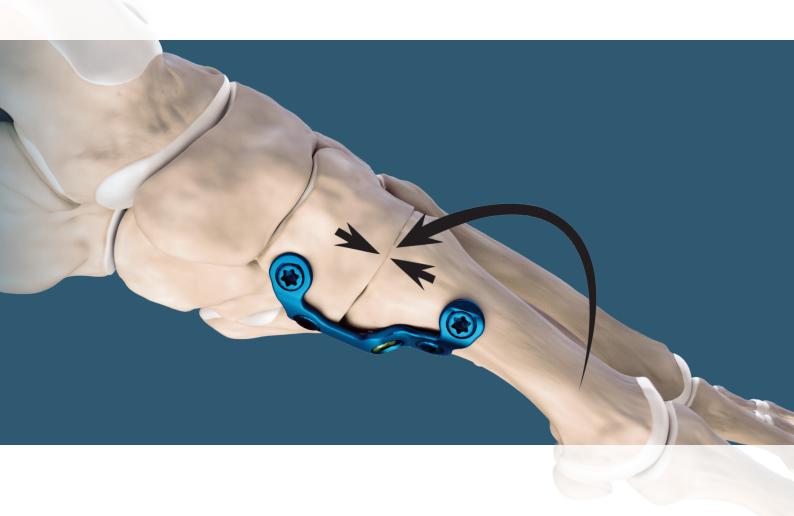
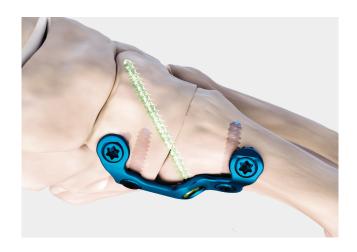
Surgical Technique





This anatomically contoured plate was designed to provide excellent fixation for a lapidus procedure. The plate is placed plantar on the first TMT joint and fixed with two locking screws at both the distal and proximal ends. The compression feature of the plate provides compression over the entire arthrodesis area. An optional Aiming Guide allows for defined placement of the compression screw in a specified direction without interfering with the proximal locking screws. In general, plantar fixation of the lapidus arthrodesis minimizes soft-tissue irritation and converts the resulting ground forces at the metatarsal head into compression forces in the arthrodesis area, thus avoiding postoperative gapping.



#### **Advantages**

#### **■** Anatomic Contour

Precontoured left and right plates allow secure plantar placement and spare the tibialis anterior tendon

### **■ Locking Option**

Two proximal and two distal 3.5 mm locking screws optimize construct strength

## **■** Compression Option

The 4.0 mm compression screw through the plate provides compression over the entire arthrodesis area and eliminates an additional dorsal compression screw

#### **■ Plantar Fixation**

Avoids gapping of the arthrodesis at early weightbearing

#### **■ Minimized Profile**

Low-profile plates and screw heads reduce soft-tissue irritation and the need for removal

#### **■** Optional Aiming Guide

Allows defined placement of the compression screw in a specified direction without interfering with the proximal locking screws



#### Incision

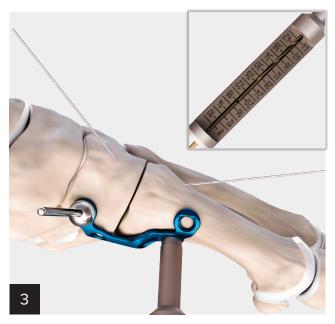
A single incision is made over the medial aspect of the 1st TMT joint at the level of the abductor fascia to expose the medial cuneiform and the base of the metatarsal. The insertion area of the tibialis anterior tendon is left intact while the anatomic plate preserves its insertion. This incision can be extended over the medial metatarsal to expose the MTP joint and perform a capsular and soft-tissue release. Alternatively, a second distal incision may be considered.



