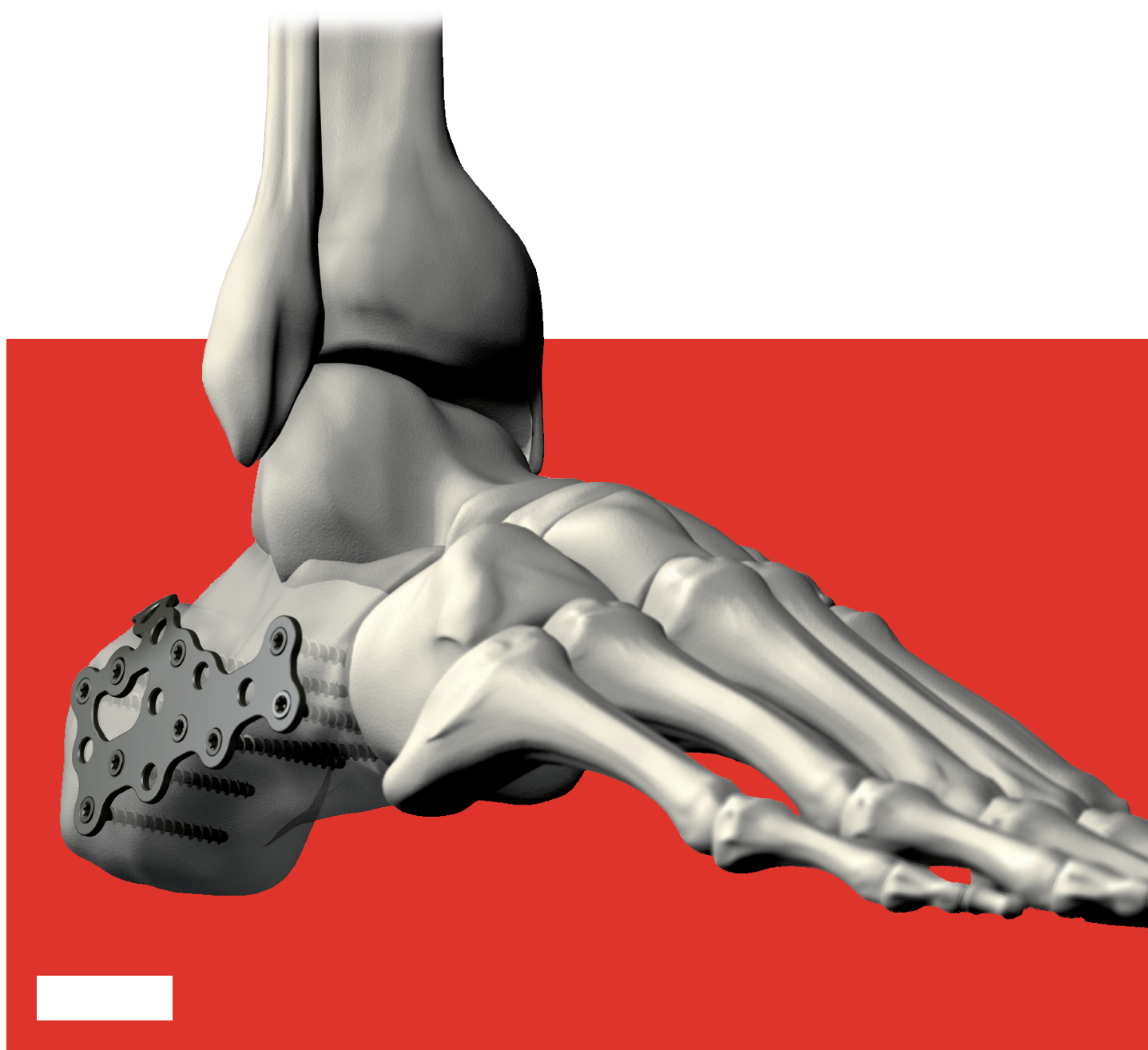


locking
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CALCANEUS PLATE



■ Features

Material:

- Plate material: Titanium
- Screw material: TiAl6V4 ELI
- Easy removal of the implant after fracture healing
- Increased fatigue strength of the implants
- Decreased addiction to cold bonding
- Decreased risk of infection and allergy due to reduced disposal of Aluminium- and Vanadiumions

■ Indications

- Complex fractures of the calcaneus

■ Contraindications

- All serious general diseases
- Soft-tissue situation at risk from infection
- Biological age > 70
- Peripheral occlusive disease
- Insulin-dependent diabetes mellitus
- Alcohol and drug dependence

Implant:

- Angular stability between screws and plate
- Free choice of screw angle with respect to the plate ($\pm 15^\circ$)
- \varnothing 3.0 mm locking cancellous screw from 26 - 50 mm in 2 mm steps
- Short and long version



Free choice of screw angle with respect to the plate ($\pm 15^\circ$)



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■ Calcaneus Distractor & Heel Press

Through small incisions, transversally from the lateral, Ø 3.2 mm Kirschner wires are inserted into the neck of the talus and the tubular part of the calcaneus.

