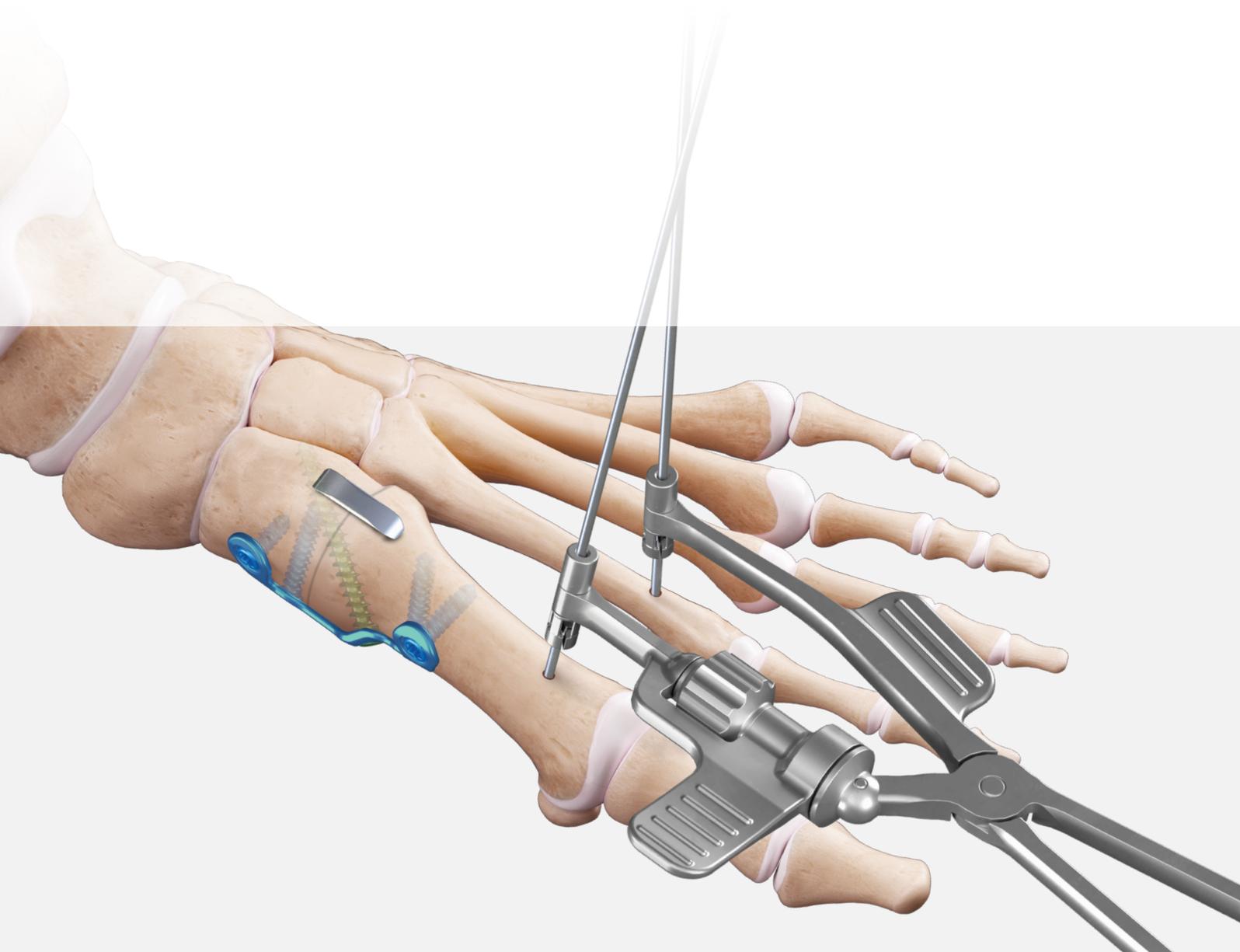


# Lapidus Reduction Clamp

Surgical Technique



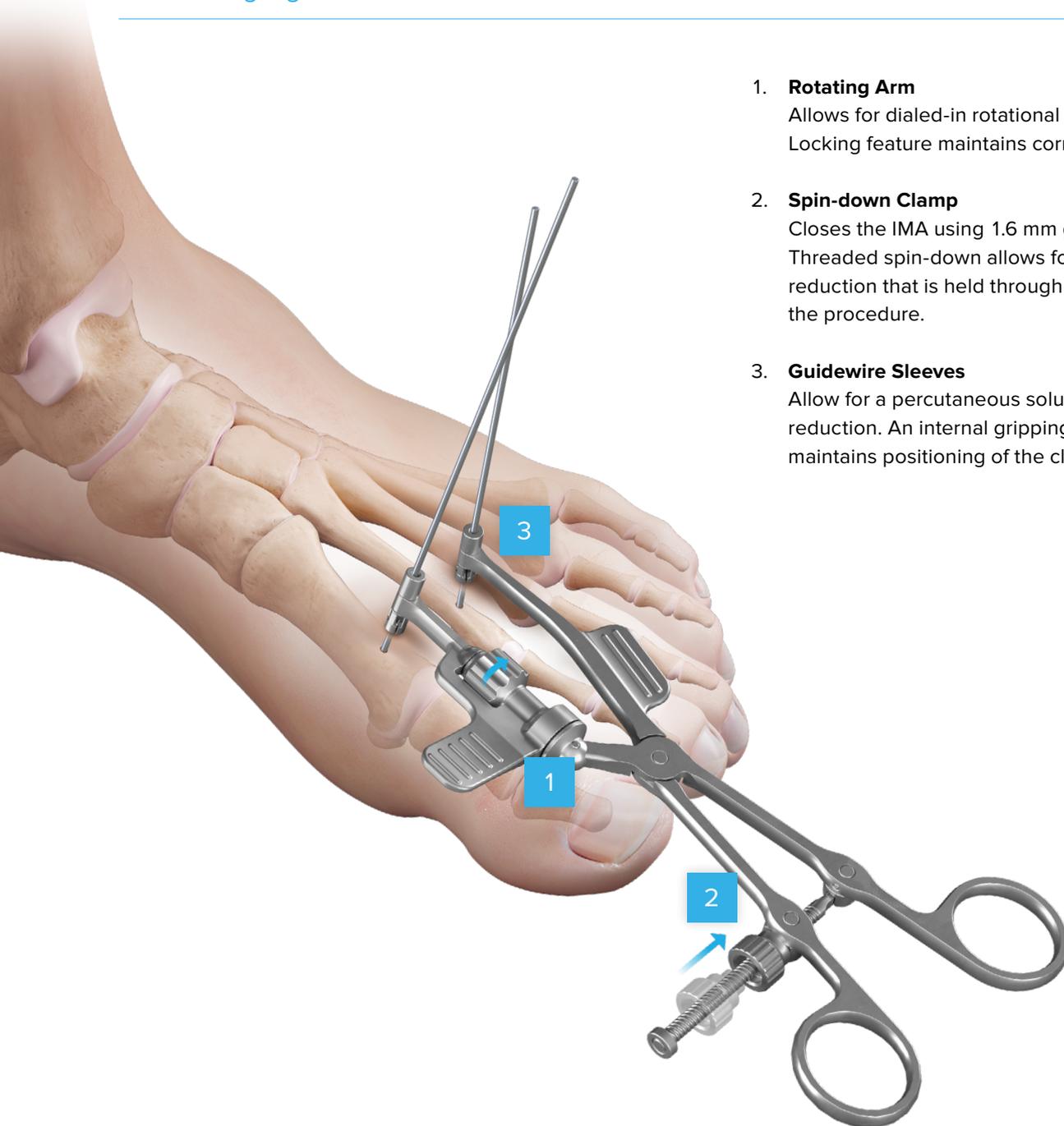
## Introduction

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The Lapidus reduction clamp is designed to assist in achieving and holding reduction for Lapidus procedures by addressing both frontal plane rotation and the intermetatarsal angle (IMA). The simplicity of this singular instrument provides surgeons the flexibility to use their desired approach, preparation, and fixation methods while maintaining three-dimensional correction and proper anatomical positioning of the metatarsal.

## Product Highlight

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- 1. Rotating Arm**  
Allows for dialed-in rotational correction. Locking feature maintains correction.
- 2. Spin-down Clamp**  
Closes the IMA using 1.6 mm guidewires. Threaded spin-down allows for dialed in reduction that is held through the length of the procedure.
- 3. Guidewire Sleeves**  
Allow for a percutaneous solution for reduction. An internal gripping feature maintains positioning of the clamp.

## Technique Overview



Using fluoroscopic guidance, make an incision over the 1st tarsometatarsal (TMT) joint. The incision is shown dorsomedial to the joint. However, this approach can vary in location and size based on surgeon preference and preferred hardware.

