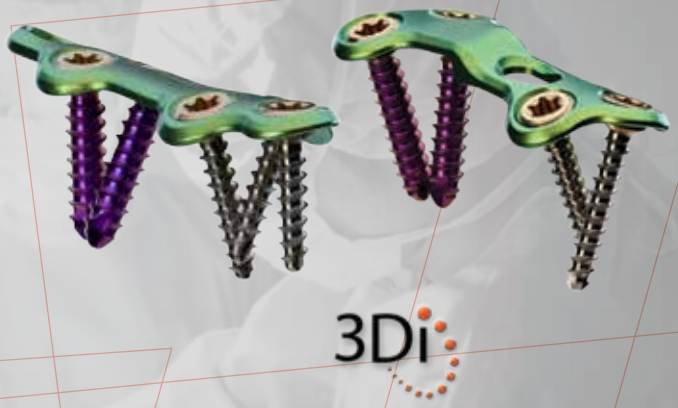
ORTHOLOC® 3Di

Foot Reconstruction System

SURGICAL TECHNIQUE



WRIGHT
FOCUSED EXCELLENCE

ORTHOLOC® 3Di

Foot Reconstruction System

SURGICAL TECHNIQUE

SURGEON DESIGN TEAM

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Contents

Proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience. Prior to use of the system, the surgeon should refer to the product package insert for complete warnings, precautions, indications, contraindications and adverse effects. Package inserts are also available by contacting Wright Medical Technology, Inc.

Please contact your local Wright representative for product availability.

Introduction

chapter 1

The ORTHOLOC® 3Di Foot Reconstruction System is a multi-indication foot reconstruction solution providing indication specific implants and instruments designed to address the unique demands of the forefoot and midfoot.
Each ORTHOLOC® 3Di implant has been designed with a focus on strength, versatility, and low-profile anatomic contours. Additionally, the employment of the ORTHOLOC® 3Di Polyaxial Locking Technology allows the surgeon the option of 2.7mm or 3.5mm locking screws capable of locking at up to 15˚ off axis to the plate.

System Features

- Universal plate hole accepts 2.7mm and 3.5mm locking and non-locking screws
- Four indication and anatomic specific plate designs
- ORTHOLOC® 3Di Polyaxial locking capability
- Compression holes in selected plates
- Anatomic and indication specific implants

chapter 2

Intended Use

Indications

The ORTHOLOC® 3Di Hallux System is intended for use in stabilization and fixation of fresh fractures, revision procedures, joint fusion, and reconstruction of bones of the feet and toes. Specific examples include:

- First metatarsal osteotomies for hallux valgus correction including:
  - o Opening base wedge osteotomy
  - o Closing base wedge osteotomy
  - o Crescentic osteotomy
  - o Proximal Chevron osteotomy
  - o Distal Chevron osteotomy (Austin)
- First metatarsal fracture fixation
- Arthrodesis of the first metatarsalcuneiform joint (Lapidus Fusion)
- Arthrodesis of the first metatarsophalangeal joint (MTP) including:
  - o Primary MTP Fusion due to hallux rigidus and/or hallux valgus
  - o Revision MTP Fusion
  - o Revision of failed first MTP Arthroplasty implant

Contraindications

No product specific contraindications.

Device Description

chapter 3

3Di Hallux Module

The Hallux module of the ORTHOLOC® 3Di System focuses on implant solutions related to indications and procedures of the first ray. The implants included in this module are designed to provide highly anatomic and versatile plating options for first MTP fusions, Lapidus procedures, opening base wedge osteotomies, and other bunion osteotomies.

MTP Fusion Plate

Lapidus Fusion Plate

BOW® Opening Wedge Plate

1st Metatarsal Plate

Preoperative Planning

chapter 4

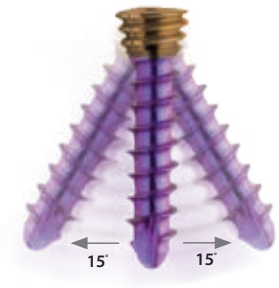
Implant Selection

Plates

Like any lower extremity procedure, preoperative planning is vital to the overall outcome of joint fusion and osteotomy fixation. Careful consideration must be given to implant selection. Choose an implant that addresses the specific needs dictated by the indication, patient anatomy, and overall surgical goals.

Implant Selection Guide

	First Metatarsal Plate	BOW® Plate	Lapidus Plate	First MTP Plate Primary	First MTP Plate Revision
Hallux Valgus Procedures					
• Opening Base Wedge		X			
• Closing Base Wedge	X	X			
• Crescentic Osteotomy	X				
• Proximal Chevron	X				
• Distal Chevron (Austin)	X				
• Lapidus Fusion	X		X		
1st Metatarsal Fracture	X				
Hallux Rigidus Procedures					
• MTP Primary Fusion				X	
• MTP Revision					X
• MTP Arthroplasty Revision					X



Screws

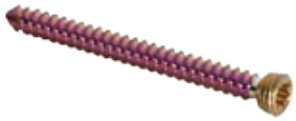
The ORTHOLOC® 3Di Locking hole has been designed to accept the 2.7mm and 3.5mm ORTHOLOC® 3Di locking and non-locking screws. Choose the most appropriate screw diameter and type based on anatomy, bone quality, and surgical goals.

