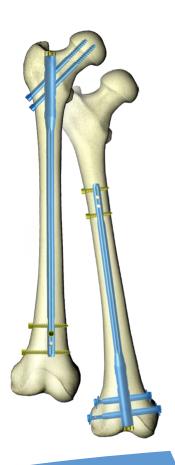




INTRAMEDULLARY OSTEOSYNTHESIS OF FEMUR

- IMPLANTS
- INSTRUMENT SET 40.5090.600
- SURGICAL TECHNIQUE



www.chm.eu

	SYMBOLS DESCRIPTIONS				
\triangle	Caution - pay attention to the particular proceeding.				
	Perform the activity with X-Ray control.				
i	Consult the Instructions For Use.				
	Proceed to the next stage.				
	Return to the specified stage and repeat the activity.				

www.chm.eu

 Document No
 ST/24F

 Date of issue
 02.08.2010

 Review date
 P-006-07.06.2016

 $The \ manufacturer \ reserves \ the \ right \ to \ introduce \ design \ changes.$

I. INTRODUCTION	5
I.1. RECONSTRUCTION, PERTROCHANTERIC METHOD	5
I.2. COMPRESSION, DYNAMIC AND STATIC METHOD	
I.3. RETROGRADE METHOD (CONDYLAR APPROACH)	
I.S. RETROGRADE METHOD (CONDITEAR ATT NOACH)	
II. IMPLANTS	8
II.1. IMPLANTS FOR RECONSTRUCTION, COMPRESSION AND REVERSED METHOD	8
III. INSTRUMENT SET	13
III.1. INTRODUCTION	13
III.2. INSTRUMENT SET FOR RECONSTRUCTION, COMPRESSION AND RETROGRADE METHOD [40.5090.6	00] 13
IV. SURGICAL TECHNIQUE	16
IV.1. METHODS: RECONSTRUCTION, COMPRESSION, DYNAMIC, STATIC	16
IV.1.1. Introduction	
IV.1.2. Preparation of medullary canal and nail insertion.	18
IV.2. RECONSTRUCTION METHOD	22
IV.2.1. Proximal locking of the nail	
IV.1.0.A. OPTION I: Locking with reconstruction screws	
IV.1.0.B. OPTION II: Locking nail with reconstruction cannulated screws	
IV.2.2. Distal locking of the nail	
IV.2.3. Targeter removal, placing End cap	
IV.2.4. Distal locking of the nail - "freehand technique"	
IV.3. DYNAMIC AND COMPRESSION METHODS	
IV.3.1. Distal locking of the nail	
IV.3.2. Proximal locking of the nail	
IV.3.4. Compression screw insertion	
IV.3.5. End cap insertion (DYNAMIC method only)	
IV.4. STATIC METHOD	
IV.4.1. Distal nail locking	
IV.4.2. Proximal nail locking	
IV.4.3. Targeter removal, End cap insertion	
IV.5. STATIC METHOD WITH THE USE OF RECONSTRUCTION NAIL	44
IV.5.1. Proximal nail locking	
IV.5.2. Distal nail locking	
IV.5.3. Targeter removal, End cap insertion	46
IV.6. NAIL REMOVAL	46
IV.7. SURGICAL APPROACH - RETROGRADE METHOD (CONDYLAR APPROACH)	47
IV.7.1. Implants for retrograde approach	
IV.7.2. Introduction	
IV.7.3. Nail assembling to the targeter, nail insertion into the medullary canal	51
IV.7.4. Locking the nail in the condylar femur	
IV.4.0.A. OPTION I: Locking with screws	
IV.4.0.B. OPTION II: Locking with locking set (bolt - two washers - locking screw)	
IV.7.5. Locking the nail in the femoral shaft	
IV.7.6. Targeter removal and End cap insertion	
TV.T.T. TVGII GALIGUIUTI	



I. INTRODUCTION

CHARFIX system provides the following methods of intramedullary fixation:

- · Reconstruction,
- Compression, dynamic, static,
- Retrograde (condylar approach).

Each fixation method of **CHARFIX** system comes with:

- · adequate selection of implants (intramedullary nails, screws, locking screws),
- · instrument sets for implants insertion and removal,
- instructions for use (surgical technique).

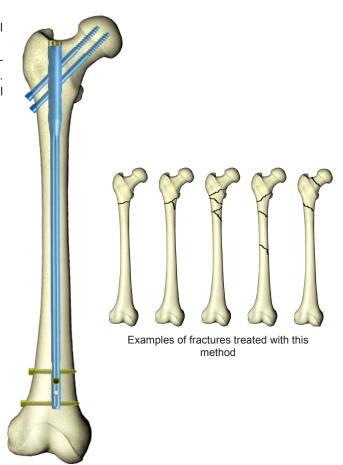
The presented range of implants is made of titanium and its alloys and implantable steel in accordance with ISO 5832 standard. Compliance with the requirements of Quality Management Systems ISO 9001, EN ISO 13485 and the requirements of Directive 93/42/EEC concerning medical devices guarantee high quality of the offered implants.

I.1. RECONSTRUCTION, PERTROCHANTERIC METHOD

Reconstruction nails are used for intramedullary fixation of proximal femur neck or peritrochanteric fractures.

Angular position of reconstruction screws provides anatomical position of the head and trochanteric region against the femoral shaft. The nail comes in two versions: right nail for right femur, left nail for left femur.

Position of the implants in femur:

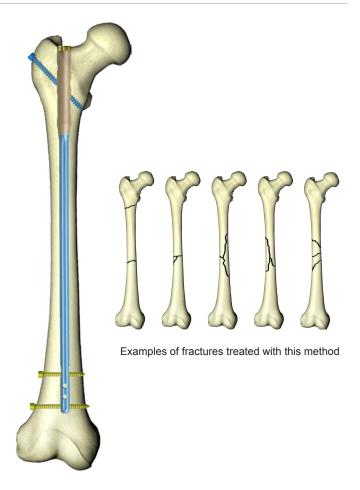




To fix the femoral fracture fragments with pertrochanteric method use:

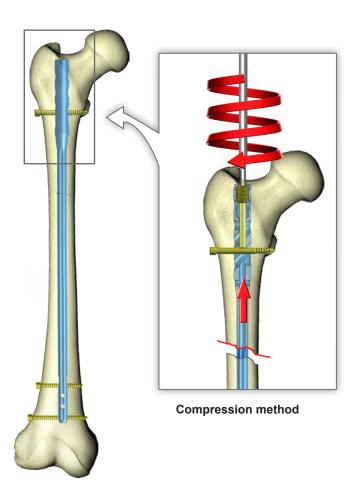
- right nail for fixation of the left femur fractures
- left nail for fixation of the right femur fractures

Position of implants in femur:



I.2. COMPRESSION, DYNAMIC AND STATIC METHOD

Compressive lockings are used in the intramedullary fixations of femoral shaft fractures, providing that fractures are not closer than 3cm from the locking screw. Nail design allows for treatment with the compression, dynamic and static method.

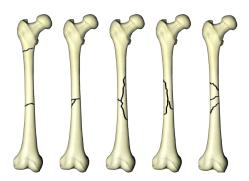




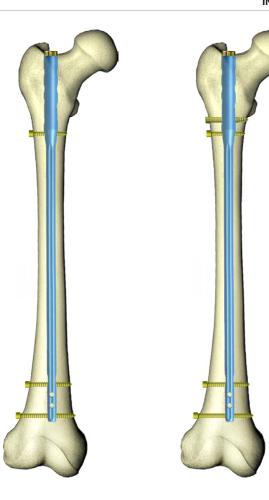
Static locking

Position of implants in femur:

Static locking (when needed, the proximal screw can be used to provide better locking of bone fragments).



Examples of femoral shaft fractures treated with this method:



I.3. RETROGRADE METHOD (CONDYLAR APPROACH)

Intramedulary nails inserted within condylar approach enable fixation of the distal part of femur in the cases any other method (reconstruction, compression, dynamic, static) cannot be used. The reverse method can be used if prosthesis or another implant is located in the proximal femur or in the case condylar multifragmental fracture occurs.

Position of the implant in femur:



Examples of femoral shaft fractures treated with this method





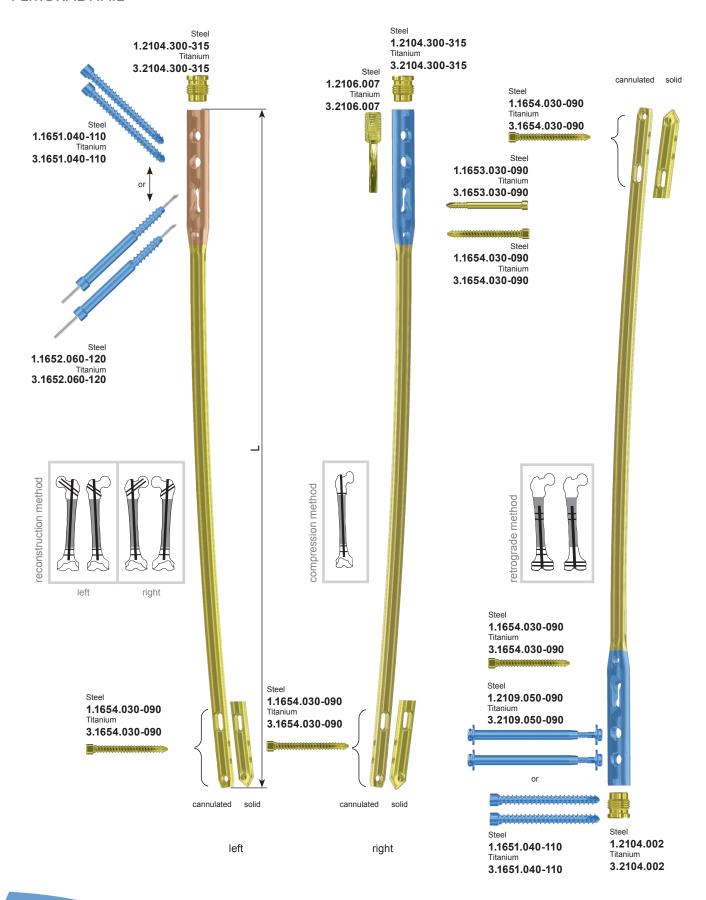


II. IMPLANTS

CHARFIX system

II.1. IMPLANTS FOR RECONSTRUCTION, COMPRESSION AND REVERSED METHOD

FEMORAL NAIL





FEMORAL NAIL

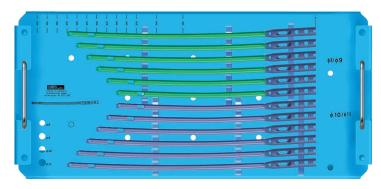
		Sto	eel	Titar	nium			Ste	eel	Titar	nium
L [mm]	ø	left	right	left	right	L [mm]	ø	left	right	left	right
200		1.2855.200	1.2854.200	3.2855.200	3.2854.200	200		1.2861.200	1.2860.200	3.2861.200	3.2860.200
220		1.2855.220	1.2854.220	3.2855.220	3.2854.220	220		1.2861.220	1.2860.220	3.2861.220	3.2860.220
240		1.2855.240	1.2854.240	3.2855.240	3.2854.240	240		1.2861.240	1.2860.240	3.2861.240	3.2860.240
260		1.2855.260	1.2854.260	3.2855.260	3.2854.260	260		1.2861.260	1.2860.260	3.2861.260	3.2860.260
280		1.2855.280	1.2854.280	3.2855.280	3.2854.280	280		1.2861.280	1.2860.280	3.2861.280	3.2860.280
300		1.2855.300	1.2854.300	3.2855.300	3.2854.300	300		1.2861.300	1.2860.300	3.2861.300	3.2860.300
320		1.2855.320	1.2854.320	3.2855.320	3.2854.320	320		1.2861.320	1.2860.320	3.2861.320	3.2860.320
340	9	1.2855.340	1.2854.340	3.2855.340	3.2854.340	340	12	1.2861.340	1.2860.340	3.2861.340	3.2860.340
360		1.2855.360	1.2854.360	3.2855.360	3.2854.360	360		1.2861.360	1.2860.360	3.2861.360	3.2860.360
380		1.2855.380	1.2854.380	3.2855.380	3.2854.380	380		1.2861.380	1.2860.380	3.2861.380	3.2860.380
400		1.2855.400	1.2854.400	3.2855.400	3.2854.400	400		1.2861.400	1.2860.400	3.2861.400	3.2860.400
420		1.2855.420	1.2854.420	3.2855.420	3.2854.420	420		1.2861.420	1.2860.420	3.2861.420	3.2860.420
440		1.2855.440	1.2854.440	3.2855.440	3.2854.440	440		1.2861.440	1.2860.440	3.2861.440	3.2860.440
460		1.2855.460	1.2854.460	3.2855.460	3.2854.460	460 480		1.2861.460	1.2860.460	3.2861.460	3.2860.460
480 200		1.2855.480 1.2857.200	1.2854.480 1.2856.200	3.2855.480 3.2857.200	3.2854.480 3.2856.200	200		1.2861.480 1.2863.200	1.2860.480 1.2862.200	3.2861.480 3.2863.200	3.2860.480 3.2862.200
220		1.2857.200	1.2856.220	3.2857.220	3.2856.220		220 240 260 280 300	1.2863.200	1.2862.220	3.2863.220	3.2862.220
240		1.2857.240	1.2856.240	3.2857.240	3.2856.240			1.2863.220	1.2862.240	3.2863.240	3.2862.240
260		1.2857.260	1.2856.260	3.2857.260	3.2856.260			1.2863.260	1.2862.260	3.2863.260	3.2862.260
280		1.2857.280	1.2856.280	3.2857.280	3.2856.280			1.2863.280	1.2862.280	3.2863.280	3.2862.280
300		1.2857.300	1.2856.300	3.2857.300	3.2856.300			1.2863.300	1.2862.300	3.2863.300	3.2862.300
320		1.2857.320	1.2856.320	3.2857.320	3.2856.320	320		1.2863.320	1.2862.320	3.2863.320	3.2862.320
340	10	1.2857.340	1.2856.340	3.2857.340	3.2856.340	340	13	1.2863.340	1.2862.340	3.2863.340	3.2862.340
360	'	1.2857.360	1.2856.360	3.2857.360	3.2856.360	360		1.2863.360	1.2862.360	3.2863.360	3.2862.360
380		1.2857.380	1.2856.380	3.2857.380	3.2856.380	380		1.2863.380	1.2862.380	3.2863.380	3.2862.380
400	i i	1.2857.400	1.2856.400	3.2857.400	3.2856.400	400		1.2863.400	1.2862.400	3.2863.400	3.2862.400
420		1.2857.420	1.2856.420	3.2857.420	3.2856.420	420		1.2863.420	1.2862.420	3.2863.420	3.2862.420
440		1.2857.440	1.2856.440	3.2857.440	3.2856.440	440		1.2863.440	1.2862.440	3.2863.440	3.2862.440
460		1.2857.460	1.2856.460	3.2857.460	3.2856.460	460		1.2863.460	1.2862.460	3.2863.460	3.2862.460
480		1.2857.480	1.2856.480	3.2857.480	3.2856.480	480		1.2863.480	1.2862.480	3.2863.480	3.2862.480
200		1.2859.200	1.2858.200	3.2859.200	3.2858.200	200		1.2865.200	1.2864.200	3.2865.200	3.2864.200
220		1.2859.220	1.2858.220	3.2859.220	3.2858.220	220		1.2865.220	1.2864.220	3.2865.220	3.2864.220
240		1.2859.240	1.2858.240	3.2859.240	3.2858.240	240		1.2865.240	1.2864.240	3.2865.240	3.2864.240
260		1.2859.260	1.2858.260	3.2859.260	3.2858.260	260		1.2865.260	1.2864.260	3.2865.260	3.2864.260
280		1.2859.280	1.2858.280	3.2859.280	3.2858.280	280		1.2865.280	1.2864.280	3.2865.280	3.2864.280
300		1.2859.300	1.2858.300	3.2859.300	3.2858.300	300		1.2865.300	1.2864.300	3.2865.300	3.2864.300
320		1.2859.320	1.2858.320	3.2859.320	3.2858.320	320		1.2865.320	1.2864.320	3.2865.320	3.2864.320
340	11	1.2859.340	1.2858.340	3.2859.340	3.2858.340	340	14	1.2865.340	1.2864.340	3.2865.340	3.2864.340
360		1.2859.360	1.2858.360	3.2859.360	3.2858.360	360		1.2865.360	1.2864.360	3.2865.360	3.2864.360
380		1.2859.380	1.2858.380	3.2859.380	3.2858.380	380		1.2865.380	1.2864.380	3.2865.380	3.2864.380
400		1.2859.400	1.2858.400	3.2859.400	3.2858.400	400		1.2865.400	1.2864.400	3.2865.400	3.2864.400
420		1.2859.420	1.2858.420	3.2859.420	3.2858.420	420		1.2865.420	1.2864.420	3.2865.420	3.2864.420
440		1.2859.440	1.2858.440	3.2859.440	3.2858.440	440		1.2865.440	1.2864.440	3.2865.440	3.2864.440
460		1.2859.460	1.2858.460	3.2859.460	3.2858.460	460		1.2865.460	1.2864.460	3.2865.460	3.2864.460
480		1.2859.480	1.2858.480	3.2859.480	3.2858.480	480		1.2865.480	1.2864.480	3.2865.480	3.2864.480





