

7.0ChLP proximal lateral tibial plate

Left

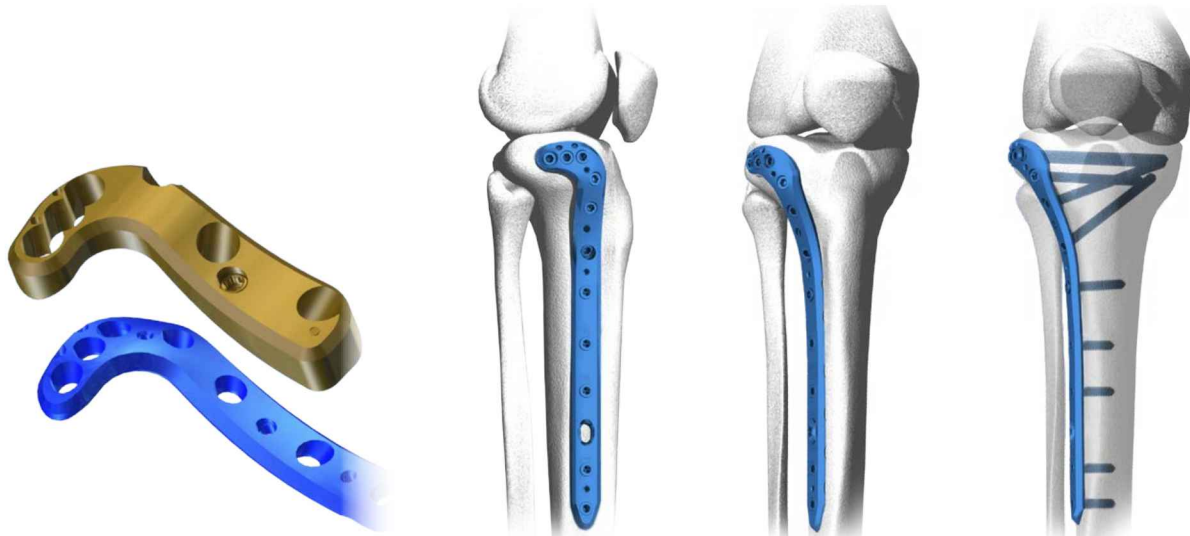
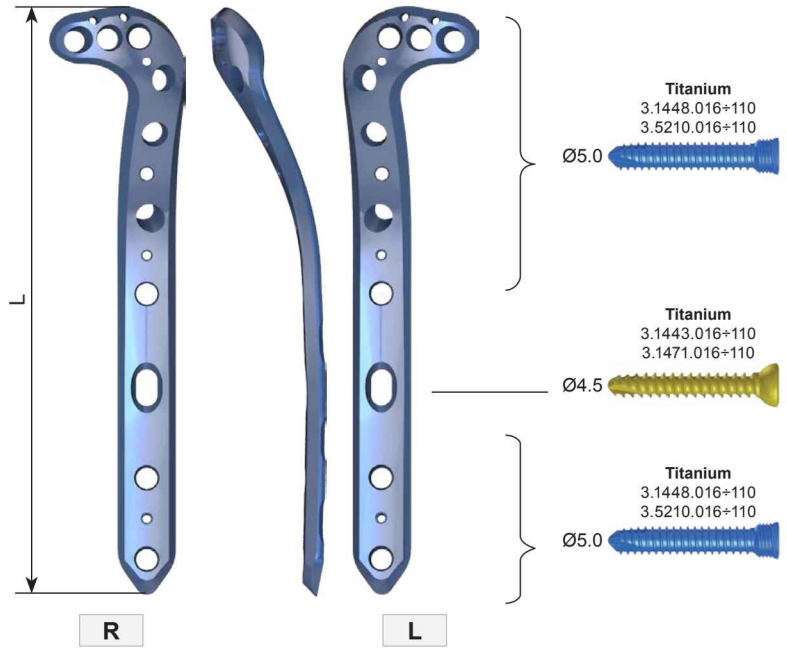
		Catalogue no.
O	L [mm]	Titanium
3	131	3.4089.603
4	152	3.4089.604
6	194	3.4089.606
8	236	3.4089.608