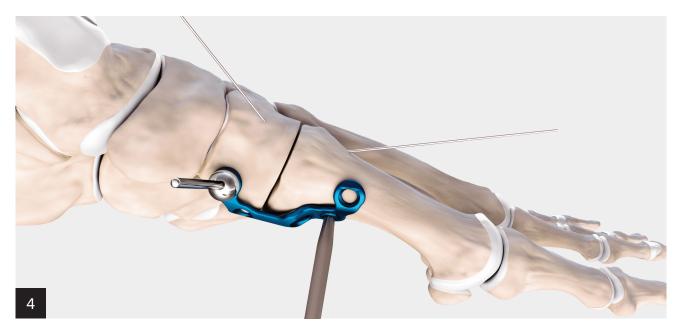
Initially, remove the cartilage and prepare the 1st TMT joint for fusion. After the appropriate reduction is achieved, provisionally fix the joint with K-wires. You may also use a reduction clamp to hold correction and maintain the desired position and compression.



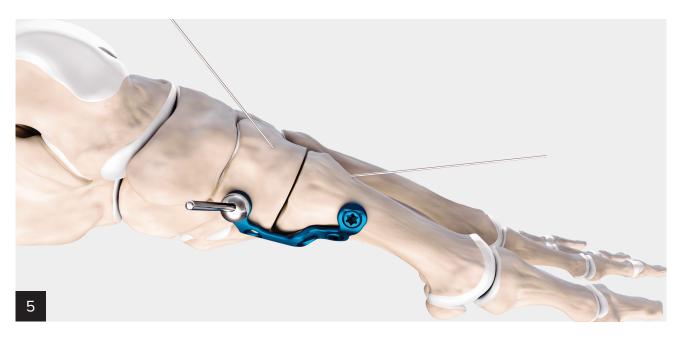
Place the plate plantar on the TMT joint over the tibialis anterior tendon. You may use the Drill Guide as a joystick. Make sure the plate is properly fit to the bone. Note: Do not place the plate too far proximal and be careful to respect the navicular bone. A slight gap between the step of the plate and the proximal metatarsal will be eliminated when tightening the compression screw.



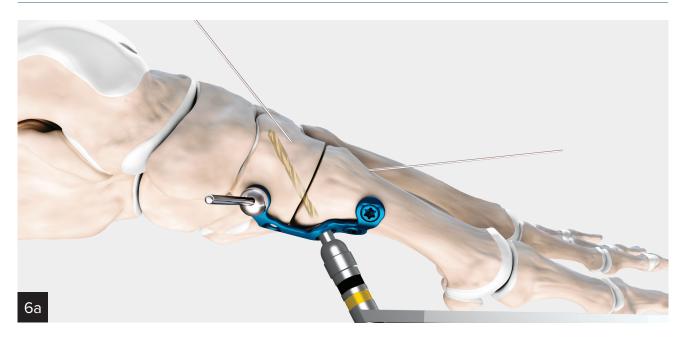
Insert the locking Drill Guide into the plantar distal locking hole and dril with the 2.5 mm drill through both cortices. Correct screw length can be noted from the laser line on the 2.5 mm drill.



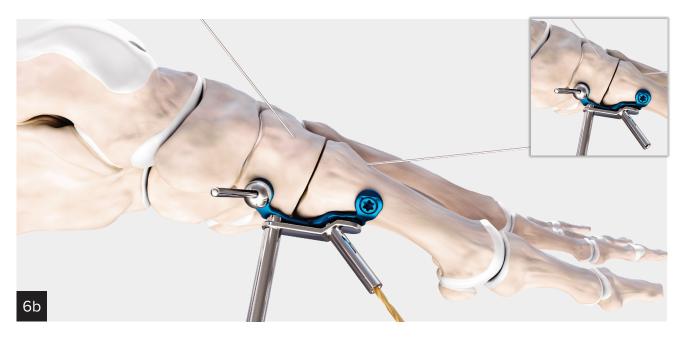
Use the screwdriver to insert a 3.5 mm locking screw into the plantar distal locking hole.



Repeat steps 3 and 4 and insert the most distal 3.5 mm locking screw.