2.7mm Locking Screw

- On axis and polyaxial locking capability
- Cortical thread
- 2.0mm Pre-drill
- 10 – 30mm lengths

2.7mm Low-Profile Screw

- Cortical thread
- 2.0mm Pre-drill
- 10 – 30mm lengths



3.5mm Locking Screw

- On-axis and polyaxial locking capability
- Cortical thread
- 2.8mm Pre-drill
- 10 – 60mm lengths

3.5mm Low-Profile Screw

- Low-profile head sits flush with plate
- Cortical thread
- 2.5mm Pre-drill
- 10 – 60mm lengths

Surgical Procedure

chapter 5

General System Procedures

Color Coding

The ORTHOLOC® 3Di Core Set features an instrument and implant color coding system designed to increase O.R. efficiency and speed. After choosing the appropriate screw for a given application, select the drill and drill guide with the corresponding color coded markings. | **FIGURE 1**

| **FIGURE 1**

2.0mm Locking Drill Guide	58872030
2.8mm Locking Drill Guide	58872560

| FIGURE 2

Screw Fixation

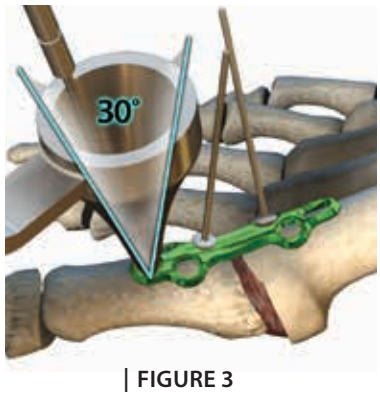
When using a locking screw on-axis with the plate, thread the appropriate locking drill guide into the 3Di locking hole and use the corresponding drill (Table 1) through the guide to the appropriate depth. **| FIGURE 2**

All 3Di locking holes and locking screws have polyaxial locking capabilities. To engage a locking screw off-axis to the plate threads, place the polyaxial drill guide into the desired locking hole. **| FIGURE 3** Ensure the guide mates properly with the 3Di locking feature, and remains firmly engaged with the plate at 90˚ to the hole trajectory. Use the drill corresponding to the selected screw to drill to the appropriate depth ensuring that the drill trajectory stays within the 30 degree guide cone (up to 15˚ from center axis).

Table 1. Screw/Drill Reference Guide

Screw	Drill	Part Number
2.7mm Locking	2.0mm	58880020
2.7mm Non-Locking	2.0mm	58880020
3.5mm Locking	2.8mm	58850028
3.5mm Non-Locking	2.5mm	58850025

IMPORTANT NOTE: As a bailout for a misdirected screw, the ORTHOLOC® 3Di locking screws can be disengaged from a locking hole, redirected, and locked again up to three times.



| FIGURE 3

Polyaxial Drill Guide	58872028

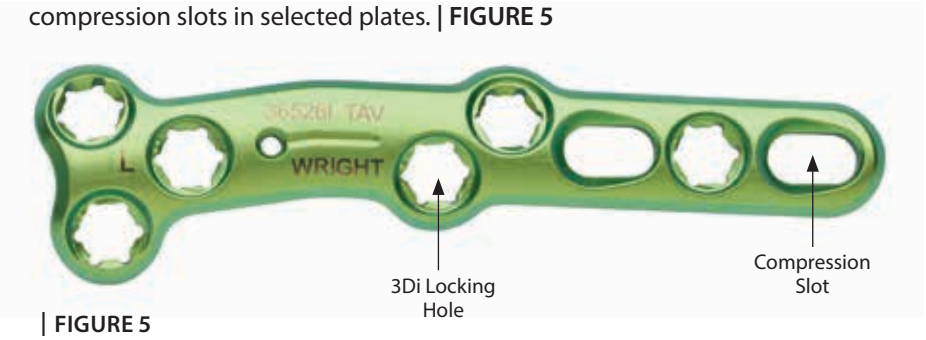
Determining Screw Length

Screw length can be determined with the drill and drill guides. Use the appropriate drill to penetrate through the near cortex and continue until the far cortex is reached. Stop drilling just as the far cortex of the bone is penetrated and note where the screw length reference on the drill meets the drill guide. **| FIGURE 4** As an alternative, a traditional screw depth gauge has also been provided in the system.

| FIGURE 4

Compression Slots

Compression across a fracture site can be achieved using the oblong compression slots in selected plates. | **FIGURE 5**

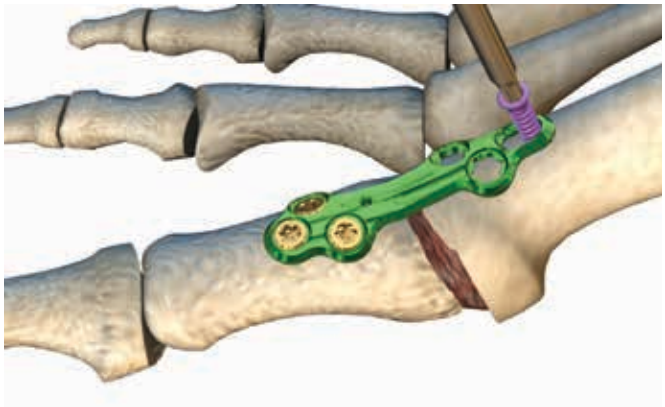


| **FIGURE 5**

Fixate the side of the plate opposite to the compression slot using the appropriate locking or non-locking screw. Using the appropriate pre-drill, drill a hole at the furthest point in the compression slot away from the fusion site, | **FIGURE 6** and drive the appropriate non-locking screw until fully seated in the plate. | **FIGURE 7** Compression across the fusion site is created as the screw travels to the center of the compression slot. Additional fixation is recommended after compression is achieved.

IMPORTANT NOTE: Bicortical fixation is required for proper use of the compression slot feature.

| **FIGURE 6**



| **FIGURE 7**

Plate Contouring

The ORTHOLOC® 3Di Foot Reconstruction Plates have been designed to match the anatomic contours of the forefoot and midfoot. In most cases, intraoperative plate contouring will not be necessary. In cases of bone deformity or abnormalities some contouring may be required.