One of the Distractors is inserted on the lateral end of the wires. It should be 20 millimetres far from the epidermis.

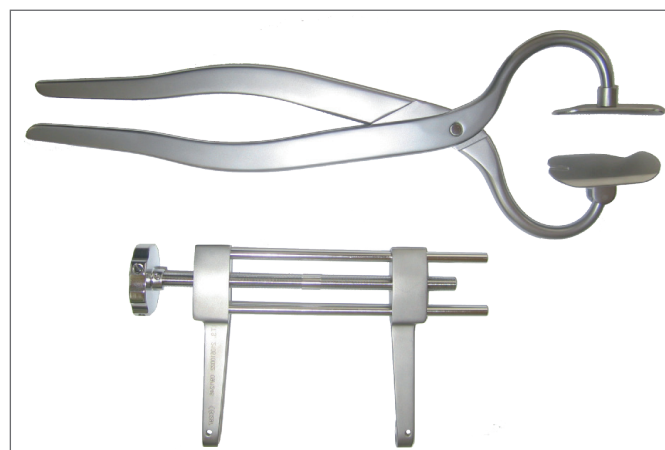
The threaded bar of the distractor points towards the proximal on the lateral side of the foot, and the driving disc of the distractor is placed similarly on the medial, but the threaded rod is on the distal side.

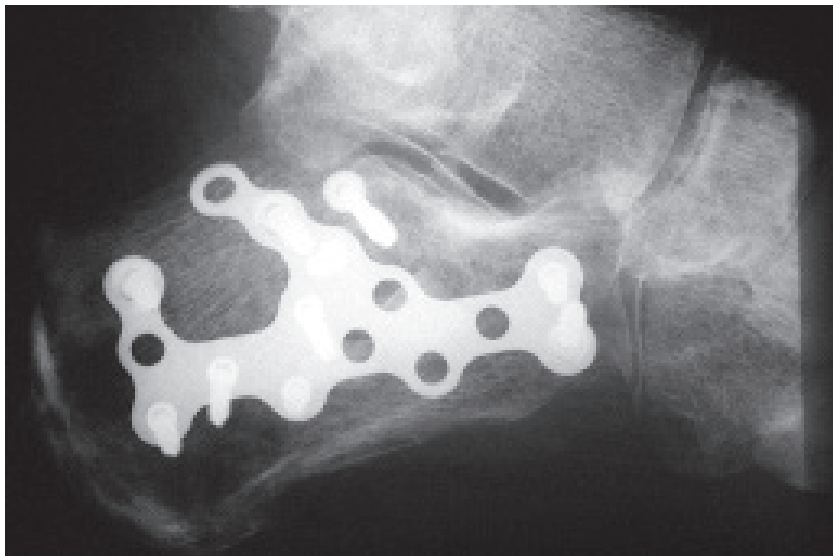
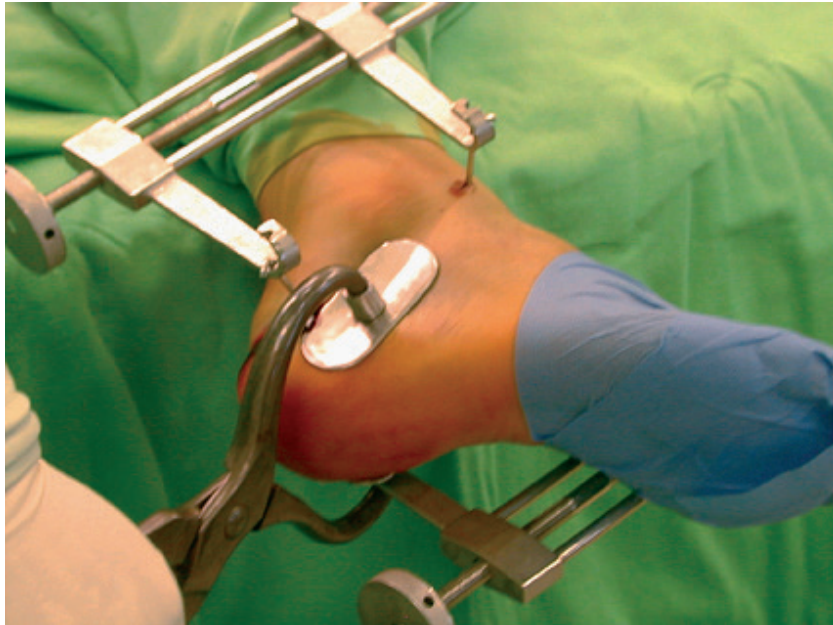
The ends of the wires are at the angle of 90 degrees with a bending instrument at the jaw of the distractor to prevent sliding down when they are tightened.