Right

		Catalogue no.
O	L [mm]	Titanium
3	131	3.4090.603
4	152	3.4090.604
6	194	3.4090.606
8	236	3.4090.608

O - holes number in shaft part of the plate

available	O	L [mm]
	3 ÷ 10	131 ÷ 278



Palette for 7.0ChLP plates - 3.4089/3.4090

No.	Catalogue no.	Name	Pcs		
1	40.5709.100	Protective guide L [3.4089]	1	40.5704.360	40.5704.560
2	40.5709.200	Protective guide R [3.4090]	1		
3	40.5708.000	Protective guide 9.0/7.0	2		
4	40.5704.460	Palette for 7.0ChLP plates	1		
5	12.0750.100	Container solid bottom 1/1 595x275x86 mm	1		
6	12.0750.200	Perforated aluminum lid 1/1 595x275x15 mm Gray	1		



implants not included; with additional instruments

Indications

- Articular and extra-articular, metaphyseal and epiphyseal comminuted fractures of the proximal part of the tibia and fractures extending to the shaft of the tibia.
- Non-union or malunions of fractured bone

Contraindications

Absolute:

- Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- Active infection.

Relative:

- Weakened bone (*by disease, infection or prior implantation*) making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area.
- Excessive obesity.
- Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach



Lateral S incision - recommended for simple articular and extra-articular fractures



Straight anterior-lateral incision - recommended for more complex articular fractures.

Anterior-lateral approach. The incision performed between the tibia and fibula bone should begin approximately 1 cm proximally from Gerdy's tubercle for a desired length of the plate. In the minimally invasive technique, a short cut and additional cuts for the access to the holes of the shaft of the plate should be performed.

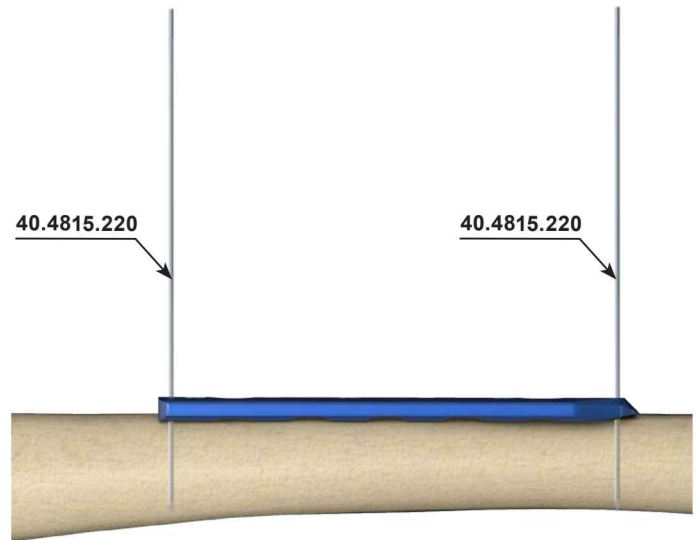
Procedure stages


- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants - determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.
- Positioning of the plate using the compression screw in the extended hole.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- Closing the wound.


IV. SURGICAL TECHNIQUE
IV.1. TEMPORARY PLATE ATTACHMENT

When fracture is reduced and the plate position is confirmed, determine its temporary location using Kirschner wires 2.0 [40.4815.220].