Use the plate bending irons provided in the system to slightly modify plate contours as needed. | **FIGURE 8** Multiple slot widths are available to accommodate all plate types and thicknesses. Alternatively, threaded in situ plate benders are also provided in the system | **FIGURE 9** for contouring plates while on the bone. Thread the bender into any 3Di locking hole, ensuring full engagement to the plate threads. Lever the bender down, contouring the plate flush to the host bone.

IMPORTANT NOTE: Care should be taken to avoid over-bending or bending in a back-and-forth motion to prevent stress risers.

Slotted Plate Bender	58872031

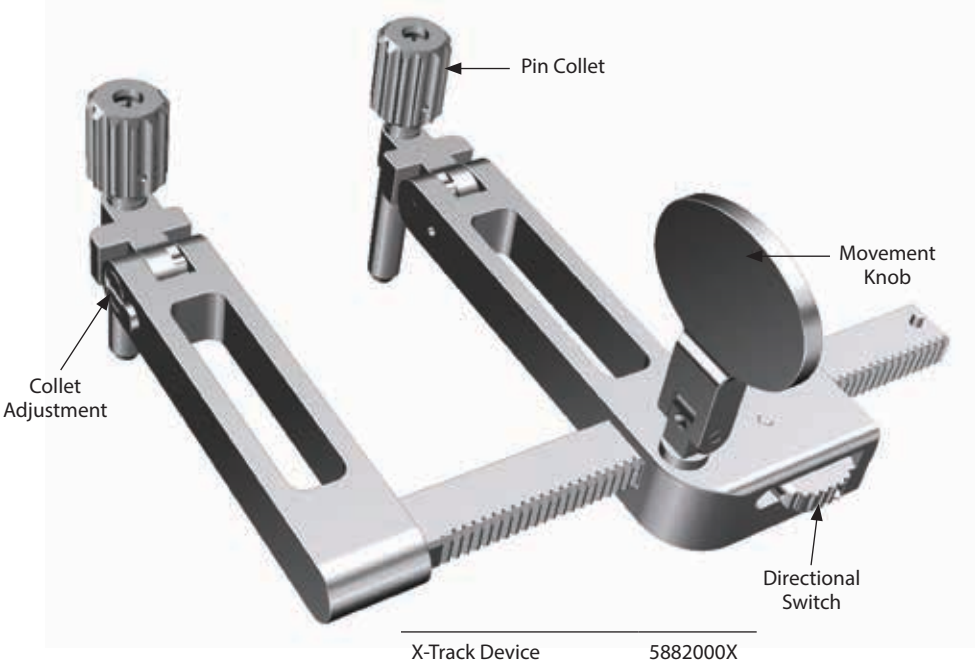
| **FIGURE 8**

In Situ Plate Bender	58870003

| **FIGURE 9**

X-Track Distraction/Compression Device

The X-Track Distraction/Compression device has been designed specifically for foot and ankle indications, and can be used for a variety of procedures in the midfoot. Both distraction and compression can be achieved with the device by rotating the directional switch adjacent to the movement knob. Additionally, the device can be adjusted to maximize site exposure and avoid interference with additional instrumentation. | **FIGURE 10**



| **FIGURE 10**

Insert the 2.5mm Steinmann Pin (P/N 58862515) provided in the system into one side of the appropriate joint and slide the pin collet over the pin. Place the second pin using the remaining X-Track pin collet as a guide for pin placement. Lock the pins in place by turning the knobs clockwise on the pin collets. Once locked, the pins can be trimmed to decrease interference in the workspace. For distraction, adjust the directional switch so that the arrow is pointed away from the joint (opposite for compression). Finally, the movement knob is rotated, moving the pin collets away from one another and creating distraction across the joint.

If needed, the core body of the device can be adjusted by pushing the collet adjustment button and relocked at 0˚, 45˚, or 90˚ positions.

MTP Arthrodesis

Surgical Approach

A dorsal longitudinal or dorso-medial incision is the recommended surgical approach, as it provides the best exposure for plating of the MTP joint. In patients where healing of the skin flap may be problematic, a medial approach may be considered.

Start the incision just proximal to the interphalangeal joint and extend it over the dorsum of the MTP joint, medial to the Extensor Hallucis Longus (EHL) tendon. End the incision on the medial aspect of the metatarsal, 2-3cm proximal to the joint.

Incise and release the joint capsule collateral ligaments to expose the base of the proximal phalanx and the metatarsal head.

Metatarsal Preparation

Displace the phalanx plantarly, exposing the metatarsal head. Using a powered drill, place a 1.6mm K-Wire (P/N 44112008) through the center of the metatarsal head and into the diaphysis of the metatarsal.

Place the cone-shaped metatarsal head reamer over the K-Wire and ream using a "peck-drilling" technique until bleeding subchondral bone becomes visible on the joint surface. | **FIGURE 11** Use of the power driver at a low RPM and occasional irrigation is recommended to prevent thermal necrosis.

If necessary, move progressively down through the reamer sizes until the correct radius has been chosen and the entire surface of articular cartilage has been removed. Take note of the last reamer size used.

