

Clinical Summary

Anterior Cruciate Ligament Reconstruction with Quadriceps Tendon Autograft: Surgical Technique Using Augmentation with a Biocomposite Scaffold

Authors: Kaitlin Pyrz, B.S., Audria Wood, M.P.H., Collier Campbell, M.D., Eugene Brabston, M.D., Thomas Evelyn, D.O., Aaron Casp, M.D., and Amit Momaya, M.D.

Journal: Arthroscopy Techniques



Aim:

To describe a reproducible surgical technique for ACL reconstruction using a quadriceps tendon autograft augmented with the BioBrace®, aiming to enhance graft healing biologically and mechanically.

Reasons for Augmentation

- ACL graft failure rates range from 3% to 14%, often due to biological factors.
- Traditional internal bracing improves mechanical strength but lacks biological support.
- BioBrace® offers:
 - » Mechanical reinforcement at time-zero
 - » Biological enhancement via a porous collagen matrix
 - » Gradual resorption as native tissue remodels

Surgical Techniques

- **Graft Harvest:** Standard quadriceps tendon harvest (~70 mm)
- **BioBrace® Preparation:**
 - » Cut to match graft length
 - » Can be hydrated with saline, PRP, or BMAC
- **Graft Preparation:**
 - » BioBrace® is whip stitched to graft
 - » Both ends secured and tensioned
- **Graft Passage & Fixation:**
 - » Graft passed through medial portal
 - » Femoral and tibial buttons used for fixation
 - » Final tensioning after cycling the knee
- **Rehabilitation:** Standard ACL rehab protocol; no changes due to BioBrace®

Surgical Pearls

- Match BioBrace® length to graft to avoid overstuffing.
- Ensure BioBrace® is pierced with each suture pass for secure fixation.

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Discussion:

- Enhances early mechanical stability and supports biologic integration.
- Compared to PRP or BMAC, BioBrace® adds mechanical strength and avoids donor-site morbidity.

Key Takeaways

- BioBrace® augmentation is a promising technique for ACL reconstruction.
- Technique is reproducible and adaptable to various graft types.

Offers dual benefits: mechanical support and biological enhancement.

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