

surgical technique guide



Rethinking Possibilities, Reshaping Lives



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The OsteoMed Hand Plating System features instrumentation and implants designed specifically for treating hand trauma.

Features:





Note: Refer to **<u>Product Insert</u>** for specific indications and <u>Instructions for Use</u>.

<u>1.2mm</u> Module



000000 333-1201 1.2mm 6 Hole Straight Plate

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333-1202 1.2mm 12 Hole Straight Plate



333-1203 1.2mm Y Plate

800000000 333-1204 1.2mm L Plate, Left

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333-1205 1.2mm L Plate, Right

Screws 331-12XX 1.2mm x 4mm – 18mm Fully Threaded Screw 332-12XX 1.2mm x 6mm-18mm Lag Screw

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333-1206 1.2mm 3 x 8 T Plate



333-1207 1.2mm 4 x 8 T Plate



333-1208 1.2mm Offset Grid Plate, Left

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333-1209 1.2mm Offset Grid Plate, Right



1.<u>6mm</u> Module







308-16xx 1.6mm x 6mm - 24mm Lag Screw

331-16xx 1.6mm x 6mm - 24mm Fully Threaded Screw

330-16xx 1.6mm x 6mm - 24mm Fully Threaded Screw, Angled Locking



2.0mm Module



Plates



333-2001 2.0mm 6 Hole Straight Plate, Locking



333-2002 2.0mm 12 Hole Straight Plate, Locking



333-2003 2.0mm Y Plate, Locking



333-2004 2.0mm L Plate, Left, Locking



333-2005 2.0mm L Plate, Right, Locking



333-2006 2.0mm 2 x 8 T Plate, Locking



333-2007 2.0mm 3 x 8 T Plate, Locking



333-2008 2.0mm Offset Grid Plate, Left, Locking



333-2009 2.0mm Offset Grid Plate, Right, Locking

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333-2010 2.0mm Subcondylar Plate, Locking

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333-2011 2.0mm Condylar Plate, Left, Locking







333-2013 2.0mm Z Plate, Locking



333-2020 2.0mm 4 Hole Straight LCDCP*

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333-2021 2.0mm 6 Hole Straight LCDCP*

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333-2022 2.0mm 8 Hole Straight LCDCP*

333-2051 2.0mm 6 Hole Straight Plate, Locking, TiA*



333-2052 2.0mm Subcondylar Plate, Locking, TiA*

*Cannot be cut with HPS Plate Cutter



2.4mm Module







333-2410 2.4mm Subcondylar Plate, Locking



333-2411 2.4mm Condylar Plate, Left, Locking

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333-2412 2.4mm Condylar Plate, Right, Locking



333-2413 2.4mm Z Plate, Locking



333-2420 2.4mm 4 Hole Straight LCDCP*

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333-2421 2.4mm 6 Hole Straight LCDCP*



333-2422 2.4mm 8 Hole Straight LCDCP*

333-2451 2.4mm 6 Hole Straight Plate, TiA*



333-2452 2.4mm Subcondylar Plate, TiA*

*Cannot be cut with HPS Plate Cutter



Cannulated Module

		K-Wire	
316-0133	.028" x 4" K-Wire		
	.035″ x 4″ K-Wire .035″ x 4″ K-Wire, Double Trocar		
	.045" x 4" K-Wire .045" x 4" K-Wire, Double Trocar		

2.0mm

3.0r

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Cannulated Module



Hand Fusion Module











Hand Fusion Module



General Instrumentation Tray



320-1050 HPS™ Instrument Tray

320-1060 HPS™ Two Instrument Tray

Bone and Soft Tissue Management Selected to aid in fracture realignment and positioning

320-1020 6mm Hohmann Retractor 320-1021 8mm Hohmann Retractor 320-1022 3mm Periosteal Elevator, Straight Edge 3mm Periosteal Elevator, Curved Edge 320-1023 320-1024 Sharp Hook 320-1017 Reduction Forceps 320-1019 Termite Forceps 320-1018 Reduction Forceps, K-wire Guide

General Instrumentation Tray



Plate Holding intended to facilitate implantation by temporarily securing the plate to the bone



320-1032 On Bone Plate Holder



320-1033 Plate Holding Forcep, Swivel Foot

General Instrumentation Tray

Screw Insertion

Precise instrumentation for adequate fixation



- 320-1003 1.2mm Fully Threaded Screw Drill Guide320-1004 1.6mm Fully Threaded Screw Drill Guide
- 320-1005 2.0mm Fully Threaded Screw Drill Guide
- 320-1006 2.4mm Fully Threaded Screw Drill Guide