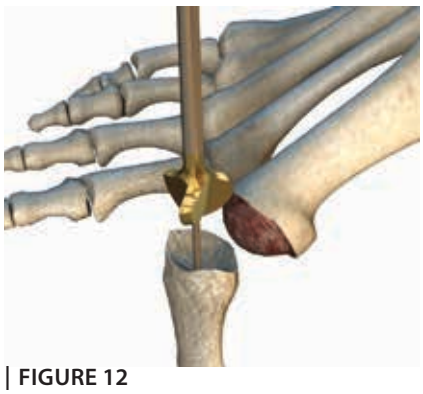
| **FIGURE 11**

MTP Cone Reamer 16mm	58890216
MTP Cone Reamer 18mm	58890218
MTP Cone Reamer 20mm	58890220
MTP Cone Reamer 22mm	58890222

Phalangeal Preparation

Reaming of the phalanx is performed in a similar fashion to the metatarsal head. To properly expose the articular surface of the phalanx, plantarflex the toe and turn into valgus to avoid interference with the metatarsal head. A curved McGlamry or Hohman retractor (not provided) is usually helpful for exposure and in protecting the metatarsal head during reaming. The 1.6mm K-Wire is again placed in the center of the articular cartilage and directed through the diaphysis. Starting with the smallest cup phalangeal reamer (14mm), gently ream the joint surface. | **FIGURE 12**

Proceed cautiously, taking care not to remove too much bone or damage the metatarsal head. Work up through the reamer sizes until the same radius has been used for both the metatarsal and phalangeal side and the surfaces are fully conforming.



| **FIGURE 12**

MTP Cup Reamer 16mm	58890116
MTP Cup Reamer 18mm	58890118
MTP Cup Reamer 20mm	58890120
MTP Cup Reamer 22mm	58890122

Plate Selection

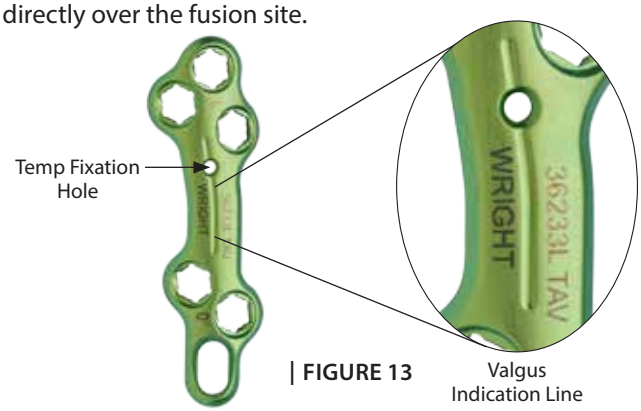
The ORTHOLOC® 3Di Foot Reconstruction System provides multiple MTP Arthrodesis plating options and styles. | **TABLE 2** All implants are left/right specific, feature 10˚ of valgus correction, and multiple dorsiflexion options. Additionally, all plates feature internal compression slots. Plate selection should be based on surgical goals, patient anatomy, activity level, and shoewear preferences.

Table 2: MTP Plating Options

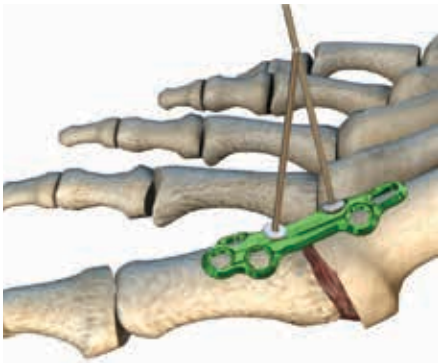
		Length	Dorsiflexion Options	Valgus
Primary	Small 	42mm	0˚, 5˚, 10˚	10˚
Primary	Medium 	47mm	0˚, 5˚, 10˚	10˚
	Revision 	60mm	0˚	10˚
	Revision Long 	73mm	0˚	10˚

Provisional Plate Placement / Dorsiflexion Assessment

The valgus indication line found on the MTP fusion plate | **FIGURE 13** can be used to determine the valgus and dorsiflexion transition points of the plate, and should be used as a guide to ensure proper plate placement. Place the selected plate on the dorsal aspect of the joint with the flared portion of the plate over the phalanx. Ensure that the transition point of the valgus indication line is directly over the fusion site.



| **FIGURE 13**



| **FIGURE 14**

Using the provided temporary fixation pins (P/N 5882006), provisionally fixate the plate to the bone proximally and distally to the joint. | **FIGURE 14** Temporary fixation pins can be placed in the temporary fixation holes (if provided) and/or any 3Di locking screw hole.

With the plate provisionally fixed to the bone, dorsiflexion, valgus angle, and plate position can now be assessed. Generally, 5˚ to 10˚ of dorsiflexion is desired for fusion. Place the ORTHOLOC® 3Di tray lid on the plantar surface of the foot to evaluate the desired dorsiflexion. Fluoroscopy should also be utilized to evaluate valgus angle and proper plate placement.

| **FIGURE 15**

Screw Fixation

Using the techniques described in the screw fixation section of this guide, place locking and/or non-locking screws through all 3Di locking plate holes. | **FIGURES 15 and 16** It is recommended that distal fixation is achieved before proximal holes are filled and always prior to using the proximal compression slots (see compression slots guide section). 2.7mm screws are recommended for fixation of the MTP plate, however 3.5mm locking screws may be used in cases of larger anatomy.

| **FIGURE 16**

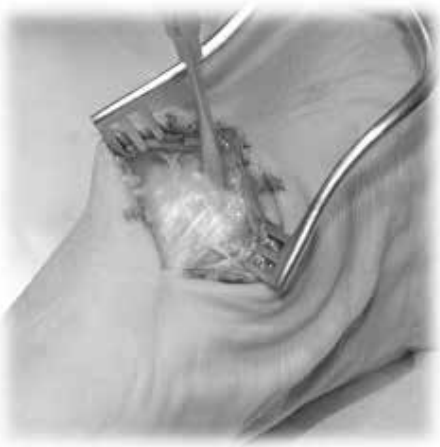
1st Metatarsal Base Opening Wedge

Surgical Approach

Plan a medial approach to the proximal 1st metatarsal along the dorso-medial aspect of the foot, medial to the EHL tendon course and just distal to the 1st tarsometatarsal (TMT) joint. A single extensile incision may be taken down distally to the 1st MTP joint to allow for distal soft tissue work or a 2nd incision may be created as necessary. | **FIGURE 17**

