



INTRAMEDULLARY OSTEOSYNTHESIS OF FEMUR WITH TROCHANTERIC NAILS

- IMPLANTS
- INSTRUMENT SET 40.6340.500
- INSTRUMENT SET 40.6340.510
- SURGICAL TECHNIQUE



www.chm.eu

SYMBOLS DESCRIPTIONS

Ti	Titanium or titanium alloy	0	Cannulated
St	Steel		Locking
	Left		Diameter
R	Right		Inner diameter
LR	Available versions: left/right		Recommended length range for a particular nail
Len	Length		Angle
	Torx drive	16 ÷ 90	Available lengths
	Torx drive cannulated	Ster Non Ster	Available in sterile/ non- sterile condition
	Hexagonal drive		
	Hexagonal drive cannulated		
•			
	Caution - pay attention to the particular proceeding.		
	Perform the activity with X-Ray control.		
i	Information about the next stages of the proceeding.		
	Proceed to the next stage.		
	Return to the specified stage and repeat the activity.		
	Before using the product, carefully read the Instructions for Use supplied with recommendations and warnings related to the use of the product.	h the product. I	t contains, among others, indications, contraindications, side effects,
	The above description is not a detailed instruction of conduct. The surgeon of	decides about c	hoosing the operating procedure.

www.chm.eu

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The manufacturer reserves the right to introduce design changes.
Updated INSTRUCTIONS FOR USE are available at the following website: www.chm.eu

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I. INTRODUCTION

Intramedullary osteosynthesis of femur with (hf) yeten2 femoral nail consists of:

- implants (intramedullary nail, distal screws, join screws, end caps),
- instrument set for implants insertion and removal,
- instructions for use (surgical technique).

Intramedullary osteosynthesis of femur with trochanteric nails allows for stable reduction of femur pertrochanteric fractures. Application of two join screws eliminates rotation of the femur neck.

The presented range of implants is made of titanium and its alloys and implantable steel in accordance with ISO 5832 standards.

Indicated use:

- subtrochanteric fractures,
- intertrochanteric fractures,
- pertrochanteric fractures.

Examples of femur fractures treated with trochanteric nails.









Good results are also obtained in the case of:

- Pathological (one-place) and ipsilateral damage of intertrochanteric region,
- Pathological (one-place) and ipsilateral damage of femoral shaft.

Trochanteric nails are also used in the case of:

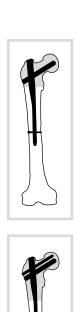
- Multifragmentary fractures of trochanteric-subtrochanteric region,
- Fractures of the femur neck located near the trochanter.



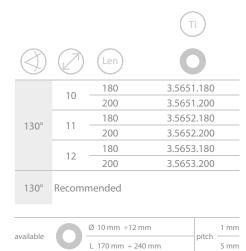
II. IMPLANTS

ChFN2 TROCHANTERIC NAIL









	Ti		0		
Att to the transfer of the	3.5159.5xx			5.0	30÷60
CHAMAN	3.5805.xxx			5.0	70÷110
	3.5804.xxx		_	10.5	80÷120
	3.5161.003	_	_		
	3.5961.xxx		_	10.5	80÷120
	3.5962.000				
	3.5808.000	_			
	3.5161.6xx		/		0÷15



available

ChFN2 TROCHANTERIC NAIL



			Ti
		Len	0
	10	180	3.5639.180
	10	200	3.5639.200
125°	11	180	3.5640.180
125		200	3.5640.200
	12	180	3.5641.180
	12	200	3.5641.200
	10	180	3.5663.180
	10	200	3.5663.200
135°	° 11	180	3.5664.180
133		200	3.5664.200
	12 -	180	3.5665.180
	12	200	3.5665.200

1 mm

5 mm

ChFN2 TROCHANTERIC NAIL



3.5962.000 3.5808.000 3.5161.6xx

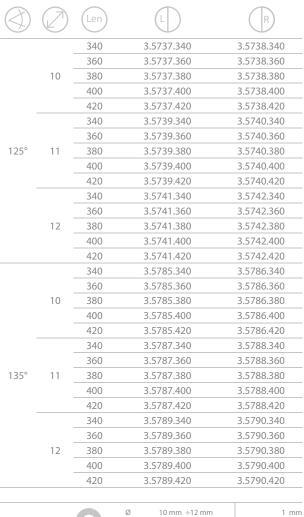
0÷15

available

ChFN2 TROCHANTERIC NAIL









Palette for trochanteric nails (implants not included)

40.4681.100

pitch

5 mm

280 mm ÷ 480 mm

LOCKING ELEMENTS







CHARFIX2 DISTAL SCREW 5.0 CHARFIX2 ВИНТ ДИСТАЛЬНЫЙ 5,0

ChFN2 JOIN SCREW 10.5 ChFN2 ВИНТ ФИКСАЦИОННЫЙ 10,5 ChFN2 JOIN TELESCOPIC SCREW 10.5 * ChFN2 ВИНТ ТЕЛЕСКОПИЧЕСКИЙ ФИКСАЦИОННЫЙ







30	3.5159.530
35	3.5159.535
40	3.5159.540
45	3.5159.545
50	3.5159.550
55	3.5159.555
60	3.5159.560
65	3.5159.565
70	3.5159.570
75	3.5159.575
80	3.5159.580







80	3.5804.080
85	3.5804.085
90	3.5804.090
95	3.5804.095
100	3.5804.100
105	3.5804.105
110	3.5804.110
115	3.5804.115
120	3.5804.120





80	3.5961.080
85	3.5961.085
90	3.5961.090
95	3.5961.095
100	3.5961.100
105	3.5961.105
110	3.5961.110
115	3.5961.115
120	3.5961.120

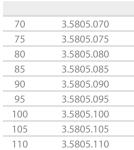
* Available sterile only

ChFN2 JOIN SCREW 5.0 ChFN2 ВИНТ ФИКСАЦИОННЫЙ

CHARFIX2 END CAP M8 CHARFIX2 ВИНТ СЛЕПОЙ М8 ChFN2 COMPRESSION SCREW ChFN2 ВИНТ КОМПРЕССИОННЫЙ











Α	
+3	3.5161.003



3.5962.000

LOCKING ELEMENTS







(hFN system 2

ChFN2 SETTING SCREW M6 ChFN2 ВИНТ УСТАНОВОЧНЫЙ М6





3.5808.000

ChFN2 END CAP M12X1.75 ChFN2 BИНТ СЛЕПОЙ M12X1,75





А	
0	3.5161.600
+5	3.5161.605
+10	3.5161.610
+15	3.5161.615



Stand for ChFN2 trochanteric nails (set with a container without implants)

40.6328.000



III. INSTRUMENT SET

STRUMENT SET FOR ChFN2 TROCHANTERIC NAILS 40.6340.500	Name	Pcs	Catalogue No.
LET: Chi 40.5341 CE	Targeter arm	1	40.6341.000
CH 10.55C	Targeter 120/130	1	40.6342.000
DI JO DI ARBORTO	Targeter 125/135	1	40.6343.000
	Connecting screw M12x1.75	1	40.6305.000
	Drill guide 14/11.5	1	40.6346.000
	Protective guide 11.5/3.2	1	40.6347.000
	Drill guide 9.0/6.0	1	40.6348.000
-	Protective guide 6.0/3.2	1	40.6349.000
-	Trocar 3.2	1	40.6350.000
	Gradual drill 10.5/7	1	40.6351.000
	Drill 5.0	1	40.6352.000
	Cannulated drill 16.0	1	40.6313.000
	Protective guide 16.0	1	40.6314.000
	Guide 16/3.2	1	40.6315.000
	Guide rod 3.2/500	4	40.6356.100
	Guide rod 3.2/500 Compression wrench	1	40.6356.100
	1		
	Compression wrench	1	40.6357.000
	Compression wrench Cannulated screw length measure	1	40.6357.000 40.6548.000