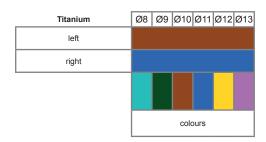
FEMORAL NAIL

			C	\bigcirc							
		Ste	eel	Titar	nium			Ste	eel	Titar	nium
L [mm]	ø	left	right	left	right	L [mm]	Ø	left	right	left	right
200 220		1.2877.200 1.2877.220	1.2876.200 1.2876.220	3.2877.200 3.2877.220	3.2876.200 3.2876.220	200 220		1.2883.200 1.2883.220	1.2882.200	3.2883.200 3.2883.220	3.2882.200 3.2882.220
						8			1.2882.220		
240		1.2877.240	1.2876.240	3.2877.240	3.2876.240	240		1.2883.240	1.2882.240	3.2883.240	3.2882.240
260		1.2877.260 1.2877.280	1.2876.260 1.2876.280	3.2877.260 3.2877.280	3.2876.260 3.2876.280	260 280		1.2883.260 1.2883.280	1.2882.260 1.2882.280	3.2883.260 3.2883.280	3.2882.260 3.2882.280
300		1.2877.300	1.2876.300	3.2877.300	3.2876.300	300		1.2883.300	1.2882.300	3.2883.300	3.2882.300
320	-	1.2877.320	1.2876.320	3.2877.320	3.2876.320	320		1.2883.320	1.2882.320	3.2883.320	3.2882.320
340	8	1.2877.340	1.2876.320	3.2877.340	3.2876.340	340	11	1.2883.340	1.2882.340	3.2883.340	3.2882.340
360	١	1.2877.360	1.2876.360	3.2877.360	3.2876.360	360	'''	1.2883.360	1.2882.360	3.2883.360	3.2882.360
380		1.2877.380	1.2876.380	3.2877.380	3.2876.380	380		1.2883.380	1.2882.380	3.2883.380	3.2882.380
400		1.2877.400	1.2876.400	3.2877.400	3.2876.400	400		1.2883.400	1.2882.400	3.2883.400	3.2882.400
420		1.2877.420	1.2876.420	3.2877.420	3.2876.420	420		1.2883.420	1.2882.420	3.2883.420	3.2882.420
440		1.2877.440	1.2876.440	3.2877.440	3.2876.440	440		1.2883.440	1.2882.440	3.2883.440	3.2882.440
460		1.2877.460	1.2876.460	3.2877.460	3.2876.460	460		1.2883.460	1.2882.460	3.2883.460	3.2882.460
480		1.2877.480	1.2876.480	3.2877.480	3.2876.480	480		1.2883.480	1.2882.480	3.2883.480	3.2882.480
200		1.2879.200	1.2878.200	3.2879.200	3.2878.200	200		1.2885.200	1.2884.200	3.2885.200	3.2884.200
220	l	1.2879.220	1.2878.220	3.2879.220	3.2878.220	220		1.2885.220	1.2884.220	3.2885.220	3.2884.220
240		1.2879.240	1.2878.240	3.2879.240	3.2878.240	240		1.2885.240	1.2884.240	3.2885.240	3.2884.240
260		1.2879.260	1.2878.260	3.2879.260	3.2878.260	260		1.2885.260	1.2884.260	3.2885.260	3.2884.260
280		1.2879.280	1.2878.280	3.2879.280	3.2878.280	280		1.2885.280	1.2884.280	3.2885.280	3.2884.280
300		1.2879.300	1.2878.300	3.2879.300	3.2878.300	300		1.2885.300	1.2884.300	3.2885.300	3.2884.300
320		1.2879.320	1.2878.320	3.2879.320	3.2878.320	320		1.2885.320	1.2884.320	3.2885.320	3.2884.320
340	9	1.2879.340	1.2878.340	3.2879.340	3.2878.340	340	12	1.2885.340	1.2884.340	3.2885.340	3.2884.340
360		1.2879.360	1.2878.360	3.2879.360	3.2878.360	360		1.2885.360	1.2884.360	3.2885.360	3.2884.360
380		1.2879.380	1.2878.380	3.2879.380	3.2878.380	380		1.2885.380	1.2884.380	3.2885.380	3.2884.380
400		1.2879.400	1.2878.400	3.2879.400	3.2878.400	400		1.2885.400	1.2884.400	3.2885.400	3.2884.400
420		1.2879.420	1.2878.420	3.2879.420	3.2878.420	420		1.2885.420	1.2884.420	3.2885.420	3.2884.420
440		1.2879.440	1.2878.440	3.2879.440	3.2878.440	440		1.2885.440	1.2884.440	3.2885.440	3.2884.440
460		1.2879.460	1.2878.460	3.2879.460	3.2878.460	460		1.2885.460	1.2884.460	3.2885.460	3.2884.460
480		1.2879.480	1.2878.480	3.2879.480	3.2878.480	480		1.2885.480	1.2884.480	3.2885.480	3.2884.480
200		1.2881.200	1.2880.200	3.2881.200	3.2880.200	200		1.2887.200	1.2886.200	3.2887.200	3.2886.200
220		1.2881.220	1.2880.220	3.2881.220	3.2880.220	220		1.2887.220	1.2886.220	3.2887.220	3.2886.220
240		1.2881.240	1.2880.240	3.2881.240	3.2880.240	240		1.2887.240	1.2886.240	3.2887.240	3.2886.240
260		1.2881.260	1.2880.260	3.2881.260	3.2880.260	260		1.2887.260	1.2886.260	3.2887.260	3.2886.260
280		1.2881.280	1.2880.280	3.2881.280	3.2880.280	280		1.2887.280	1.2886.280	3.2887.280	3.2886.280
300		1.2881.300 1.2881.320	1.2880.300 1.2880.320	3.2881.300	3.2880.300	300		1.2887.300	1.2886.300 1.2886.320	3.2887.300	3.2886.300 3.2886.320
340	10	1.2881.340	1.2880.340	3.2881.320 3.2881.340	3.2880.320 3.2880.340	340	13	1.2887.320 1.2887.340	1.2886.340	3.2887.320 3.2887.340	3.2886.340
360	10	1.2881.360	1.2880.360	3.2881.360	3.2880.360	360	13	1.2887.360	1.2886.360	3.2887.360	3.2886.360
380		1.2881.380	1.2880.380	3.2881.380	3.2880.380	380		1.2887.380	1.2886.380	3.2887.380	3.2886.380
400		1.2881.400	1.2880.400	3.2881.400	3.2880.400	400		1.2887.400	1.2886.400	3.2887.400	3.2886.400
420		1.2881.420	1.2880.420	3.2881.420	3.2880.420	420		1.2887.420	1.2886.420	3.2887.420	3.2886.420
440		1.2881.440	1.2880.440	3.2881.440	3.2880.440	440		1.2887.440	1.2886.440	3.2887.440	3.2886.440
460		1.2881.460	1.2880.460	3.2881.460	3.2880.460	460		1.2887.460	1.2886.460	3.2887.460	3.2886.460
480		1.2881.480	1.2880.480	3.2881.480	3.2880.480	480		1.2887.480	1.2886.480	3.2887.480	3.2886.480



40.5753.000 Stand for universal femoral nails (implants not included)

available			
Ø [mm] pitch 1 mm	8÷15	8÷10	11÷15
L [mm]	160÷600	160÷600	160÷600





LOCKING ELEMENTS



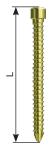
	Catalogue no.			
А	Steel	Titanium		
0	1.2104.300	3.2104.300		
+5	1.2104.305	3.2104.305		
+10	1.2104.310	3.2104.310		
+15	1.2104.315	3.2104.315		







Distal screw Ø4.5

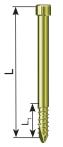


	Catalog	gue no.
L [mm]	Steel	Titanium
30	1.1654.030	3.1654.030
35	1.1654.035	3.1654.035
40	1.1654.040	3.1654.040
45	1.1654.045	3.1654.045
50	1.1654.050	3.1654.050
55	1.1654.055	3.1654.055
60	1.1654.060	3.1654.060
65	1.1654.065	3.1654.065
70	1.1654.070	3.1654.070
75	1.1654.075	3.1654.075
80	1.1654.080	3.1654.080
85	1.1654.085	3.1654.085
90	1.1654.090	3.1654.090

available L [mm] 16 ÷ 100



Proximal screw Ø4.5

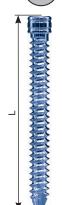


		Catalog	gue no.
L [mm]	L₁ [mm]	Steel	Titanium
30	12	1.1653.030	3.1653.030
35	16	1.1653.035	3.1653.035
40	16	1.1653.040	3.1653.040
45	16	1.1653.045	3.1653.045
50	18	1.1653.050	3.1653.050
55	18	1.1653.055	3.1653.055
60	18	1.1653.060	3.1653.060
65	20	1.1653.065	3.1653.065
70	20	1.1653.070	3.1653.070
75	20	1.1653.075	3.1653.075
80	22	1.1653.080	3.1653.080
85	22	1.1653.085	3.1653.085
90	22	1.1653.090	3.1653.090

available L [mm] 25 ÷ 90

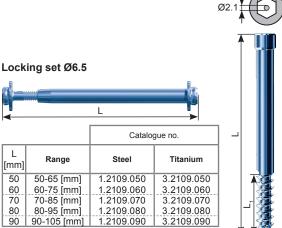


Distal screw Ø6.5



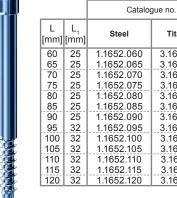
טוטנו	al Sciew 20.c	<u>'</u>
	Catalog	gue no.
L [mm]	Steel	Titanium
40	1.1651.040	3.1651.040
45	1.1651.045	3.1651.045
50	1.1651.050	3.1651.050
55	1.1651.055	3.1651.055
60	1.1651.060	3.1651.060
65	1.1651.065	3.1651.065
70	1.1651.070	3.1651.070
75	1.1651.075	3.1651.075
80	1.1651.080	3.1651.080
85	1.1651.085	3.1651.085
90	1.1651.090	3.1651.090
95	1.1651.095	3.1651.095
100	1.1651.100	3.1651.100
105	1.1651.105	3.1651.105
110	1.1651.110	3.1651.110

available	
L [mm] 30 ÷ 110	



1.2109.090

Reconstruction cannulated screw Ø6.5



Titanium

3.1652.060

3.1652.065 3.1652.070

3.1652.075 3.1652.080 3.1652.085 3.1652.090

3.1652.095 3.1652.100

3.1652.105

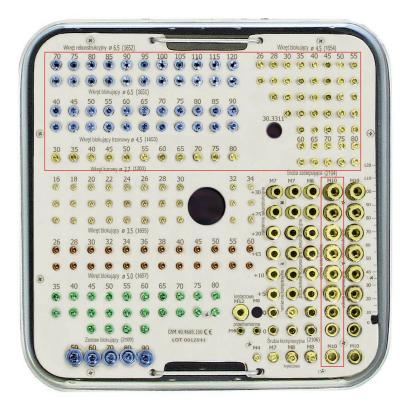
3.1652.110 3.1652.115 3.1652.120

90-105 [mm]





LOCKING ELEMENTS



40.4686.000 Stand for nail locking elements (set with a box without implants)



III. INSTRUMENT SET

III.1. INTRODUCTION

Fixation of the femoral fractures with reconstruction, compression, dynamic or static method is carried out with a single instrument set. When using the above mentioned methods, it is also required to have at your disposal a set of flexible intramedullary reamers in the following diameters: 8 [40.3854], 8.5 [40.3855], 9 [40.3856], 9.5 [40.3857], 10 [40.3858], 10.5 [40.3859], 11 [40.3860], 11.5 [40.3861], 12 [40.3862], 12.5 [40.3863], 13 [40.3864], 13.5 [40.3865], 14 [40.3866], 14.5 [40.3867], 15 [40.3868] and surgical drive or handle for a manual reaming. The operation is to be performed on operating table equipped with the X-Ray image intensifier.

III.2. INSTRUMENT SET FOR RECONSTRUCTION, COMPRESSION AND RETROGRADE METHOD [40.5090.600]

All instruments are placed on a stand with a lid to enable sterilization and transportation to the operating suite.

No.		Name	Catalogue No.	Pcs
1		Targeter arm	40.5091.000	1
2	(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Targeter 135	40.5097.000	1
3		Distal targeter D	40.5093.000	1
4		Connecting screw M10x1 L=55	40.5094.000	1
5		Connecting screw M10x1 L=66	40.5095.000	1
6		Compression screw	40.5096.000	1
7	**************************************	Nail length measure	40.5098.000	1
8		Trocar 9	40.3327.000	1
9	iii iii ii i	Protective guide 11/9	40.3328.000	2
10		Drill guide 9/6.5	40.3329.000	1
11		Drill guide 9/4.5	40.3330.000	1
12		Kirschner guide	40.3331.000	1
13		Reconstruction screw length measure	40.3332.000	1
14	-	Kirschner wire 2.0/380	40.3333.000	4
15		Protective guide 9/6.5	40.3614.000	3
16		Drill guide 6.5/3.5	40.3615.000	3
17		Set block 9/4.5	40.3616.000	2
18		Trocar 6.5	40.3617.000	1
19		Drill guide 6.5/4.5	40.3696.000	1
20		Screw length measure	40.1374.000	1



Curved avil 8.0 40.5522.000 1	No.		Name	Catalogue No.	Pcs
Mallot 40.3667.000 1 Connector M10x1/M12 40.5071.000 1 Wirench S10 40.5526.100 1 Telfon pipe guide 40.1348.000 1 Guide rod 3.0/580 40.3925.580 1 Guide rod 3.0/580 40.3925.580 1 Guide rod 3.0/580 40.3925.580 1 Screwdriver S 3.5 40.3664.000 1 Drill with scale 4.5/370 40.5333.001 1 Drill with scale 3.5/270 40.5333.001 3 Drill 6.5/370 40.2668.371 1 Cannulated drill 6.5/300 40.3674.000 1 Cannulated screwdriver S 5.0/2.2 40.3676.000 1 Aming insert 9.0 40.5665.009 2 Aming insert 9.0 40.5665.009 2 Aming insert 11.0 40.5665.010 2 Aming insert 11.0 40.5665.009 1 Bott guide 40.5076.000 1 Aming insert 11.0 40.5065.009 1	21		Curved awl 8.0	40.5523.000	1
Connector M10x1/M12	22		Impactor-extractor	40.5507.000	1
Wrench S10	23	100000000000000000000000000000000000000	Mallet	40.3667.000	1
Teffon pipe guide 40.1348.000 1 27	24		Connector M10x1/M12	40.5071.000	1
Guide rod 3.0/580	25		Wrench S10	40.5526.100	1
Guide rod handle	26		Teflon pipe guide	40.1348.000	1
Screwdriver S 3.5	27		Guide rod 3.0/580	40.3925.580	1
Drill with scale 4.5/370	28		Guide rod handle	40.1351.000	1
Drill with scale 3.5/270	29		Screwdriver S 3.5	40.3604.000	1
Drill 6.5/370	30		Drill with scale 4.5/370	40.5333.001	1
Cannulated drill 6.5/300 40.3674.000 1 Cannulated screwdriver S 5.0/2.2 40.3675.000 1 Cannulated screw length measure 40.3676.000 1 Aiming insert 9.0 40.5065.009 2 Aiming insert 11.0 40.5065.011 2 Screwdriver S 3.5 40.5074.000 1 Drill 4.5/270 40.1387.001 1 Angular set block 40.5004.500 1	31		Drill with scale 3.5/270	40.5330.001	3
Cannulated screwdriver S 5.0/2.2 40.3675.000 1 35	32		Drill 6.5/370	40.2068.371	1
35	33		Cannulated drill 6.5/300	40.3674.000	1
Aiming insert 9.0 40.5065.009 2 37 Aiming insert 11.0 40.5065.011 2 38 Screwdriver \$3.5 40.5074.000 1 40 Drill 4.5/270 40.1387.001 1 Angular set block 40.5004.500 1	34		Cannulated screwdriver S 5.0/2.2	40.3675.000	1
37 Aiming insert 9.0 40.5065.011 2 38 Screwdriver S3.5 40.5074.000 1 39 Bolt guide 40.5075.000 1 40 Drill 4.5/270 40.1387.001 1 Angular set block 40.5004.500 1	35		Cannulated screw length measure	40.3676.000	1
Screwdriver S3.5 40.5074.000 1 Bolt guide 40.5075.000 1 Drill 4.5/270 40.1387.001 1 Angular set block 40.5004.500 1	36		Aiming insert 9.0	40.5065.009	2
Bolt guide 40.5075.000 1 40 Drill 4.5/270 40.1387.001 1 Angular set block 40.5004.500 1	37		Aiming insert 11.0	40.5065.011	2
40 Drill 4.5/270 40.1387.001 1 41 Angular set block 40.5004.500 1	38		Screwdriver S3.5	40.5074.000	1
Angular set block 40.5004.500 1	39		Bolt guide	40.5075.000	1
Angular set block 40.5004.500 1	40		Drill 4.5/270	40.1387.001	1
42 Protective guide 11/9 40.3662.000 1	41		Angular set block	40.5004.500	1
	42	19	Protective guide 11/9	40.3662.000	1



No.	Name	Catalogue No.	Pcs
43	Stand	40.5099.600	1

IV. SURGICAL TECHNIQUE

IV.1. METHODS: RECONSTRUCTION, COMPRESSION, DYNAMIC, STATIC

IV.1.1. Introduction

Tightly fitting the medullary canal is not necessary if the locking nail is used. In the case of placing the nail without reaming the canal, the following diameters 8, 9, 10, 11 mm of the nail should be used. Nails with diameter 12, 13, 14 are used for the cases where reaming has to be done.

Please note that the diameter of reamed canal has to be about 2mm wider than the diameter of the nail.

In every case, hole is to be made in proximal part of femur, 13 mm in diameter for the nails sizes 8, 9, 10, 11, 12, 13 mm or 14 mm in diameter for the nail 14 mm, and to 8 cm in depth.

It enables the insertion of proximal part, where the nail is made thicker. Decision about possible reaming after verifying the shape of canal and type of fracture shall be made by a surgeon.

Reaming of medullary canal is not recommended for patients with chest injuries due to the risk of fat embolism.

When patient cannot be operated at the day of femoral fracture, it is recommended to apply strong traction for 2 to 3 days to spread the fragments. This considerably enables fracture reduction and nail insertion.

Placing the patient on a table with traction is an integral part of the surgery.

Presented method of intramedullary osteosynthesis requires intraoperative radiological examination.

Each surgical procedure must be carefully planned. X-Ray of the entire femur is essential as to make sure no injuries in its proximal or distal part are overlooked.

It is especially important in the cases of nailing the pathological subtrochanteric fractures. Special attention is to be paid to concurrent femoral neck fractures or proximal epiphysis multi-fragmental fractures, and to the possibility of their occurrence during the procedure of nail insertion. During the operation, secondary fractures of main fragments may occur.

In such cases the dynamic stabilization has to be replaced by a static one.

