

#### **Exposure and Reduction**

- Reflect the pronator quadratus and expose distally up to 1-2mm beyond the distal radial ridge.
- Reduce the fracture and temporarily fix with K-wires as needed.
- Apply the Volar Drill Guide in the desired position. (see note 1)

### **Stabilize Guide and Check Position**

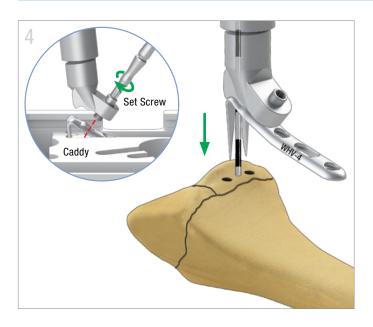
- Insert a 1.1mm (0.045") K-wire through the central distal hole of the guide to verify hook positions.
- Insert a second K-wire through the center block to verify position of the locking peg. (see note 2)
- Confirm the K-wire positions with a 10° lateral X-ray.

#### **Drill Distal Holes**

- Cut the distal K-wire about 30mm (3 sets of stripes) above the guide.
- Drill the two outer holes at the distal end of the guide with a 1.8mm (blue) drill.
- Remove the K-wire from the center block of the guide and slide the guide off the distal K-wire.

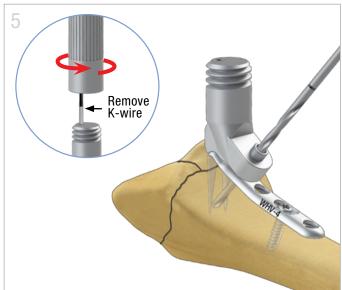
#### Notes:

- 1. The Extender Guide can be used as a handle for the drill guide.
- 2. A K-wire inserted into a proximal hole of the guide can be used to help guide the edge of the implant into position proximally.



## Insert Volar Hook Plate ${}^{\scriptscriptstyle{\mathsf{TM}}}$

- Using the assembly slot in the caddy, secure the impactor onto the plate with the set screw.
- Engage the cannula of the impactor over the distal guide wire and guide the hooks into the drilled holes.
- Seat implant to bone.



# **Drill Locking Peg**

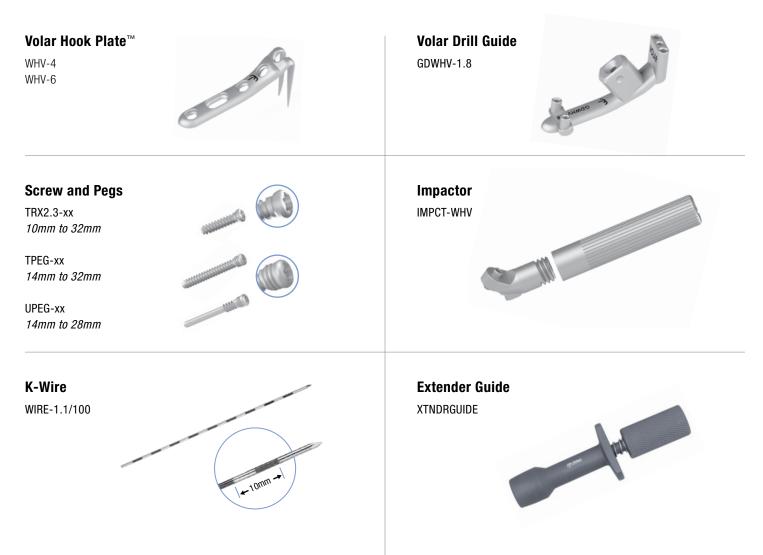
- Secure the plate proximally with a 2.3mm screw in the proximal slotted hole.
- Unscrew the impactor handle and remove the distal K-wire.
- Drill a hole for the distal subchondral (**locking peg**) through the center of the cannulated set screw.
- Disengage the set screw from the plate to remove the impactor, measure and insert the subchondral locking peg.



## **Complete Fixation**

- Complete proximal fixation with 2.3mm cortical screws.
- Apply additional plates as needed.

Indications, contraindications, warnings and precautions related to TriMed Wrist Fixation System reference IFU on trimedortho.com/ifu



#### X-RAYS



Pre-Op AP



Pre-Op Lateral



Post-Op AP



**Post-Op Lateral** 

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X-Rays courtesy of Ed Rowland, MD



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.

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