Create the skin incision, taking care to protect any overlying neurovascular structures. Carry the incision through the fascial layers and identify the periosteum of the metatarsal. Confirm the location of the 1st TMT joint either directly or using fluoroscopy. | **FIGURE 18**

| **FIGURE 17**



| **FIGURE 18**

Osteotomy

| **FIGURE 19**

The planned osteotomy for the medial opening wedge is marked 15mm distal to the 1st TMT. Perform the osteotomy in a medial to lateral direction with the sagittal saw. It is critical that the osteotomy is made perpendicular to the metatarsal shaft and is only taken through approximately 70% of the metatarsal, leaving the lateral cortical wall intact.

Insert the opening wedge distractor (P/N 5272000008) into the osteotomy and gradually open by turning the instrument knob clockwise. The osteotomy should be green-sticked on the lateral side, and the lateral wall should be maintained. | **FIGURE 19**

Plate Selection

Multiple wedge sizes are available for the ORTHOLOC® 3Di Opening Wedge Plate. Plate selection should be based on the severity of the deformity and surgical goals.

IMPORTANT NOTE: 1.5˚ to 2˚ of correction can be attained per millimeter of spacer.

0mm (Flat Plate) | 2mm | 3mm | 4mm | 5mm

Plate Placement

With the osteotomy open, place the selected plate on the bone ensuring that the wedge of the plate is inserted in the osteotomy and that the proximal portion of the plate is closest to the TMT joint.

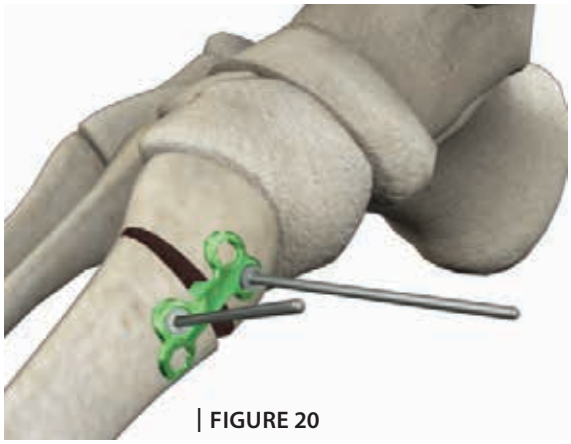
Distal:

- Oblique screw holes
- Tighter underside radius

Proximal:

- Screw holes are in line with one another
- Flatter underside radius

Temporary fixation of the plate can be achieved by inserting the 1.1mm temporary fixation pins (P/N 5882006) into any of the ORTHOLOC® 3Di locking holes.
| FIGURE 20

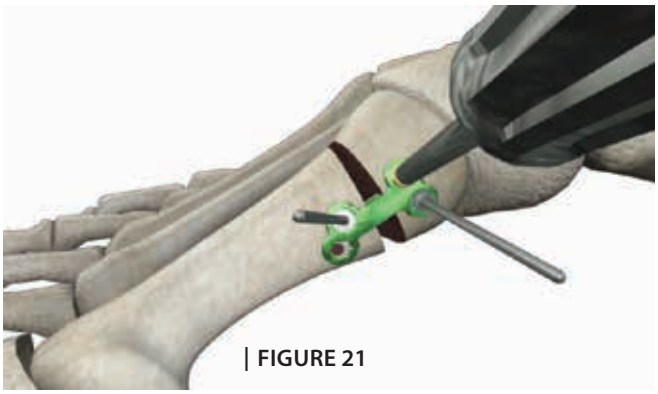


| FIGURE 20

Screw Fixation

Following the technique described in the "Screw Fixation" section of this guide, fixate one of the proximal screw holes using a 2.7mm 3Di locking or non-locking screw. | **FIGURE 21** Next, move to the opposite side distal screw hole and repeat.

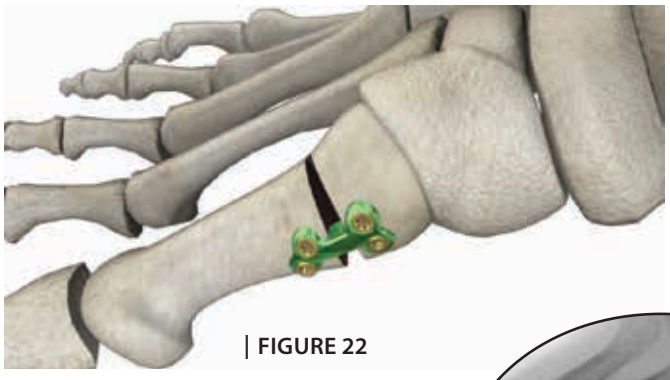
IMPORTANT NOTE: To prevent the risk of soft tissue irritation, on-axis locking is recommended for all screws used in the opening wedge plate. This requires the use of the locking drill guides when drilling.



| **FIGURE 21**

Remove the temporary fixation pins and finish the remaining holes. The locking drill guides may be used as in situ plate benders if needed. All screws should sit flush in the plate holes, creating a smooth low-profile construct. | **FIGURES 22 and 23**

IMPORTANT NOTE: The use of a bone graft in the osteotomy space is recommended.



