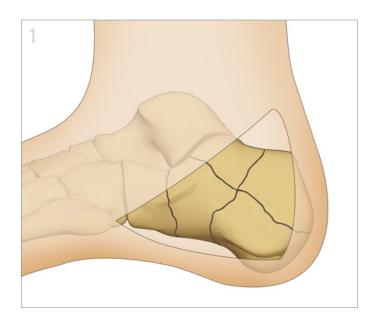


Calcaneal Perimeter Plate

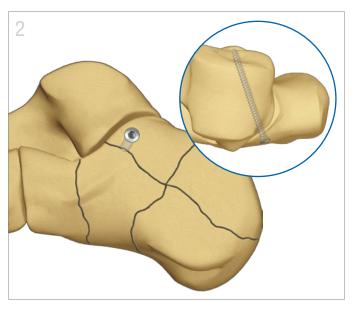
Surgical Technique | Calcaneal Fracture Fixation System





Exposure and Reduction

- Expose the calcaneus using a standard extensile lateral incision.
- 1.6mm K-wires can be placed into the talus, fibula and cuboid to retract flap.
- Remove any lateral wall fragments to better visualize depressed posterior facet and preserve on back table.
- Reduce fracture and correct tuberosity alignment using K-wires and Steinmann pins.



Posterior Facet Stabilization

- After the posterior facet has been reduced, drill using a 2.3mm (red) drill aiming for the sustentaculum. If compression is required, use 3.2mm (white) drill to over-drill the proximal fragment.
- Insert appropriate length 3.2mm screw. If desired, repeat steps above to place a second screw parallel to the first. Confirm screw placement with fluoroscopy.

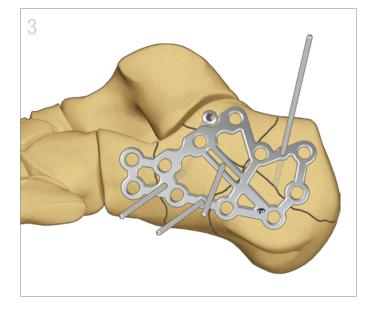
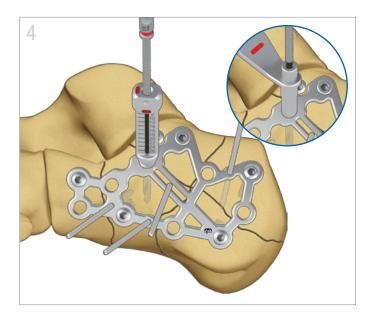


Plate Application

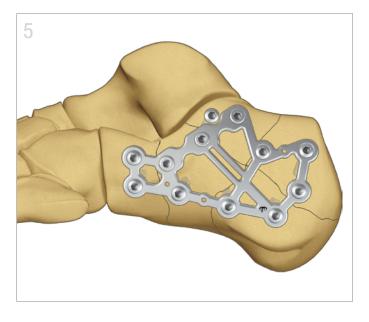
- Replace lateral wall fragment.
- Select appropriately sized perimeter plate.
- Insert plate and temporarily hold with K-wires into desired location. (Tip: Placing a wire into the slotted K-wire slot first allows for plate position adjustment in-situ avoiding the need to repeatedly insert and remove initial wire to obtain desired position.)





Screw Insertion

- Use 2.3mm (red) drill for 3.2mm screws. And use GUIDELCBS-2.3 for locking and GUIDE-2.3/3.2 for non-locking screws.
- Insert 3.2mm cortical locking or non-locking screws into corresponding screw holes. (Tip: For most distal screws, take care to avoid the calcaneocuboid joint if using non-locking screws.)



Final Fixation

- Repeat screw insertion steps above for remaining screw holes. Remove K-wires and Steinmann pins.
- Confirm that all screws are fully seated prior to wound closure.



Indications, contraindications, warnings and precautions related to TriMed Indications, contraindications, warnings and proceedings of Calcaneal Fracture Fixation System reference IFU on trimedortho.com/ifu

Calcaneal Perimeter Plate LEFT CLPL-54 CLPL-66 RIGHT CLPR-54 CLPR-66

GUIDELCBS-2.3 XTNDRGUIDE

Cortical Screw

HEX3.2-xx 08mm to 54mm

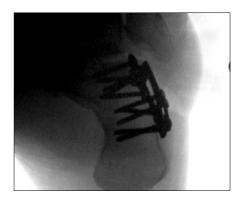


Cortical Locking Screw

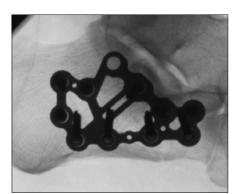
LCBS3.2-xx 08mm to 54mm



X-RAYS







Post-Op

X-Rays courtesy of Keith Myrick, DPM



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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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