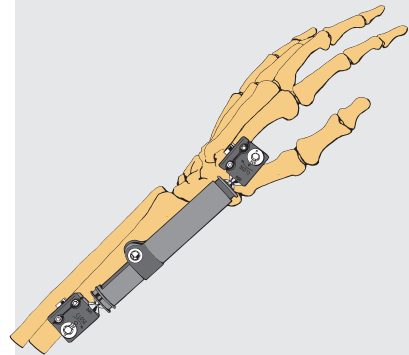


Distal Radius FIXATOR

Operative Technique for Distal Radius Fixator

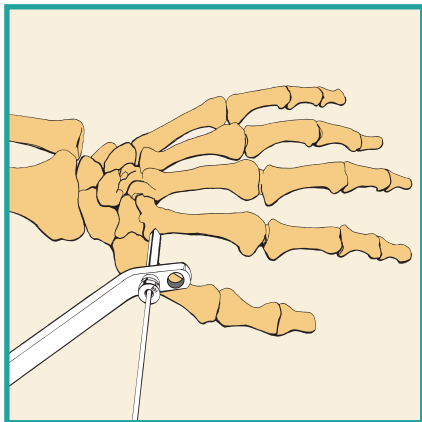


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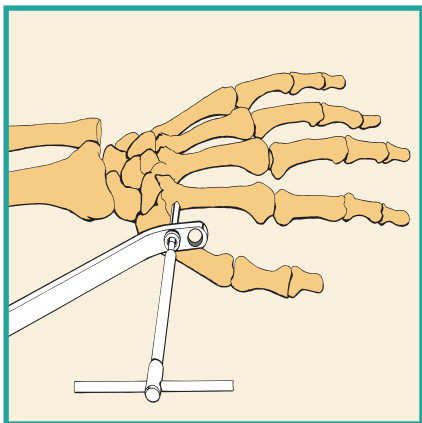
Distal Radius Fixator



INSERTION OF METACARPAL TAPERED HALF PINS

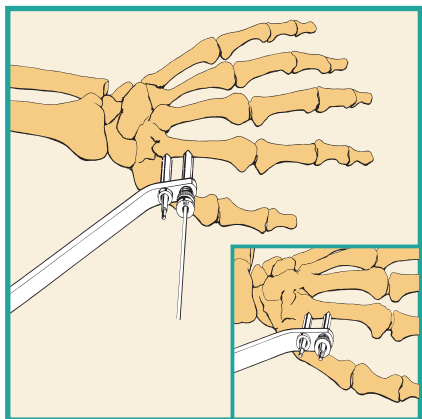
Apply the fixator either laterally in the frontal plane or at an angle of about 45deg. from the frontal plane. Use a tourniquet. Insert the proximal metacarpal tapered half pin first. Make a longitudinal stab incision close to the base of the bone, on the flare of the tubercle of the second metacarpal. Dissect the soft tissues down to the bone. Remove the threaded guide from the template and position the end of the fixed guide close to the base of the bone, on the flare of the tubercle and in the central axis. Insert a drill guide and drill the bone with a 2.5 mm drill bolt.

Note : Avoid over-penetration of the second cortex.



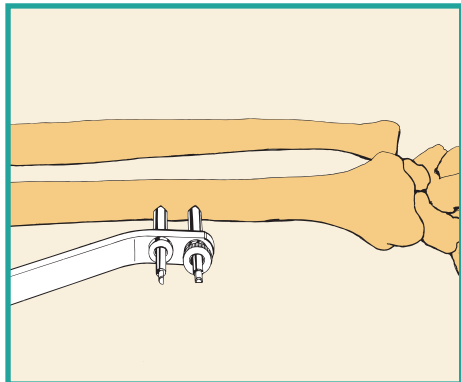
Remove the drill guide and insert a 70/20mm screw using a T- wrench

Note : Only 1-2 mm of the screw tip should penetrate the second cortex to avoid the risk of soft tissue damage. Do not advance screws too far since, due to their tapered thread design, they will become loose if they are backed out.

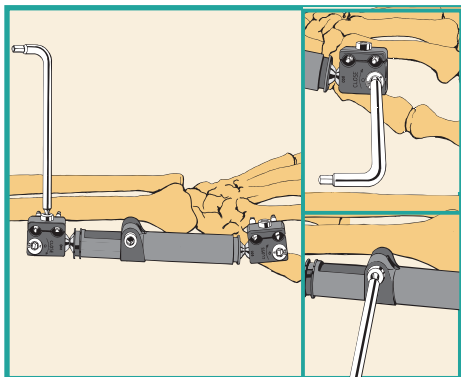


Insert the threaded screw guide fully into the screw template, locate it in the centre of the bone axis, and repeat the above procedure for the distal metacarpal screw.

INSERTION OF RADIAL PINS

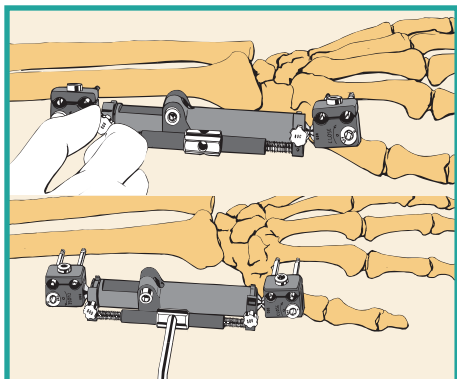


Insert the radial pins using an open approach. Mount the fixator temporarily on the distal pins and mark the position of the proximal pins on the skin. Ensure that the fixator body is partially open, to allow for intra-operative distraction or compression of the fracture. Make a 3cm incision and expose the bone by blunt dissection to avoid injury to the superficial branch of the radial nerve. Insert two 70/20 radial pins using the same technique as above.



Place the fixator over the pins with cams and central body locking nut loosened, ensuring that the central body locking nut does not lie over the fracture site since it is not radioluscent. Tighten the clamp cover locking screws with the 3mm Allen key. Reduce the fracture and tighten the cams and central body locking nut with the 3mm Allen key.

Note : The cams tighten only clockwise as indicated by the arrow on the fixator clamp.



While doing the compression-distraction, use the screw on the body of the fixator clockwise or anti clockwise respectively. To achieve controlled compression or distraction, loosen the central element of the compression-distraction unit. Once this has been achieved, tighten the central body locking nut and remove the compression-distraction unit.

Note : Check the amount of wrist joint distraction by X-ray before the patient leaves the operating room to ensure that the joint is not left in over-distraction.

Distal Radius Fixator



Distal Radius Fixator

Part No. C 545001000



Tapered Pins

Part No. Size

C 186050184 4x50Lx18TL

C 186060204 4x60Lx20TL

C 186070204 4x70Lx20TL

C 186080204 4x80Lx20TL

C 186100204 4x100Lx20TL

Instruments



Jig for Distal Radius Fixator

Part No. C 546001000



Trocar

Part No. C 548001000



Half pin Introducer 4mm

Part No. C 547001000



Drill Sleeve 4x2.5mm

Part No. C 549001000



Screw Guide 6x4mm

Part No. C 550001000



Drill Bit 2.5 mm

Part No. C 551000000



Allen Key Universal A/F 3mm

Part No. C 543001000



Container for the above

Part No. H 869001000