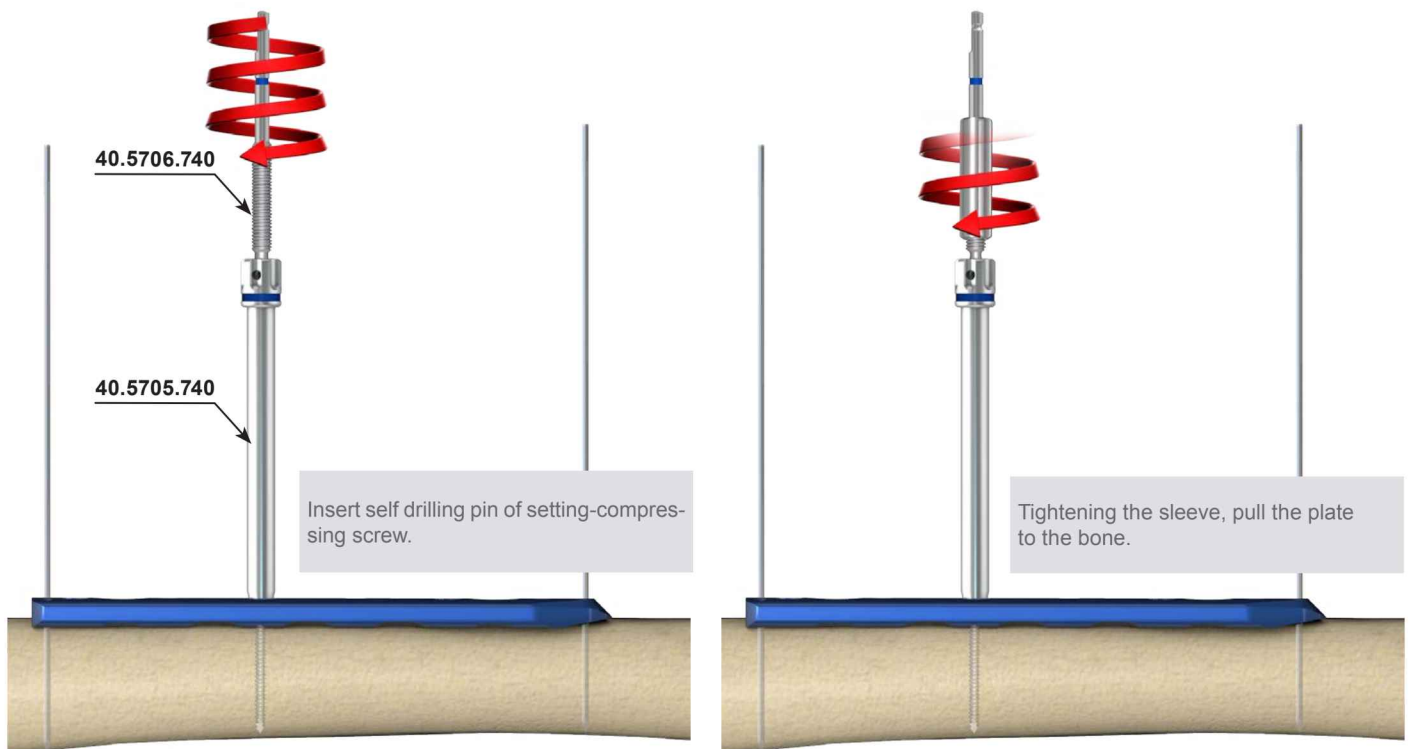
Wires can be inserted in proximal holes of the plate and the most distal ones.



 Confirm the plate position is correct taking X-Ray image.

 **NOTE:** The Setting-compressing screw 4.0/180 [40.5706.740] can be used to stabilize and tighten the plate up to the bone for temporary purposes. The screw is to be inserted via the Guide sleeve 7.0/4.0 [40.5705.740].

Locking screw Ø5.0 can be inserted in the hole after removal of the Setting-compressing screw 4.0/180.



