LARS Ligament Augmentation and Reconstruction System

Clinical History

LARS ligaments have been in clinical use for over 20 years, with no acute examples of synovitis reported in many thousands of cases. There are many studies and publications supporting the use of LARS for all indications (see references).

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The LARS Artificial Ligament

LARS® (Ligament Augmentation and Reconstruction System) is a system of synthetic fibres designed to mimic the mechanical & anatomic ligament proprieties.

Composition
The LARS® artificial ligament is made of industrial strength polyester fibres.

Shape & Size
The shape and size reproduce the structure and function of the anatomical elements involved and vary according to the joint being repaired.

Mechanical Features
The polyester fibres and the original design of the knit have been tested for: stretching, rupture, and wear. The studies have shown that the LARS® artificial ligament is quite resistant to flexion, torsion, traction, and residual stretching.

Biocompatible Properties
The design also possesses biocompatible properties to human tissue, because the intra-articular longitudinal fibres allow for tissue ingrowth (fibroblastic culture).

Based on studies:
86% of patients have no minimal restrictions postoperatively;

Advantages of the LARS Artificial Ligament

Rapid Recovery
- Minimal invasive surgery;
- No long period of immobilization required;
- Full range of motion after 3 weeks;
- No muscular atrophy.

Less Pain
Based on studies:
- 90% of patients feel no pain postoperatively.

Less Swelling
Based on studies:
- 95% of patients have no swelling or light swelling tendencies postoperatively.
What is LARS Ligaments
LARS stands for Augmentation and Reconstruction System.

LARS artificial ligaments are made from an industrial strength polyester fibre which has the ideal characteristics for ligament replacement. Each type of LARS ligament contains a specific number of lengths of fibres, depending on the intended use. The number of fibres is specific to the ligament that they are made for as they mimic the natural anatomical structure.

This structure is placed alongside the damaged ligament, and provides an ideal scaffold for the normal healing tissue to grow into, rather like ivy growing up a tree. The new tissue quickly covers the synthetic fibres of the artificial ligament, and replaces the damaged parts of the injured ligament.

LARS - Ligament Augmentation and Reconstruction System

Clinically proven applications for LARS include:

- PCL reconstruction
- ACL repair
- Augmentation of the medial-collateral ligament
- Achilles tendon rupture
- Lateral instability of the ankle
- Acromioclavicular joint dislocation
- Rotator cuff repair

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