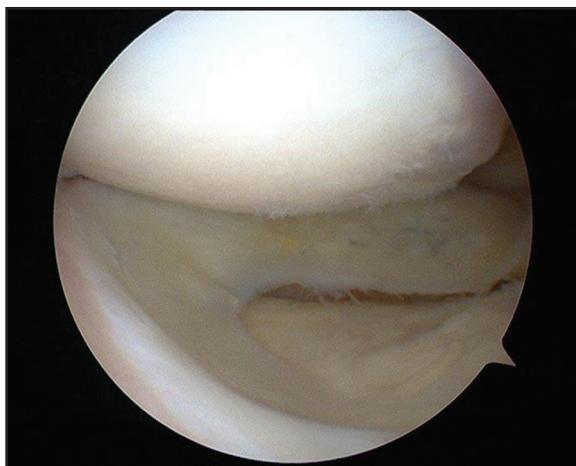


**Figure 9-12.** Second-look arthroscopy at 6 months showing that the allograft is well healed.



## TOP TECHNICAL PEARLS FOR THE PROCEDURE

1. The working portal should not be the first portal made. The contralateral portal is made first, and a spinal needle is used to make certain the working portal will be directly in line with the meniscal horn attachments.
2. Make certain that the horn attachments to the bone are fully seen. If not, the bone cuts or coring reamer can easily disrupt the attachments from the bone.
3. The reduction suture should not be in the middle segment of the graft. If so, it will tend to pull the graft outward rather than posterior and, in the process, ironically prevent reduction.
4. Although the anterior bone plug can easily be placed right after the posterior plug is reduced, it should not be unless the graft is a perfect match. The posterior and middle segments should be positioned first because the anterior segment is more amenable to graft position adjustments.
5. The initial few sutures should be on the upper aspect of the meniscus to ensure it is opposed directly to the capsule. If the sutures are inferior, they have a tendency to put the graft outward and result in overlap with the capsule.

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