

# PATIENT INFORMATION LEAFLET



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Certification obtained in 1997

## LARS™ artificial ligaments:

Name	Model
LARS – Anterior Cruciate	AC 80 L
	AC 80 R
	AC 100 2BL
	AC 100 2BR
	AC 120 2BL
	AC 120 2BR
	AC 100 2BL/S
	AC 100 2BR/S
LARS – Anterior Cruciate (DB)	AC 30 DB
	AC 40 DB
	AC 50 DB
	AC 60 DB
LARS – Posterior cruciate	PC 60
	PC 80
LARS – Knee Lateral Ligaments (straight)	MCL 32

Name	Model
LARS – Knee Lateral Ligaments (Y)	PPLY 100
LARS – Patellar tendon	PTR 30
LARS – Achilles tendon	AT 60
LARS – Ankle ligaments	LLEA 44
LARS – Soft tissues – tendons and ligaments	R06x400 (6 mm)
	R06x400/V
	LAC 20
LARS – Soft tissues – muscles, tendons, and ligaments	LAC 30 CK
	IT 32 RA
LARS – Soft tissues – muscles and tendons	ACTOR 5
	R06x400/S
	R06x400 (6 cm)
	CR 25/SB
	CR 30/SB

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## LARS® ARTIFICIAL LIGAMENTS

### INTENDED PURPOSE

The purpose of LARS devices is to reconstruct the native ruptured soft tissue or reinforce damaged native soft tissue or a graft (autograft or allograft) to restore physiological function. Intra-articular use for reconstruction or reinforcement is not broadly indicated but could only be justified in specific circumstances if there are no suitable alternatives, as outlined below.

LARS devices are intended for use in patients with a mature and healthy bone structure to reinforce and/or reconstruct soft tissues as detailed for each device name below:

- **LARS – Anterior Cruciate** devices are intended for reconstruction of the anterior cruciate ligament of the knee in situations where other graft tissue is not available or not acceptable. LARS should not be used for routine ACL reconstructions or reinforcement – especially for patients who wish to be active and young patients.
- **LARS – Anterior cruciate (DB)** devices are intended for reconstruction and reinforcement of the anterior cruciate ligament of the knee in situations where other graft tissue is not available or not acceptable. LARS should not be used for routine ACL reconstructions or reinforcement – especially for patients who wish to be active and young patients.
- **LARS – Posterior cruciate** devices are intended for the reconstruction of the posterior cruciate ligament of the knee. LARS should not be first preference for posterior cruciate ligament reconstruction. Use of LARS in PCL reconstruction is limited to situations where other graft tissue is not available or not acceptable.
- **LARS – Knee Lateral Ligaments (straight)** devices are intended for the reconstruction and reinforcement of the lateral ligaments of the knee in extra-articular settings.
- **LARS – Knee Lateral Ligaments (Y)** are intended for the reconstruction and reinforcement of the lateral ligaments of the knee in extra-articular settings.
- **LARS – Patellar tendon** devices are intended for the reinforcement of the patellar tendon of the knee.
- **LARS – Achilles tendon** devices are intended for the reinforcement of the Achilles tendon of the ankle.
- **LARS – Ankle ligaments** devices are intended for the reconstruction and the reinforcement of the ligaments of the ankle.
- **LARS – Soft tissues – tendons and ligaments** devices are intended for the reconstruction and reinforcement of tendons and ligaments.
- **LARS – Soft tissues – muscles, tendons and ligaments** are intended for the reconstruction and reinforcement of muscles, tendons, and ligaments.
- **LARS – Soft tissues – muscles and tendons** are intended for the reconstruction and reinforcement of muscles and tendons

### KIND OF PATIENT

If you have damaged and or loss of natural ligaments, tendons and muscles that restricts regular activities, then you are likely a good candidate for a LARS™ artificial ligament. As always, it is best to discuss possible treatments with your surgeon.

### SPECIAL OPERATING INSTRUCTIONS

The use of LARS artificial ligaments requires a complete follow-up of the rehabilitation program. Rushing the post-operative rehabilitation could have undesirable consequences on your healing. The result depends equally on the rehabilitation program defined by your health care physicians and your attendance to the rehabilitation program.

### INTENDED PERFORMANCE

LARS artificial ligaments implantation allows you to return to normal daily and sport activities as an equivalent level as before the injury.

LARS artificial ligaments enable you to shorten the rehabilitation period compared to autograft technique and enable you to avoid disease transmission compared to allograft technique.