INSTRUMENT SET FOR <i>ChFN2</i> TROCHANTERIC NAILS 40.6340.500	Name	Pcs	Catalogue No.
	Protective guide 12/10	2	40.6353.000
	Drill guide 10/4	2	40.6362.000
	Trocar 10	1	40.6355.000
	Wrench S10	1	40.5526.100
THE THE PARTY OF T	Drill with scale 4.0	2	40.5346.002
	Mallet	1	40.3667.000
	Impactor-extractor	1	40.5507.000
	Curved awl 8.0	1	40.5523.000
	Guide 11.5/6	1	40.6363.000
Michiginia es es interioristante interioristante estatura	Screw length measure	1	40.6358.000
-	Guide rod 3.0/580	1	40.3925.580
	Steinmann handle	1	40.0987.200
	Perforated aluminum lid 1/1 595x275x15mm Gray	1	12.0750.200
	Stand for instrument set for ChFN2 trochanteric nails	1	40.6369.500
	Container with solid bottom 1/1 595x275x185mm	1	12.0750.103

INSTRUMENT SET FOR <i>ChFN2</i> TROCHANTERIC NAILS - II 40.6340.510	Name	Pcs	Catalogue No.
	Distal targeter D	1	40.6344.000
	ChFN2 trial	1	40.6360.000
——————————————————————————————————————	Set block 12/5.0/4.0	2	40.6359.000
	Connector of extractor M12x1.75	1	40.6345.000
	Nail length measure	1	40.5098.000
	Teflon pipe guide	1	40.1348.000
	Protective guide short	1	40.5871.000
	Drill guide short 7/4.0	1	40.6365.000
4/8/15/45 A 18/15/45 A 18/15/45/45	Drill with scale 4.0/150	1	40.5348.002
	Perforated aluminum lid 1/1 595x275x15mm Gray	1	12.0750.200
Carlo Bar	Stand for instrument set for ChFN2 trochanteric nails - II	1	40.6368.500
	Container with solid bottom 1/1 595x275x86mm	1	12.0750.100



IV. SURGICAL TECHNIQUE



The following description covers the most important stages of the implantation of the femoral trochanteric intramedullary nails; however, it is not a detailed instruction of conduct.

The surgeon decides about choosing the operating procedure and its application in each individual case.

IV.1. INTRODUCTION

When the patient cannot be operated at the day of femoral fracture, it is recommended to apply direct traction for 2 to 3 days to spread the fragments. This will considerably facilitate fracture reduction and nail insertion. Positioning of the patient on the traction table is an integral part of the operating procedure.

Presented method of intramedullary osteosynthesis requires image intensifier control.

Each operating procedure must be carefully planned. X-ray of the entire femur and adjacent joints (in AP and lateral position) is essential in order to not overlook the injuries in its proximal or distal part. It is especially important in the cases of pathological subtrochanteric fractures. Special attention should be paid to concurrent neck fractures or proximal epiphysis multi-fragmental fractures, and the possibility of its occurrence during the procedure. On the basis of the images of fractured femur and the healthy one (the other one) using a trial, the physician determines the angle, length and diameter of the nail.

During the operation, secondary fractures of main fragments may occur. The condition of hip joint is also important.

In advanced arthrosis or contracture, nailing may be difficult or even impossible to perform.

The procedure has to be carried out on the operating table with traction with the patient placed supine or on the side. Side position facilitates the approach to the greater trochanter which is especially important with overweight patients. 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 below method supine position of a patient is presented with traction applied on the condyles of the operated femur.

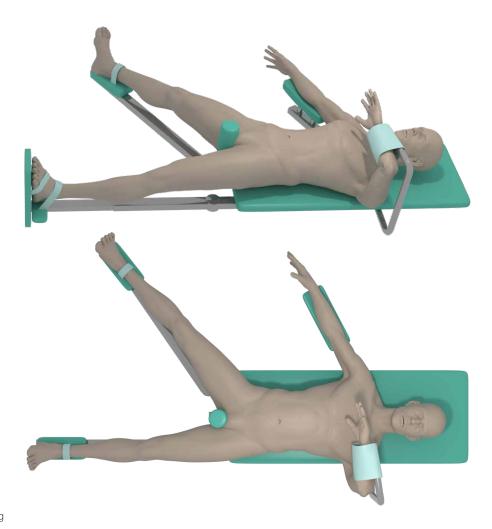


FIG.1. Patient positioning

Lateral surgical approach shall be applied starting the incision near the tip of the greater trochanter in line with the femoral shaft axis for 8 cm. The incision should be longer in obese patients. When the fascia is reached, cut it along the skin incision line. Next the dissection of gluteus maximus muscle fibres should be performed. Back from gluteus medius muscle, approach to the greater trochanter apex is enabled.

The trochanteric nail should be introduced in such a way that its axis is approximately in line with the bone shaft axis. This beneficially influences the load distribution forces that transmit mechanical loads in a patient who started to walk.

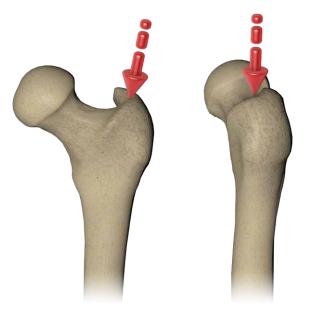


FIG. 2. Location of the entry point for trochanteric nail



IV.2. OPENING AND PREPARATION OF MEDULLARY CANAL FOR TROCHANTERIC NAIL INSERTION (SHORT AND LONG NAILS)

Perform a skin incision near the top of the greater trochanter.

Having located the entry point for the nail, using drive, insert the guide rod 3.2/500 **[40.6356.100]** into the medullary canal at an angle corresponding to the angle deviation of the nail shaft from the main axis (about 4°).



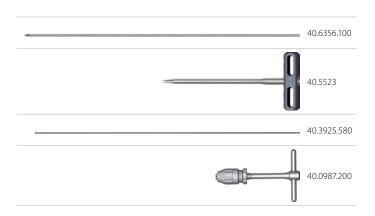
The insertion process should be done under X-ray with visual track control.

= 40.6356.100



Using guide rod 3.2/500 [40.6356.100], insert into the medullary canal curved awl 8.0 [40.5523] to the depth at which the awl blade goes along the medullary canal, allowing proper insertion of guide rod 3.0/580 [40.3925.580]. Having opened medullary canal, remove guide rod 3.2/500 [40.6356.100]. Mount guide rod 3.0/580 [40.3925.580] to Steinmann handle [40.0987.200] 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 Steinmann handle **[40.0987.200]** and curved awl 8.0 **[40.5523]**. Leave guide rod 3.0/580 **[40.3925.580]** in place.



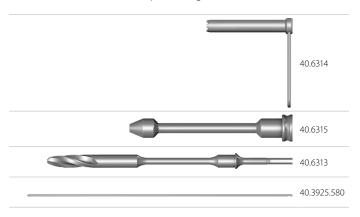


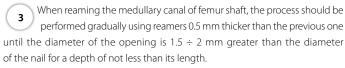


Lean protective guide 16.0 **[40.6314]** with guide 16/3.2 **[40.6315]** against the cortex. Remove the guide 16/3.2 **[40.6315]**.

