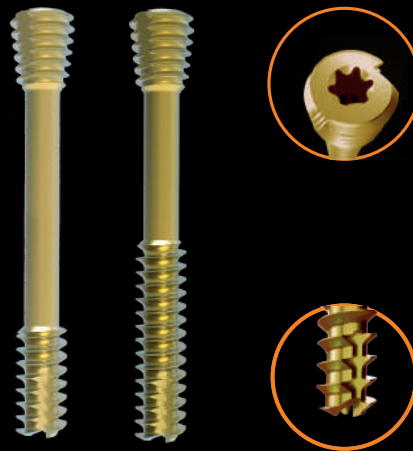




Surgical technique

TOOL SCREWS

The choice of compression



- Intra-articular tarsal and metatarsal fractures
- Intra-articular carpal and metacarpal fractures
- Scaphoid, olecranon and malleolus fractures
- Mono and bi-cortical osteotomies in the foot or hand
- Phalangeal, interphalangeal and metatarsal arthrodeses



The following guidelines are indicative; it is responsibility of the surgeon to evaluate the adequacy and the use of this technique according to his experience and his medical skills.

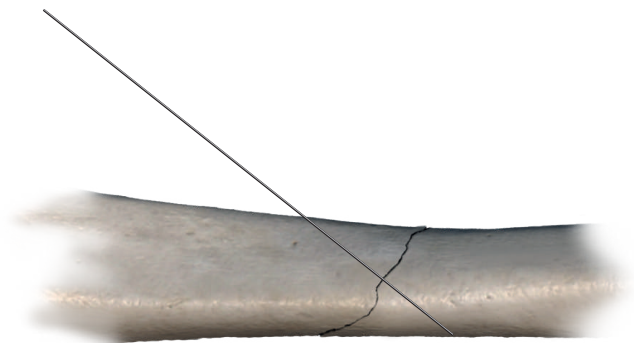


①

Evaluate the fracture and select the proper diameter and design of the screw. Place the patient according to the technique chosen by the surgeon who is also responsible for the choosing of the operational access. After the temporary reduction of the fracture or osteotomy (performed according to the surgeon's technique and eventually with Kirschner wires), the surgeon has to choose the design and the diameter of the screw he wants to implant.

②

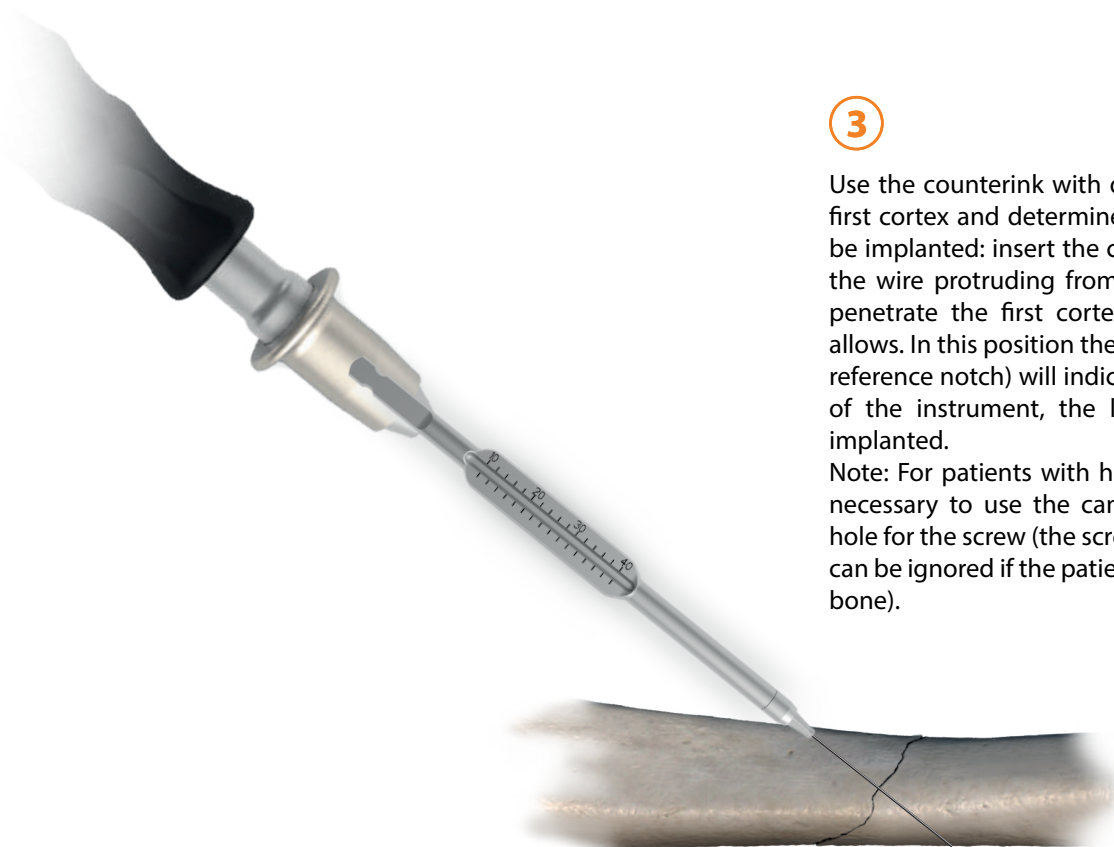
Insert the Kirschner guide wire in the position that allows the surgeon to get the chosen screw position. Check with fluoroscopy if the position is correct.