The condition of the hip joint is also very important. In advanced arthrosis or contracture, nail fixation may be difficult or even impossible to perform.

In addition, it should be verified whether alloplasty of hip or knee has ever been performed on the fractured bone before. The procedure has to be carried out on the operating table with traction with the patient placed supine or on the side. The side position enables the approach to the greater trochanter, which is especially important with overweight patients.

The supine position provides less favorable access to the greater trochanter, but makes all other stages of the operation considerably easier (especially rotary corrections).

In the presented method, the supine position is recommended with traction applied to the condyles of the operated femur.

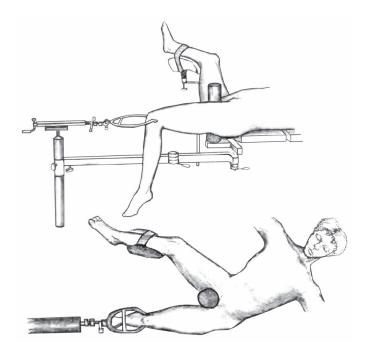
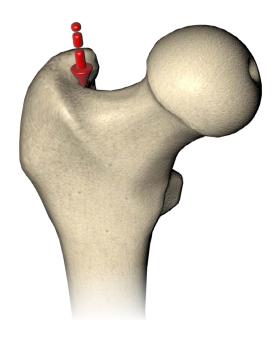


FIG. 1. Supine position for intramedullary osteosynthesis of femur.

Lateral surgical approach shall be applied. Begin the incision near the tip of greater trochanter in line with the femoral shaft axis for 8cm. The incision should be longer for overweight patients. The fascia should be cut in the same direction as the incision. Fibers of greater gluteal muscle are then split, as to provide an access to the tip of greater trochanter. The entry point for the nail should be located in line with the axis of medullary canal. It can be found in practice in the following way.

If one finds the tip of greater trochanter with his index finger, the entry point is "a little bit medially" (in the direction to the base of the femoral neck) and "slightly anteriorly", in a place where one should feel small dale (fossa piriformis) with his index finger (see Fig. 2).

FIG. 2 Entry point for femoral nail.

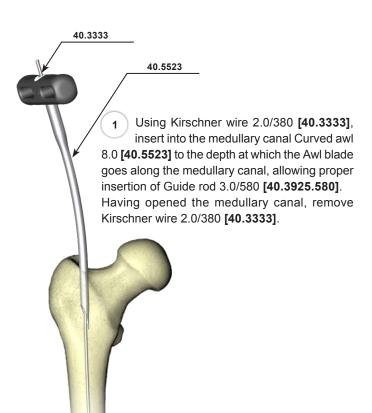


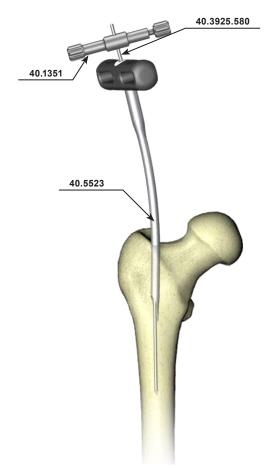


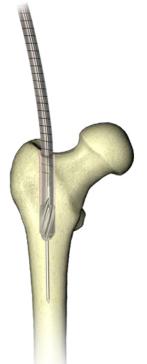
ATTENTION! The following paragraphs describe the most important steps during insertion of intramedullary interlocking femoral nails; nevertheless, it is not a detailed instructions for use. The surgeon decides about choosing the surgical technique and its application in each individual case.

The physician uses images of both fractured and healthy femur to determine the length, diameter and type of the nail.

IV.1.2. Preparation of medullary canal and nail insertion.







Mount Guide rod 3.0/580 [40.3925.580] to Guide rod handle [40.1351] and enter the guide into the medullary canal through Curved awl 8.0 [40.5523] cannulated hole to the depth required for the proper fixation of bone fragments. While guide rod insertion, control the fracture reduction and make sure the guide rod passes through all the bone fragments. Remove Guide rod handle [40.1351] and Curved awl 8.0 [40.5523]. Leave Guide rod 3.0/580 [40.3925.580] in place.

In the case medullary canal is reamed, gradually increase the diameter with steps of 0.5 mm, until the diameter 1.5 to 2.0 mm wider than the diameter of the femoral nail is reached, for the depth at least equal to the nail length (but not lesser).

In both cases when the medullary canal was reamed or not, the canal should be reamed using 13 or 14 mm reamer to the depth of approx. 8 cm.

Remove the flexible reamer.

NOTE! Steps [4] and [5] are applicable only if the medullary canal has been reamed or if another reamer guide has been used.

Otherwise proceed directly with the step [6].



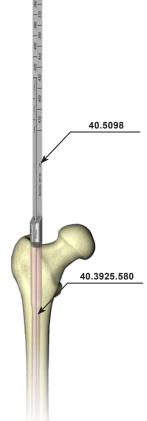
When using a guide wire which is not included in the instrument set provided, replace it with a guide wire [40.3925.580]. Insert the Teflon Pipe Guide [40.1348] onto the flexible reamer guide until it reaches the end of the medullary canal in distal femur.

Remove the flexible reamer guide.



Mount the Guide rod handle [40.1351] with the Guide rod [40.3925.580] 580 mm in length and advance the system into the Teflon pipe guide until its tip reaches the distal epiphysis of femoral bone.

Remove the Teflon pipe guide [40.1351].



Insert the Nail Length Measure [40.5098] via the Guide Rod until it rests on the bone. Read the length on the nail measure to asses the length of intramedullary nail. Remove the Nail Length Measure from the Guide Rod. In the case of using the solid nail, remove the Guide Rod. Medullary canal is ready for nail insertion.

- 7
- Use the connecting screw:
- [40.5095] in the case of using reconstruction and compression nail,
- **[40.5094]** in the case of using universal nail with the Wrench S10 **[40.5526.100]**, to fix the intramedullary nail to the Targeter arm **[40.5091]**.

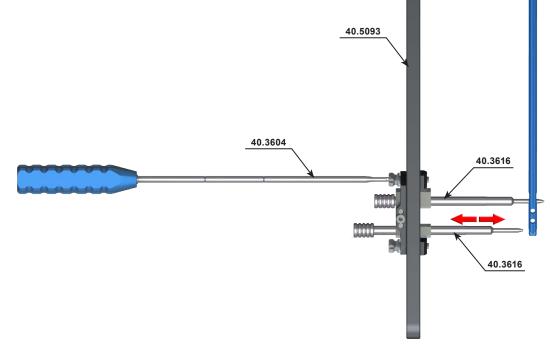
Mount the Distal targeter D **[40.5093]** with the Targeter arm. With a pair of the Set Blocks 9/4.5**[40.3616]** place the slider of the Distal targeter D in line with distal locking holes of intramedullary nail in its distal part.

Secure the slider of the Distal targeter using the Screwdriver S3.5 [40.3604].



CHECK:

Properly set and secured slider of the Distal targeter D makes it possible to set the Set Blocks 9/4.5 into the holes of the nail easily.

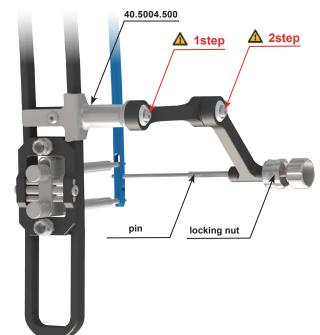


- 8
- I. Attach Angular set block **[40.5004.500]** to the Targeter D this way it rests its body on slider of distal targeter. Screw maximally locking nut in hole of angular set block.
- II. Insert the Pin in the locking nut. Using Screwdriver S3.5 [40.3604] loosen the screws locking the arms of the angular set block and set them this way the end of the Pin inserted in the hole of the Angular set block nut touches the nail in the transverse hole of the medullary nail. In this position lock the arms of angular set block using the Scredriver S3.5 [40.3604].



Firstly, tightening the locking screw in the column of the set block, lock the indirect arm $(1 \ step)$. Next, lock the arm with the set block $(2 \ step)$.

III. Remove the pin from the Angular set block nut.

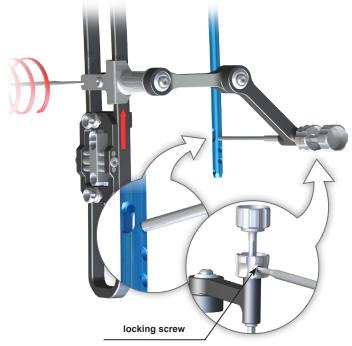


40.5094 or 40.5095

40.5091



- I. Loosen the screw mounting the Angular targeter to the Targeter D and move it by 10-15 mm. Lock the Angular targeter in the new setting using the Screwdriver S3.5 [40.3604].
- II. Insert the Pin in the hole of the locking nut so that its end leans against the nail. Using the Screw and the Screwdriver S3.5 **[40.3604]** lock the pin in the nut.
- III. Unscrew the locked pin-nut set from the Angular set block. Dismount the distal targeter from the proximal targeter.



Mount the Impactor-Extractor [40.5507] to the Targeter arm [40.5091] with fixed nail. Insert the nail onto the Guide Rod [40.3925.580] in medullary canal. Advance the nail by pushing and maneuvering it until it reaches adequate depth. Remove the Guide Rod [40.3925.580].

Dismount the Impactor-Extractor [40.5507] from the Targeter arm.

Mount the Targeter 135 **[40.5097]** on the Targeter arm **[40.5091]**.

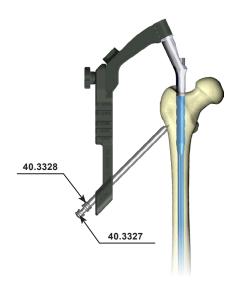
Insert Kirschner wire in the hole (marked "0") of the Targeter 135 **[40.5097]** to verify correct placement of the nail. The end of the wire shows the beginning of the nail.



IV.2. RECONSTRUCTION METHOD

IV.2.1. Proximal locking of the nail

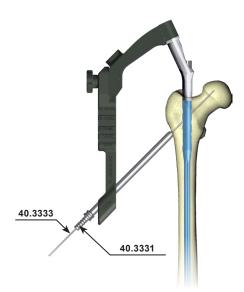
IV.1.0.A. OPTION I: Locking with reconstruction screws



Mount the Targeter 135 **[40.5097]** to the Targeter arm **[40.5091]**. Insert the Protective Guide 11/9 **[40.3328]** with the Trocar 9 **[40.3327]** into the first proximal hole of the Targeter 135 **[40.5097]**. Mark on the skin the entry point for screws and make adequate incision of the soft tissues.

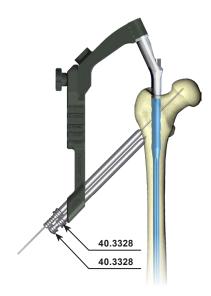
Advance the trocar until it reaches the cortex bone and mark the entry point for the drill. Simultaneously advance the Protective Guide together with the Trocar until its tip rests on the cortex bone. Remove the Trocar.

Leave the Protective Guide in the hole.



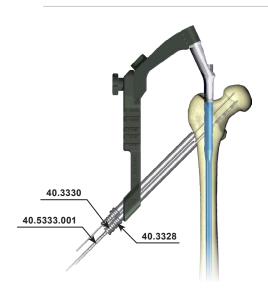
Insert Kirschner Guide **[40.3331]** into the Protective Guide. Mount Kirschner wire 2.0/380 **[40.3333]** on the surgical drive and place KW into the femoral neck but do not perforate the femoral head. The above step should be controlled with X-Ray (*image in the drawing plane*). Verify the position of KW in the lateral view. The wire should be in the middle of the neck, deviation is acceptable if allows for the screw insertion without damaging outer cortex of the neck. In the case of mis-positioning of the wire, repeat the step.

Leave: Kirschner Guide, Protective Guide and Kirschner wire in place.



Insert the Protective Guide 11/9 [40.3328] with the Trocar 9 [40.3327] into the second hole in the Targeter 135 [40.5097]. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar. Leave the Protective Guide in the hole.

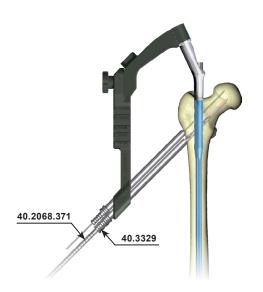


Insert the Drill Guide 9/4.5 **[40.3330]** (with two grooves on the handle) into the Protective Guide 11/9 **[40.3328]** placed in the second hole of the targeter.

Mount the Drill With Scale 4.5/370 **[40.5333.001]** on the surgical drive and advance it through the drill guide.

Drill the hole in the femoral neck (through the proximal hole in the nail) until it reaches adequate depth, but do not perforate the head. The scale on the Drill shows the length of the locking element. Control the drilling process with the X-Ray image intensifier. Remove the Drill and the Drill Guide.

Leave the Protective Guide in the hole of targeter.

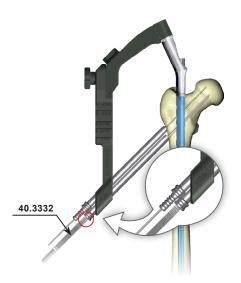


Insert the Drill Guide 9/6.5 **[40.3329]** (with three grooves) into the Protective Guide 11/9 **[40.3328]**. Mount the Drill 6.5/370 **[40.2068.371]** on the surgical drive and advance it through the drill guide. Ream the hole in the femoral neck for the depth approx. 30mm lesser than the hole drilled before with 4.5 drill (due to the length of the thread of the reconstruction screw).



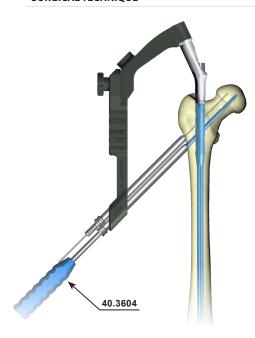
Control the drilling process with the X-Ray image intensifier.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of targeter.



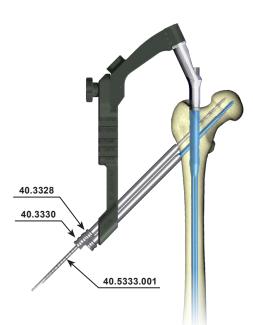
Insert the Reconstruction Screw Length Measure [40.3332] through the Protective Guide into the drilled hole until it reaches its end. Read the length of the reconstruction screw on the measure. During the measurement the end of the Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of targeter.



Insert the tip of the Screwdriver S3.5 **[40.3604]** into the hexagonal socket of the selected reconstruction screw. Then advance both into the Protective Guide. Insert the reconstruction screw in the prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of protective guide).

Remove the Screwdriver.



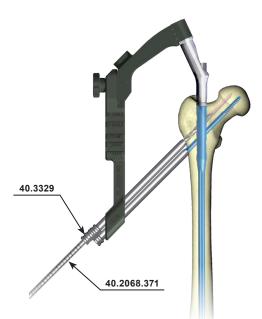
Remove Kirschner wire and Kirschner Guide from the Protective Guide 11/9 [40.3328] of the first hole. Insert the Drill Guide 9/4.5 [40.3330] (with two grooves on the handle) into the Protective Guide 11/9 [40.3328] (with one groove) left in hole of the targeter.

Mount the Drill With Scale 4.5/370 **[40.5333.001]** on the surgical drive and advance it through the drill guide. Drill the hole in the femoral neck *(through the proximal hole in the nail)* until it reaches adequate depth, but do not perforate the head. The scale on the drill shows the length of the locking element.



Control the drilling process with the X-Ray image intensifier.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of targeter.

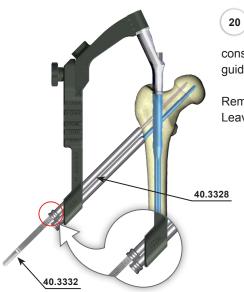


Insert the Drill Guide 9/6.5 **[40.3329]** (with three grooves) into the Protective Guide. Mount the Drill 6.5/370 **[40.2068.371]** on the surgical drive and advance it through the drill guide. Ream the hole in the femoral neck for the depth approx 30mm lesser than before drilled hole with 4.5 drill (due to the length of the thread on the reconstruction screw).



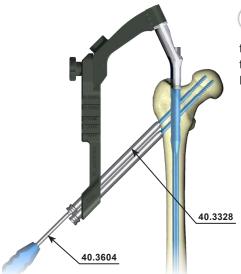
Control the drilling process with the X-Ray image intensifier.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of targeter.



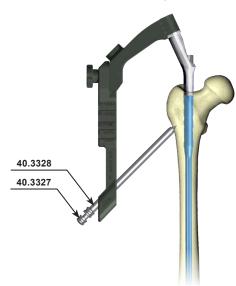
Insert the Reconstruction Screw Length Measure [40.3332] through the Protective Guide into the drilled hole until it reaches its end. Read the length of the reconstruction screw on the measure. During the measurement the end of the protective guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



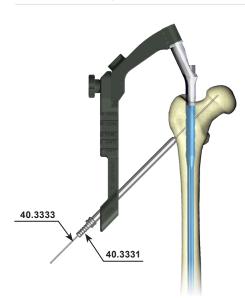
Insert the tip of the Screwdriver S3.5 **[40.3604]** into the hexagonal socket of the selected reconstruction screw. Then advance both into the Protective Guide. Insert the reconstruction screw in the prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of protective guide). Remove the Screwdriver S3.5 and Protective Guide.

IV.1.0.B. OPTION II: Locking nail with reconstruction cannulated screws



Insert the Protective Guide 11/9 [40.3328] with the Trocar 9 [40.3327] into the first proximal hole in the Targeter 135 [40.5097]. Mark the entry point for the screw and make the adequate incision of the soft tissues. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar.
Leave the Protective Guide in the hole.



Insert Kirschner Guide **[40.3331]** and Kirschner Wire 2.0/380 **[40.3333]** into the Protective Guide 11/9 **[40.3328]**. Mount KW in the surgical drive and advance into the femoral neck but do not perforate the femoral head. The above step should be controlled with X-Ray (*A/P view*). Verify the position of KW in the lateral view. KW should be in the middle of the neck, deviation is acceptable if allows screw to be inserted without damaging outer cortex of the neck.