 320-1013
 1.2/1.6mm Screw Depth Gauge

 320-1014
 2.0/2.4mm Screw Depth Gauge



316-0048 Ratchet Screwdriver Handle



316-0049 Swivel Screwdriver Handle

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220-0027 Small Grasping Forceps

- **Plate Holding Taks** in plate modules can be inserted into plate holes with a wire pin driver to temporarily fixate plate.
- Plate Holding Forcep and On Bone Plate Holders are available to help stabilize plate.
- **Screwdriver shafts** are self retaining. Insert Screwdriver straight with force to engage head of screw. To remove driver tip from screw, rock it slightly from side to side and lift.
- Use **Driver Sleeve** to protect soft tissue during screw insertion when necessary and to provide stability while driving in longer screws.
- **Countersinks** are provided for use when placing a headed screw outside a plate. They are recommended in cases of dense bone to create recess for head of screw.
- **Proximal Cortex Drills** are provided for use with Headless Cannulated Screws. They are recommended to create a larger pilot hole for trailing end of screw.
- **Cannulated Depth Gauge** has two sides. "On Plate" side has a flat tip and is designed to hit surface of plate. "On Bone" side is pointed to allow for accurate measurements at any position.
- Hand Fusion Depth Gauge is double sided and calibrated for 2.0mm or 2.4mm fusion screw holes.
- Universal Plate Cutter
 - Place last needed hole around appropriately sized post.
 - Pull plate slightly so it grasps post.
 - Hold plate securely with one hand and squeeze handles to cut plate.
 - Silicone on cutting tip will hold unused part of plate.
 - Remove any plate pieces from silicone before proceeding.
 - Inspect plate for burrs and remove using file located on top of instrument.
 - If cutting pins or tines, use middle section of Universal Plate Cutter marked with black circle.
 - K-wires .045" (1.2mm) or smaller can be cut using tip of Universal Plate Cutter.







Preparation

Expose and reduce fracture or osteotomy site

Plate Preparation and Positioning

Select plate Select appropriate plate size and configuration.





Cut plate

If necessary plates may be cut using universal plate cutter, unless noted with * on pages 4-8.





Contour plate

Plates are precontoured to anatomically fit bone. If further contouring is necessary, plate benders may be used.

NOTE: Bending plate multiple times may weaken plate and could result in implant failure.

<u>Plating</u> General



Position plate

Position plate over fracture or osteotomy. Use plate holding TAKs[™] for temporary fixation during procedure.

Screw Preparation and Insertion

6

Determine desired screw type

Angled locking, non-locking, lag, or cannulated lag.

Steps 7-10 are for angled locking, non-locking and lag Screws. Directions for using cannulated lag screws and compression holes on pages 21-22.



Drill

Select appropriate color coded drill guide and insert into plate hole nearest fracture or osteotomy site. Determine desired angle of screw placement. Ensure that screws do not converge.

Drill a pilot hole using the appropriate pilot drill size.

Note: Use irrigation when drilling. Fluoroscopy is recommended during drilling. In cases of soft bone drilling with smaller drill (from module 1 size down) is recommended.

angled locking ranges		
<u>+</u> 22°		
± 18°		
± 17°		

While screw heads are designed to sit flush with plate, screw head prominence will vary at severe angles. Screw head prominence can cause soft tissue irritation. Angled-locking screws will lock at any angle that drill guide will allow when fully inserted into plate hole. Please refer to chart for locking angle ranges.





<u>Plating</u> General



Measure

Insert depth gauge until it passes through distal cortex. Retract stem until lip catches against bone to determine measurement.



Screw Insertion



Select & insert

Select desired screw diameter and length. Verify screw length with gauge on block. Insert screw into plate hole at desired angle to fixate plate onto bone. Fluoroscopy is recommended during screw insertion to ensure correct length and angulation.

NOTE: When inserting angled locking screws at maximum angles stop inserting screw when head has engaged plate hole. Continuing to drive screw may cause screw to go through plate. Locking screws and plate holes can be used up to 3 times.

Repeat steps 6-9 for angled locking, non-locking and solid core lag screws until all necessary holes are filled.

Close

10



Close treatment site using standard closure techniques







Using Dual Compression Holes

1.6mm, 2.0mm and 2.4mm plates contain dual-compression holes, allowing for compression regardless of plate orientation.

Anchor Screw

Select hole

Begin with compression holes closest to fracture line.



2

Position drill guide Place drill guide eccentrically farthest from fracture.

Drill

Measure

5 Partially insert screw Do not engage the plate with the screw head.

Compression Screw

6 Prepare Compression Follow steps 1-4 for compression hole opposite fracture.

> **Fully insert screw** Fully insert screw until head sits in center of compression hole.

Final Compression

8

Return to first screw and tighten

9

Insert remaining screws following the general plating technique.