Using the cannulated drill 16.0 **[40.6313]** led in the protective guide 16.0 **[40.6314]** on the guide rod 3.0/580 **[40.3925.580]** open the medullary canal. Slowly ream the medullary canal using the cannulated drill until it rests against the protective guide.

Remove the cannulated drill and protective guide.





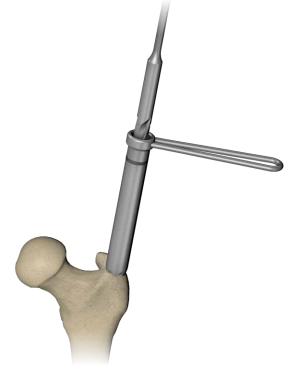
Whether the medullary canal of femur shaft is reamed or not, the proximal part of the medullary canal should be reamed to a diameter of 16 mm to a depth of about 6 cm.

Remove the reamer.

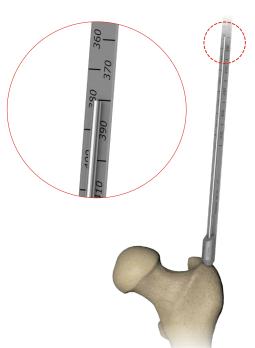


The medullary canal is ready for nail implantation.











IV.3. NAIL-TARGETER CONNECTING, NAIL INSERTION

Mount the intramedullary nail to the targeter arm [40.6341] using connecting screw M12x1.75 [40.6305] and wrench S10 [40.5526.100]. For a long nail, set the slider of the distal targeter acc. to point 6.



A fork screw has been inserted in the nail. One must not change its position in the nail.

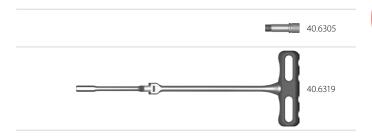




lnsert wrench for self-aligning joint S7 [40.6319] through the hole in the connecting screw M12x1.75 [40.6305]. Unscrew the fork screw until it rests on the connecting screw.



This step is necessary to avoid complications when preparing the hole for the join screw insertion.





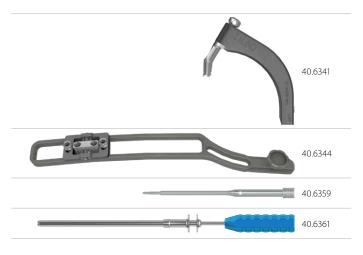
For long nails attach distal targeter D [40.6344] to the targeter arm [40.6341] and set the correct position of the slider in relation to the locking holes of the nail in its distal part using two set blocks 12/5.0/4.0 [40.6359]. Lock the slider using the screwdriver T25 with holder [40.6361].



CHECK! When targeter slider is properly set and locked, set blocks should easily go through the nail holes.

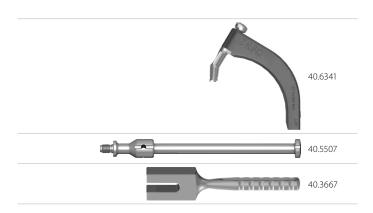
Remove set blocks from the targeter slider.

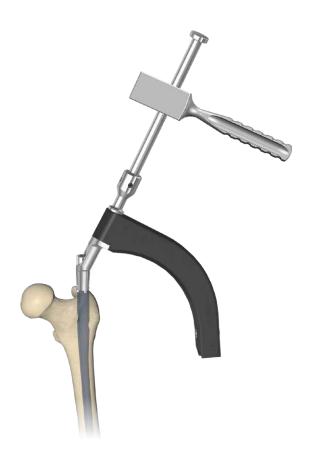
Disconnect the distal targeter D from the targeter arm.





7 Connect impactor-extractor **[40.5507]** to the targeter arm **[40.6341]** and using a mallet **[40.3667]** insert the nail into the medullary canal; remove the guide rod.





To determine the correct insertion depth, use a guide rod 3.2/500

[40.6356.100], which will indicate the beginning of the nail at the hole marked as "0". The holes marked as "+5", "+10", "+15", "+20" are used when the nail is so deep in intramedullary canal that the nail beginning does not flush with the bone. The holes are used to establish the depth at which the nail beginning is in relation to the trochanter apex and to determine the size of end cap.

40.6356.100



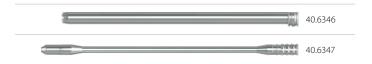
IV.4. PROXIMAL LOCKING OF THE TROCHANTERIC NAIL USING JOIN SCREWS

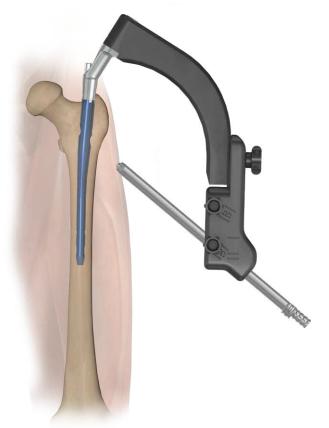
- 9 Attach chosen targeter 120/130 **[40.6342]** or targeter 125/135 **[40.6343]** to the targeter arm.
- for the nails 120° and 130° targeter 120/130 **[40.6342]** shall be used,
- for the nails 125° and 135° targeter 125/135 [40.6343] shall be used.





Insert protective guide 11.5/3.2 [40.6347] into the drill guide 14/11.5 [40.6346] and then insert this system into the larger hole of the targeter until it rests on the skin.



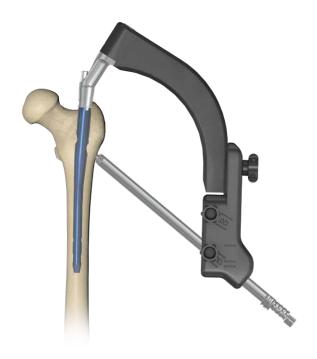




Insert the trocar 3.2 **[40.6350]** in the protective guide 11.5/3.2 **[40.6347]**. Mark on the skin the entry point for the join screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar and protective guide.

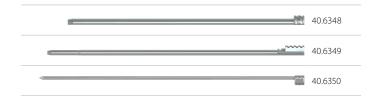


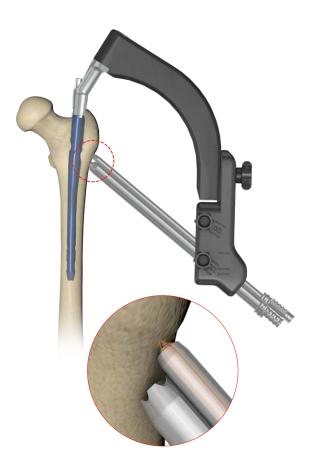


Insert the protective guide 6.0/3.2 **[40.6349]** in the drill guide 9.0/6.0 **[40.6348]** and then insert this system in the smaller hole of the proximal targeter until it rests on the skin.

Insert the trocar 3.2 **[40.6350]** in the protective guide 6.0/3.2 **[40.6349]**. Mark on the skin the entry point for the join screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar and protective guide 6.0/3.2

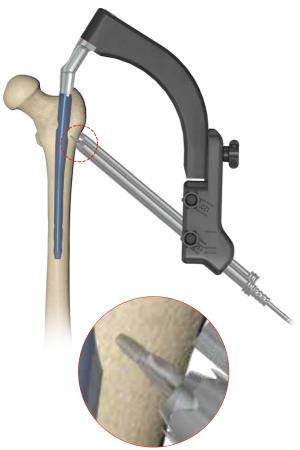




Insert the guide 11.5/6 [40.6363] into the drill guide 14/11.5 [40.6346]. Then, use the drill 5.0 [40.6352] mounted in the drive to drill in the bone to a depth of approximately 3 mm.

