

Orthopedic Evidence Annotation

For patients with meniscal tears is repair with the new RapidLoc device successful?

Quinby JS, Golish SR, Hart JA, Diduch DR. All-inside meniscal repair using a new flexible, tensionable device. *Am J Sports Med.* 2006;34:1281-1286.

The authors conducted a retrospective study of patients who had meniscal tears which were classified as repairable. The RapidLoc device is advanced in that it uses an 'all inside' technique in which the sutures remain within the joint capsule and eliminate the need for an additional incision. The article discusses that previously designed all inside devices were often hard and inflexible, and had a high rate of failure. This device employs a backstop and sutures keep tension across the tear to further hold the RapidLoc into place. The study began with 66 patients who underwent ACL reconstruction and meniscal repair. All patients were partial weight bearing and allowed 0 to 60 degrees of knee ROM for 2 weeks following the procedure. Several patients dropped out of the study, resulting in 49 patients continuing the study. The patients were followed for almost 2 years. Forty six patients were followed up after an average of 35 months and 90% of these reported a successful surgery and recovery. Failure of the device consisted of one or more of the following: joint line tenderness, popping and locking, recurrent joint effusion, and positive McMurray's sign.

Using the AAOS level of evidence scale in the therapeutic category it is a level III study because it is a retrospective, comparative study.

The bottom line is that the RapidLoc device is a much better all inside meniscal repair design and from this study has a high success rate.

While this does not have direct clinical relevance, it helps me to understand what procedures my athletes may have done and what they will be dealing with during rehab and return to play. I know that meniscal repair procedures have been highly unsuccessful in the past and would like to keep abreast of the new procedures and success rates in treating meniscal tears. It is also helpful for me to know and to educate my patients about the signs and symptoms of failure of the device. I can use this article as a source for referral to the physician if a patient has had a meniscal repair and develops these signs and symptoms.

Was the assignment of patients to treatments randomized and was the randomized list concealed?

No, only patients with a RapidLoc procedure were included.

Were all patients who entered the trial accounted for at its conclusion? And were they analyzed in the groups to which they were randomized?

All patients were accounted for, though some had dropped out of the study. They were not randomized into different groups.

Were patients and clinicians kept blind to which treatment was being received?

No

Aside from the experimental treatment, were the groups treated equally?

There was only the experimental group.

Were the groups similar at the start of the trial?

Only one group.

Calculations not applicable.

Is your patient so different from those in the trial that its results can't help you?

No, my patients are quite similar and I see many ACL and meniscal tears, thus I very well may have a patient with this procedure some day.

How great would the potential benefit of therapy actually be for your individual patient?

Since meniscectomies result in an increased rate of osteoarthritis and developing this condition at a younger age, my patients would greatly benefit from this procedure, especially in the high school level.

Do not have NNT value from prior calculations.

Do your patient and you have a clear assessment of their values and preferences?

Yes, I discuss where the patient is in his/her life as an athlete and as a person, and where he/ she would like to be in the future.

Are they met by this regimen and its consequences?

Yes, as this study showed that the RapidLoc is successful, the athletes can have a longer and more successful athletic career with this procedure.