Distraction is started with turning the driving disc to the left or to the right. It is monitored by X-ray screen.

The jaws of the Heel Press are laid longitudinally on both sides of the heel, below the ankle. The jaws are tightened to reposition the lateral wall of the calcaneus and the lateral dislocation.

The tightening wires are sheared under one of the distractors and pulled out together with the distractor on the other side.





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■ locking PROlock Calcaneus Plate

Surgery

After regression of the swelling (5. to 10. Day).

Diagnosis

Standard-x-ray of the calcaneus, axial and coronet ct with reconstructions.

Indications

All intra-articular fractures with relevant joint rejection and comminuted zones, where a semi operative proceeding (screws, guide wire) is not the solution for an exact reposition.

Position

Supine position with the wedge or on one`s side, blood closing.

Entry

Expanded lateral approach:

Subperiosteal single layered lifting of a lateral skin - soft tissues- flap. Hold away the flap by using bent guide wires.

Reposition

Open reposition under view by mean of Schanz` screw, Steinmann nails, guide wires.
Padding of comminuted zones with bone-replacement.

Fixation

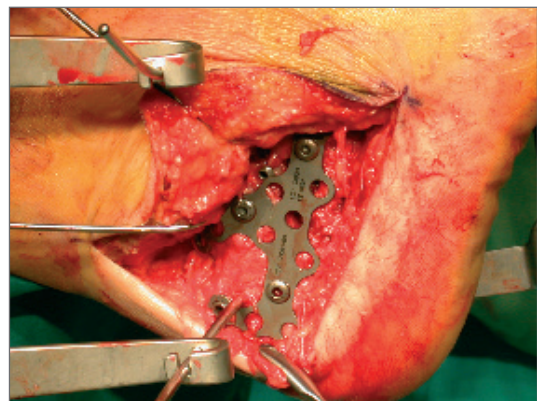
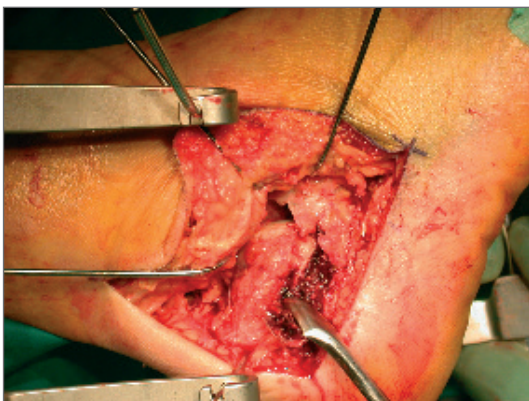
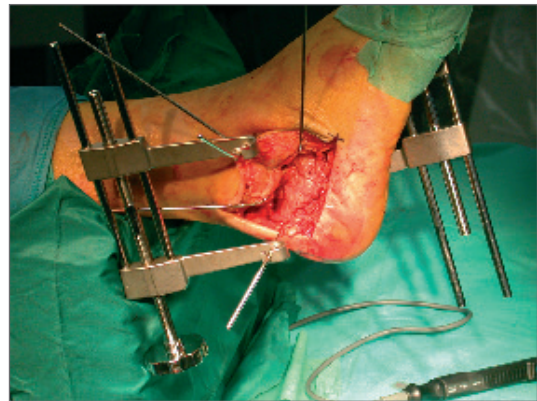
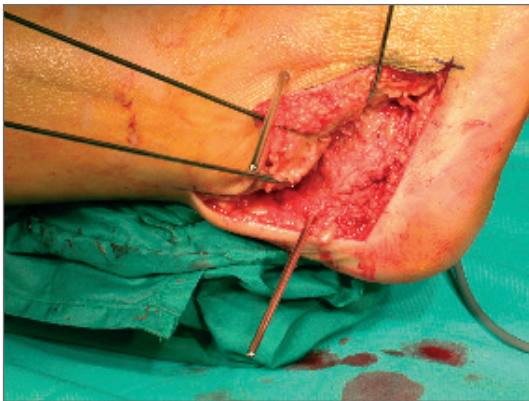
Temporary by guide wires, eventual cancellous screws.