Remove the drill and guide 11.5/6.

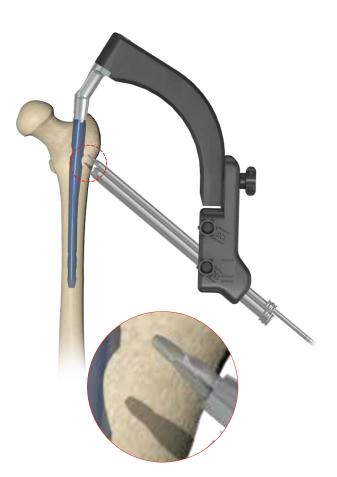




Insert the drill 5.0 **[40.6352]** mounted in the drive to the drill guide 9.0/6.0 **[40.6348]**. Then, drill in the bone to a depth of approximately 3 mm.

Remove the drill.

40.6352





Insert the protective guide 11.5/3.2 **[40.6347]** into the drill guide 14/11.5 **[40.6346]**. Then, insert the guide rod 3.2/500 **[40.6356.100]** mounted in the drive.



Guide insertion should be controlled with X-ray imaging.



Insert the guide rod [40.6356.100] into the femoral head:

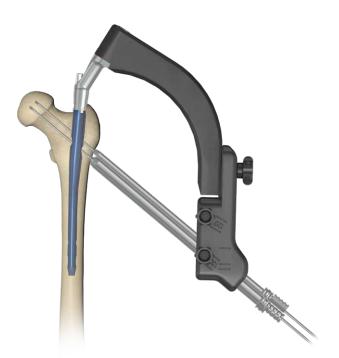
- at the depth of about 5 \div 10 mm from articular cartilage for join screw 10.5 and
- at the depth of about 15-20 mm for the join screw 5.0.





Insert the guide 6.0/3.2 **[40.6349]** into the drill guide 9,0/6.0 **[40.6348]**. Then, insert the guide rod 3.2/500 **[40.6356.100]** mounted in the drive.

 40.6349
40.6356.100

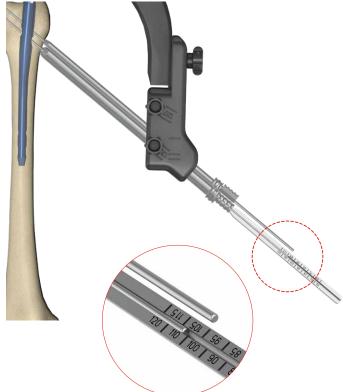


Insert the cannulated screw length measure [40.6548] via the guide rod [40.6356.100] (placed into the protective guide 11.5/3.2 [40.6347]) until its end rests on the protective guide 11.5/3.2. Read the length of the join screw 10.5 on the scale indicated by the end of the guide rod.

During the measurement, the tip of the cannulated screw length measure should rest on the protective guide 11.5/3.2, and the guide on cortex.

Remove the cannulated screw length measure and the protective guide 11.5/3.2. Leave the guide rod in place.



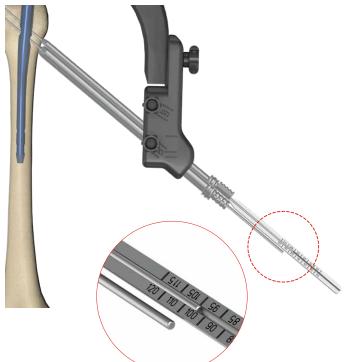


Insert the cannulated screw length measure [40.6548] via the guide rod [40.6356.100] (placed into the protective guide 6.0/3.2 [40.6349]) until its end rests on the protective guide 6.0/3.2. Read the length of the join screw 5.0 on the scale indicated by the end of the guide rod.

During the measurement, the tip of the cannulated screw length measure should rest on the protective guide 6.0/3.2, and the guide on cortex.

Remove the cannulated screw length measure and the protective guide 6.0/3.2. Leave the guide rod in place.

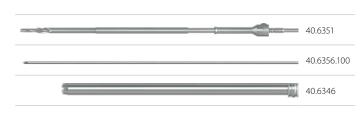


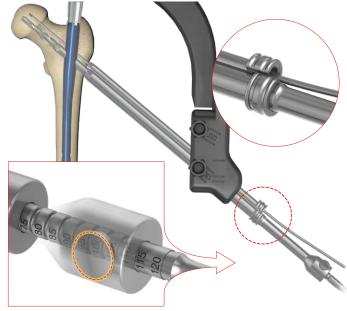




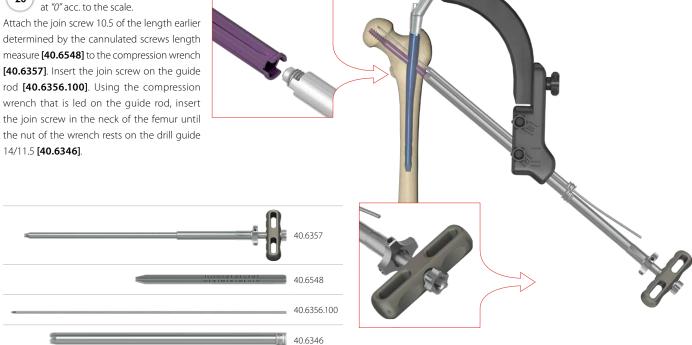
Set the drilling depth corresponding to the length of previously selected join screw on the gradual drill 10.5/7 [40.6351] using the setting latch. Mount the gradual drill in the drive and insert on the guide rod [40.6356.100] placed in the femoral neck. Drill a hole until the latch rests on drill guide 14/11.5 [40.6346].

Remove the gradual drill. Leave guide rod and drill guide in place.





Set the nut of the compression wrench at "0" acc. to the scale.





If fracture compression is intended, do the following:

- unscrew the compression nut (by the length of a distance between the fragments),
- insert the join screw at the desired depth,
- perform compression by turning the compression screw until it is on "0" position according to the scale.



Be careful during compression and do not tear the join screw out of the bone.



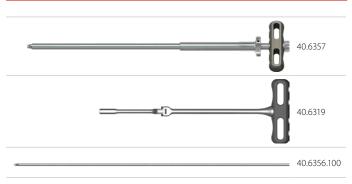
Set the combined join screw 10.5 with compression wrench so that the handle of the wrench is positioned parallel or perpendicular to the longitudinal axis of the nail. Insert the wrench for self-aligning joint S7 [40.6319] in the connecting screw located in the targeter arm. Tighten the fork screw located inside the nail. Join screw can be locked in two positions:

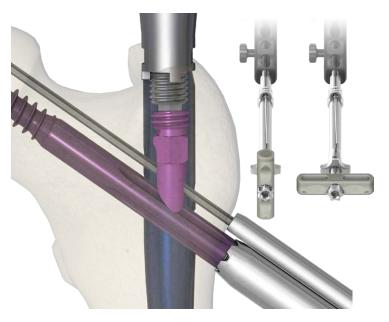
- dynamic the fork screw is loose and allows the sliding of the screw inside the nail without the possibility of rotation (tighten it up to the limit and then loosen by 1/4 turn),
- $\bullet\,$ static the fork screw is tightened up.

Remove the compression wrench, guide rod and protective guide.



