

# Presoaking the hamstring graft with vancomycin does not jeopardize the biomechanical properties and does not elongate the graft

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#### Postoperative infection after ACLR

#### Incidence

> 0.14 - 1.7%

#### Risk factors

- Obesity, type of graft
- Graft contamination during harvest, preparation

#### Pathogen

m/c coagulase-negative staphylococci

Greenburg, JBJS, 2010 Indelli, CORR, 2002 Maletis, AJSM, 2013

Baron, JBJS, 2019 Brophy, JBJS, 2015 Kursumovic, JBJS, 2020 Sonnery-Cottet, AAOS, 2014

Kursumovic. BJJ. 2016





### Pros and Cons in presoaking technique

- Presoaking the graft with vancomycin before implantation
- Pros
  - Clinical studies
    - ✓ Reduce the infection after ACLR
    - ✓ Xiao, Arthroscopy, 2020, meta-analysis
      - 0.013 % vs 0.77%, OR 0.07, P < 0.001

Baron, JBJS, 2019 Kursumovic, JBJS, 2020 Vetullo, Arthroscopy, 2012 Xiao, Arthroscopy, 2021

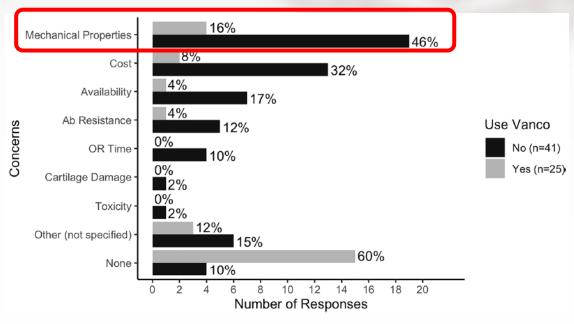




### Pros and Cons in presoaking technique

#### Cons

- Concerns in biomechanical properties after presoaking
- > Xiao, KSSTA, 2020
  - ✓ Online survey, 116 OS surgeon







#### **Purpose**

- To determine
  - whether presoaking the graft with vancomycin jeopardized the biomechanical properties after cyclic loading
  - > whether vancomycin presoaking elongated the graft





# Method





### **Subjects**

Eligible specimens (N = 38 knees, 19 paired cadavers)

Exclusions (N = 18 knees, 9 paired cadavers)

- Unable to prepare the graft bilaterally (N = 14)
  - Unable to harvest the graft bilaterally
  - Graft was damaged during harvesting
- Diameter of the harvested graft < 7 mm (N = 4)
- Length of the 4-stranded graft < 6cm (N = 0)

Included specimens for analysis (N = 20 knees, 10 paired)

• Male: 5, Female: 5

KOREA
UNIVERSITY
MEDICAL CENTER Vancomycin group

Control group



## **Specimen preparation**

- Graft harvest
  - > Skin incision
    - ✓ Anteromedial portion of proximal tibia
  - Sartorious fascia
  - Gracilis, Semitendinous tendon
    - ✓ was harvested using tendon stripper (ConMed Linvatec, Largo, Florida)
  - ➤ 4-stranded graft
    - √ Length > 6cm, Diameter > 7mm
- Vancomycin group vs Control group





#### **Antibiotic exposure**

- No standardized protocol of presoaking technique
  - Method: Wrap vs Soaking
  - ➤ Duration: 5min, 10min, ETC (15min)
  - Concentration: 5mg/mL, 10mg/mL, ETC

Xiao, KSSTA, 2020

- Principle of selection
  - Previously proven method
  - Maximal exposure to antibiotics
    - ✓ Soaking, 15min, 5mg/mL

Table 1 Techniques and concentrations used to pre-soak ACL grafts in vancomycin

	n (%)
Technique	
Wrap graft in vancomycin-soaked gauze prior to implantation	14 (56%)
Soaking time	
5 min	1 (4%)
10 min	2 (8%)
Variable time	14 (56%)
Rinse graft in saline prior to implantation	3 (12%)
Concentration	
5 mg/mL	17 (68%)
10 mg/mL	2 (8%)
16.6 mg/mL	1 (4%)
80 mg/mL	1 (4%)
Unknown	4 (16%)





