Arthoscopic debridement of the diseased meniscal remnant is carried out. The peripheral meniscal capsular junction is left intact and used as a reference for attachment of the peripheral portion of the allograft transplant. A Meniscus Repair Rasp is used to create a bleeding bed for the meniscal allograft transplant. The lateral tibial spine is removed with a motorized bur. Avoid deviation into the lateral tibial plateau.

The lateral portal is extended to create a small 2-3 cm arthrotomy. The anterior crest of the tibia is exposed lateral to the patella tendon. The Drill Guide is placed 7 mm below the posterior surface of the tibial plateau while maintaining relation to the anterior and posterior attachments of the lateral meniscus. The Parallel Guide Sleeve is tightened 7 mm below the anterior edge of the tibial plateau. The length of the tibial plateau is noted on the guide sleeve and should correspond with the A/P length of the meniscal allograft. Advance the Drill Tip Guide Pin until it is approximately 5 mm from the posterior cortex of the tibia. Once the guide pin is inserted, remove the guide sleeve and confirm that the position of the guide pin matches the A/P slope of the tibial plateau.

The posterior section and tibial spines are trimmed. A measurement taken from the articular cartilage of the tibia to the base of the Keyhole tunnel is noted and subsequently marked onto the meniscal allograft. A horizontal line on the bone block is made. The Keyhole Guide is placed onto the meniscal allograft and a Drill Tip Guide Pin is drilled 5 mm above and parallel to the horizontal line.

The meniscal allograft is securely mounted onto the Graft Workstation Base. A cylindrical bone plug is created with a round slotted saw under power or hand control. The bone plug is created avoiding damage to the attachment of the meniscus.
The Keyhole tunnel should be drilled 5 mm less than the depth measurement taken from the Parallel Guide Sleeve or until the drill contacts the posterior tibial cortex. Precise measurements of the A/P length of the tibia will prevent violation of the posterior tibial cortex which should be avoided. A drill diameter of 11 mm is selected to prepare the Keyhole tunnel. A smaller size tunnel may be indicated in some cases. Confirm the depth of the tunnel to assure proper length is obtained.

Using bone-cutting instruments, a 5-6 mm opening through the cortical and cartilagenous surface of the tibial plateau is created. A tunnel rasp may be used to smooth bone edges.

At the completion of the saw cut, the edges of the bone plug are trimmed to create a cylindrical bone plug. A 5-6 mm wide bridge of bone is developed between the anterior and posterior horn attachment sites. A suture for the graft is placed in the posterior lateral corner of the meniscal allograft.

The Drill Tip Guide Pin is removed in favor of a graft impactor. A suture passing needle is used to pass the graft passing suture from inside/out of the peripheral joint capsule.
The prepared Keyhole tunnel is fine tuned while height and depth measurements are recorded.

The meniscal allograft bone block is cut to match the Keyhole tunnel depth.

The bone plug is then fed into the Keyhole tunnel and advanced into position by pulling on the suture while directing the bone plug into the tunnel with the impactor. The graft is fully seated when it is flush with the posterior aspect of the tunnel and the attachments are appropriately aligned.

Once the allograft is positioned anatomically, the peripheral portion of meniscal transplantation is sutured to the surrounding capsule.