NOTE: 1mm of compression is available with each compression hole. If only 1mm is needed, fully insert a screw on one side of the fracture and follow compression instructions for second screw (Steps 6-7).



<u>Plating</u>

Dual Compression

<u>Plating</u> Cannulated Screw

Using Cannulated Lag Screws in a plate

If using a cannulated lag screw through a plate, it must be inserted first before any other screw. Only one cannulated lag screw can be used per plate.



Insert K-wire

Insert .035" K-wire through center of desired hole, perpendicular to fracture or place plate over kwire already in place. 1.2mm drill guide for 1.0mm pilot drill can be used as K-wire guide.

NOTE: Do not bend K-wire when inserting into bone.



Measure

Slide plate side of cannulated depth gauge over K-wire until tip bottoms out on plate; end of K-wire indicates screw length required. Subtract for any anticipated interfragmentary compression resulting from screw insertion.



Drill

HPS cannulated screws are self drilling and self tapping, but drilling is recommended in cases of dense bone. If drilling is desired or necessary, select 1.7mm cannulated drill and use 2.0/2.4mm drill guide located in the cannulated block to drill pilot hole.

4

Insert screw

Select diameter and length of screw needed. Verify screw length with gauge on block. Insert cannulated screw over K-wire through plate hole to fixate plate onto bone and compress the fracture.

5

Remove and discard K-wire.

6

Fill remaining screw holes with solid core screws.



The Subcondylar Plate

The subcondylar plate is designed with a 12° bend in order to sit below the condyles. The 12° bend allows screws to be placed at broader angles in order to fixate the fracture.

Positioning hole

Place plate

3

5

Position the plate proximal to the condyle.

Insert positioning screw Subcondylar plate has a positioning hole to aid in precise placement. Drill accentrically, furthest from plate bend. Measure and insert screw. Do not fully seat head of screw.

Insert screws into bent part of plate Follow steps 6-9 from general plating technique.

Tighten screw in positioning hole

Fill remaining screw holes. Following general plating instructions

Alternative Condylar Blade Plates are available in 1.6mm, 2.0mm and 2.4mm for indications in which lateral condylar support and pins/tines are necessary. Instructions for implantation of condylar plates are as follows:

Drill and measure depth, starting with pin/tine holes first. The 1.6mm and 2.0mm plates have tines that insert into condyle of bone next to screw. The 2.4mm plates have an angled-locking pin. Cut pin/tine to desired length using middle section of plate cutter marked by a dark circle.





Subcondylar Plate

<u>Plating</u>



<u>Screw Fixation</u> Lag Screws

Compression with Lag Screws

Lag screws are provided for applications where compression across the fracture line by a screw is advantageous. Overdrills are also provided to create a gliding hole in the proximal fragment to achieve a lag effect with a fully threaded screw. To achieve compression, the screw must be placed perpendicular to the fracture line, and threads must pass into the distal fragment.



Drill

Create pilot hole using the appropriate color coded drill guide and the appropriate pilot drill.

2

Countersink

Countersink to create a recess for screw head.

NOTE: If using a lag screw through a plate, countersink is not needed.

3

Measure

4

Insert screw

Select appropriate screw diameter and length. Verify length with gauge on block. Insert screw into hole perpendicular to fracture/osteotomy. Repeat steps 2 – 5 for additional screw placement.



Close the treatment site using standard closure techniques







<u>Screw Fixation</u> Cannulated Screws

Cannulated Compression Screws - Headed and Headless

HPS has 2.0mm and 2.4mm headed cannulated and 2.0mm, 2.4mm and 3.0mm headless cannulated compression screws. Headless screws provide between 1-2mm of compression. Tapered tri-lobe driver stems allow headless screws to be inserted below the surface of the bone.

Screw Preparation

Insert K-wire

Insert the K-wire to the appropriate depth under fluoroscopy. Do not bend the K-wire when placing it in the bone.



2

Measure

Slide on bone side of cannulated depth gauge over K-wire until tip bottoms out on bone; end of K-wire will indicate screw length required. Subtract appropriately for any anticipated interfragmentary compression resulting from screw insertion.





HPS cannulated screws are self drilling and self tapping, but drilling is recommended in cases of dense bone. If drilling is desired or necessary, select the appropriate cannulated drill and use the cannulated drill guide located in the cannulated block to drill a pilot hole.

NOTE: Use irrigation when pilot drilling.



<u>Screw Fixation</u> Cannulated



Countersink or Proximal Cortex Drill

Countersinking is recommended when using a cannulated lag screw to create the required recess in the bone.

Proximal cortex drill is recommended when using headless screws to create a pilot hole for trailing end of screw.

Insert Screw



Insert screw

Select screw diameter and length. Verify screw length with gauge on block. Place screw over K-wire and use the screwdriver to drive cannulated screw into bone until desired compression is achieved. Headless screws will provide 1-2mm of compression.