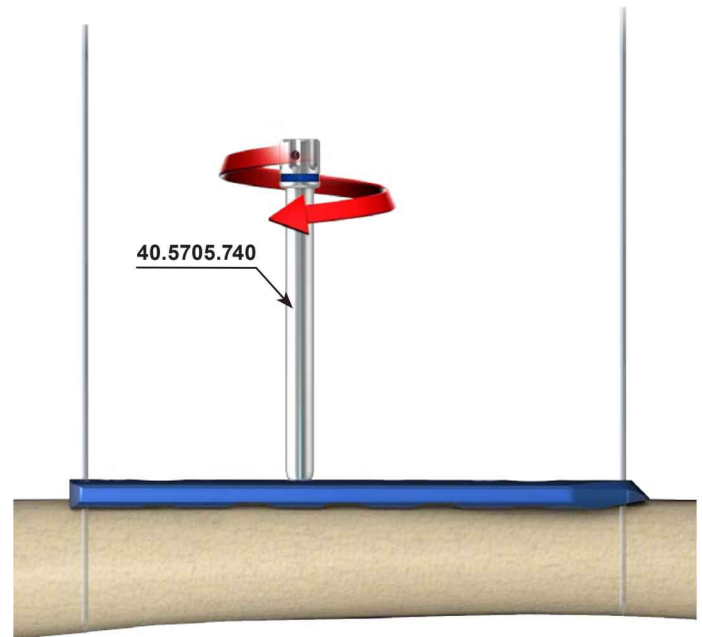
IV.2. LOCKING SCREW Ø5.0 INSERTION



It is important to drill exactly in the axis of a locking hole. Use always the appropriate guide sleeve when drilling. The guide sleeve will ensure the locking screw take an axial position towards the hole of the plate and be correctly locked in the plate. Unprepared drilling of a hole can lead to: thread skewing and jamming the screw, incorrect screw locking and problems when removing the screws (*thread seizure*).