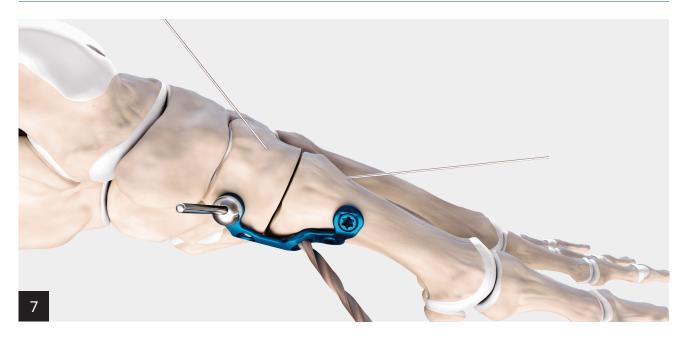


Drill through the metatarsal and medial cuneiform using a 2.5 mm drill. Aim for the dorsal lateral aspect of the medial cuneiform. Note: You may also choose to drill into the middle cuneiform using the same principles.

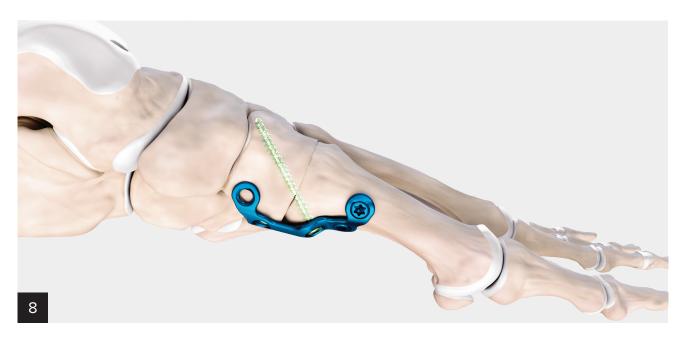


Optional: Place the Aiming Guide on the plate by inserting the small pin on the lower side of the Aiming Guide into the distal screw head. Thread the Aiming Guide fixation screw into the plantar proximal locking screw hole of the plate. The Aiming Guide provides defined placement of the compression screw at the best angle through the medial cuneiform and prevents interfering with locking screws.

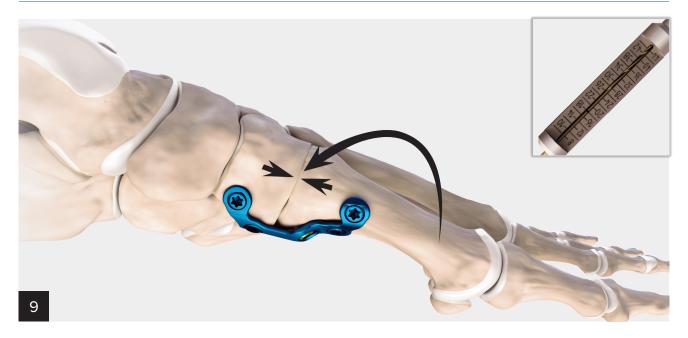
Drill with the 2.5 mm drill through the Aiming Guide, metatarsal, and medial cuneiform.



Optional: Remove the Aiming Guide. Overdrill the metatarsal with the 4.0 mm drill and then measure the screw length with the depth gauge.



Insert a 4.0 mm cancellous screw in the compression hole. Remove the K-wires and BB-Tak anchors before completely tightening the screw to achieve compression.



Insert the locking Drill Guide in the proximal locking holes and drill with the 2.5 mm drill. Note the correct screw lengths from the laser line on the 2.5 mm drill. Insert the remaining proximal locking screws to complete the construct.

## **Ordering Information**

#### Plates

Product Description	Item Number
Plantar Lapidus Plate, left	AR- <b>8941PL</b>
Plantar Lapidus Plate, left, short	AR- <b>8941PLS</b>
Plantar Lapidus Plate, right	AR- <b>8941PR</b>
Plantar Lapidus Plate, right, short	AR- <b>8941PRS</b>
Plantar Lapidus Plate Caddy	AR- <b>8950C-36</b>

## Instrumentation

Product Description	Item Number
Drill Guide for Compression Hole	AR- <b>8949DG</b>
Aiming Guide, left, for Plantar Lapidus Plate	AR- <b>8941AL</b>
Aiming Guide, right, for Plantar Lapidus Plate	AR- <b>8941AR</b>
Aiming Guide Fixation Screw for Plantar Lapidus Plate	AR- <b>8941AS</b>

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact Arthrex if you have questions about the availability of products in your area.



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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