Remove and discard K-wire

7

Repeat steps 1-6 for additional screw placement

Closure



Close the treatment site using standard closure techniques

Hand Fusion

Hand fusion allows for stable fixation of a joint at a natural resting angle between 20-55°. It combines the locking plate stability from HPS with the compression provided by the headless screws.

Joint Preparation



Expose joint

Make incision on dorsal surface of proximal bone of PIP joint.



Remove damaged joint surfaces

Using goniometer for reference, position joint at desired angle (between 20-55 degrees) and create osteotomy cuts. Distal bone should be cut perpendicular to dorsal surface; proximal bone cut will determine angle of fusion. Cup and cone configuration can also be used.



Create guide channel in distal canal

From center of joint, drive Ø.045" x 4" K-wire into distal bone axially to create a guide channel.

NOTE: In soft bone where drilling for fusion screw will not be needed, \emptyset .035" x 4" K-wire can be used to create a smaller channel. Do not bend k-wire when inserting into bone.





Remove K-wire from distal bone



Place K-wire to determine plate placement

From center of joint, drive Ø.045" x 4" K-wire into proximal bone through dorsal cortex at desired angle.



6

Confirm fusion angle

Retrograde K-wire into channel of distal bone, re-attaching joint. Use goniometer to confirm angle.

NOTE: Measuring the angle of the K-wire in the proximal bone relative to the dorsal surface will also determine fusion angle.



Plate Placement

7 Create a recess in proximal bone for placement of plate

Select appropriate reamer based on angle of fusion desired. Place reamer over K-wire and ream using power, until top distal edge contacts surface of bone.



Place Fusion Plate

8

Remove k-wire for direct access to the proximal holes. Select appropriate size fusion plate for fixation of joint. Cut and bend plate as needed using appropriate instrumentation from HPS instrument tray. Place plate in divet created by reamer with transfix hole distal on bone.



Fixate plate to proximal bone

Follow Screw Preparation and Insertion steps in HPS Surgical Technique (page 19-20) to insert one locking, non-locking or lag screw from appropriate HPS module into shaft of plate.



- 1.6 plates use screws from green 1.6 HPS module
- 2.0 plates use screws from **purple 2.0 HPS module**

NOTE: Do not place screw in hole in barrel of plate prior to placing Fusion Screw.





<u>Hand Fusion</u>

10

Position bones for fusion

Insert Ø.035 K-wire through transfix hole and position bones for fusion. Check positioning under fluoroscopy if desired.

NOTE: Fusion screw WILL NOT fit over Ø.045 K-wire previously used.





Measure

Slide cannulated depth gauge over K-wire until tip reaches plate; end of K-wire will indicate screw length required.

Drill (optional)

If drilling is desired, slide drill guide over K-wire into transfix hole. Drill hole using appropriate drill size. Fusion screws are self-drilling and self-tapping but drilling is recommended in dense bone.

NOTE: Use irrigation when drilling. Fluoroscopy is recommended during drilling. Failure to use drill guide may inhibit ability to lock screw in plate.



Select Fusion Screw

Select appropriate Fusion screw diameter and length from Hand Fusion module, 2.0mm screw for 1.6 plate and 2.4mm screw for 2.0 plate. Verify screw length with gauge on block.



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Insert Fusion Screw

Insert Fusion Screw

Reduce joint; insert screw over K-wire into transfix hole to compress joint and lock it into plate.

NOTE: Firmly hold distal bone when inserting screw to prevent malrotation prior to compression and locking of screw into plate.

Optional Screws:

If solid core screw is desired, use standard screws in **2.0 HPS module** for transfix hole in 1.6 fusion plate, and standard screws in 2.4 HPS module for transfix hole in 2.0 fusion plate. Follow Screw Preparation and Insertion steps in HPS Surgical Technique Guide. (page 19-20)





Repeat step 9 to place additional screws until all necessary holes are filled.

NOTE: If necessary, use only NON-LOCKING screws in hole in barrel of plate.





Close

15



Place parallel K-wire or screw across joint if needed for anti-rotation. Close.

MCP and DIP Joints

The OsteoMed Hand Fusion System is approved for use in bone fusion and arthrodesis of phalanges and metacarpals. Fusion angles range between 20 and 55, and may be too extreme for the DIP joint. If choosing to fuse the DIP or MCP joint, follow the surgical technique for the PIP Joint.

WARNING: In patients with a large intramedullary canal, the diameter length of the Fusion screw provided may not provide adequate compression of the MCP joint.



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For product information, including indications, contraindications, warnings, precautions, potential adverse effects and patient counseling information, see the package insert or contact your local representative; visit www.osteomed. com for additional product information.

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