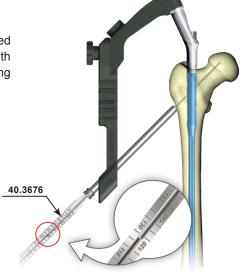
Use Kirschner Wire 2.0/380 [40.3333] only.

In the case of mis-positioning of the wire, repeat this step.

Remove Kirschner guide. Leave Kirschner wire in place.

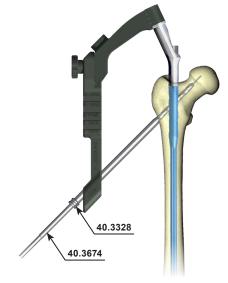
Insert the Cannulated screw length measure [40.3676] onto Kirschner wire drilled into the femoral neck until its tip touches the Protective Guide. Read the length of the reconstruction cannulated screw defined by the end of Kirschner wire. During the measurement the end of the measure should rest on the cortex bone.

Remove the Screw Length Measure. Leave Kirschner wire in place.



Mount the Cannulated Drill 6.5 [40.3674] in the surgical drive and advance via Kirschner wire mounted in the femoral neck. Drill the hole through the first cortex (up to the nail placed in the medullary canal).

Remove the Cannulated Drill. Leave Kirschner Wire in place.

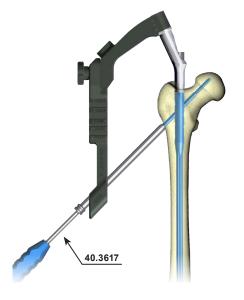


Insert the selected reconstruction cannulated screw onto Kirschner wire. Insert, using the Cannulated Screwdriver [40.3675] via Kirschner wire, a reconstruction cannulated screw that will pass through the proximal hole of the nail until its head reaches cortex bone.

Remove the Screwdriver and Kirschner Wire. Kirschner wire is single use instrument.



NOTE! To insert second reconstruction screw into the second hole in targeter, repeat steps [21] to [24].



Correctness of femoral neck fixation should be verified by taking X-Ray image in two projections. Small overall dimensions of the targeter 135 which is additionally angled of antetorsion angle allows for taking X-Ray image in lateral position (*c-arm is then positioned at small angle in relation to targeter position*). Nail with its locking elements both seen at radiological image can be helpful in confirming the correctness of locking.





IV.2.2. Distal locking of the nail

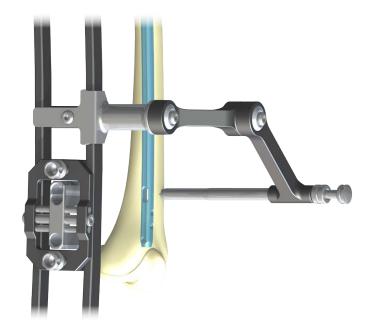
Prior to distal locking of the nail, do the following:

- **1.** Mount the Distal targeter D **[40.5093]** on the Targeter arm **[40.5091]** and secure it with a locknut *(provided with the targeter)*. Mount also Angular set block. If properly installed, the signs RIGHT or LEFT on both targeters should comply.
- 2. Verify with the X-Ray the position of holes in the nail and in the targeter. The centers of the holes in nail and targeter have to be in line.

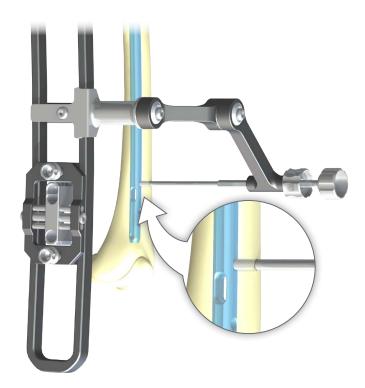
Insert the Protective Guide 9/6.5 **[40.3614]** (with one groove on the handle) with the Trocar 6.5 **[40.3617]** into the hole of the angular set block. Mark the entry point and make the adequate incision of the soft tissues. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

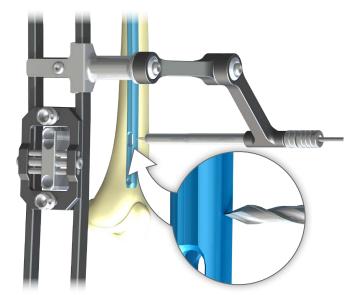
Remove the Trocar.

Leave the Protective Guide in the hole of the angular set block.



Insert the Drill Guide 6.5/3.5 [40.3615] (with two grooves) into the Protective Guide left in the angular set block. Mount the Drill 3.5/270 [40.1386] on the surgical drive and advance it through the drill guide. Drill (under image intensifier control) the hole in the femoral shaft until the drill reaches the nail. Remove: the drill, drill guide and protective guide.



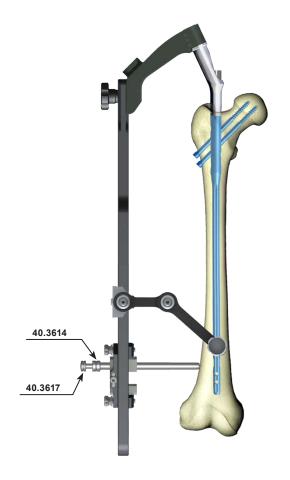


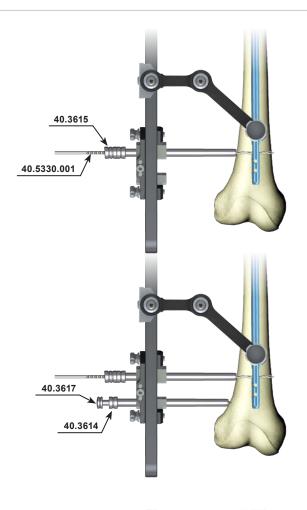
Screw in maximally the pin and the nut in the hole of the angular set block. Afterwards, proceed with locking the nial from the slider of the Distal targeter.

Insert the Protective Guide [40.3614] (with one groove) with the Trocar 6.5 [40.3617] into the proximal hole of the Distal targeter D. Mark the entry point for the drill and make the adequate incision of the soft tissues. Using the trocar, mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



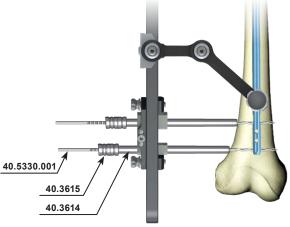


Insert the Drill Guide 3.5 [40.3615] (with two grooves) into the Protective Guide [40.3614]. Mount the Drill With Scale 3.5/270 [40.5330.001] on the surgical drive and advance it through the Drill Guide. Drill the hole in the femoral shaft through its both cortex layers and the nail hole. The scale on the drill shows the length of the locking element.

Dismount the Drill from the surgical drive. Leave the protective guide - drill guide - drill set in place.

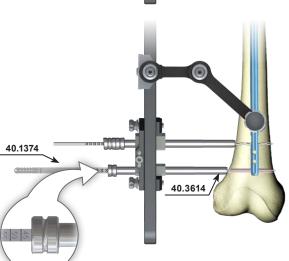
Insert the Protective Guide [40.3614] (with one groove) with the Trocar 6.5 [40.3617] into the second hole of the Distal targeter. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar. Leave the Protective Guide in the hole.



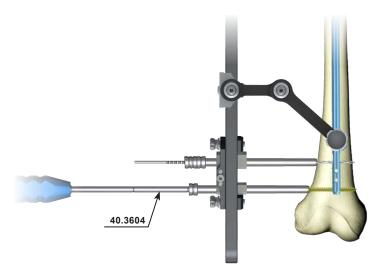
Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the Protective Guide **[40.3614]**. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the Drill Guide. Drill the hole in the femoral shaft through its both cortex layers and the nail hole. The scale on the drill shows the length of the locking element.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the targeter hole.



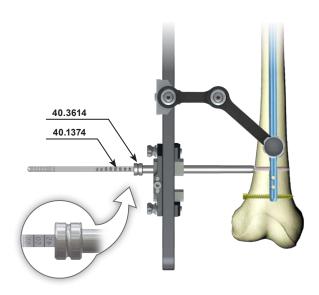
Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the B-D measure scale. During the measurement, the tip of Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in place.



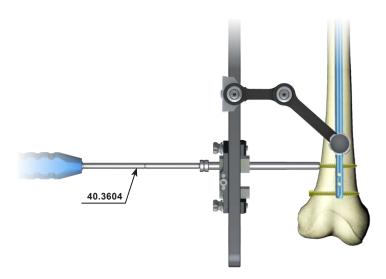
Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw into prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of the protective Guide).

Remove the Screwdriver and Protective Guide.



Remove the Drill and Drill Guide from the proximal hole of the targeter. Leave the Protective Guide in the hole of the targeter. Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the B-D measure scale. During the measurement the Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw into the prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of the protective guide).

Remove the Screwdriver S3.5.

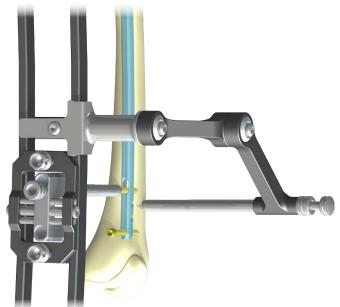
After locking the nail in its distal part, remove only one of protective guides via which locking screws in the AP plane were inserted and proceed to locking the nail in the second plane. Unscrew the pin together with the nut from the angular set block. Move the angular set block [40.5004.500] so that it leans against the slider of the distal targeter. Lock the angular set block.



Insert Protective guide [40.3614] with Trocar [40.3617] into the hole of the angular set block. Mark the entry point and make the adequate incision of soft tissues. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

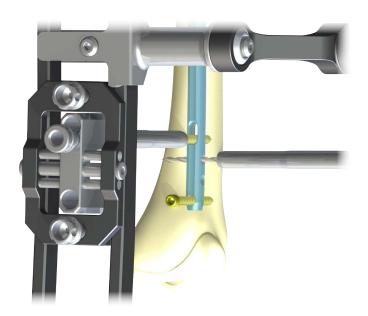
Remove the Trocar.

Leave the Protective guide in the hole of the Angular set block.



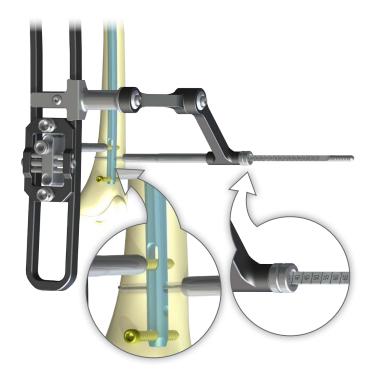
Insert Drill guide **[40.3615]** into Protective guide. Using surgical drive and the Drill 3.5/270mm **[40.1386]** via drill guide drill the hole through both cortex layers of the bone and the nail hole. Verify the hole under image intensifier control.

Remove the drill.



Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the outer side of the second cortex layer. Read the length of the locking screw on the B-D measure scale. During the measurement, the tip of Protective Guide should rest on the cortex bone.

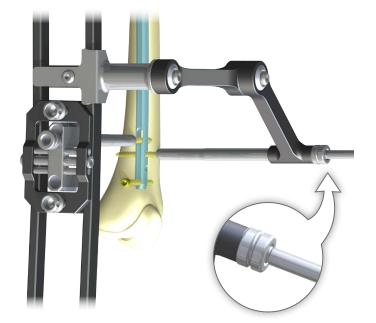
Remove the Screw Length Measure.



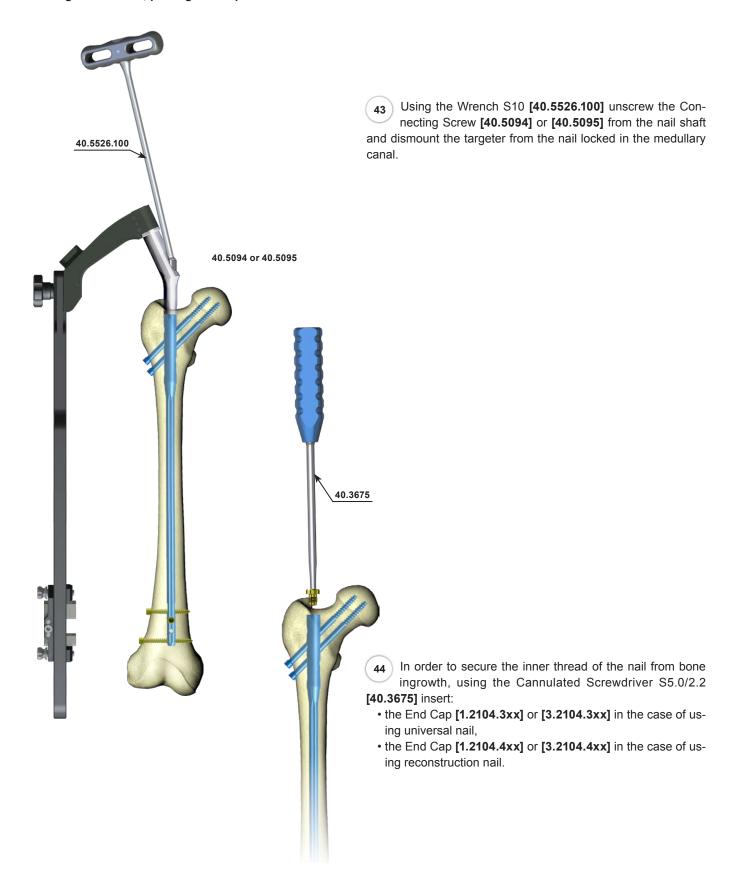
Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw into prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of the protective guide).

Remove the Screwdriver and Protective Guide.

Dismount the Angular set block and proceed to proximal nail locking.

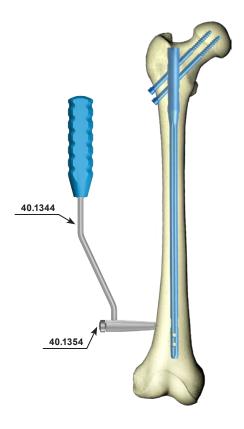


IV.2.3. Targeter removal, placing End cap



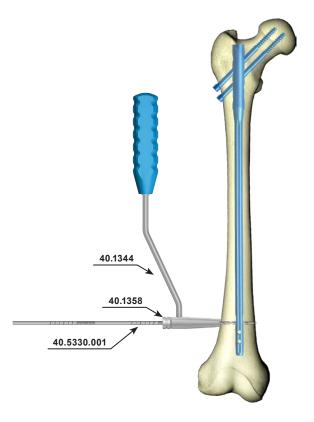
IV.2.4. Distal locking of the nail - "freehand technique"

With this technique the X-Ray imaging is used to identify the entry points for the drills and to control the drilling process. It is recommended to use the angular attachment with the surgical drive while drilling, so that surgeon's hands are not directly exposed to radiation. After marking the entry points on the skin, incisions shall be made in the marked places through the soft tissues, each about 1.5cm in length.



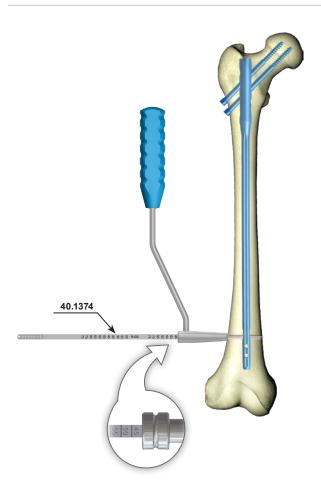
Using X-Ray device, place the Targeter D [40.1344] in the line with the nail hole. The centers of the holes in the targeter and nail have to match. The teeth of the Targeter D have to be merged in the cortex. Insert the Short Trocar 7 [40.1354] into the hole of the targeter, advance it until reaching the cortex, and mark the entry point for the drill.

Remove the Trocar. Leave the Targeter D.



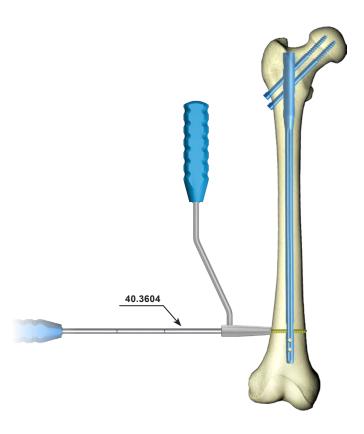
Insert the Drill Guide Short 7/3.5 **[40.1358]** into the targeter hole. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the drill guide. Drill the hole in the femoral shaft through its both cortex layers and the nail hole. The scale on the drill shows the length of the locking element.

Remove the Drill and Drill Guide. Leave the Targeter in place.



Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the scale D.

Remove the Screw Length Measure. Leave the Targeter in place.



Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the hole of the Targeter. Insert the locking screw until its head reaches the cortex bone.

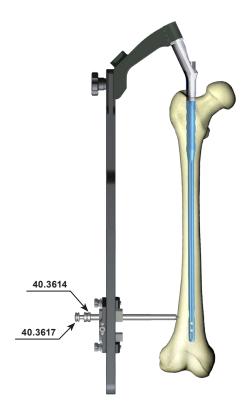
Remove the Screwdriver S3.5 and the Targeter.

IV.3. DYNAMIC AND COMPRESSION METHODS

IV.3.1. Distal locking of the nail

Prior to distal locking of the nail, do the following:

- 1. Mount the Distal targeter D [40.5093] to the targeter arm [40.5091] and secure it with the collar bolt.
- If properly installed, the signs RIGHT or LEFT on both targeters should comply.
- **2.** Verify, using the X-Ray device, the position of nail holes and in distal targeters holes. The centers of the holes in the nail and in distal targeters have to be in line.



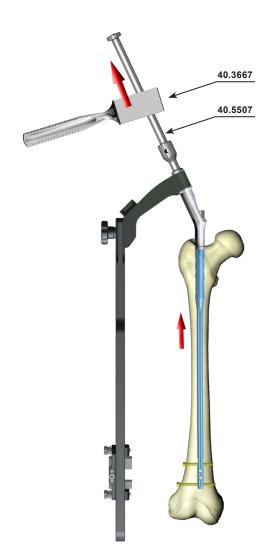
Insert the Protective Guide [40.3614] (with one grove on the handle] with the Trocar 6.5 [40.3617] into the proximal hole of the distal targeter D. Mark the entry point for the locking screw on the skin and make adequate incision through the soft tissues. Advance the Trocar until it reaches cortex and mark the drill entry point. Advance Protective Guide together with the Trocar until it touches the cortex bone.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



NOTE! For the rest of the procedure follow the subchapter IV.2.2 of these instructions.