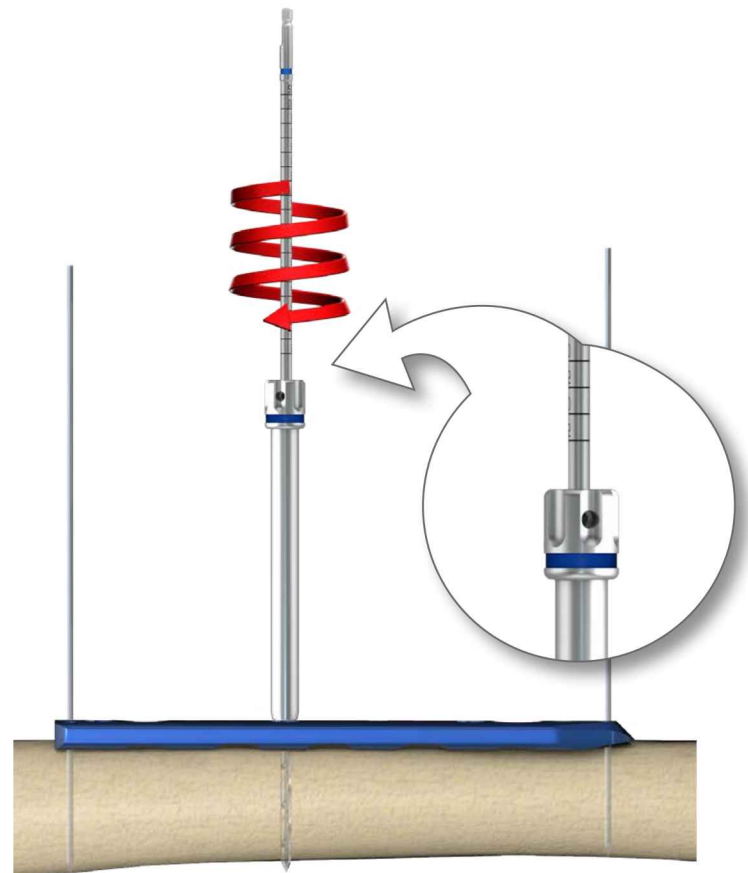
Guide sleeve screwing

Insert the Guide sleeve 7.0/4.0 [40.5705.740] into the plate



Drilling the hole

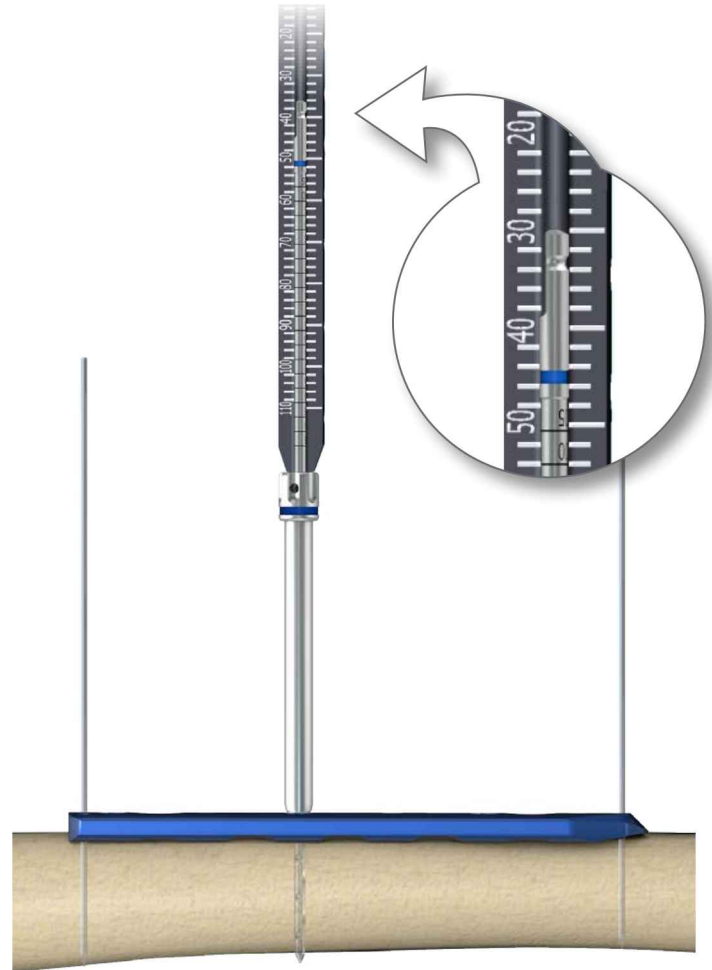
Ream the hole using the Drill with scale 4.0/220 [40.5651.222] until the desire depth is reached



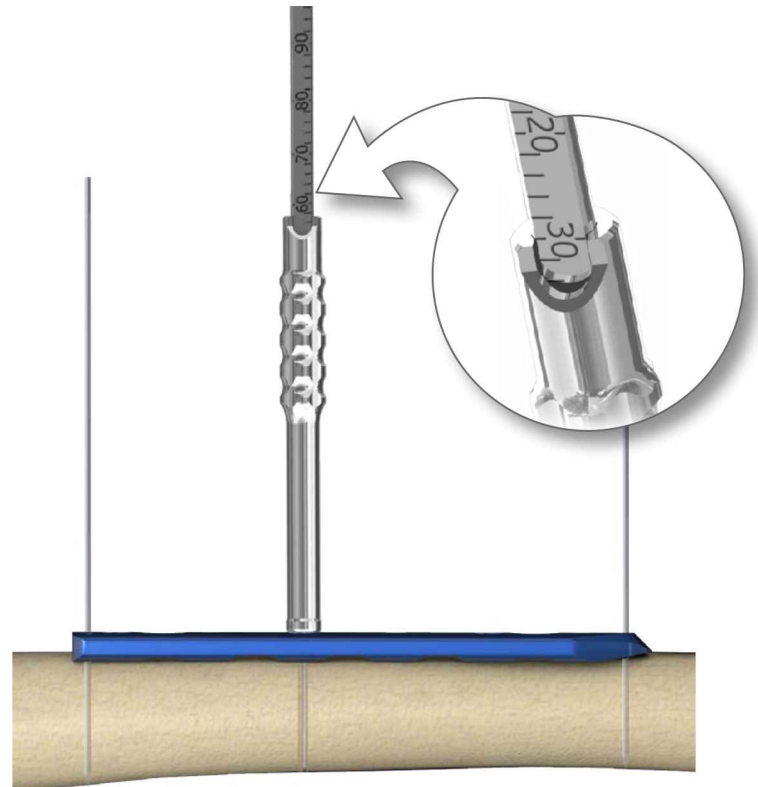
Hole depth measurement

OPTION I: Read the value on the Drill with scale [40.5651.222] or

OPTION II: use the Screw length measure [40.5675.100].