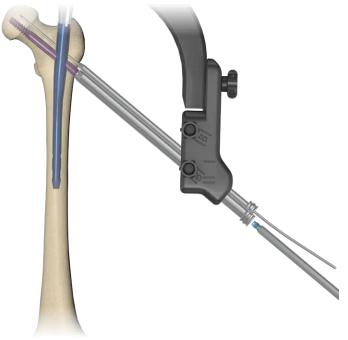
Guide rod [40.6356.100] is a disposable device.





In order to protect the internal thread of the join screw against bone ingrowth, insert an end cap M8 (*implant provided separately*) into the threaded hole of the screw using a screwdriver T25 [40.6361].





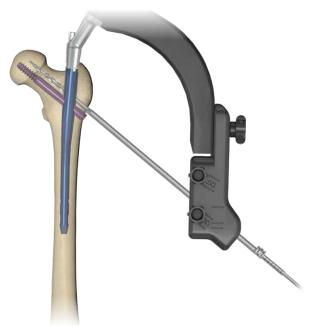


In the case of locking the nail using a single join screw 10.5, omit the steps 22-24.

Remove the guide rod. Mount the drill 5.0 [40.6352] in the drive, insert it in the drill guide 9.0/6.0 [40.6348] and deepen the hole in the first cortical layer (up to the intramedullary nail).

Remove the drill.



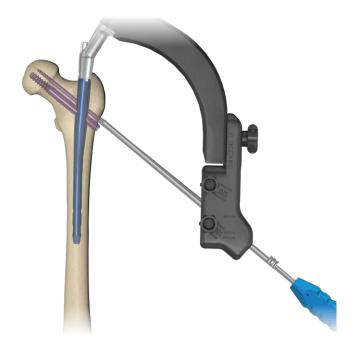


Insert the tip of the screwdriver T25 with holder [40.6361] into the socket of the specified join screw 5.0 and then into drill guide 9.0/6.0 [40.6348]. Insert the join screw 5.0 in the previously drilled hole until its head reaches the cortex (the groove on the screwdriver shaft matches the end of the protective guide). Remove screwdriver T25 and protective guide.



The holder of the screwdriver [40.6361] is not adapted to work in protective guide. The holder must be removed.



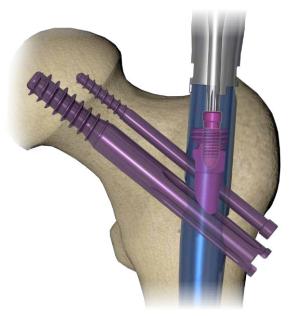


Join screw 5.0 locking:
Attach the setting screw (*implant*) to the wrench for self-aligning joint T25

[40.6320]. Insert the wrench for self-aligning joint T25 [40.6320] with the setting screw in the connecting screw located in the targeter arm. Tighten the setting screw until immobilization of join screw 5.0 occurs.

Remove the wrench for self-aligning joint T25.







IV.5. PROXIMAL TROCHANTERIC NAIL LOCKING USING JOIN TELESCOPIC SCREW 10.5

Attach chosen targeter 120/130 **[40.6342]** or targeter 125/135 **[40.6343]** to the targeter arm.

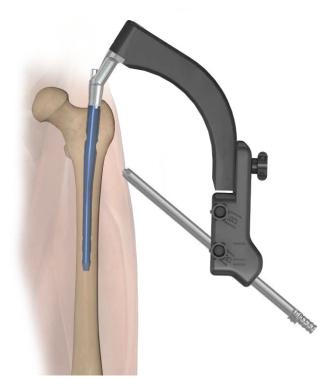
- for the nails 120° and 130° targeter 120/130 [40.6342] shall be used,
- for the nails 125° and 135° targeter 125/135 [40.6343] shall be used.





Insert protective guide 11.5/3.2 [40.6347] into the drill guide 14/11.5 [40.6346] and then insert this system into the larger hole of the targeter until it rests on the skin.



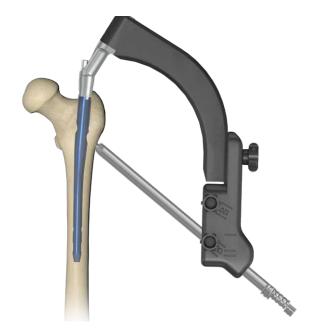


Insert the trocar 3.2 **[40.6350]** in the protective guide 11.5/3.2 **[40.6347]**. Mark on the skin the entry point for the join screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.



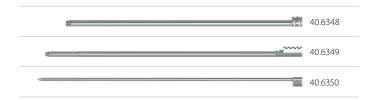


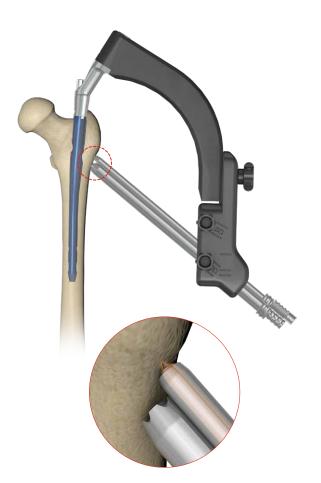
Insert the protective guide 6.0/3.2 **[40.6349]** in the drill guide 9.0/6.0 **[40.6348]** and then insert this system in the smaller hole of the chosen targeter.

Insert the trocar 3.2 **[40.6350]** in the protective guide 6.0/3.2 **[40.6349]**. Mark on the skin the entry point for the join screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.





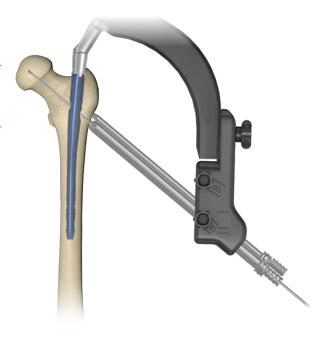


Connect the guide rod 3.2/500 **[40.6356.100]** with electric drive and advance such system into the protective guide 11.5/3.2 **[40.6347]**.



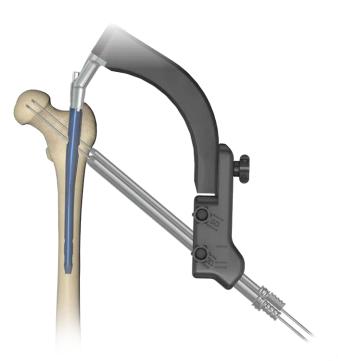
Insert the guide rod [40.6356.100] into the femoral head at the depth of about $5\div10$ mm from articular cartilage for join telescopic screw 10.5 and at the depth of about 15-20 mm for the join screw 5.0.

40.6347
 40.6356.100



Connect the guide rod 3.2/500 [40.6356.100] with electric drive and advance such system into the protective guide 6.0/3.2 [40.6349].

	40.6349
•	40.6356.100

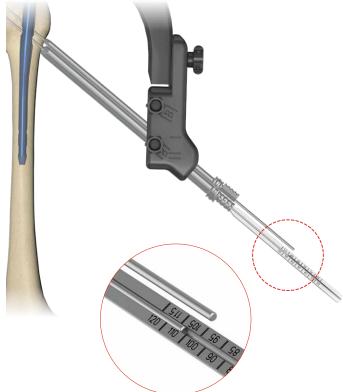


Insert the cannulated screw length measure [40.6548] via the guide rod [40.6356.100] (placed into the protective guide 11.5/3.2 [40.6347]) until its end rests on the protective guide 11.5/3.2 [40.6347]. Read the length of the join telescopic screw on the scale indicated by the end of the guide rod.

