

Procedure supported, but not by U.S. doctors

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Watching BMX rider Mat Hoffman soar or Olympic skier Jean-Luc Brassard race down a hill is a testament to LARS (Ligament Advanced Reinforcement System). The two are among the more famous athletes who had the procedure to repair their anterior cruciate ligament. It allowed them to go from the sideline to center stage in five weeks.

LARS was created by Dr. J.P. Laboureau of Dijon, France, and has been used for 10 to 15 years. In the arthroscopic procedure, the torn ACL is sewed to an artificial polyester ligament. After the procedure, the patient has a synthetic ligament and the original ACL. This isn't the first time synthetic ligaments have been used. In the 1980s, the United States experimented with ligaments made of Gore-Tex, but some would loosen and others would break or fragment. Procedures involving synthetic ligaments to repair ACLs do not have the backing of physicians in the United States and are not approved by the Food and Drug Administration.

"The problem with artificial ligaments of the past is they have a failure rate," Dr. Brian Oliver, an orthopedic surgeon in Clearwater. "It will hold up for a short period of time, but it won't have longevity." The most common procedure in the United States is a patella tendon graft. The surgeon makes an incision in the knee and removes a band from the patellar tendon. Then, while peering through an arthroscope, the surgeon places the tendon between the tibia and the femur and screws it in to replace the ACL. In another procedure, the damaged ACL is replaced by a ligament or tendon from a cadaver. In both procedures, the tissue grows around the ACL and makes it stronger. "The reason we do that (use tendons) is that is of comparable strength, and they have durability," Oliver said. "It has a high strength and it is proven."