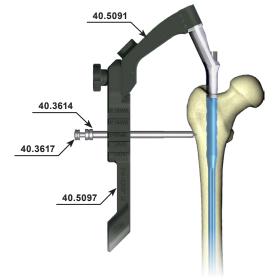


It is possible to make reduction of fracture after locking the nail in distal part by slightly knocking the nail up, and then locking the nail in proximal part.

IV.3.2. Proximal locking of the nail



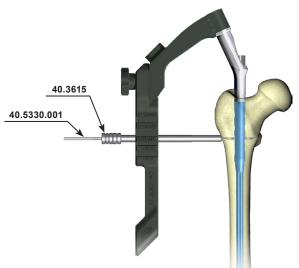
NOTE! In compression and dynamic methods insertion shall be done using the hole of the Targeter 135 [40.5097] marked as DYNAMIC.



Mount the Targeter 135 [40.5097] on the Targeter arm [40.5091]. Insert the Protective Guide 9/6.5 [40.3614] (with one grove on the handle) with the Trocar 6.5 [40.3617] into the proximal hole of the Targeter 135 [40.5097]. Mark on the skin the entry point for the locking screw and make adequate incision through soft tissues about 1.5cm in length. Advance the trocar until it reaches the cortex and mark the drill entry point. Advance the Protective Guide together with the Trocar until it touches the cortex.

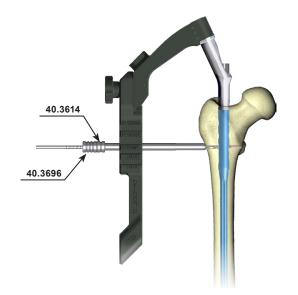
Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



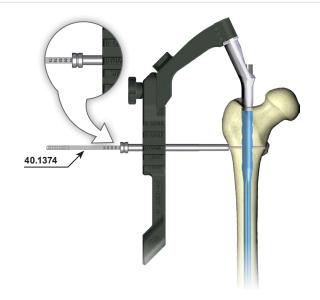
Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the protective guide. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the Drill Guide. Drill the hole in the femur through its both cortex layers and the hole in the nail. The scale on the drill shows the length of the locking element.

Remove the Drill and Drill Guide. Leave the Protective Guide in the hole of the targeter.



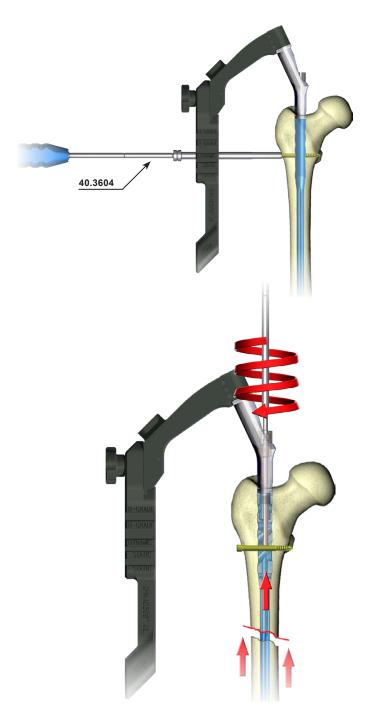
Insert the Drill Guide 6.5/4.5 **[40.3696]** into the Protective Guide 9/6.5 **[40.3614]**. Mount the Drill 4.5/270 on the surgical drive and advance it through the drill guide. Drill the hole in the femur only through its first cortex up to the nail hole.

Remove the Drill and Drill Guide. Leave the Protective Guide in the hole of the targeter.



Insert the Screw Length Measure [40.1374] through the protective guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the Measure scale B-D. During the measurement the end of the Protective Guide should rest on the cortex.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw into the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of the protective guide).

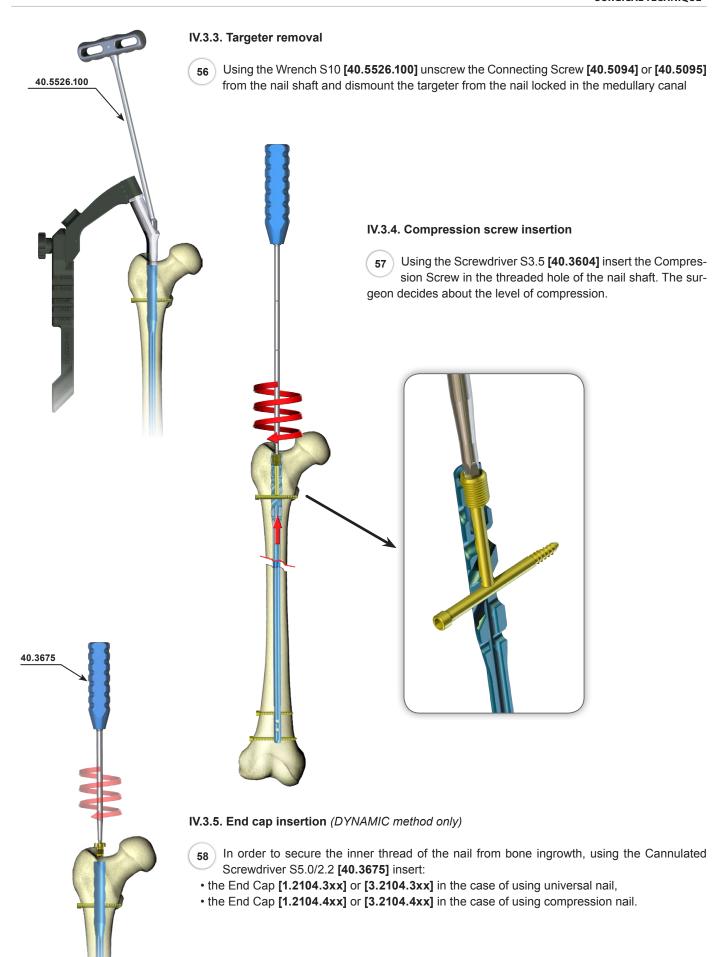
Remove the Screwdriver and Protective Guide.

In order to make the intraoperative compression, using the Screwdriver S3.5 [40.3604] insert the Compression Screw [40.5096] into the Connecting Screw M10x1 that connects intramedullary nail with the Targeter arm.

When front of the screw reaches the shaft of locking screw, further screwing will cause the compression of bone fragments.

The above steps should be controlled with X-Ray image intensifier to observe the interfragmental slot.

In order to maintain the bone fragments compression, lock the screw by using hole STATIC placed further from DYNAMIC hole. Repeat steps 41-45.



IV.4. STATIC METHOD

IV.4.1. Distal nail locking

Prior to distal locking of the nail, do the following:

- 1. Mount the Distal targeter D [40.5093] to the targeter arm [40.5091] and secure it with the collar bolt.
- If properly installed, the signs RIGHT or LEFT on both targeters should comply.
- **2.** Verify, using the X-Ray device, the position of nail holes and in distal targeters holes. The centers of the holes in the nail and in distal targeters have to be in line.

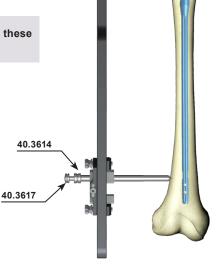
Insert the Protective Guide 9/6.5 **[40.3614]** (with one grove on the handle) with the Trocar 6.5 **[40.3617]** into the hole of distal targeter D. Mark the entry point for the locking screw on the skin and make adequate incision through the soft tissues. Advance Trocar until it reaches cortex bone and mark the drill entry point. Advance Protective Guide together with the Trocar until it touches the cortex.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



NOTE! For the rest of the procedure follow the subchapter IV.2.2 of these instructions.



IV.4.2. Proximal nail locking

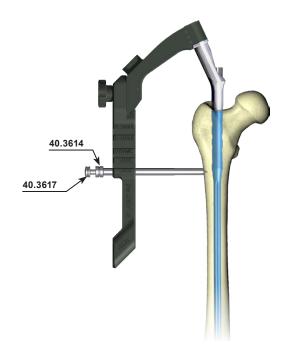


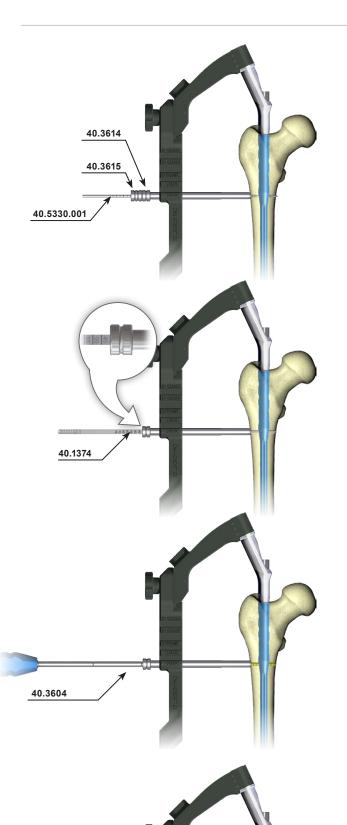
NOTE! In static method of femoral fixation to lock the intramedullary nail, distal hole of Targeter 135 [40.5097] marked STATIC shall be used. The second hole (proximal) may be used for locking with second locking screw.

Insert the Protective Guide 9/6.5 **[40.3614]** (with one grove on the handle) with the Trocar 6.5 **[40.3617]** into the distal hole of the targeter 135. Mark the entry point for the locking screw on the skin and make adequate about 1.5cm long incision through the soft tissues. Advance the trocar until it reaches the cortex and mark the entry point for the drill. Advance Protective Guide together with the Trocar until it touches the cortex.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.





40.3614

40.3617

Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the Protective Guide 9/6.5 **[40.3614]**. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the Drill Guide. Drill the hole in the femur through its both cortex layers and the hole in the nail. The scale on the drill shows the length of the locking element.

Remove the Drill and Drill Guide. Leave the Protective Guide in the hole of the targeter.

Insert the Screw Length Measure [40.1374] through the Protective Guide 9/6.5 [40.3614] into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the measure scale B-D. During the measurement the end of the Protective Guide should rest on the cortex.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.

Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw into the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of the protective guide).

Remove the Screwdriver and Protective Guide.

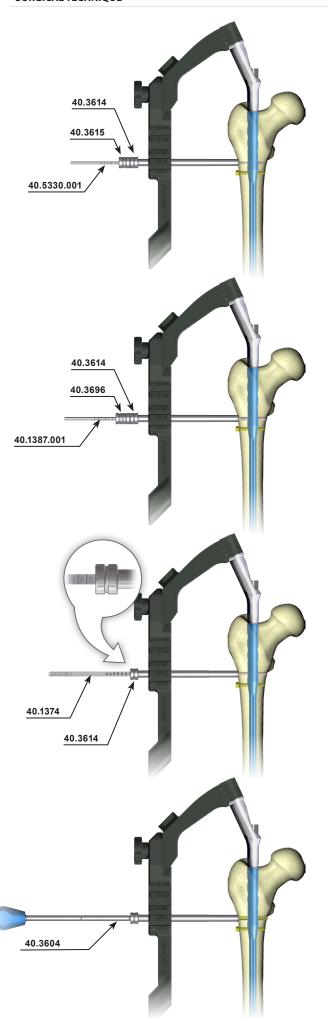


NOTE! If the surgeon decides to lock the nail in the proximal part with two screws, insertion of the second screw should be performed as shown in steps [50] to [53]. Otherwise omit these steps.

Insert the Protective Guide 9/6.5 [40.3614] (with one grove on the handle) with the Trocar 6.5 [40.3617] into the proximal hole of the proximal targeter. Advance Trocar untilit reaches cortex and mark the entry point for the drill. Advance the Protective Guide together with the trocar until it touches the bone.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the Protective Guide. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the Drill Guide. Drill the hole in the femur through its both cortex layers and the nail hole. The scale on the Drill shows the length of the locking element.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of the targeter.

Insert the Drill Guide 6.5/4.5 **[40.3696]** into the Protective Guide. Mount the Drill 4.5/270 **[40.1387.001]** on the surgical drive and advance it through the Drill Guide. Drill the hole in the femur only through its first cortex up to the hole in the nail.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of the targeter.

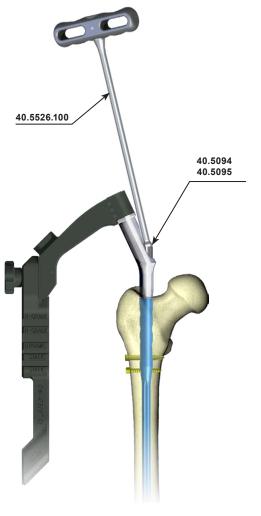
Insert the Screw Length Measure [40.1374] through the Protective Guide 9/6.5 [40.3614] into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the scale B-D. During the measurement the end of the Protective Guide should rest on the cortex.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.

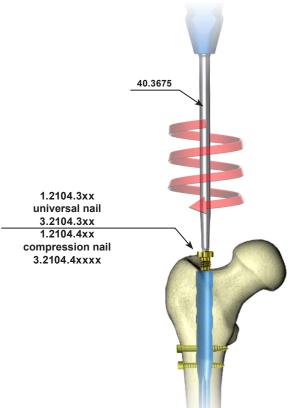
Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of protective guide).

Remove the Screwdriver and the Protective Guide.

IV.4.3. Targeter removal, End cap insertion



Using the Wrench S10 [40.5526.100] unscrew the Connecting Screw [40.5067] or [40.5069] from the nail shaft and dismount the Targeter from the nail locked in the medullary canal.



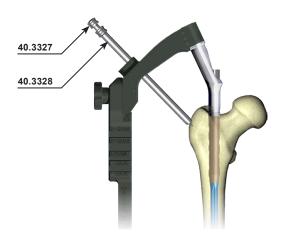
- In order to secure the inner thread of the nail from bone ingrowth, using the Cannulated Screwdriver S5.0/2.2 [40.3675] insert:
 - the End Cap [1.2104.3xx] or [3.2104.3xx] in the case of using the universal nail;
 - the End Cap [1.2104.4xx] or [3.2104.4xx] in the case of using the compression nail.

IV.5. STATIC METHOD WITH THE USE OF RECONSTRUCTION NAIL

IV.5.1. Proximal nail locking

In the static method, the intramedullary reconstruction nails for fixation of femoral fragments may be used:

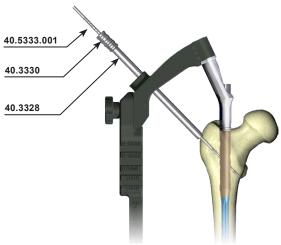
- right nail (market RIGHT) should be used for fixation of the left femur,
- left nail (market LEFT) should be used for fixation of the right femur.



71 Insert the Protective Guide [40.3328] (with one groove on the handle) with the Trocar 9 [40.3327] into the hole in the the Targeter arm [40.5091]. Mark the entry point for the locking screw and make an adequate incision of the soft tissues. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

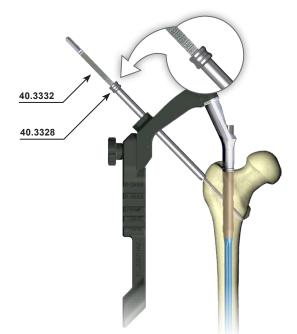
Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.



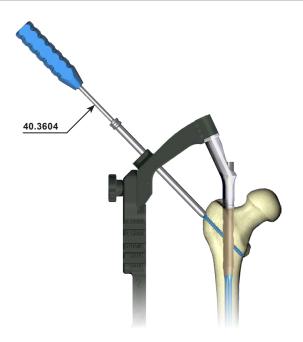
Insert the Drill Guide 9/4.5 **[40.3330]** (with two grooves) into the protective guide. Mount the Drill With Scale 4.5/370 **[40.5333.001]** on the surgical drive and advance it through the drill guide. Drill the hole in the femur through its both cortex layers and the hole in the nail. The scale on the drill shows the length of the locking element.

Remove the Drill and the Drill Guide. Leave the Protective Guide in the hole of the targeter.



13 Insert the Reconstruction Screw Length Measure [40.3332] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the reconstructive screw on the measure scale. During the measurement the end of the Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



Insert the tip of the Screwdriver S3.5 **[40.3604]** into the hexagonal socket of the selected locking screw.

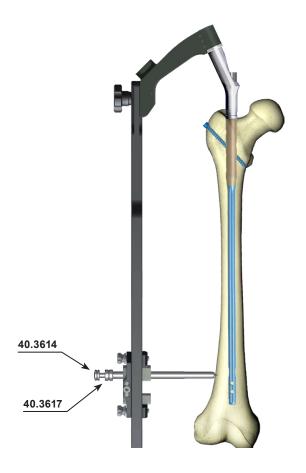
For locking use the screw with 6.5mm diameter and length determined in previous step. Then advance both into the Protective Guide. Insert the reconstructive screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of protective Guide).

Remove the Screwdriver S3.5 and Protective Guide.

IV.5.2. Distal nail locking

Prior to distal locking of the nail, do the following:

- **1.** Mount the Distal targeter D **[40.5093]** to the targeter arm **[40.5091]** and secure it with the collar bolt. *If properly installed, the signs RIGHT or LEFT on both targeters should comply.*
- 2. Verify, using the X-Ray device, the position of nail holes and in distal targeters holes. The centers of the holes in the nail and in distal targeters have to be in line.



Insert the Protective Guide 9/6.5 [40.3614] (with one grove on the handle) with the Trocar 6.5 [40.3617] into the hole in the distal targeter. Mark on the skin the entry point for the locking screw and make adequate incision through the soft tissues. Advance the Trocar until it reaches cortex and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the cortex.