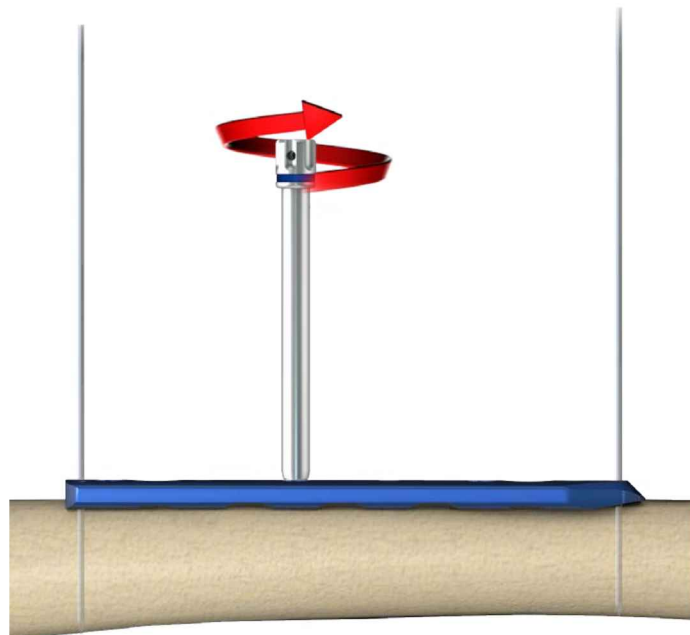


OPTION III: Unscrew the Guide sleeve 7.0/4.0 [40.5705.740] and define the screw length using the Depth measure [40.4639.700].

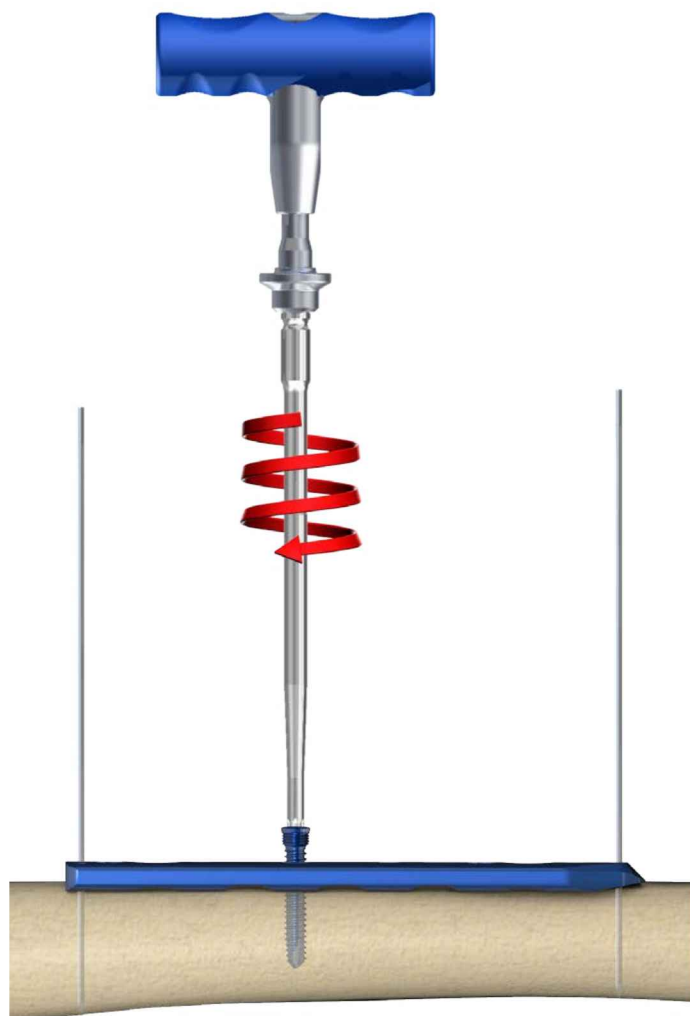


Screw insertion

Remove the Guide sleeve 7.0/4.0 [40.5705.740].



Insert the locking screw $\varnothing 5.0$ using the Torque wrench [40.5270.400] and proper screwdriver tip.