During the measurement, the tip of the cannulated screw length measure should rest on the protective guide 11.5/3.2, and the guide on cortex.

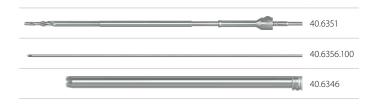
Remove the cannulated screw length measure and the protective guide 11.5/3.2. Leave the guide rod in place.

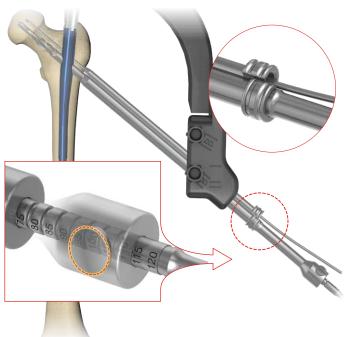


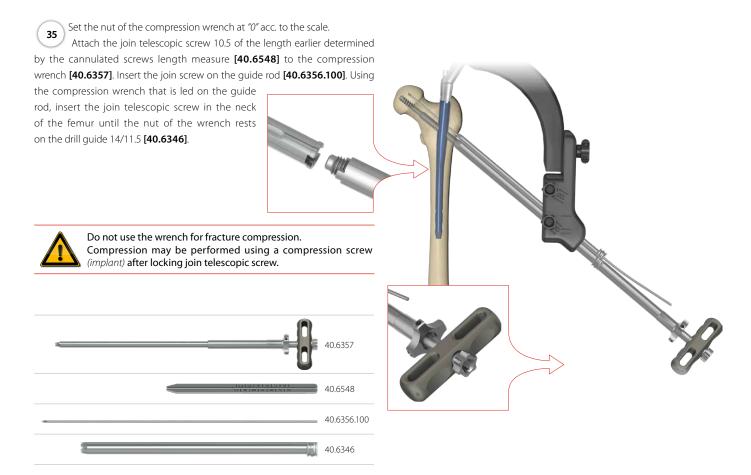


Set the drilling depth corresponding to the length of previously selected join screw on the gradual drill 10.5/7 [40.6351] using the setting latch. Mount the gradual drill in the drive and insert on the guide rod [40.6356.100] placed in the femoral neck. Drill a hole until the latch rests on drill guide 14/11.5 [40.6346].

Remove the gradual drill. Leave guide rod and drill guide in place.





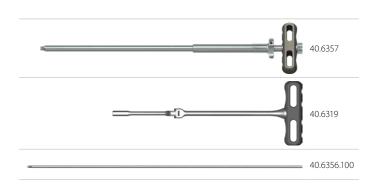


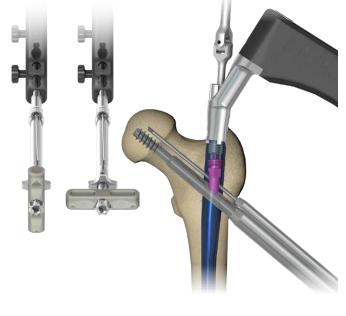
Set the combined join screw 10.5 with compression wrench so that the handle of the wrench is positioned parallel or perpendicular to the longitudinal axis of the nail. Insert the wrench for self-aligning joint S7 [40.6319] in the connecting screw located in the targeter arm. Tighten the fork screw located inside the nail.

Remove the compression wrench, guide rod and protective guide.



Guide rod [40.6356.100] is a disposable device.









If fracture compression is intended, do the following:

- insert the compression screw (*implant*) in the join telescopic screw using screwdriver T25 with holder,
- · perform compression.







IV.6. DISTAL TROCHANTERIC NAIL (SHORT) LOCKING

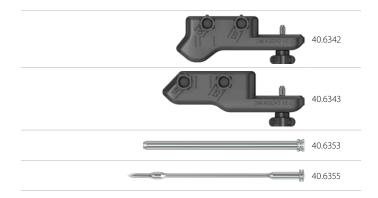


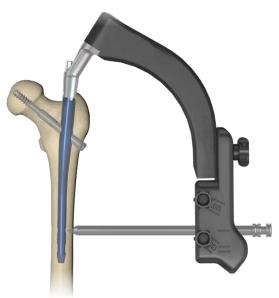
Nails of the length of 170 or 180 can only be locked with one distal screw using the 12 mm proximal hole of the targeter [40.6342] or [40.6343].

and insert the trocar 10 [40.6355] in the protective guide 12/10 [40.6353] and insert this system in the proximal 12 mm hole of the targeter [40.6342] or [40.6343]. Mark on the skin the entry point for the distal screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.





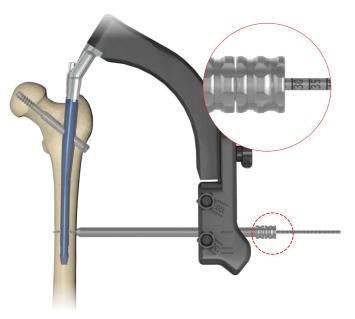
Insert the drill guide 10/4.0 **[40.6362]** in the protective guide 12/10 **[40.6353]**. Using a drive and a drill with scale 4.0 **[40.5346.002]** via the drill guide, drill a hole in the femur extending through both layers of the cortex and the hole in the nail. The scale on the drill indicates the length of the locking element.



The drilling process should be done under X-ray with visual track control

After disconnecting the drive, leave drill, drill guide and the protective guide in the hole.



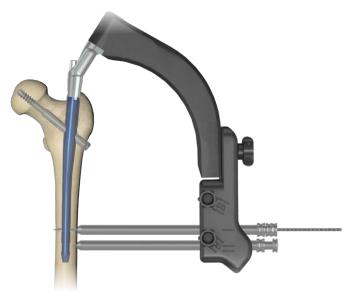


Insert the trocar 10 **[40.6355]** in the protective guide 12/10 **[40.6353]** and then insert this system in the other *(distal)* hole of the proximal targeter. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.





Insert the drill guide 10/4.0 **[40.6362]** in the protective guide 12/10 **[40.6353]**. Using a drive and a drill with scale 4.0 **[40.5346.002]** via the drill guide, drill a hole in the femur extending through both layers of the cortex and the hole in the nail. The scale on the drill indicates the length of the locking element.

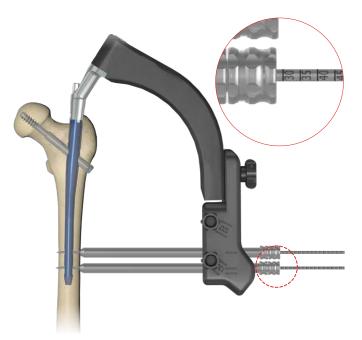


The drilling process should be done under X-ray with visual track control.

Remove drill and drill guide.

Leave protective guide in the proximal targeter hole.







Insert the screw length measure $\mbox{\bf [40.6358]}$ through the protective guide 12/10 [40.6353] into drilled hole until its hook reaches the exit hole.

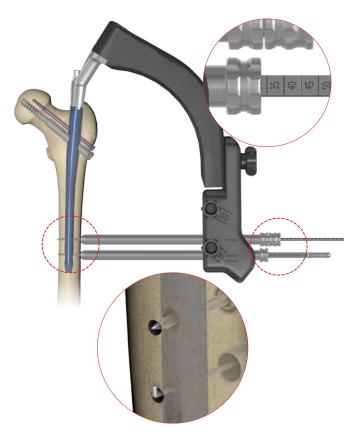
Read the length of distal screw on the B-D scale.