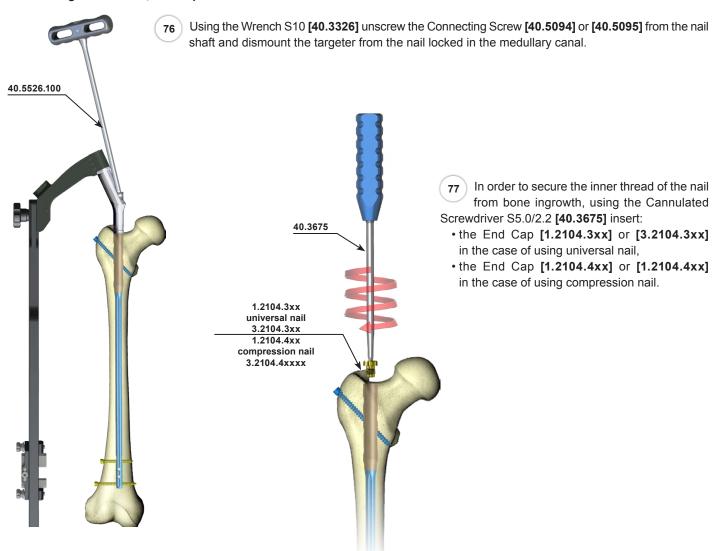
Remove the Trocar.

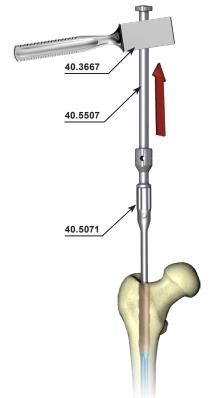
Leave the Protective Guide in the hole of the targeter.



NOTE! For the rest of the procedure follow the subchapter IV.2.2 of these instructions.

IV.5.3. Targeter removal, End cap insertion





IV.6. NAIL REMOVAL

Use the Cannulated Screwdriver S5.0/2.2 [40.3675] to remove the End Cap or Screwdriver S3.5 [40.4604] to remove compression screw from the nail shaft. Insert the Connector [40.5071] into the threaded nail hole. Using

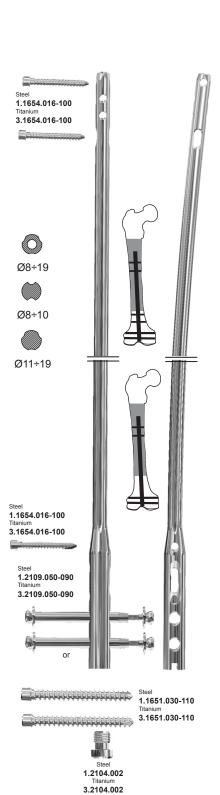
the Screwdriver S3.5 **[40.3604]** unscrew all the locking screws. Attach the Impactor-Extractor **[40.5507]** to the connector and with the help of the Mallet **[40.3667]** extract the nail from the medullary canal.





IV.7. SURGICAL APPROACH - RETROGRADE METHOD (CONDYLAR APPROACH)

IV.7.1. Implants for retrograde approach



End	сар	М1	0x1	
	cup		UA I	

End cap mit	/A I			
available				
Ø[mm] pitch 1 mm	8÷19	8÷19		
L [mm] pitch 5 mm	240÷600	240÷600		

		Steel		Titanium				Steel		Titanium		
L [mm]	Ø	left	right	left	right	L [mm]	Ø	left	right	left	right	
200 220		1.2855.200 1.2855.220	1.2854.200 1.2854.220	3.2855.200 3.2855.220	3.2854.200 3.2854.220	200 220		1.2861.200 1.2861.220	1.2860.200 1.2860.220	3.2861.200 3.2861.220	3.2860.200 3.2860.220	
240		1.2855.240	1.2854.240	3.2855.240	3.2854.240	240		1.2861.240	1.2860.240	3.2861.240	3.2860.240	
260		1.2855.260	1.2854.260	3.2855.260	3.2854.260	260		1.2861.260	1.2860.260	3.2861.260	3.2860.260	
280		1.2855.280	1.2854.280	3.2855.280	3.2854.280	280		1.2861.280	1.2860.280	3.2861.280	3.2860.280	
300		1.2855.300	1.2854.300	3.2855.300	3.2854.300	300		1.2861.300	1.2860.300	3.2861.300	3.2860.300	
320		1.2855.320	1.2854.320	3.2855.320	3.2854.320	320		1.2861.320	1.2860.320	3.2861.320	3.2860.320	
340	9	1.2855.340	1.2854.340	3.2855.340	3.2854.340	340	12	1.2861.340	1.2860.340	3.2861.340	3.2860.340	
360		1.2855.360	1.2854.360	3.2855.360	3.2854.360	360		1.2861.360	1.2860.360	3.2861.360	3.2860.360	
380		1.2855.380	1.2854.380	3.2855.380	3.2854.380	380		1.2861.380	1.2860.380	3.2861.380	3.2860.380	
400		1.2855.400	1.2854.400	3.2855.400	3.2854.400	400		1.2861.400	1.2860.400	3.2861.400	3.2860.400	
420		1.2855.420	1.2854.420	3.2855.420	3.2854.420	420		1.2861.420	1.2860.420	3.2861.420	3.2860.420	
440		1.2855.440	1.2854.440	3.2855.440	3.2854.440	440		1.2861.440	1.2860.440	3.2861.440	3.2860.440	
460		1.2855.460	1.2854.460	3.2855.460	3.2854.460	460		1.2861.460	1.2860.460	3.2861.460	3.2860.460	
480	-	1.2855.480	1.2854.480	3.2855.480	3.2854.480	480	Щ	1.2861.480	1.2860.480	3.2861.480	3.2860.480	
200		1.2857.200	1.2856.200	3.2857.200	3.2856.200	200		1.2863.200	1.2862.200	3.2863.200	3.2862.200	
220		1.2857.220	1.2856.220	3.2857.220	3.2856.220	220		1.2863.220	1.2862.220	3.2863.220	3.2862.220	
240		1.2857.240	1.2856.240	3.2857.240	3.2856.240	240		1.2863.240	1.2862.240	3.2863.240	3.2862.240	
260		1.2857.260	1.2856.260	3.2857.260	3.2856.260	260		1.2863.260	1.2862.260	3.2863.260	3.2862.260	
280		1.2857.280	1.2856.280	3.2857.280	3.2856.280	280		1.2863.280	1.2862.280	3.2863.280	3.2862.280	
300		1.2857.300	1.2856.300	3.2857.300	3.2856.300	300		1.2863.300	1.2862.300	3.2863.300	3.2862.300	
320	10	1.2857.320	1.2856.320	3.2857.320	3.2856.320	320	13	1.2863.320	1.2862.320	3.2863.320	3.2862.320	
340	10	1.2857.340	1.2856.340	3.2857.340	3.2856.340	340	13	1.2863.340	1.2862.340	3.2863.340	3.2862.340	
360		1.2857.360	1.2856.360	3.2857.360	3.2856.360	360		1.2863.360	1.2862.360	3.2863.360	3.2862.360	
		1.2857.380	1.2856.380	3.2857.380	3.2856.380 3.2856.400	380 400		1.2863.380	1.2862.380 1.2862.400	3.2863.380 3.2863.400	3.2862.380	
400		1.2857.400 1.2857.420	1.2856.400 1.2856.420	3.2857.400 3.2857.420	3.2856.400	420		1.2863.400 1.2863.420	1.2862.400	3.2863.400	3.2862.400 3.2862.420	
420 440		1.2857.440	1.2856.420	3.2857.440	3.2856.440	440		1.2863.420	1.2862.420	3.2863.440	3.2862.440	
460		1.2857.440	1.2856.460	3.2857.440	3.2856.460	460		1.2863.440	1.2862.460	3.2863.460	3.2862.440	
480		1.2857.480	1.2856.480	3.2857.480	3.2856.480	480		1.2863.480	1.2862.480	3.2863.480	3.2862.480	
200	\vdash	1.2859.200	1.2858.200	3.2859.200	3.2858.200	200		1.2865.200	1.2864.200	3.2865.200	3.2864.200	
220		1.2859.220	1.2858.220	3.2859.220	3.2858.220		220 240 260 280 300 320 340 380 400 420	1.2865.220	1.2864.220	3.2865.220	3.2864.220	
240		1.2859.240	1.2858.240	3.2859.240	3.2858.240	**********		1.2865.240	1.2864.240	3.2865.240	3.2864.240	
260		1.2859.260	1.2858.260	3.2859.260	3.2858.260			1.2865.260	1.2864.260	3.2865.260	3.2864.260	
280	l i	1.2859.280	1.2858.280	3.2859.280	3.2858.280			1.2865.280	1.2864.280	3.2865.280	3.2864.280	
300		1.2859.300	1.2858.300	3.2859.300	3.2858.300			1.2865.300	1.2864.300	3.2865.300	3.2864.300	
320		1.2859.320	1.2858.320	3.2859.320	3.2858.320			1.2865.320	1.2864.320	3.2865.320	3.2864.320	
340	11	1.2859.340	1.2858.340	3.2859.340	3.2858.340			1.2865.340	1.2864.340	3.2865.340	3.2864.340	
360	١ ' '	1.2859.360	1.2858.360	3.2859.360	3.2858.360			1.2865.360	1.2864.360	3.2865.360	3.2864.360	
380		1.2859.380	1.2858.380	3.2859.380	3.2858.380			1.2865.380	1.2864.380	3.2865.380	3.2864.380	
400		1.2859.400	1.2858.400	3.2859.400	3.2858.400			1.2865.400	1.2864.400	3.2865.400	3.2864.400	
420		1.2859.420	1.2858.420	3.2859.420	3.2858.420			1.2865.420	1.2864.420	3.2865.420	3.2864.420	
440		1.2859.440	1.2858.440	3.2859.440	3.2858.440	440		1.2865.440	1.2864.440	3.2865.440	3.2864.440	
460		1.2859.460	1.2858.460	3.2859.460	3.2858.460	460		1.2865.460	1.2864.460	3.2865.460	3.2864.460	
480		1.2859.480	1.2858.480	3.2859.480	3.2858.480	480		1.2865.480	1.2864.480	3.2865.480	3.2864.480	

		Steel		Titanium				Steel		Titanium		
L [mm]	Ø	left	right	left	right	L [mm]	Ø	left	right	left	right	
200 220		1.2877.200 1.2877.220	1.2876.200 1.2876.220	3.2877.200 3.2877.220	3.2876.200 3.2876.220	200 220		1.2883.200 1.2883.220	1.2882.200 1.2882.220	3.2883.200 3.2883.220	3.2882.200 3.2882.220	
240		1.2877.240	1.2876.240	3.2877.240	3.2876.240	240		1.2883.240	1.2882.240	3.2883.240	3.2882.240	
260		1.2877.260	1.2876.260	3.2877.260	3.2876.260	260	11	1.2883.260	1.2882.260	3.2883.260	3.2882.260	
280		1.2877.280	1.2876.280	3.2877.280	3.2876.280	280		1.2883.280	1.2882.280	3.2883.280	3.2882.280	
300		1.2877.300 1.2877.320	1.2876.300 1.2876.320	3.2877.300 3.2877.320	3.2876.300 3.2876.320	300 320		1.2883.300 1.2883.320	1.2882.300 1.2882.320	3.2883.300 3.2883.320	3.2882.300 3.2882.320	
340	8	1.2877.340	1.2876.340	3.2877.340	3.2876.340	340		1.2883.340	1.2882.340	3.2883.340	3.2882.340	
360	٥	1.2877.360	1.2876.360	3.2877.360	3.2876.360	360	' '	1.2883.360	1.2882.360	3.2883.360	3.2882.360	
380		1.2877.380	1.2876.380	3.2877.380	3.2876.380	380		1.2883.380	1.2882.380	3.2883.380	3.2882.380	
400		1.2877.400	1.2876.400	3.2877.400	3.2876.400	400		1.2883.400	1.2882.400	3.2883.400	3.2882.400	
420		1.2877.420	1.2876.420	3.2877.420	3.2876.420	420		1.2883.420	1.2882.420	3.2883.420	3.2882.420	
440		1.2877.440	1.2876.440	3.2877.440	3.2876.440	440		1.2883.440	1.2882.440	3.2883.440	3.2882.440	
460		1.2877.460	1.2876.460	3.2877.460	3.2876.460	460		1.2883.460	1.2882.460	3.2883.460	3.2882.460	
480		1.2877.480	1.2876.480	3.2877.480	3.2876.480	480	\Box	1.2883.480	1.2882.480	3.2883.480	3.2882.480	
200		1.2879.200	1.2878.200	3.2879.200	3.2878.200	200		1.2885.200	1.2884.200	3.2885.200	3.2884.200	
220 240		1.2879.220	1.2878.220	3.2879.220	3.2878.220	220 240		1.2885.220	1.2884.220	3.2885.220	3.2884.220	
260		1.2879.240 1.2879.260	1.2878.240 1.2878.260	3.2879.240 3.2879.260	3.2878.240 3.2878.260	260		1.2885.240 1.2885.260	1.2884.240 1.2884.260	3.2885.240 3.2885.260	3.2884.240 3.2884.260	
280		1.2879.280	1.2878.280	3.2879.280	3.2878.280	280		1.2885.280	1.2884.280	3.2885.280	3.2884.280	
300		1.2879.300	1.2878.300	3.2879.300	3.2878.300	300	12	1.2885.300	1.2884.300	3.2885.300	3.2884.300	
320		1.2879.320	1.2878.320	3.2879.320	3.2878.320	320		1.2885.320	1.2884.320	3.2885.320	3.2884.320	
340	9	1.2879.340	1.2878.340	3.2879.340	3.2878.340	340		1.2885.340	1.2884.340	3.2885.340	3.2884.340	
360	•	1.2879.360	1.2878.360	3.2879.360	3.2878.360	360		1.2885.360	1.2884.360	3.2885.360	3.2884.360	
380		1.2879.380	1.2878.380	3.2879.380	3.2878.380	380		1.2885.380	1.2884.380	3.2885.380	3.2884.380	
400		1.2879.400	1.2878.400	3.2879.400	3.2878.400	400	j i	1.2885.400	1.2884.400	3.2885.400	3.2884.400	
420		1.2879.420	1.2878.420	3.2879.420	3.2878.420	420		1.2885.420	1.2884.420	3.2885.420	3.2884.420	
440		1.2879.440	1.2878.440	3.2879.440	3.2878.440	440		1.2885.440	1.2884.440	3.2885.440	3.2884.440	
460 480		1.2879.460	1.2878.460	3.2879.460	3.2878.460	460 480		1.2885.460	1.2884.460	3.2885.460	3.2884.460	
200		1.2879.480 1.2881.200	1.2878.480 1.2880.200	3.2879.480 3.2881.200	3.2878.480 3.2880.200	200		1.2885.480 1.2887.200	1.2884.480 1.2886.200	3.2885.480 3.2887.200	3.2884.480 3.2886.200	
220		1.2881.220	1.2880.220	3.2881.220	3.2880.220	220		1.2887.220	1.2886.220	3.2887.220	3.2886.220	
240		1.2881.240	1.2880.240	3.2881.240	3.2880.240	240		1.2887.240	1.2886.240	3.2887.240	3.2886.240	
260		1.2881.260	1.2880.260	3.2881.260	3.2880.260	260	80 80	1.2887.260	1.2886.260	3.2887.260	3.2886.260	
280		1.2881.280	1.2880.280	3.2881.280	3.2880.280	280		1.2887.280	1.2886.280	3.2887.280	3.2886.280	
300		1.2881.300	1.2880.300	3.2881.300	3.2880.300	300		1.2887.300	1.2886.300	3.2887.300	3.2886.300	
320		1.2881.320	1.2880.320	3.2881.320	3.2880.320	320		1.2887.320	1.2886.320	3.2887.320	3.2886.320	
340	. 10	1.2881.340	1.2880.340	3.2881.340	3.2880.340	340	360	1.2887.340	1.2886.340	3.2887.340	3.2886.340	
360		1.2881.360	1.2880.360	3.2881.360	3.2880.360			1.2887.360	1.2886.360	3.2887.360	3.2886.360	
380		1.2881.380	1.2880.380	3.2881.380	3.2880.380	380		1.2887.380	1.2886.380	3.2887.380	3.2886.380	
400 420		1.2881.400	1.2880.400 1.2880.420	3.2881.400	3.2880.400 3.2880.420	400 420		1.2887.400	1.2886.400	3.2887.400 3.2887.420	3.2886.400	
440		1.2881.420 1.2881.440	1.2880.440	3.2881.420 3.2881.440	3.2880.440	440		1.2887.420 1.2887.440	1.2886.420 1.2886.440	3.2887.440	3.2886.420 3.2886.440	
460		1.2881.460	1.2880.460	3.2881.460	3.2880.460	460		1.2887.460	1.2886.460	3.2887.460	3.2886.460	
480		1.2881.480	1.2880.480	3.2881.480	3.2880.480	480		1.2887.480	1.2886.480	3.2887.480	3.2886.480	

IV.7.2. Introduction

Retrograde nailing of the femur provides fixation in the cases of fractures above the knee joint (up to 20cm from distal end of femur) or multi-fragment fractures of condyle. The retrograde nail may also be used when a hip prosthesis or another implant has already been implanted in proximal femur.

CHARFIX system provides the retrograde nails with diameters 10, 11 or 12mm and length between 160 and 440 mm. To lock the nail distally (by the knee joint) depending on the fracture type use:

- two locking screws 6.5mm,
- two locking sets.

There are five sizes of locking sets:

- 50, with range between 50 and 65 mm,
- 60, with range between 60 and 75 mm,
- 70, with range between 70 and 85 mm,
- 80, with range between 80 and 95 mm,
- 90, with range between 90 and 105 mm.

Locking set consists of: bolt, two washers and a locking screw. Locking screws are used to lock the nail proximally. The nail features anatomical shape of the femur - its distal end is 5° angled.

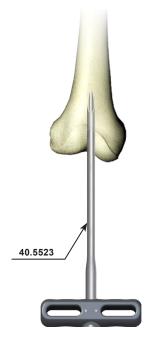
Each surgical procedure has to be planned. Before the operation adequate X-Ray images have to be taken in order to examine the type of fracture and assess the dimensions of implant (*diameter and length*). The operation should be performed on the patient in supine position, with tourniquet on and the knee joint bent at 90°.

Nailing may be performed with or without reaming of medullary canal. In both cases the diameter of medullary canal ought to be bigger than the diameter of used nail; if canal is reamed its final diameter should be 1.5 to 2mm wider than the diameter of the nail. In both cases the canal has to be additionally reamed in distal part (entry point) with a 13.0 reamer at the distance of first 6cm (diameter of the nail in distal end is 12mm).