| **FIGURE 22**

| **FIGURE 23**

| **FIGURE 24**

Lapidus Approach

Surgical Approach

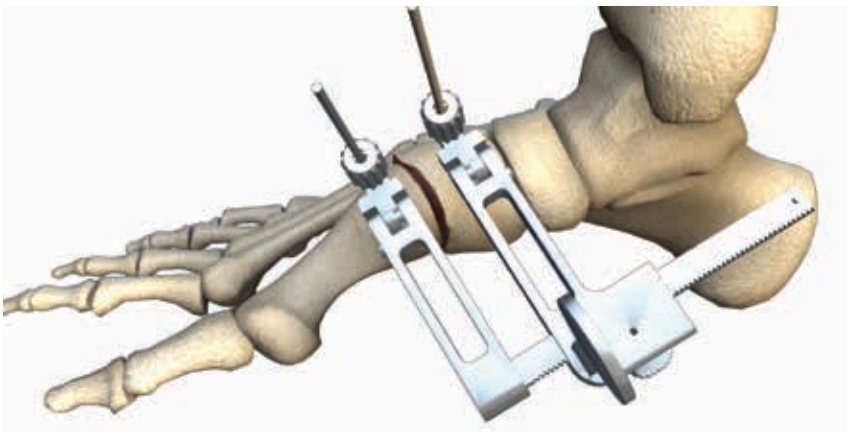
Plan a dorsomedial approach to the proximal 1st TMT, just medial to the EHL tendon. The approach should extend 2-3cm on either side of the TMT. | **FIGURE 24** Create the skin incision taking care to identify and protect any overlying neurovascular structures. Deepen the incision through the fascial layers to the dorsal capsule of the TMT. Using blunt dissection, release the EHL off the TMT and retract the tendon laterally. Confirm the location of the 1st TMT joint either directly or using fluoroscopy.

Perform a capsulotomy at the superior aspect of the 1st TMT to expose the entire joint. Care should be taken to ensure complete exposure of the plantar and lateral aspects of this joint, which is quite deep.

Joint Preparation

The X-Track distraction/compression device should be used to gain exposure to the first TMT joint. Take care in planning pin placement to avoid interference with the planned plate position. | **FIGURE 25** Insert the 2.5mm Steinmann Pin (P/N 58862515) provided in the system into the plantar-medial or dorso-medial aspect of the medial cuneiform, and slide the X-Track pin collet over the pin. Place the second pin approximately 1cm to 1.5cm distal to the first TMT, using the remaining X-Track pin collet as a guide for pin placement. Lock the pin collets on the pins, and distract the joint until adequate exposure is attained. A ¼ inch osteotome may be used to carefully release any additional joint capsule or ligaments restricting distraction of the joint.

With the joint distracted, take down the cartilage of the 1st TMT per standard procedure. Remove the cartilage thoroughly until dense subchondral bone is completely exposed on both sides of the joint.



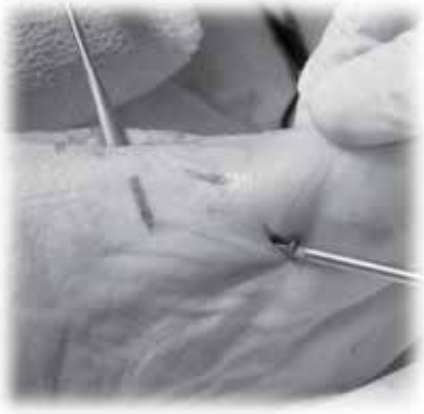
| **FIGURE 25**

Interfragmentary Screw Placement

Correction of the first intermetatarsal angle is addressed per standard technique. If first ray shortening is experienced the metatarsal may be translated plantarly or plantarflexed to compensate. Once the metatarsal has been placed appropriately and IM angle addressed, drive a 1.4mm k-wire distal-plantar to proximal-dorsal as a means of temporary fixation. | **FIGURE 26** Verify correction fluoroscopically.

The use of a 4.0mm or 4.5mm cannulated screw is suggested to augment plate fixation and prevent plantar gapping. Using the driven k-wire as a guide, place the screw across the fusion site per standard technique. | **FIGURE 27** Additional compression may be achieved through the compression slot features on all Lapidus plates.

| **FIGURE 26**



| **FIGURE 27**

Plate Selection

The ORTHOLOC® 3Di Lapidus plate has been designed with progressive plantar steps to counteract first ray shortening. Plantar steps have been designed with a smooth dorsal transition to prevent soft tissue irritation. Select the plate that corresponds with the corrected joint, and that meets the specific needs associated with the patient's anatomy and surgical goals.

0mm Step
(Flat Plate)