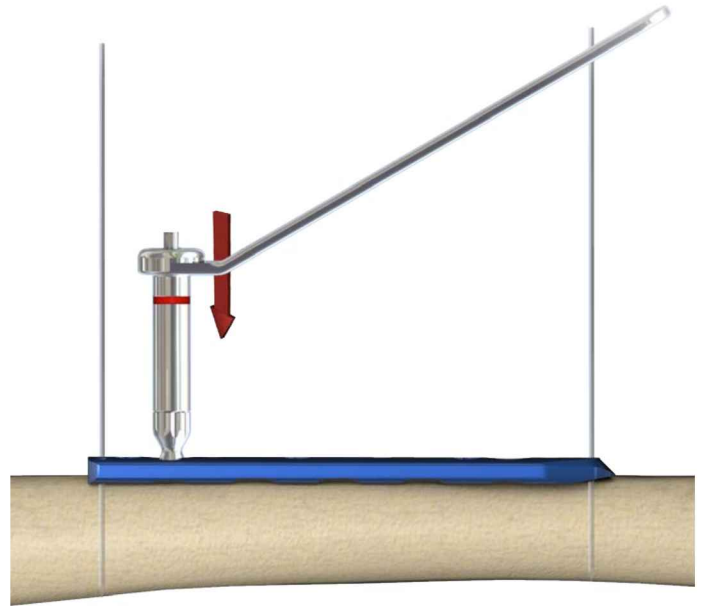
IV.4. CORTICAL SCREW Ø4.5 INSERTION

Compression guide setting

Set the Compression guide 3.2 [40.4802.732] in desire position:

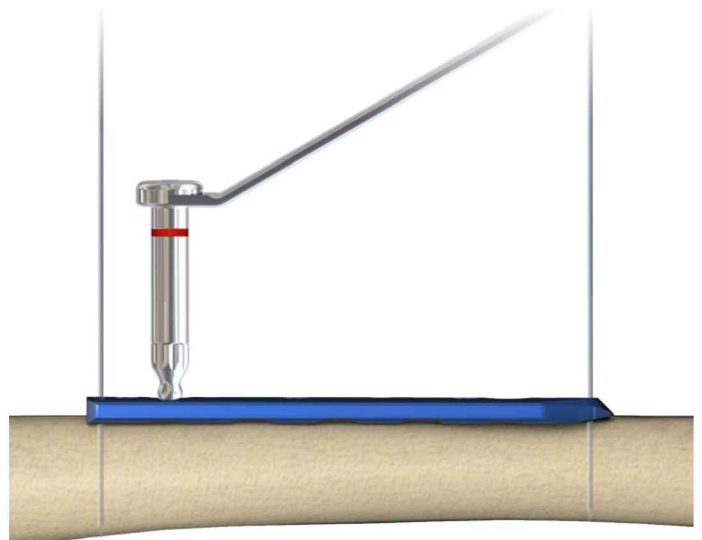
1. Neutral position

Press the guide to the plate to achieve the neutral position for screw insertion.



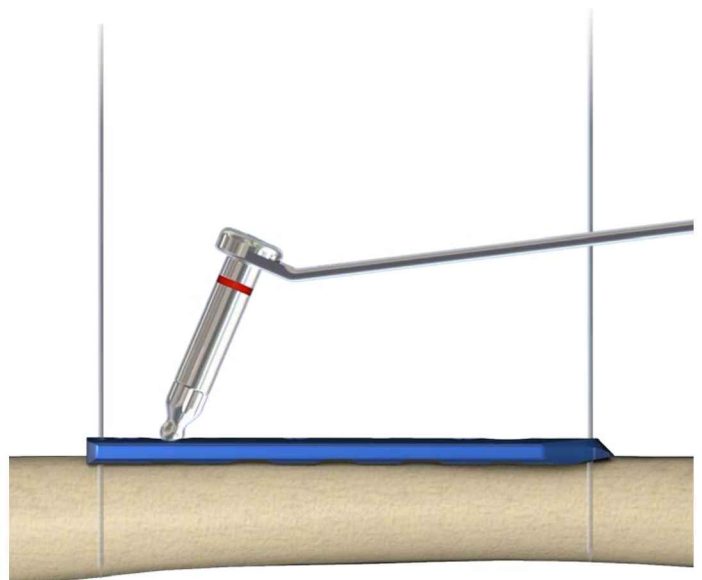
2. Compressive position

Move the guide without pressure to the edge of compression hole to achieve the compression position for screw insertion.