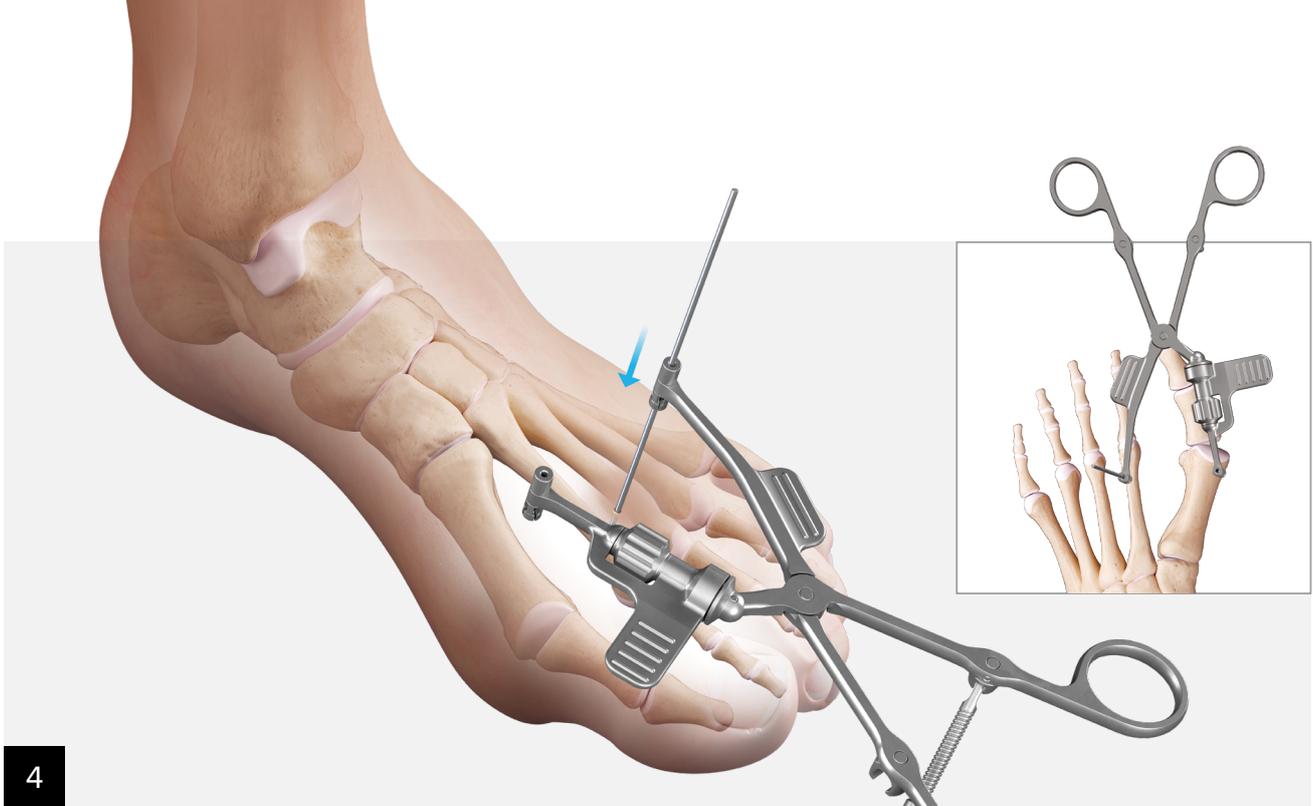


Using an osteotome or freer, incise and release the joint capsule so the 1st metatarsal can rotate freely.

**Optional: Joint preparation can be completed at this time. In this technique guide, preparation is completed after reduction is achieved.**



Insert a 1.6 mm guidewire into the neck of the 2nd metatarsal. Palpate the foot to avoid the extensor tendon upon insertion.



4

Slide the stationary arm of the reduction clamp over the placed guidewire. The body of the clamp should face distally, with the rotating arm positioned over the 1st metatarsal.



5

Position the guidewire sleeve of the rotating arm to a dorsomedial position on the 1st metatarsal. Advance a second 1.6 mm guidewire through this sleeve into the 1st metatarsal.