*Note: The patient should be aware that the risk of new damage/rupture is higher when practicing contact pivot sports such as team sports, combat sports, tennis, or others.*

### POTENTIAL UNDESIRABLE SIDE EFFECTS

Side effects and possible complications related to LARS™ artificial ligament:

- infection
- synovitis
- arthritis
- impingement

### RESIDUAL RISKS

LARS artificial ligaments should not be considered better than the natural elements (ligament, tendon, muscle) so a new damage or rupture can occur again.

## RISKS OF DEVICE INTERACTION WITH OTHER EQUIPMENT

LARS artificial ligaments, associated to LARS fixations (screws and staples), are compatible with Magnetic Resonance environment.

## EXAMINATION, MONITORING OR MAINTENANCE OF THE DEVICE

No requirements other than rehabilitation program follow-up established by your surgeon.

## SYMPTOMS, SIGNS OF MALFUNCTION AND ASSOCIATED PRECAUTIONS

The following symptoms may be a sign of the device malfunction:

- instability
- pain
- swelling of the implantation site associated with fever.

## EXPECTED DEVICE LIFETIME

Thanks to many scientific studies and publications<sup>1</sup>, the expected device lifetime is 10 years.

There are some things that can influence the product lifetime including, but not limited to, surgical indication, surgical technique, patient weight, activity level and comorbidities. You should talk to a registered healthcare professional about your specific situation.

Nonetheless, without any complications, the ligament is not intended to be removed and/or replaced. LARS artificial ligaments remain implanted during all your life. There are thus no specific precautions to be taken regarding the end of the expected device lifetime.

The device lifetime may be shortened by a new trauma/accident or an incorrect follow-up of the rehabilitation program.

## WHEN TO CONTACT HEALTH PROFESSIONALS

If you feel any symptoms described in paragraph “**Symptoms, signs and associated precautions**” and/or if you have experienced a new trauma/accident linked the implanted LARS artificial ligament, a health professional must be consulted.

Only the health professional can determine the cause of the possible complications and, if needed, will treat them by any surgical technique (open surgery or arthroscopic surgery) or medical technique.

## MATERIALS AND SUBSTANCES INCLUDED IN THE DEVICE

LARS artificial ligaments are made of polyester material.

LARS artificial ligament L050305 - PTR 30 also contains a 316L stainless-steel bar.

There are no medicinal substances, materials of microbial origin, stable derivatives of human blood, human plasma and animal origin materials, carcinogenic substances, latex or phthalates included with any of the components of the LARS artificial ligaments.

*Note: LARS ligament screws are made from titanium alloy and LARS ligament staples are made from cobalt-chromium alloy.*

## MANUFACTURING RESIDUALS

The manufacturing and cleaning processes of the ligament are monitored, validated and approved. Therefore, no manufacturing residuals may pose a risk to the patient.

## GLOSSARY

- *Allograft*: transplant from a genetically non-identical donor of the same species
- *Arthroscopy*: minimally invasive surgical procedure that is performed on a joint to examine, diagnose, and/or treat joint abnormalities
- *Autograft*: transplant from one part of the body to another in the same person
- *Hematoma*: accumulation of blood under the skin or in an organ
- *Infection*: body immunological reaction caused by infectious agents (pathogens)
- *Synovitis*: inflammation of the synovial membrane, located in the inner part of the joints and which secretes a liquid called the synovium, whose purpose is to facilitate sliding

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<sup>1</sup> Smolle MA, Fischerauer SF, Zötsch S, et al. Long-term outcomes of surgery using the Ligament Advanced Reinforcement System as treatment for anterior cruciate ligament tears. *Bone Joint J.* 2022;104-B(2):242-248. doi:10.1302/0301-620X.104B2.BJJ-2021-0798.R2. Available on <https://boneandjoint.org.uk/article/10.1302/0301-620X.104B2.BJJ-2021-0798.R2>












Any serious incident that occurs in relation to this device should be reported to the manufacturer and to the Therapeutic Goods Administration.



<https://www.tga.gov.au>

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**Explanation of the symbols used in the Patient Implant Card:**

	Device Name
	Order number
	Model code
	Lot Number
	Unique Device Identifier
	Patient Name or patient ID
	Date of implantation
	Name and Address of the implanting healthcare institution/provider
	Name and Address of the manufacturer
	Information website for patients
 0459	CE marking of conformity