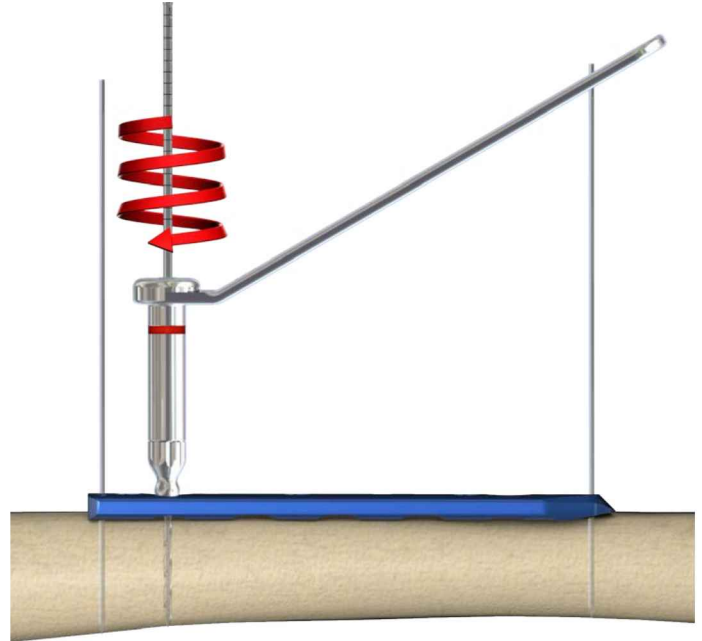
3. Angular position

Angular positioning of the guide is also available.



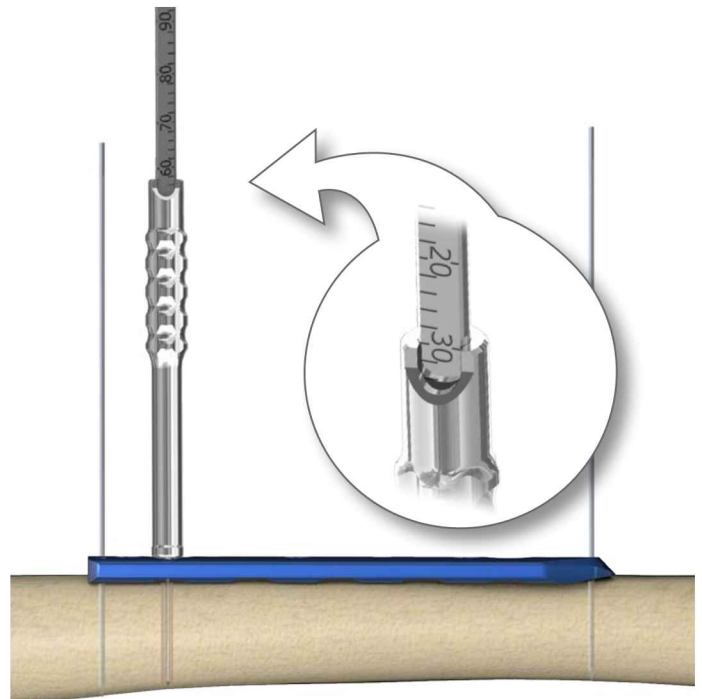
Drilling

Drill the hole through both cortices in desire position for the cortical screw Ø4.5 insertion using the Drill Ø3.2/220 [40.5650.222]



Hole depth measurement

Insert the Depth measure [40.4639.700] into the drilled hole until its hook anchors the outer surface of the opposite cortex



Screw insertion

Insert cortical screw Ø4.5.

