

## **Adjuvant Medial Collateral Ligament Release at the Time of Knee Arthroscopy: A Controlled Percutaneous Technique**

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The posterior horn of the medial meniscus may be a challenge to view during arthroscopy because the medial femoral condyle obstructs visualization, especially in tight medial compartments. Previous studies have described techniques for improving access, one of which is percutaneous medial collateral ligament (MCL) release. This technique allows for increased medial compartment space, which offloads a tight medial compartment; minimizes iatrogenic chondral injury, incomplete meniscal resection, and uncontrolled MCL rupture; and allows for accurate diagnosis and management. Studies have proven the safety of controlled percutaneous MCL release, with no considerable postoperative MCL laxity observed on stress radiographs, no subjective patient instability, less iatrogenic cartilage lesions, and no saphenous neurovascular injury. In addition, retrospective studies have shown improved postoperative patient-reported outcomes with controlled percutaneous MCL release compared with the standard of care without release. The authors of this video hypothesize that controlled percutaneous release of the MCL effectively alleviates some of the pressure within the medial compartment, which may explain the improved postoperative clinical outcomes. This technique also facilitates improved visualization, decreases the risk of iatrogenic chondral injury, and allows for more complete meniscal resection.