During measurements the tip of protective guide 12/10 should rest on the cortex bone.

Remove the screw length measure.

Leave the protective guide 12/10 in the targeter hole.



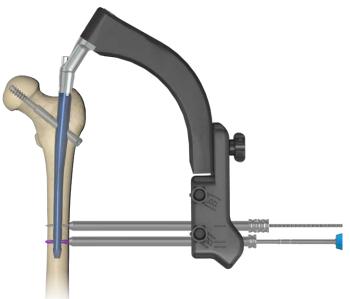


Insert the tip of the screwdriver T25 with holder $\mbox{\bf [40.6361]}$ into the socket of selected distal screw. Then advance both into the protective guide 12/10 **[40.6353]**.

Insert the distal screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft shall match the edge of protective guide).

Remove the screwdriver and the protective guide 12/10.



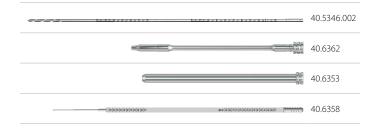


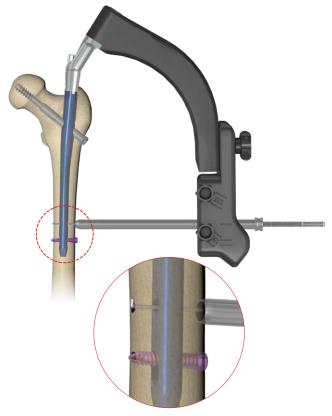
Remove drill with scale 4.0 [40.5346.002] and the drill guide 10/4.0 [40.6362] from the proximal hole of the targeter. Leave the protective guide 12/10 [40.6353] in the targeter hole. Insert the screw length measure [40.6358] through the protective guide 12/10 [40.6353] into drilled hole until its hook reaches the exit hole. Read the length of distal screw on the B-D scale.

During measurements the tip of protective guide 12/10 should rest on the cortex of the femur.

Remove the screw length measure.

Leave the protective guide in the targeter hole.

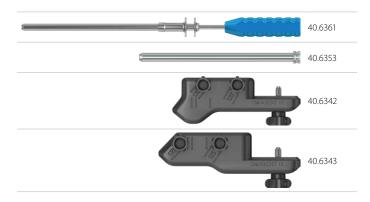


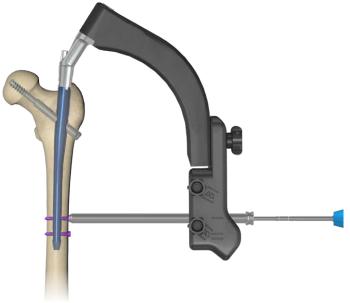


Insert the tip of the screwdriver T25 with holder [40.6361] into the socket of selected distal screw. Then advance both into the protective guide 12/10 [40.6353].

Insert the distal screw in the prepared hole until the head of the screw reaches the cortex of the bone (the groove on the screwdriver shaft shall match the edge of protective guide).

Remove the screwdriver, protective guide 12/10 and the targeter [40.6342] or [40.6343].







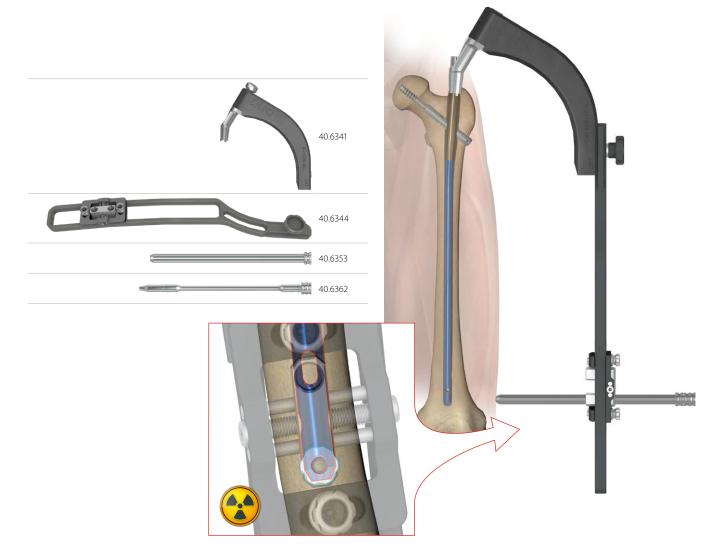
IV.7. DISTAL TROCHANTERIC NAIL (LONG) LOCKING

After locking the trochanteric nail long in its proximal part and disconnecting the chosen targeter, attach the distal targeter D [40.6344] to the targeter arm [40.6341].



Verify, using X-ray vision track, the mutual position of the holes in the targeter slider and holes in the distal trochanteric nail.

Set X-ray vision track so that the image of the hole in the targeter (proximal or distal) seen on the screen is a circle. Insert the drill guide 10/4.0 [40.6362] in the protective guide 12/10 [40.6353] and then the system in the appropriate hole of the distal targeter D slider. The end of drill guide should rest on the soft tissues of the lower extremity. Verify using the X-ray vision track the position of the drill guide hole and the nail hole. The holes must overlap. The circle image on the screen shall appear (image close to the circle is acceptable). If the image on the screen is not a circle, settings of the distal targeter D must be corrected. To do so, use the knob of the setting screw of the distal targeter D slider [40.6344] to move the slider (turn the knob left or right) until the circle appears on the screen (image close to circle is acceptable).



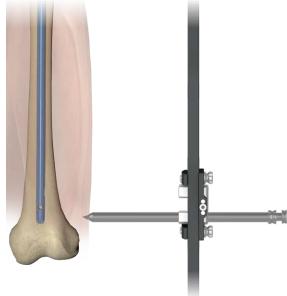


Remove the drill guide 10/4.0 **[40.6362]** from the protective guide 12/10 **[40.6353]** and insert trocar 10 **[40.6355]** there. Mark on the skin the entry point for the distal screw and perform soft tissue incision. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.





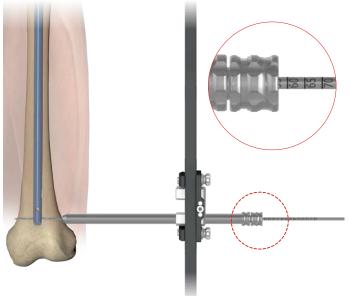
Insert the drill guide 10/4.0 **[40.6362]** in the protective guide 12/10 **[40.6353]**. Using a drive and a drill with scale 4.0 **[40.5346.002]** via the drill guide, drill a hole in the femur extending through both layers of the cortex and the hole in the nail. The scale on the drill indicates the length of the locking element.



The drilling process should be done under X-ray with visual track control.

After disconnecting the drive, leave drill, drill guide and the protective guide in the hole.





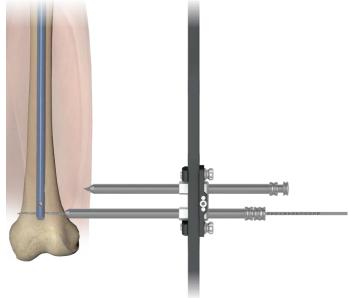


Insert the trocar 10 [40.6355] in the protective guide 12/10 [40.6353] and then the system in the other distal hole of the distal targeter D. Use the trocar to mark in the cortex the entry point for the drill. At the same time advance the protective guide as close to the bone as possible.

Remove the trocar.

Leave protective guide in place.





