

LARS Studies and Papers – Knee (ACL):

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Anterior Cruciate Ligament Reconstruction With LARS Artificial Ligament: A Multicenter Study With 3- to 5-Year Follow-up. Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 26, No 4 (April), 2010: pp 515-523

Very good outcomes demonstrated at 3-5 years follow up

Huang Jian-ming et al (2010) Cruciate ligament reconstruction using LARS artificial ligament under arthroscopy: 81 cases report. Chinese Medical Journal, 2010; 132(2):160-164

Excellent results using LARS for ACL and PCL reconstruction demonstrated at follow up of 1 to 4 years

Zhong-tang Liu (2009). Four-strand hamstring tendon autograft versus LARS artificial ligament for anterior cruciate ligament reconstruction. International Orthopaedics , 2009 Apr 25. [Epub ahead of print]

Retrospective study design with a minimal follow-up of at least 48 months

LARS group displayed a significant higher knee stability compared to the 4SHG group

The evaluation of the International Knee Documentation Committee (IKDC)scores, Lysholm scores and Tegner scores, showed that patients treated by using a LARS graft tended to be clinically superior compared those patients treated by using a 4strand hamstring graft.

Fan, Q. et al. (2008) Comparison between four-strand semitendinosus tendon autograft and ligament advanced reinforcement system for anterior cruciate ligament reconstruction by arthroscopy. Chinese Journal of Reparative and Reconstructive Surgery 2008 June (6): 676-9 2008

No signs of synovitis

No sig. differences between both groups

Dericks G Jr. Ligament advanced reinforcement system anterior cruciate ligament reconstruction. Op Tech Sports Med 1995; 3:187-205.

Cerulli, G. et al. (2007). ACL reconstruction using artificial ligaments: Five years follow-up.

S.I.O.T, 33 (3suppl. 1), pp. 8238-8242

After 5 years full recovery of strength and proprioception.

96% A or B knees (IKDC)

No signs of synovitis

Papadopoulos, G. et al. (2005). Long – Term Results In The Treatment Of Acl Ruptures Using The LARS – Artificial Ligament. A.L.S. , Salzburg, June , 10-12 , 2005

Faster rehabilitation compared to hamstrings

No signs of synovitis

Trieb, K. et al. (2004). In vivo and in vitro cellular ingrowth into a new generation of artificial ligament, Eur Surg Res. May-Jun;36(3):148-51.

After 6 months a cellular in-growth into the LARS ligament

Nau, T. et al. (2002). A new generation of artificial ligaments in reconstruction of the anterior cruciate ligament. Blinded prospective randomised study. JBJS (Br), Vol 84b (3), pp. 356-360

No sig. differences between both groups.

No signs of synovitis.

Lavoie, P. et al. (2000). Patient satisfaction needs as related to knee stability and objective findings after ACL reconstruction using LARS artificial ligament. The Knee, 7, pp. 157-163

High patient satisfaction

No signs of synovitis.

Maheras, P. et al. (2000). ACL arthroscopic reconstruction with LARS artificial ligament. 4th Seminar in Arthroscopic Surgery and Sports Medicine – Ioanina, Greece

After 3 months full recovery of function, strength and proprioception.

No signs of synovitis

LARS Studies and Papers – Knee (PCL):

Li P (2008). Arthroscopic single-bundle posterior cruciate ligament reconstruction: retrospective review of hamstring tendon graft versus LARS artificial ligament.

Int Orthop, Jul: 25,

LARS ligament for PCL reconstruction is clinically more useful than using a 4SHG in the treatment of the PCL-deficient knee.

Laboureaux J.P. (2002). 10 year follow up of Acute PCL repair. SICOT Meeting – San Diego, USA.

“Recentring” a PCL insufficient knee by using LARS leads to a perfect healing of the torn PCL

- without elongation

- with the preservation of proprioception, with full motion and with full exercises.