③

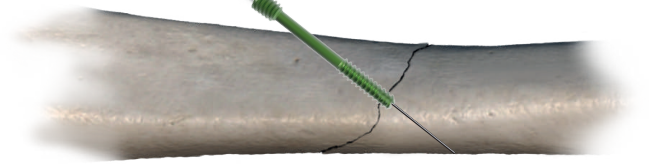
Use the counterink with depth gauge to prepare the first cortex and determine the length of the screw to be implanted: insert the counterink on the portion of the wire protruding from the bone and, in rotation, penetrate the first cortex as far as the instrument allows. In this position the back end of the wire (or the reference notch) will indicate, on the graduated plane of the instrument, the length of the screw to be implanted.

Note: For patients with high bone density, it may be necessary to use the cannulated tip to prepare the hole for the screw (the screw is self-drilling so this step can be ignored if the patient does not have a very hard bone).



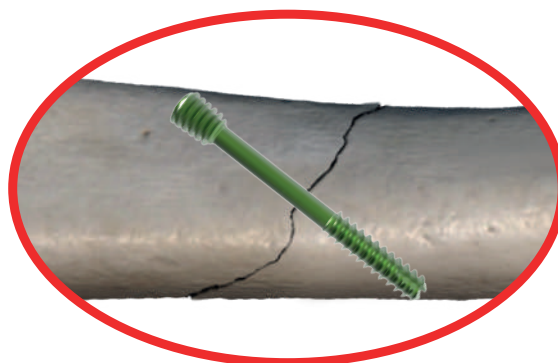
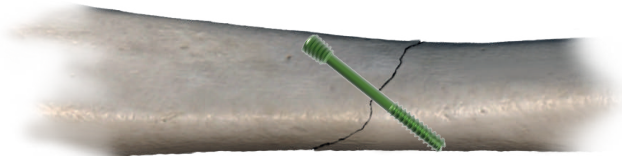
4

Using the cannulated screwdriver, insert the screw with the correct length and diameter into the bone. It is important to select the right screw length, so that once inserted, the tip does not protrude from the bone fragment and that the screw head remains slightly below the surface of the bone, in order to avoid problems related to the screw prominence. After the insertion, it is possible to check with fluoroscopy if the screw and fractures are properly fixed.



5

Remove the Kirschner wire and close the wound.



If the screw removal is required, it is possible to remove the devices using the proper surgical instruments. Uncover the head of the screws and extract them using the proper extractor screwdriver.

Handles



CODE

DESCRIPTION

UAOI0MA000

Quick coupling handle

Countersink

STOI222000K
STOI232000K
STOI240000KCountersink Ø2.2-2.6
Countersink Ø3.2
Countersink Ø4.0

Cannulated Tips

STOI217000P
STOI222000P
STOI227000PCannulated Tip Ø1.7mm
Cannulated Tip Ø2.2mm
Cannulated Tip Ø2.7mm

Screwdrivers with or without depth gauge

STOI100007
STOI100007P
STOI100007C
STOI100008
STOI100008P
STOI100008C
STOI100009
STOI100009P
STOI100009CScrewdriver with Depth Gauge BTX7
Solid Screwdriver BTX7
Cannulated Screwdriver BTX7
Screwdriver with Depth Gauge BTX8
Solid Screwdriver BTX8
Cannulated Screwdriver BTX8
Screwdriver with Depth Gauge BTX9
Solid Screwdriver BTX9
Cannulated Screwdriver BTX9

Wires tube

UKWI00080T
UKWI00120TTube for K-wire L80mm
Tube for K-wire L120mm

Instruments box (empty)

STOI022040BP

TOOL 2.2-4.0 small instruments box

INSTRUMENTS SET



SET.TOOL2240P

TOOL Screws Ø2.2- 4.0 instruments box