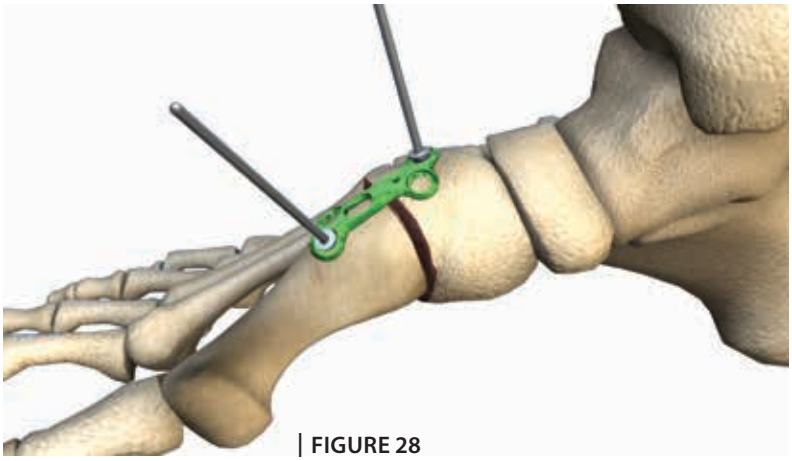
2mm Step

3mm Step

4mm Step

Provisional Plate Placement

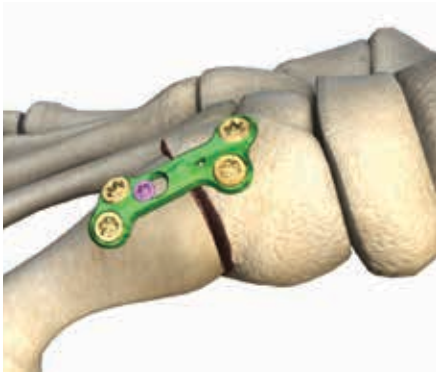
The ORTHOLOC® 3Di Lapidus Plate should be placed dorso-medial over the first TMT joint. Ensure that the compression slot is distal to the joint, and that the slot completely clears the joint space. Provisional fixation is achieved by placing the temporary fixation pins proximal and distal to the joint in the temporary fixation holes or any plate screw hole. | **FIGURE 28**



| **FIGURE 28**

Screw Fixation

Using the techniques previously described, place locking and/or non-locking screws through all plate holes. | **FIGURE 29 and 30** It is recommended that proximal fixation is achieved before distal holes are filled and always prior to using the distal compression slot (see compression slot guide section). 3.5 mm screws are generally recommended for fixation of the lapidus plate. Once final screw placement is complete, all screws used on axis should sit flush with the plate.



| **FIGURE 29**

| **FIGURE 30**

Other First Metararsal Procedures

Fixation of additional Hallux valgus osteotomies and first metatarsal fractures can be achieved with the ORTHOLOC® 3Di 1st Metatarsal Plate. This plate is available in two sizes (Small and Medium), and has been designed to fit the contours of the first metatarsal. The plate has been designed to allow multiple points of locking or non-locking screw fixation and compression across the osteotomy or fracture site.

Fixation of the 1st Metatarsal plate should be carried out using the techniques previously described in this surgical technique.

Proximal:

- Screw holes are in line with one another
- Flatter underside radius

Distal:

- Oblique screw holes
- Tighter underside radius


Small


Medium

Explant Information

Removal of the plate may be performed by first extracting the plate screws using the STAR 15 Straight Driver (58861T15) and then removing the plate from the bone.

If the removal of the implant is required due to revision or failure of the device, the surgeon should contact the manufacturer using the contact information located on the back cover of this surgical technique to receive instructions for returning the explanted device to the manufacturer for investigation.

Postoperative Management

Postoperative care is the responsibility of the medical professional.

Ordering Information

Sterile part numbers are available upon request for specific markets.

First MTP Fusion Plate

P/N	Description
587110RT	MTP Fusion, Small 0˚, RT
587115RT	MTP Fusion, Small 5˚, RT
587111RT	MTP Fusion, Small 10˚, RT
587220RT	MTP Fusion, Medium 0˚, RT
587225RT	MTP Fusion, Medium 5˚, RT
587221RT	MTP Fusion, Medium 10˚, RT
587110LT	MTP Fusion, Small 0˚, LT
587115LT	MTP Fusion, Small 5˚, LT
587111LT	MTP Fusion, Small 10˚, LT
587220LT	MTP Fusion, Medium 0˚, LT
587225LT	MTP Fusion, Medium 5˚, LT
587221LT	MTP Fusion, Medium 10˚, LT

First MTP Fusion Revision Plate

P/N	Description
587338RT	MTP Fusion Revision RT
587439RT	MTP Fusion Revision Large RT
587338LT	MTP Fusion Revision LT
587439LT	MTP Fusion Revision Large RT

Lapidus Plate

P/N	Description
58510000	Lapidus Plate Flat
58510001	Lapidus Plate 1mm
58510002	Lapidus Plate 2mm
58510003	Lapidus Plate 3mm
58510004	Lapidus Plate 4mm

First Ray Plate

P/N	Description
58410001	First Ray Plate Small
58410002	First Ray Plate Medium

BOW® Opening Wedge Plate

P/N	Description
58610000	BOW® Opening Wedge Plate, 0mm
58610002	BOW® Opening Wedge Plate, 2mm
58610003	BOW® Opening Wedge Plate, 3mm
58610004	BOW® Opening Wedge Plate, 4mm
58610005	BOW® Opening Wedge Plate, 5mm

2.7mm Non-Locking Screws

P/N	Description
58812710	NON-LOCKING LG HD SCREW 2.7X10MM
58812712	NON-LOCKING LG HD SCREW 2.7X12MM
58812714	NON-LOCKING LG HD SCREW 2.7X14MM
58812716	NON-LOCKING LG HD SCREW 2.7X16MM
58812718	NON-LOCKING LG HD SCREW 2.7X18MM
58812720	NON-LOCKING LG HD SCREW 2.7X20MM
58812722	NON-LOCKING LG HD SCREW 2.7X22MM
58812724	NON-LOCKING LG HD SCREW 2.7X24MM
58812726	NON-LOCKING LG HD SCREW 2.7X26MM
58812728	NON-LOCKING LG HD SCREW 2.7X28MM
58812730	NON-LOCKING LG HD SCREW 2.7X30MM