Insert the drill guide 10/4.0 **[40.6362]** in the protective guide 12/10 **[40.6353]**. Using a drive and a drill with scale 4.0 **[40.5346.002]** via the drill guide, drill a hole in the femur extending through both layers of the cortex and the hole in the nail. The scale on the drill indicates the length of the locking element.

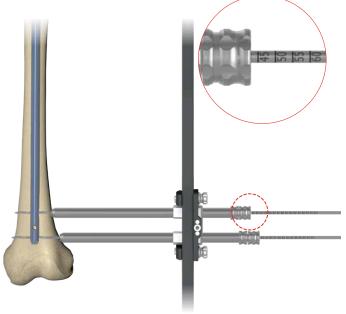


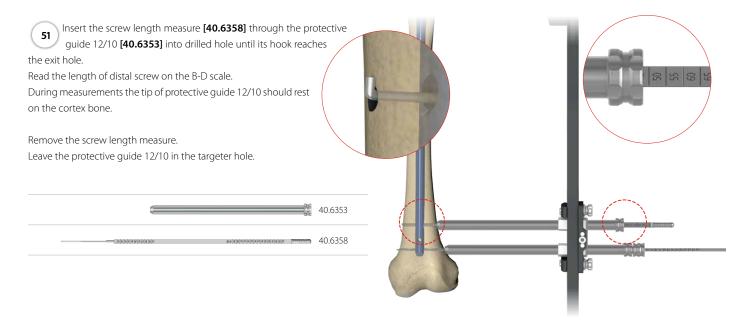
The drilling process should be done under X-ray with visual track control.

Remove drill and drill guide.

Leave protective guide in the targeter hole.







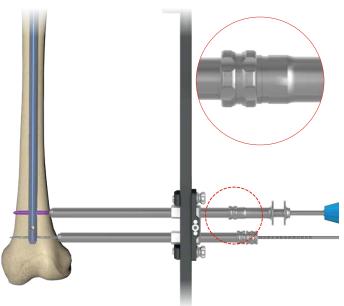
Insert the tip of the screwdriver T25 with holder [40.6361] into the socket of selected distal screw. Then advance both into the protective guide

12/10 **[40.6353]**.

Insert the distal screw in the prepared hole until the head of the screw reaches the cortex of the bone.

Remove the screwdriver and the protective guide 12/10.



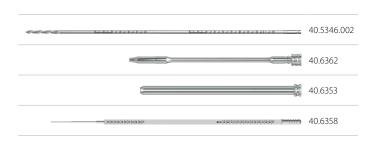


Remove drill with scale 4.0 [40.5346.002] and the drill guide 10/4.0 [40.6362] from the distal hole of the targeter. Leave the protective

guide 12/10 **[40.6353]** in the targeter hole. Insert the screw length measure **[40.6358]** through the protective guide 12/10 **[40.6353]** into drilled hole until its hook reaches the exit hole. Read the length of distal screw on the B-D scale.

During measurements the tip of protective guide should rest on the cortex bone.

Remove the screw length measure. Leave the protective guide in the targeter hole.

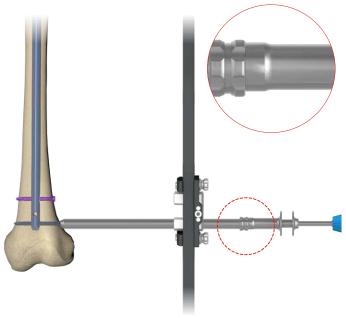


Insert the tip of the screwdriver T25 with holder [40.6361] into the socket of selected distal screw. Then advance both into the protective guide 12/10 [40.6353].

Insert the distal screw in the prepared hole until the head of the screw reaches the cortex of the bone.

Remove the screwdriver, protective guide 12/10 and the distal targeter D.





Using wrench S10 **[40.5526.100]**, remove the connecting screw **[40.6305]** from the trochanteric nail stem.

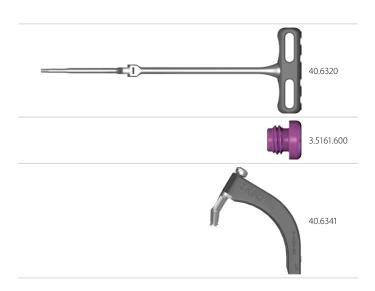


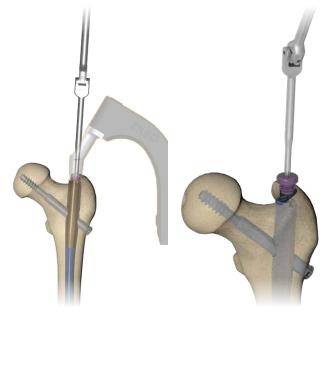


In order to protect the internal thread of the nail against bone ingrowth, insert an end cap (implant provided separately) into the threaded hole of the nail using the wrench for self-aligning joint T25 [40.6320].



End cap "0" [3.5161.600] may be inserted via the targeter arm [40.6341] after removing the connecting screw.

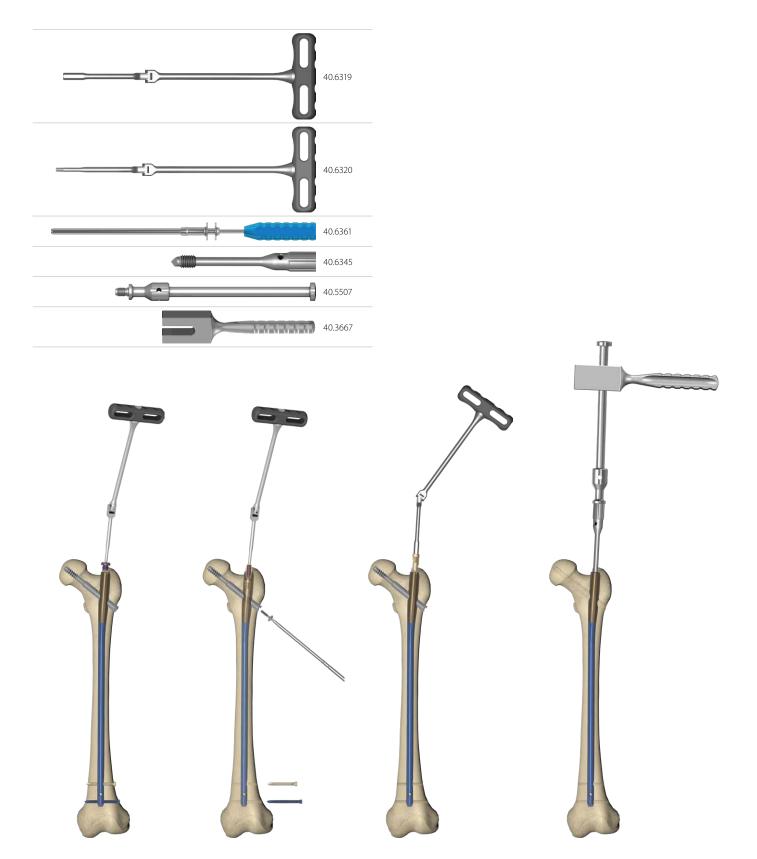






IV.8. TROCHANTERIC NAIL REMOVAL (SHORT AND LONG NAILS)

Using wrench for self-aligning joint S7 [40.6319], wrench for self-aligning joint T25 [40.6320] and screwdriver T25 with holder [40.6361], remove end cap, fork screw and all the locking (distal and join) screws. Insert the connector of extractor M12x1.75 [40.6345] in the threaded hole of the nail shaft. Apply impactor-extractor [40.5507] to the connector and using the mallet [40.3667], remove the nail from the medullary canal.



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