Optimal Arthroscopic Knots

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Arthroscopic Knot = Initial slip Knot + Additional locking half-hitches

Principals of Arthroscopic Knot-Tying

- Post
- Half-Hitch Loop
- Sliding Knot

Duncan loop, Tennessee slider SMC knot, Over-hand loop

Non-sliding knot

Revo knot, Square knot Alternating half-hitch

- Past Pointing
- Alternating Posts
- Reversed Half-Hitches
- Push
- Pull

Optimal knot security

A key factor for successful arthroscopic repair

Tensile failure of Suture: Caused by poorly tied knot rather than suture breakage Poorly tied knot

- Surgeons technical error
- Inherent low strength of knot
- Complex knot configuration leading to poor slip

Tissue fixation security = Knot security + Loop security

Loop Security

Failure of Arthroscopic Slip Knot Looseness of initial slip knot before additional locking half-hitches

Loop Security Enhancement

- Cramping with hemostat in open tying
- Maintenance of tension of post strand
- Cannulated double-diameter knot pusher (Burkhart, SS)
- Internal locking mechanism: locking mechanism in the initial slip knot (Kim, S-H)

Internal Locking Mechanism

Pulling the loop strand flips the post Convert the loop strand into a new post = Switched-post effect

<u>locking in situ</u> (internal locking within initial slip knot) <u>before additional locking half-hitches</u> (external locking outside of initial slip knot)

SMC Knot: Arthroscopic slip knot with internal locking mechanism

- Good loop security
- Good knot security
- Good tissue fixation security

- Inherent high strength
- Simple knot configuration: Good sliding
- Self-locking mechanism: No slippage
- Low profile: Less chance of impingement in the joint and subacromial space (Kim S-H, Arthroscopy 2000)

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