

Dorsal Buttress Pin

Surgical Technique TriMed Wrist Fixation System







Exposure (limited dorsal approach)

- Make incision over 4th dorsal compartment tendons.
- Develop interval between 3rd and 4th, or 4th and 5th compartments.
- Transpose EPL if needed.
- Expose the dorsal cortex of the distal radius.

Implant Positioning

- Insert two parallel 1.1mm (0.045") K-wires at the location of desired distal fixation.
- The direction and angle of the K-wires will determine the direction and angle of the Dorsal Buttress Pin legs.



Implant Preparation

- Using a Pin Clamp, snap the Dorsal Buttress Pin into one of two positions on the Wireform Plate.
- Cut legs of the Dorsal Buttress Pin to desired length, leaving one leg slightly longer.
- If needed, alter the width or angle of legs using the Wire Bender.

Dorsal Buttress Pin



Implant Insertion

- At the apex of the bend, snap a Pin Clamp onto the longest leg making sure it is axially aligned with the leg.
- Withdraw the K-wire corresponding to the longest leg and immediately insert.
- Switch Pin Clamp to shorter leg and repeat.
- Complete seating of each leg using the Impactor.



Final Fixation

- Align Dorsal Buttress Pin to the proximal shaft.
- Use the 1.8mm (blue) drill and 2.3mm cortical screws to fix the implant proximally.
- Confirm implant is seated and secure.
- For lowest profile, a standard washer can be used instead of a Wireform Plate.
- Overlay washer and seat screw until washer flexes to ensure fixation of Wireform.

TIPS

• Dorsal Buttress Pin can also be used to directly buttress a free intra-articular ("die punch") fragment.





X-RAYS



Pre-Op



Post-Op

Post-Op



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⁷ The presently issued U.S. patents are: 6,077,266; 6,113,603; 7,037,308; 7,044,951; 7,195,633; 7,540,874; 7,942,877; 8,177,822; 8,821,508; 8,906,070; 9,089,376; 9,283,010; 9,220,546; 9,237,911; 9,402,665; 9,636,157; 9,861,402. See trimedortho.com for all listed patents.

The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.