The following paragraphs describe the most important steps during implantation of intramedullary interlocking femoral nails; nevertheless, these are not detailed instructions for use. The surgeon decides about choosing the surgical technique and its application in each individual case.

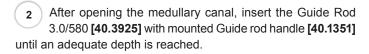
On the basis of X-Ray image taken of fractured femur and of the healthy one, the surgeon decides about the length and diameter of the nail.



1 Make the incision over the middle of patellar ligament or more paracentrally. Expose intercondylar region (split the fibers of ligament or move it laterally). Use the Curved Awl 8.0 [40.5523] to open the medullary canal to the depth of about 6 cm.



Control the procedure with the X-Ray imaging.



Remove the Guide rod handle [40.1351]. Remove the Awl [40.5523].





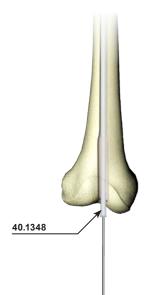
In the case medullary canal is reamed, gradually increase the diameter of the canal with steps of 0.5 mm, until the diameter 1.5 to 2.0 mm wider than the diameter of the femoral nail is reached, for the depth at least equal to the nail length (but not lesser).

In both cases, when the medullary canal was reamed or not, the canal should be drilled using 13mm reamer to the depth of approx. 6 cm

Remove the Flexible Reamer.



NOTE! Steps [4] and [5] are applicable only if the medullary canal has been reamed or if another reamer guide has been used. Otherwise go directly to the step [6]. In the case tha canal has not beem reamed, in step [3] ream the distal part of the canal using the reamer of 13mm in diameter for the depth of about 6cm and then proceed directly to step [6].

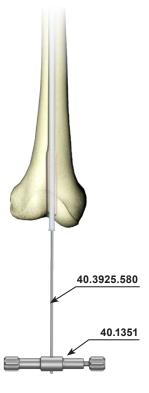


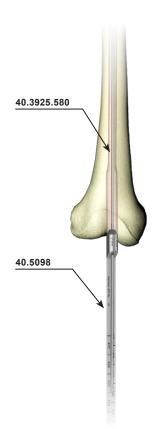
Insert the Teflon Pipe Guide [40.1348] onto the flexible reamer guide in the medullary canal.

Remove the Reamer Guide.

Mount the Guide rod handle **[40.1351]** on the Guide Rod **[40.3925.580]** and advance the rod into the Teflon Pipe Guide until its tip reaches the proximal epiphysis.

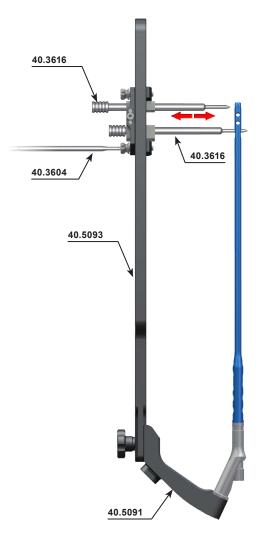
Remove the Guide rod handle **[40.1351]** from the Guide Rod. Remove the Teflon Pipe Guide **[40.1348]**.





Insert the Nail Length Measure [40.5098] on the Guide Rod until it rests on bone. Read the length of the nail on the nail measure scale. Remove the Nail Length Measure from the guide rod. In the case of using solid nail, remove the Guide Rod from medullary canal. Medullary canal is ready for nail insertion.

IV.7.3. Nail assembling to the targeter, nail insertion into the medullary canal



7

Mount the Distal targeter D **[40.5093]** on the Targeter arm **[40.5091]** using collar bolt (included in distal targeter).

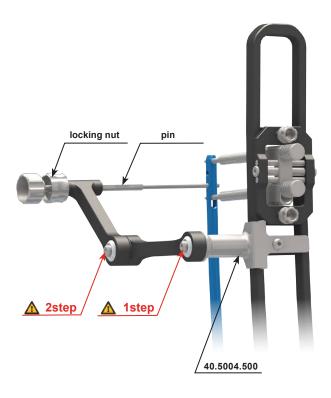


NOTE! When operating right limb, the targeter should be mounted so the RIGHT signs on both sides are in line. In the case of left limb - the LEFT signs on both sides shall be in line.

Use the Wrench S10 **[40.5526.100]** to mount the intramedullary nail on the distal targeter with the Connecting Screw M10x1 L=55 **[40.5094]**. With a pair of the Set Blocks 9/4.5 **[40.3616]** place the slider of distal targeter in line with distal locking holes of intramedullary nail. Secure the slider of the targeter using the Screwdriver S3.5 **[40.3604]**.



CHECK! Properly set and secured slider means that set blocks smoothly hit the holes in the nail.





- I. Attach Angular set block **[40.5004.500]** to the Targeter D this way it rests its body on the slider of the distal targeter. Screw maximally locking nut in hole of angular set block.
- II. Insert the Pin in the locking nut. Using Screwdriver S3.5 [40.3604] loosen the screws locking the arms of the angular set block and set them this way the end of the Pin inserted in the hole of the Angular set block nut touches the nail in the transverse hole of the medullary nail. In this position lock the arms of angular set block using the Scredriver S3.5 [40.3604].

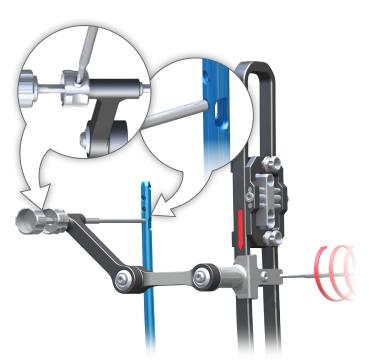


Firstly, tightening the locking screw in the column of the set block, lock the indirect arm (1 step). Next, lock the arm with the set block (2 step).

III. Remove the pin from the Angular set block nut.

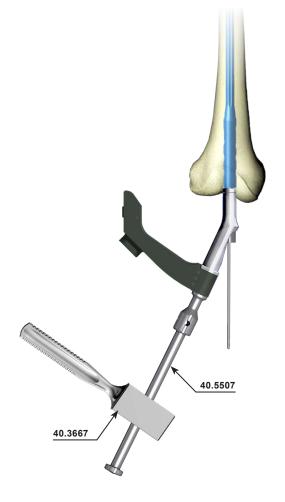


- I. Loosen the screw mounting the Angular targeter to the targeter D and move it by 10-15 mm. Lock the Angular targeter in the new setting using the Screwdriver S3.5 [40.3604].
- II. Insert the Pin in the hole of the locking nut so that its end leans against the nail. Using the Screw and the Screwdriver S3.5 **[40.3604]** lock the pin in the nut.
- III.Unscrew the locked pin-nut set from the Angular set block. Dismount the distal targeter from the targeter arm.

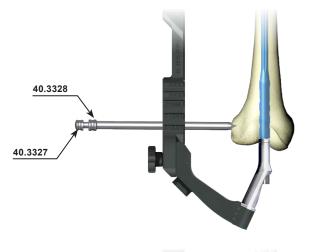


Mount the Impactor-Extractor [40.5507] to the Targeter arm [40.5091] with fixed nail. Insert the nail onto the Guide Rod [40.3925.580] in medullary canal. Advance the nail by pushing and maneuvering it until it reaches adequate depth.

Remove the Guide Rod **[40.3925.580]**. Dismount the Impactor-Extractor **[40.5507]** from the Targeter arm.



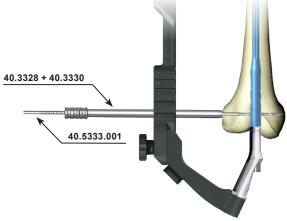
IV.7.4. Locking the nail in the condylar femur



Mount the Targeter [40.5097] on the Targeter arm [40.5091]. Insert the Protective Guides [40.3328] and the Trocar 6.5 [40.3327] into targeter hole positioned in the most distal part. Mark the entry point and make an adequate incision of the soft tissues. Advance the trocar with protective guides until they reaches the cortex bone. Mark with the trocar the entry point for the drill.

Remove the Trocar.

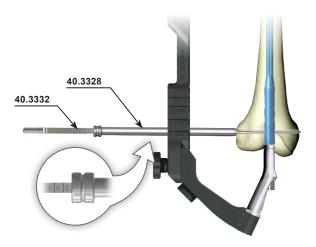
Leave the Protective Guides in the hole of the targeter.



IV.4.0.A. OPTION I: Locking with screws

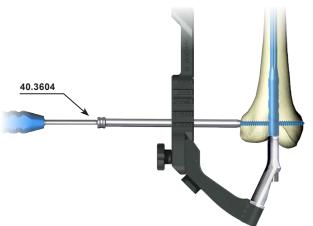
Insert the Drill Guide 6.5/4.5 **[40.3330]** into the Protective Guide **[40.3328]**. Mount the Drill With Scale 4.5/370 **[40.5333.001]** on the surgical drive and advance it through the drill guide. Drill the hole for locking screw. The scale on the drill shows the length of the locking element. Control drilling process with X-Ray imaging.

Remove the Drill and drill guide. Leave the Protective Guide in the hole of the targeter.



13 Insert the Screw Length Measure [40.3332] through the Protective Guide [40.3328] into the drilled hole until its hook reaches the "exit" plane of the ebone. Read the length of the locking screw on the measure scale. During the measurement the Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw in the prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of protective guide).

Remove the Screwdriver and the Protective Guide. For distal locking of the nail use locking screws with diameter 6.5mm

IV.4.0.B. OPTION II: Locking with locking set (bolt - two washers - locking screw)

The Drill Guide **[40.3329]** and the Protective Guide **[40.3328]** are in the hole of the targeter. Mount the Drill 6.5/370 **[40.2068.371]** on the surgical drive and advance it through the Drill Guide. Drill the hole through the bone.



Control drilling with X-Rays image intensifier.

With the help of X-Ray image intensifier make incision of the soft tissues over the exit point of the drill. Remove the Drill.

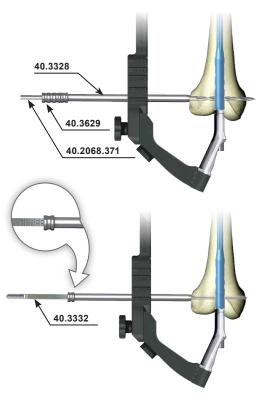
Leave the Protective Guide [40.3328] in the targeter.

Insert the Screw Length Measure [40.3332] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Deduct 10mm from the reading on the measure scale, to get characteristics of the locking set required.

Select locking set with adequate range, e.g. with reading "75" the characteristics amount to "65", therefore locking set 60 with range between 60 and 75 mm is adequate. During the measurement the protective guide should rest on the cortex bone.

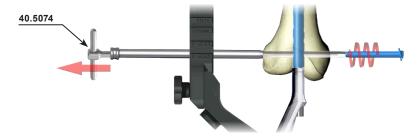
Remove the screw length measure.

Leave the protective guide in the hole of the targeter.



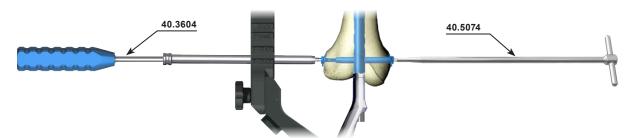
Insert the Bolt Guide **[40.5075]** into the protective guide. The pilot which is integral part of the Bolt Guide **[40.5075]**, should be attached on the Bolt Guide. Advance the Bolt Guide through the drilled hole until its tip reaches the hole from the other side. Remove the pilot from the Bolt Guide. Put the bolt (*implant*) through the washer (*implant*) and screw it in onto the Bolt Guide using the Screwdriver S3.5 **[40.5074]**. Advance the bolt into the hole in the bone (head of the bolt should rest on the cortex with the washer between them).

Unscrew the Bolt Guide from the bolt and remove it from the Protective Guide.



Leave the Protective Guide [40.3328] in the hole of the targeter. Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the locking screw (*implant*) and advance both into the Protective Guide. Put the washer (*implant*) over the locking screw when it leaves the protective guide and enters the hole in the bone. Insert the locking screw in the threaded hole of the bolt (hold the bolt with the screwdriver).

Two screwdrivers are used to secure the locking set (locking screw, two washers, bolt). Remove the screwdrivers and protective guide.





NOTE! To secure second locking set for the other distal hole, follow the steps [15] to [18].

IV.7.5. Locking the nail in the femoral shaft

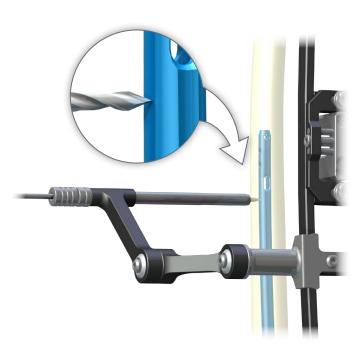
Prior to distal locking of the nail, do the following:

- **1.** Mount the Distal targeter D **[40.5093]** to the targeter arm **[40.5091]** and secure it with the collar bolt. *If properly installed, the signs RIGHT or LEFT on both targeters should comply.*
- **2.** Verify, using the X-Ray device, the position of nail holes and in distal targeters holes. The centers of the holes in the nail and in distal targeters have to be in line.

Insert the Protective guide [40.3614] and the Trocar [40.3617] in the hole of the Angular set block. Mark the entry point and make an adequate incision of the soft tissues. Advance the trocar with protective guides until they reach the cortex bone. Mark with the trocar the entry point for the drill.

Remove the Trocar.

Leave the Protective guide in the hole of the Angular set block.

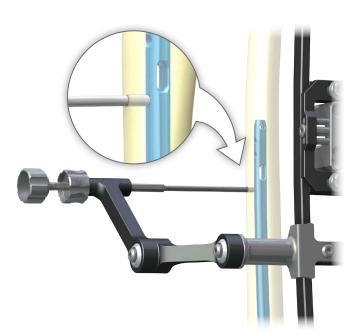


Screw maximally in the pin and the nut in the hole of the Angular set block. Proceed with locking the nail from the slider of the Distal targeter.



Insert the Drill Guide 3.5 **[40.3615]** into the Protective Guide **[40.3614]**. Mount the Drill 3.5/270**[40.1386]** on the surgical drive and advance it through the drill guide. Under image intensifier control drill the hole until reaching the nail. Remove the Drill and Drill guide and the Protective guide.

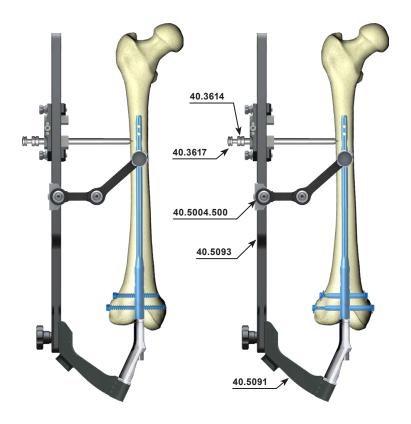
ğ ç



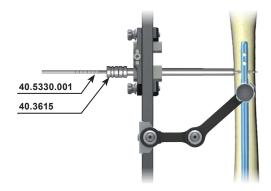
Insert the Protective Guide 9/6.5 [40.3614] with the Trocar 6.5 [40.3617] into the distal hole in the Distal targeter D [40.5093]. Mark the entry point, make an adequate incision of the soft tissues. Advance the trocar together with protective guide until it reaches the cortex bone. Using Trocar mark the entry point for locking screw.

Remove the trocar.

Leave the Protective Guide in the hole of the targeter.



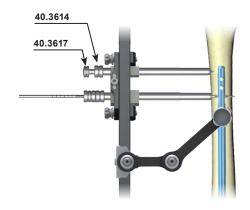
Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the Protective Guide 9/6.5 **[40.3614]** left in the hole of the targeter. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the drill guide. Drill the hole in the femoral shaft through its both cortex layers and the nail hole. The scale on the drill shows the length of the locking element. Disconnect the drive from the drill and leave in place system: the protective guide - drill guide - drill.

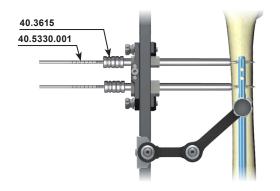


Insert the Protective Guide 9/6.5 **[40.3614]** (with one groove) with the Trocar 6.5 **[40.3617]** into the second hole of the targeter. Advance the trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar.

Leave the Protective Guide in the hole of the targeter.

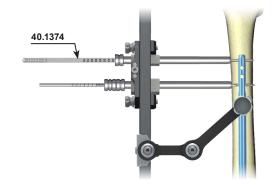




Insert the Drill Guide 6.5/3.5 **[40.3615]** (with two grooves) into the Protective Guide 9/6.5 **[40.3614]**. Mount the Drill With Scale 3.5/270 **[40.5330.001]** on the surgical drive and advance it through the drill guide. Drill the hole in the femoral shaft through its both cortex layers and the nail hole. The scale on the drill shows the length of the locking element.

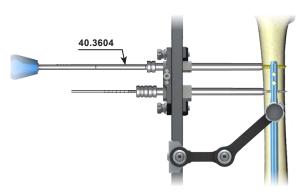
Remove the Drill and Drill Guide.

Leave the Protective Guide in the hole of the targeter.



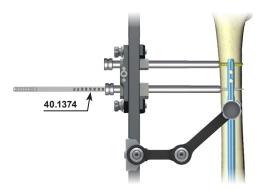
Insert the Screw Length Measure [40.1374] through the Protective Guide 9/6.5 [40.3614] into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the B-D scale. During the measurement the Protective Guide should rest on the cortex hone

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter



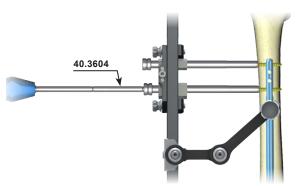
Insert the tip of the Screwdriver S3.5 **[40.3604]** into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of protective guide).

Remove the Screwdriver. Leave the Protective Guide in place.



Remove the drill and dril guide from the proximal hole in the targeter. Leave the Protective Guide in the hole of the slider. Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the "exit" plane of the hole. Read the length of the locking screw on the B-D scale. During the measurement the Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure. Leave the Protective Guide in the hole of the targeter.



Insert the tip of the Screwdriver [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft matches the edge of protective guide).

Remove the Screwdriver.