Forming the locking PROlock Calcaneus Plate, fixation with the cancellous screws in the main fragmemnts, finishing with locking screws.

Postoperative Treatment

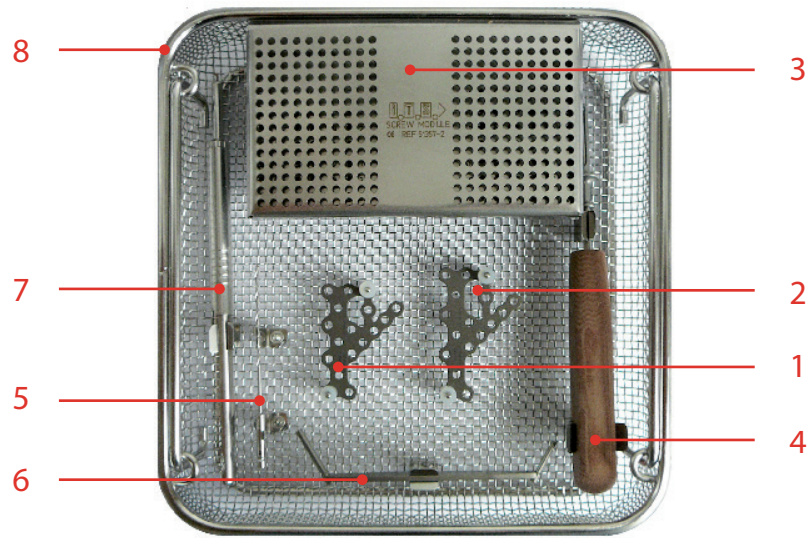
Plastex cast of the lower leg for 2 weeks until healing, physiotherapy, mobilization by crutches, relief of the strain for 8 - 12 weeks.



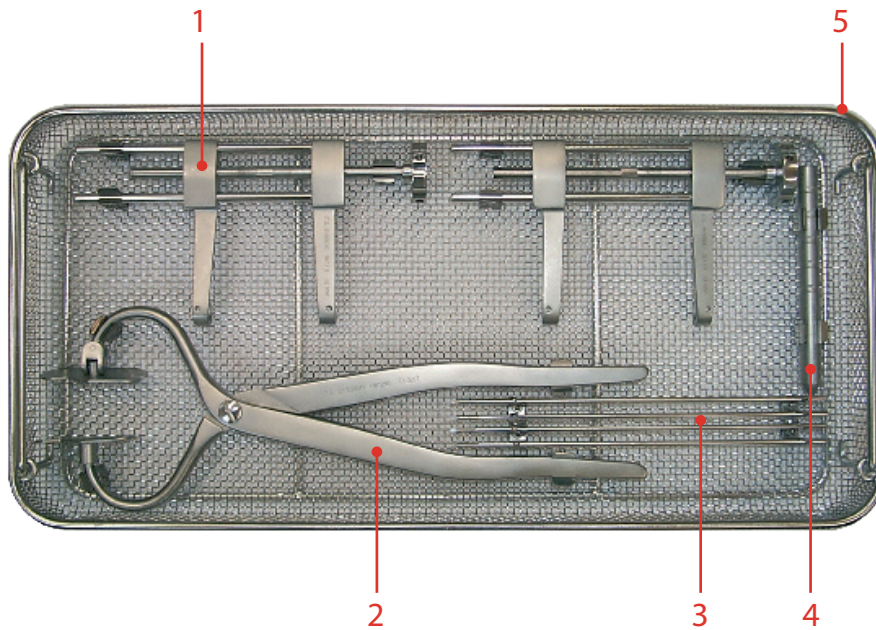


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EN ISO 13485 CE0297



Calcaneus Distractor and Heel Press



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■ Implants & Instruments

	locking PROlock Calcaneus Plate	Item no.
1	PROlock Calcaneus Plate short	21063-51
2	PROlock Calcaneus Plate long	21063-60
3	Ø 3.0 mm locking cancellous screw L = 26 - 50 mm in 2 mm steps	37302-xx
4	Screwdriver Torque 9	56095-70
5	Ø 2.0 mm drill L = 100 mm	61203-100
6	Ø 2.0 / 2.7 mm drill guide	62202
7	Hook depth gauge PROlock	59023
8	Sterilisation case	50196

	Calcaneus Distractor and Heel Press	Item no.
1	Calcaneus Distractor	210530001
2	Heel Press	210530011
3	Ø 3.2 mm guide wire L = 228 mm	35324-228
4	Bending device	210530010
5	Sterilisation case	50176

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Notes

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Notes

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