



# FlexiGRAFT<sup>®</sup>

## GraftLink<sup>®</sup> TS

### Clinical Overview

FlexiGraft GraftLink TS is a pre-sutured tendon construct that is indicated for soft tissue approximation and/or ligation. It can be used for ACL and PCL Reconstruction procedures.

### Applications

- ACL Reconstruction
- PCL Reconstruction

### Features & Benefits

- **Convenience:** No prep time or time-consuming recovery of autograft required. An out-of-the-box option for OR efficiency.
- **Consistency:** Trained technicians assemble the allograft for consistency. Removes the variability between surgical assistants or physician assistants preparing the tendon.
- **Appropriate Strength for ACL & PCL:** Biomechanical testing demonstrated that GraftLink TS pre-sutured tendons have greater ultimate load than unstitched tendons. Testing also showed that tibial side fixation was stronger than traditional interference screw fixation.<sup>1</sup>
- **Compatible:** Construct was designed to be used with the Arthrex GraftLink All-Inside ACL/PCL Reconstruction techniques.
- **Patient-Friendly:** Construct eliminates donor-site morbidity and associated pain from autograft harvest. This makes the procedure less invasive and potentially decreases OR time. Less OR time can mean less time under anesthesia and less tourniquet time.<sup>2</sup>
- **Sterile:** GraftLink TS is sterilized using proprietary and patented Allowash XG<sup>®</sup> technology. This provides a sterility assurance level (SAL) of  $10^{-6}$ , without compromising the construct's inherent biomechanical properties.<sup>3</sup>

*Graft may not be available in all countries.*

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## FlexiGraft GraftLink TS

Frozen Storage (-40°C to -80°C)/3 Year Shelf Life

Diameter	Length	Order Code
8.5 mm	65 - 80 mm	FGLTS
9.0 - 9.5 mm	65 - 90 mm	
10.0 - 10.5 mm	65 - 95 mm	
11.0 - 12.5 mm	80 - 95 mm	

### How do we size GraftLink?

Length is measured under hand tension in 1 mm increments.

Diameter is measured by pulling the construct through a sizing block with light force starting with the largest channel and sequentially working down until the tendon no longer passes through. The smallest channel the tendon can pass through is the recorded diameter.

Instructions for use available at [LifeNetHealth.org/IFU](https://www.lifenethealth.org/IFU)

### References

1. Arthrex LA0158A Biomechanical testing, tibial side; LA1-0159-EN\_A Biomechanical testing.
2. Oro et al. Autograft Versus Allograft: An Economic Cost Comparison of Anterior Cruciate Ligament Reconstruction. *Arthroscopy*. 2011; 27(9):1219-1225.
3. LifeNet Health ES-04-015.