2.7mm Locking Screws

P/N	Description
58802710	LOCKING LG HD SCREW 2.7X10MM
58802712	LOCKING LG HD SCREW 2.7X12MM
58802714	LOCKING LG HD SCREW 2.7X14MM
58802716	LOCKING LG HD SCREW 2.7X16MM
58802718	LOCKING LG HD SCREW 2.7X18MM
58802720	LOCKING LG HD SCREW 2.7X20MM
58802722	LOCKING LG HD SCREW 2.7X22MM
58802724	LOCKING LG HD SCREW 2.7X24MM
58802726	LOCKING LG HD SCREW 2.7X26MM
58802728	LOCKING LG HD SCREW 2.7X28MM
58802730	LOCKING LG HD SCREW 2.7X30MM

3.5mm Non-Locking Screws

P/N	Description
58813510	LOW-PRO SCREW 3.5 X 10MM
58813512	LOW-PRO SCREW 3.5 X 12MM
58813514	LOW-PRO SCREW 3.5 X 14MM
58813516	LOW-PRO SCREW 3.5 X 16MM
58813518	LOW-PRO SCREW 3.5 X 18MM
58813520	LOW-PRO SCREW 3.5 X 20MM
58813522	LOW-PRO SCREW 3.5 X 22MM
58813524	LOW-PRO SCREW 3.5 X 24MM
58813526	LOW-PRO SCREW 3.5 X 26MM
58813528	LOW-PRO SCREW 3.5 X 28MM
58813530	LOW-PRO SCREW 3.5 X 30MM
58813532	LOW-PRO SCREW 3.5 X 32MM
58813534	LOW-PRO SCREW 3.5 X 34MM
58813536	LOW-PRO SCREW 3.5 X 36MM
58813538	LOW-PRO SCREW 3.5 X 38MM
58813540	LOW-PRO SCREW 3.5 X 40MM
58813542	LOW-PRO SCREW 3.5 X 42MM
58813544	LOW-PRO SCREW 3.5 X 44MM
58813546	LOW-PRO SCREW 3.5 X 46MM
58813548	LOW-PRO SCREW 3.5 X 48MM
58813550	LOW-PRO SCREW 3.5 X 50MM
58813555	LOW-PRO SCREW 3.5 X 55MM
58813560	LOW-PRO SCREW 3.5 X 60MM

3.5mm Locking Screws

P/N	Description
58803510	LOCKING SCREW 3.5 X 10MM
58803512	LOCKING SCREW 3.5 X 12MM
58803514	LOCKING SCREW 3.5 X 14MM
58803516	LOCKING SCREW 3.5 X 16MM
58803518	LOCKING SCREW 3.5 X 18MM
58803520	LOCKING SCREW 3.5 X 20MM
58803522	LOCKING SCREW 3.5 X 22MM
58803524	LOCKING SCREW 3.5 X 24MM
58803526	LOCKING SCREW 3.5 X 26MM
58803528	LOCKING SCREW 3.5 X 28MM
58803530	LOCKING SCREW 3.5 X 30MM
58803532	LOCKING SCREW 3.5 X 32MM
58803534	LOCKING SCREW 3.5 X 34MM
58803536	LOCKING SCREW 3.5 X 36MM
58803538	LOCKING SCREW 3.5 X 38MM
58803540	LOCKING SCREW 3.5 X 40MM
58803542	LOCKING SCREW 3.5 X 42MM
58803544	LOCKING SCREW 3.5 X 44MM
58803546	LOCKING SCREW 3.5 X 46MM
58803548	LOCKING SCREW 3.5 X 48MM
58803550	LOCKING SCREW 3.5 X 50MM
58803555	LOCKING SCREW 3.5 X 55MM
58803560	LOCKING SCREW 3.5 X 60MM

Instruments

P/N	Description
58871216	K-WIRE TISSUE PROTECTOR
58872025	DRILL GUIDE 2.0 / 2.5
58872830	DRILL GUIDE 2.8 / 3.0
58873540	DRILL GUIDE 3.5 / 4.0
58810035	DRILL GUIDE 2.5MM INSERT
58870040	DRILL GUIDE 2.5MM INSERT
58870140	DRILL GUIDE 2.8MM INSERT
58872030	LOCKING 2.0 DRILL GUIDE
58872560	LOCKING 2.8 DRILL GUIDE
58872028	POLY LOCKING DRILL GUIDE
58870004	SCREW GRIPPER
5362000160	DEPTH GAUGE 60MM
58872031	SLOTTED PLATE BENDER
58870003	THREADED BENDING IRON
41112017	AO QUICK CONNECT CANNULATED
DC4197	FORCEPS ANGLED TIP
58871010	RATCHETING DRIVER HANDLE
58871012	TORQUE LIMITING DRIVER HANDLE
5888CORE	ORTHOLOC® 3Di CORE TRAY
5882000X	X-TRACK DISTRACTOR
58890216	MTP CONE REAMER 16MM GEN 2
58890218	MTP CONE REAMER 18MM GEN 2
58890220	MTP CONE REAMER 20MM GEN 2
58890222	MTP CONE REAMER 22MM GEN 2
58890116	MTP CUP REAMER 16MM GEN 2
58890118	MTP CUP REAMER 18MM GEN 2
58890120	MTP CUP REAMER 20MM GEN 2
58890122	MTP CUP REAMER 22MM GEN 2
5272000008	OPENING WEDGE SPREADER

Disposables

P/N	Description
58880020	DRILL BIT 2.0MM X 30MM
58850025	DRILL BIT 2.5MM X 60MM
58850028	DRILL BIT 2.8MM X 60MM
58820006	TEMP FIX PIN 1.1MM
58861T15	DRIVER STAR 15 STRAIGHT
58820024	TEMP FIXATION PIN 1.4MM LG
707091202	K-WIRE 1.2 X 150MM
44112008	SINGLE TROCAR WIRE 1.6 X 150MM
40250010	CLAW II PLATE TACK
58862515	K-WIRE 2.5MM X 150MM

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