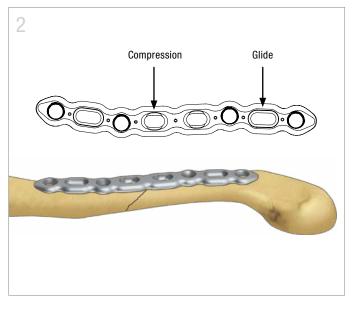


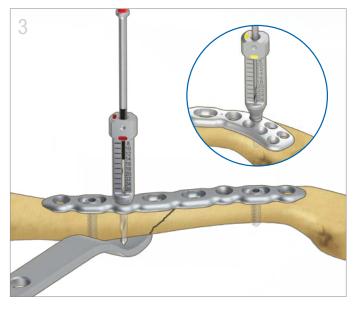
# **Exposure and Reduction**

- Center the incision over the fracture site.
- Create and mobilize full thickness flaps taking care to avoid and protect the supraclavicular nerves.
- Expose the clavicle between the deltoid-trapezius interval.
- Reduce the fracture and provisionally hold the fragments.



## **Position Plate**

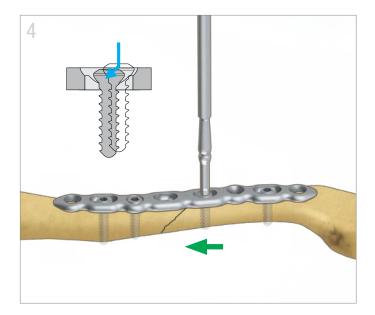
- Select a superior or anterior plate that accommodates the fracture and fits the bone.
- Clavicle Plates are equipped with an assortment of screw holes (2.7mm and 3.2mm): Locking, Slotted Glide, and Slotted Compression.
- Consider the hole type and position in relation to the fracture when selecting and placing the plate.
- Non-locking screws can be used in any hole.



## **Secure Plate**

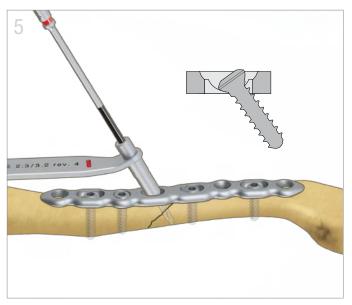
- Use 2.3mm (red) drill for 3.2 screws.
  - Use GUIDELCBS-2.3 for locking screws.
  - Use GUIDE-2.3/3.2 for non-locking screws.
- Use 2.0mm (yellow) drill for 2.7 screws.
  - Use GUIDELCBS-2.0 for locking screws.
  - Use GUIDE-2.0/2.7 for non-locking screws.





# **Compress Fracture**

• Insert a 3.2 cortical screw into the end of the compression hole away from the fracture and tighten.



# **Capture/Reduce Fragments**

• Insert a 3.2 cortical screw into the center of the compression hole at an angle that best captures fragments.



# **Final Fixation**

• Complete fixation with additional screws.

#### **Superior Midshaft**

CPSMIDx-7

CPSMIDx-8

CPSMIDx-9 CPSMIDx-10

x=Left or Right

## **Superior Lateral**

CPSLATx-11

CPSLATx-12

CPSLATx-15\*

x=Left or Right

\*Special Order

#### **Anterior Midshaft**

CPAMID-8

CPAMID-11

#### **Anterior Lateral**

CPALAT-8

#### **Drill Guide**

**GUIDELCBS-2.0** 

**GUIDELCBS-2.3** 



### SHIELD

**SHIELD** 



#### **Cortical Screw**

HEX2.7-xx

HEX3.2-xx

08mm to 28mm



## **Cortical Locking Screw**

LCBS2.7-xx

LCBS3.2-xx

08mm to 24mm



#### **Plate Benders**

**BNDPLT-CFS** 





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The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.

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