After locking the nail in its distal part, remove only one of protective guides via which locking screws in the AP plane were inserted and proceed to locking the nail in the second plane. Unscrew the pin together with the nut from the angular set block. Move the angular set block [40.5004.500] so that it leans against the slider of the distal targeter. Lock the angular set block.



Insert Protective guide [40.3614] with Trocar [40.3617] into the hole of the angular set block. Mark the entry point and make an adequate incision of soft tissues. Advance the Trocar until it reaches the cortex bone and mark the entry point for the drill. Advance the Protective Guide together with the Trocar until it touches the bone.

Remove the Trocar.

Leave the Protective guide in the hole of the Angular set block.



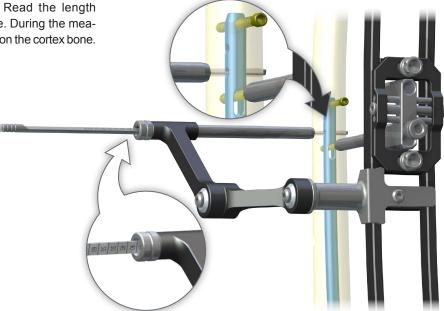
Insert Drill guide **[40.3615]** into Protective guide. Using surgical drive and the Drill 3.5/270mm **[40.1386]** via drill guide drill the hole through both cortex layers of the bone and the nail hole. Verify the hole under image intensifier control.

Remove the drill.



133 Insert the Screw Length Measure [40.1374] through the Protective Guide into the drilled hole until its hook reaches the outer side of the second cortex layer. Read the length of the locking screw on the B-D measure scale. During the measurement, the tip of Protective Guide should rest on the cortex bone.

Remove the Screw Length Measure.



Insert the tip of the Screwdriver S3.5 [40.3604] into the hexagonal socket of the selected locking screw. Then advance both into the Protective Guide. Insert the locking screw, into prepared hole until the head of the screw reaches the cortex bone (the groove on the screwdriver shaft matches the edge of the protective guide).

Remove the Screwdriver and Protective Guide. Dismount the Angular set block and proceed to proximal nail locking.





NOTE: Locking of the nail in its proximal part may also be performed using "free hand" technique. If applicable, refer to the description of the reconstruction method - steps from 35 to 38 of these instructions.

IV.7.6. Targeter removal and End cap insertion

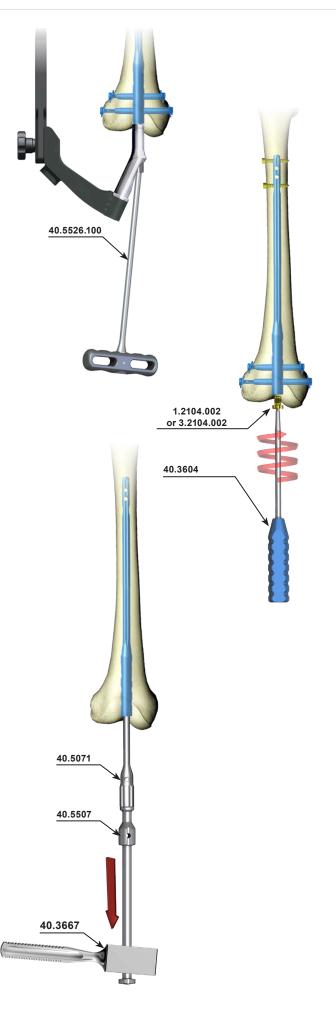
Using the Wrench S10 **[40.5526.100]** unscrew the Connecting Screw M10x1 L=55 **[40.5094]** from the nail shaft and dismount the targeter from the nail locked in the medullary canal.

Dismount the targeter.

In order to secure the inner thread of the nail from bone ingrowth, using the Screwdriver [40.3604] insert the End Cap [1.2104.002] or [3.2104.002] (implant) inside the nail.

IV.7.7. Nail extraction

Use the Screwdriver S3.5 [40.3604] to remove the End Cap from the nail shaft. Using the Screwdriver S3.5 [40.3604] unscrew all the locking screws (use 2 screwdrivers to remove locking set). Using the wrench insert the Connector [40.5071] into the threaded hole of the nail. Attach the Impactor-Extractor [40.5507] to the connector and using the Mallet [40.3667] extract the nail from the medullary canal.





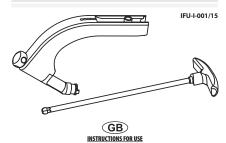
(GB)



ISO 9001/ ISO 13485

 $C \in$

Manufacturer: ChM sp. z o.o. Lewickie 3b, 16-061 Juchnowiec K., Poland tel.: +48 85 713-13-20 fax: +48 85 713-13-19 e-mail: chm@chm.eu www.chm.eu



DESCRIPTION AND INDICATIONS

INSTRUMENTS Instruments manufactured by ChM sp. z o.o. are mainly made of steel, aluminium alloys and plas-tics used in medicine and in accordance with the applicable procedures.

REUSABLE ORTHOPAEDIC AND SURGICAL

Each medical instrument is exposed tooccurrence of corrosion, stains and damage if not trea with special care and according to recommendations provided below.

 $\label{thm:conditional} The use of instruments in accordance with their intended purpose prolongs their usability.$

Instrument's durability is limited and highly related to the manner and frequency of its usage

The unit package contains one piece of the product in non-sterile condition. The welded clear foil sleeve is typical packaging material. The products may also be supplied as complete sets (arranged on trays and placed into specially designed sterilization containers).

This Instructions For Use is attached both to the unit package and to the instrument set as well.

- The packaging is equipped with the product label. The label contains:
- ChM logo and the manufacturer's address,

- name, size and catalogue number of the device (REF), e.g.: 40.XXXXXXX, production batch number (LOT), e.g.: XXXXXXXX, NON-STERILE sign: indicates non-sterile product, information symbols (described in the footer of this Instructions For Use).

Depending on the size or type of the product, the following information may be marked on its rface: ChM logo, production batch no. (LOT), catalogue no. (REF), type of material and device size. MATERIALS

Devices are produced of corrosion-resistant steel. The protective layer (passive layer) against corrosion is formed on the surface of the steel due to high content of chromium.

Devices produced of aluminium are mainly stands, palettes, cuvettes and some parts of instru-ments such as handles of screwdrivers, awds or wrenches, etc. The protective oxide layer, which may be dyed or stays in natural colour (silvery-grey), is formed on the aluminium as an effect of electrochemical treatment on its surface.

Devices made of aluminium with processed layer have a good corrosion resistance.

The contact with strong alkaline cleaning and disinfecting agents, solutions containing iodine or some metal salts, due to chemical interference with the processed aluminium surface, shall be avoided.

Devices are mainly manufactured out of the following plastics: PPSU (Polyphenylsulfone), PEEK (Polyetheretherketone) and teflon (PTFE - Polyeterafluoroethylene).

The above mentioned materials can be processed (washed, cleaned, sterilized) at temperatures higher than 140°C, they are stable in aqueous solution of washing-disinfecting agents with pH values from 4 to 10.8.

If the material of the device cannot be specified, please contact ChM sp. z o.o. represen

WARNINGS AND PRECAUTIONS

- Reusable orthopaedic and surgical instruments are intended for use in operating room conditions only by skilled and trained medical professionals, specialists in surgery, who are familiar with their use and application.
- 2. The surgeon should be familiar with all components of the device before use and should personally verify if all components and devices are present before the surgery begins.

 3. Prior to the device usage and before procedure begins, all components or instruments should be carefully inspected for proper functioning and condition. Blades of all cutting edges should be sharp and undamaged. Replace any damaged accessory immediately. Employing bent or dam-
- aged surgical instruments in surgery is not allowed.

 4. Tissue structures dose tooperative site must be protected.

 5. Contact of the instrument with major loperating estimates of the devices may cause damage that necessitates intraoperative replacement of that instrument.
- 6. Do not apply excessive force when using the instrument it may lead to its faulty operation and,
- Nihile rare, intraoperative fracture or breakage of the instrument can occur. Instruments which have been subjected to extensive use or extensive force are more susceptible to fractures, depending on care taken during surgery and the number of procedures performed.
- 8. In the case of breakage and presence of instrument fragments in the patients' body, remove and dispose of them following the appropriate protocol of the unit.
- In the case of suspected or documented allergy or intolerance to metallic materials, surgeon shall find out if the patient develops allergic reaction to the instrument material by ordering appro-
- 10. Improper or careless handling of the instruments and related chemical, electrochemical and physical damage may adversely affect the corrosion resistance and shorten the life of the in-
- . Reusable orthopaedic and surgical instruments are intended only for specific procedures and must be used strictly according to their intended purpose. Use of instruments not in according to their intended purpose. dance with their intended purpose may lead to malfunction, accelerated wear and - in consequences – damage of the instrument.

 12. It is extremely important to follow the calibration deadline which is permanently marked
- It is extensive imploments (see ALIBRATION). Use of a forque instrument within a overstepped calibration date may lead to potential injury, implant or device damage, or loss of correction. If there appear any irregularities in device operation, e.g. due to heavy usage, prior to next calibration.

tion date, the instrument should be immediately sent to the manufacturer for its re-calibration.

CLEANING, DISINFECTION AND STERILIZATION

Prior to use of a non-sterile device the following rules apply:

· Before use, the device must undergo cleaning, disinfection and sterilization procedures. It is rec-

ommended to use an automated procedure (washer-disinfector) for cleaning and disinfecting.

Effective cleaning is a complicated procedure depending on the following factors: the quality of water, the type and the quantity of used detergent, the techniques of cleaning (manual, ultrasaund, with the use of washing/disinfecting machine), the proper missing and drying. The proper this control is the proper missing and drying the proper missing and drying. preparation of the instrument, the time, the temperature and carefulness of the person conduct

Preparation for deaning

After removing the product from its original packaging and before each cleaning, remove possible surface contamination using a disposable cloth, paper towel or plastic brushes (nylon brushes

are recommended). It is not permitted to use brushes made of metal, bristles or materials which can cause damage

Cleaning and disinfection process

Chosen detergents and disinfectants must be suitable and approved for use with medical devices. It is important to follow the instructions and restrictions specified by the producer of these detergents.

To avoid product damage (pitting, rust), DO NOT use highly aggressive agents (NaOH, NaOCI), salt solutions and other unsuitable cleaning agents. It is recomm disinfecting agents with a pH value between 7 and 10.8. ended to use aqueous solutions of washing

Manual deaning

- Apply cleaning agent solution to the product surfaces with careful brushing. A suitable brush must be used for cleaning holes. If applicable, lutscomic cleaning may be used. The ultrasonic bath must be prepared according to the manufacturer's instructions.
- Next rinse thoroughly under running water. It is recommended to use demineralized water.
- Visually inspect the entire surface of the device for damage and contaminants. Damaged products must be removed. For contaminated products, the cleaning process should be repeated.

CAUTION:

- Never use metal brushes, files or sponges for contaminants removal
- Rinse thoroughly and carefully. Sterile demineralized water facilitates water spots removal from the instrument's surface.
- Instruments with cannula should be blown through using compressed air gun, or air supplied from
- If the accumulated in the cannula material cannot be removed in accordance with the instructions the device should be considered at the end of its useful life and should be disposed of in accordance with the facility procedures and guidelines

Cleaning with washer-disinfector

The device should undergo a process of machine washing in the washer-disinfector (use washing-disinfecting agents recommended for medical devices).

${\it CAUTION:} The \ cleaning/disinfecting \ appliances \ should \ be \ compliant \ with \ requirements$

Sour ions, the treatment submitted in 150 1588.

Procedure of washing in the washer-disinfector shall be performed according to internal hospital procedure, recommendations of the washing machine manufacturer, and instructions for use prepared by the washing-disinfecting agents manufacturer.

Disinfection should be carried out at 90° (soak for at least 10 minutes in demineralized water) with out the use of detergents

Drying

Drying of the device must be performed as a part of the cleaning/disinfection process.

Inspection

Before preparing for sterilization, all medical devices should be inspected.

Generally, visual inspection under good light conditions is sufficient. All parts of the devices should be checked for visible soil and/or corrosion. Particular attention should be paid to:

- soil traps such as mating surfaces, hinges, recesses, instruments shafts,
- holes, cannulations,
- places where soil may be pressed during use.
- cutting edges should be checked for sharpness and damage,
 special care should be taken to inspect the instruments for complete dryness prior to their storage. Functional checks should be performed where possible:
- mating devices should be checked for proper assembly,
- all reusable orthopaedic and surgical instruments should be checked for straightness

CAUTION:

The CMM sp. 2. a.d. does not define the maximum number of uses appropriate for re-usable medical in-struments. The life of these devices depends on many factors including the method, way and duration of each use, and the handling between uses. Inspection and functional testing of the device must be carried out before each use. In the case of iden-

tified damage, the instrument must not be used again.

ATTENTION! The manufacturer does not recommend using any preservatives on surgical and orthopedic devices.

The product supplied non-sterile must be repacked in a packaging intended for a specific steriliza-tion method that meets the requirements of ISO 11607-1 and is marked with CE sign. The packaging procedure must be performed in controlled purity conditions. The product must be packed aging procedure insize the personneer in rotine package of the used, there is no risk for its contamina-tion. Sterilization package is designed to maintain the sterility of medical devices after the steril-ization process and during their storage prior to use.

Sterilization

Before each sterilization procedure and application, the device has to be controlled. The device is to be efficient, without toxic compounds like residues after disinfection and sterilization processes and without structure damage (cracks, fractures, bending, peeling). Remember that sterilization is not a substitute for cleaning process!

Disinfected, washed, and dried device shall undergo the sterilization process in accordance with the client procedures. The recommended method of sterilization is vacuum-type steam sterilization (with water vapor under overpressure):

- temnerature: 134°C
- minimum exposure time: 7 min
 minimum drying time: 20 min.
- CAUTION:
- Sterilization must be effective and in accordance with requirements of the EN 556 standard which means that theoretical probability of presence of a living microorganism is less than $1/10^{\circ}$ (SAL= 10° , where SAL stands for Sterility Assurance Level).
- Device must not be sterilized in the package in which it was delivered, except specially designed sterilization containers.
- inculous concurrences.

 Sterilization of surgical instruments shall be carried out using appropriate equipment and under the conditions that conform to applicable standards.
- Devices manufactured out of plastics (PPSU, PEEK, PTFE) may be sterilized by any other available sterilization method validated in the centre but the sterilization temperature is not to be higher than

Durability and strength of instruments to a considerable degree depend on how they are used. Careful usage consistent with intended use of the product protects it against damage and prolongs its life.

The devices should be properly stored. When storing surgical instruments it is recommended that they never be stacked together. It may lead to damage of cutting edges (*nick or dull*) and/or initiation of corrosion centers. Instruments should be stored in dark, dry room, if possible – in suitable storage racks and placed into specially designed sterilization containers.

CALIBRATION

- Regular calibration is required in case of torque wrenches, handles and connectors. Torque instruments are factory-calibrated, the nominal torque of a calibrated instrument is marked on the device (e.g. 4 Nm).
- To maintain a high level of safety and accuracy of operation of a torque instrument, it is necessary to follow the calibration deadline which is marked on the device.

 2. The calibration is conducted by the manufacturer ChM sp. z o.o. Any unauthorized modifica-
- tions of the structure or default, factory settings may lead to potential injury or device damage and are forbidden.

If this instructions appears unclear, please contact the manufacturer, who shall provide all re-

 $\textit{Updated INSTRUCTIONS FOR USE} \ \textit{are available on the following website}; \\ \textbf{www.chm.eu}$ IFU-I-001/15; Date of verification: December 2015

SYMBOL TRANSLATION - OBJAŚNIENIA SYMBOLI - TIORCHEHUE OGOSHAYEHUЙ - EXPLICACIÓN DE LOS SÍMBOLOS - SYMBOLERKI ÄRUNG - SYMBOLY PŘEKLADY - TRADUZIONE SIMBOLI





Do not resterilize - Nie sterylizować ponownie - Не стерилизовать повторно - No reesterilizar - Nicht resterilisieren - Nepoužívejte resterilizaci - Non risterilizzare t use if package is damaged - Nie używać jeślii opakowanie jest uszkodzone - He wcnonsaosan sepewątennoù ynawcowe - No utilizar si el envase está dañado - Nicht verwenden falis Verpaci aidigt ist - Nepoužívejte, pokud je obal poškozen - Non utilizzare se la confezione é danneggial



ons for Use - Zajrzyj do instrukcji używania - Обратитесь к инструкции п ciones de uso - Siehe die Gebrauchsanweisung - Ridte se návodem k pou

Non-sterile • Niesterylny • He стерильно • No estéril • Unsteril • Nesterilní • Non sterile



Sterilized using irradiation - Sterylizowary przez napromieniowanie - Радиационная стерилиза Esterilizado mediante radiación - Sterilisiert durch Bestrahlung - Sterilizovat zářením - Sterilizzato

STERILE R STERILE VH202

erilized using hydrogen persoide - Steryllizowany naddlenkiem wodom - Cregomusosaus negenutcus puppaga - Esterlizado con persiodo de Indrigeno - Sterilizado en Ind Visacessinflyeroud - Sterilizavisto ro soucidem vodita - Serilizazion mediante persoido di diriogeno a sucidem vodita - Serilizazion mediante persoido di diriogeno a stadigue mismo - Numer Matalogony - Hossep no saratory - Número de catálogo - Katalognummer stadigue città o Numero di catalogo

REF LOT

8

• Kod partii • Код партии • Código de lote • Charge

Mat Material • Material • Maтериал • Material • Material • Material • Material Qty: Quantity • Ilość • Количество • Cantidad • Menge • Množství • Quantita'

Use by • Użyć do • Использовать до • Usar antes de • Verwenden bis • Použijte do • Da utilizzare entro il

Manufacturer: ChM sp. z o.o. Lewickie 3b, 16-061 Juchnowiec K., Poland tel.: +48 85 713-13-20 fax: +48 85 713-13-19 e-mail: chm@chm.eu www.chm.eu

ChM sp. z o.o.

Lewickie 3b 16-061 Juchnowiec Kościelny Poland tel. +48 85 713 13 20 fax +48 85 713 13 19 chm@chm.eu www.chm.eu



€ 0197 ISO 9001 ISO 13485