#### **Biomechanical testing**

- Dynamic tensile testing machine (Instron, Model 5567, Norwood, Massachusetts)
  - Proximal: customized jig via metal loop
  - Distal: jaw of the Instron
  - ➤ Length of the graft (6cm)
    - √ Femoral tunnel (3cm)
    - √ + Intra-articular length (3cm)







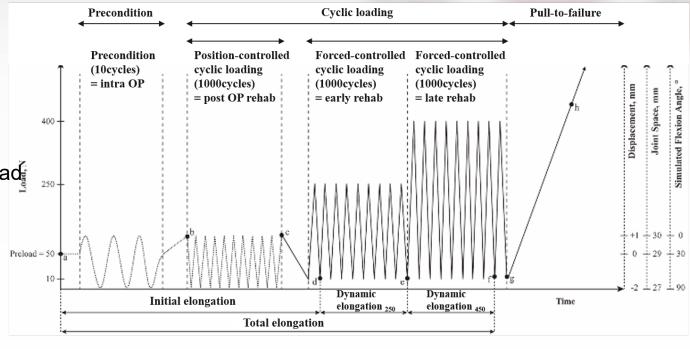
#### **Biomechanical testing**

- Cyclic loading protocol
  - > To reflect in vivo situation after ACLR

Vertullo, AJSM, 2019

#### #. Variables

- Cyclic loading
  - Elongation
  - Young's modulus
- Pull-to-Failure
  - Ultimate failure load
  - Ultimate tensile displacement
- Mode of failure







# Results





#### Not violated the biomechanical properties

 The presoaking with vancomycin did not jeopardize the biomechanical properties of the graft.

	Control (N = 10)	Vancomycin (N = 10)	P value
Young's modulus, MPa	35116.10 ± 3806.07	36126.57 ± 4768.46	0.182
Ultimate failure load, N	$1669.00 \pm 585.67$	$1653.00 \pm 533.75$	0.142
Ultimate tensile displacement, mm	$8.12 \pm 1.38$	7.77 ± 2.12	0.912
Mode of failure			
Graft slippage	0	0	
Intra-substance tear	10	10	
Proximal	0/10 (0%)	0/10 (0%)	
Middle	3/10 (30%)	0/10 (0%)	
Distal CORFA	7/10 (70%)	10/10 (100%)	



# Not elongated

The vancomycin presoaking did not elongate the graft.

	Control (N = 10)	Vancomycin (N = 10)	P value
Initial elongation, mm	$0.13 \pm 0.19$	$0.11 \pm 0.14$	0.531
Dynamic elongation, total, mm	$0.88 \pm 0.15$	$0.76 \pm 0.10$	0.063
Dynamic elongation 250, mm	$0.55 \pm 0.12$	$0.48 \pm 0.08$	0.527
Dynamic elongation, 450, mm	$0.33 \pm 0.03$	$0.28 \pm 0.04$	0.498
Total elongation, mm	$1.01 \pm 0.27$	$0.87 \pm 0.23$	0.457





# Discussion





# Cyclic loading

- Biomechanical study about ACLR
  - Cyclic loading to reflect in vivo situation

Johnson, AJSM, 2014 Glasbrenner, KSSTA, 2019 Vertullo, AJSM, 2019

- Biomechanical study about vancomycin presoaking
  - ➤ No difference in biomechanical properties
  - ➤ No cyclic loading

Lamplot, Arthroscopy, 2021 Jacquet, Arthroscopy, 2020

No difference in biomechanical properties even after cyclic loading





#### **Elongation**

- Laxity after ACLR
  - <3mm: successful outcome</p>
  - >>5mm: surgical failure
  - > 3-5mm
    - ✓ Lindanger, AJSM, 2021
    - √ 151 athletes, primary ACLR, laxity at 6m → 25y f/u
    - √ 3-5mm associated with poor outcome
- No difference in elongation
- Elongation  $(1.07\pm0.27 \text{ vs } 0.87\pm0.23)$  was <3mm





#### Conclusion

- Presoaking the graft with vancomycin
  - does not jeopardize the biomechanical properties
  - does not elongate the graft even after cyclic loading.
- Therefore, it is a safe way to reduce surgical site infection following ACLR.







# Thank you for your kind attention !!



