technique.

Objective: To review the basic meniscal anatomy, histology, and biomechanical principles as well as the methods of enhancing the meniscal healing and the all-inside techniques as they apply to surgery and rehabilitation.

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