**Note: The guidewire sleeves have a built-in gripping feature that may add resistance when advancing the guidewire.**



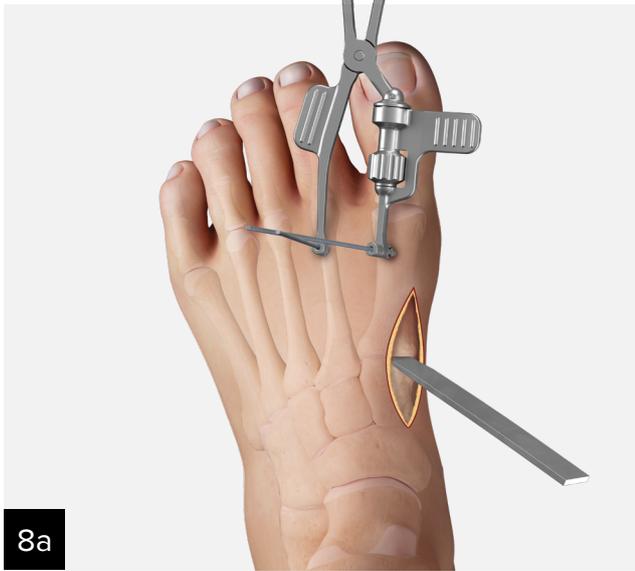
6

Ensure that the rotating arm is in the unlocked position and begin to close the clamp. Confirm proper reduction with fluoroscopic assistance. Adjustments can be made, independently and as needed, in the coronal and transverse planes.



7

Once final reduction is achieved, lock down both the rotating arm and spin-down mechanism to maintain positioning.



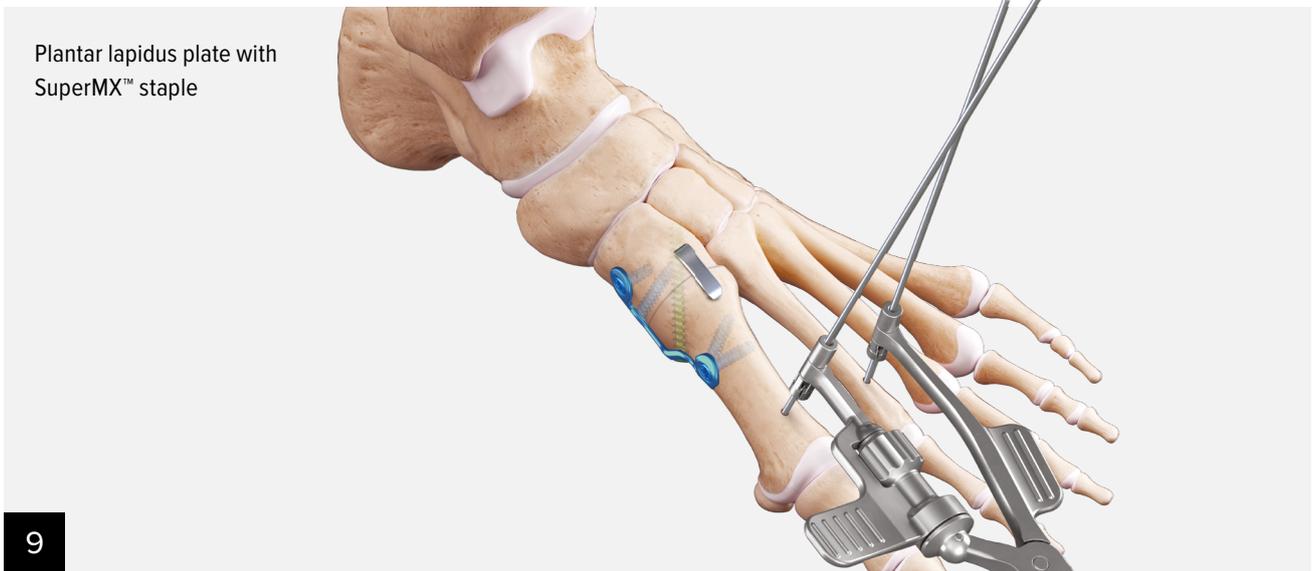
8a

Holding reduction, use instrumentation of choice to complete joint preparation.



8b

For a more minimally invasive approach, the MIS burr and power system can be used.

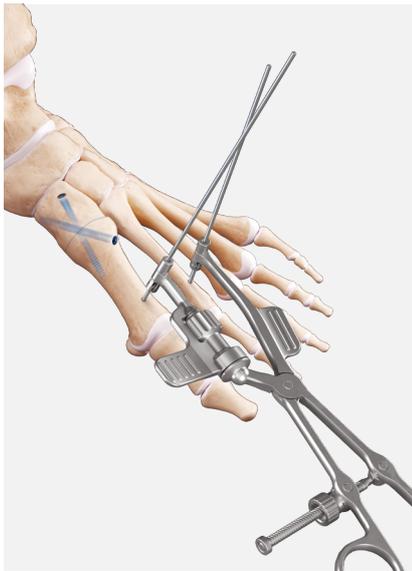


Plantar lapidus plate with SuperMX™ staple

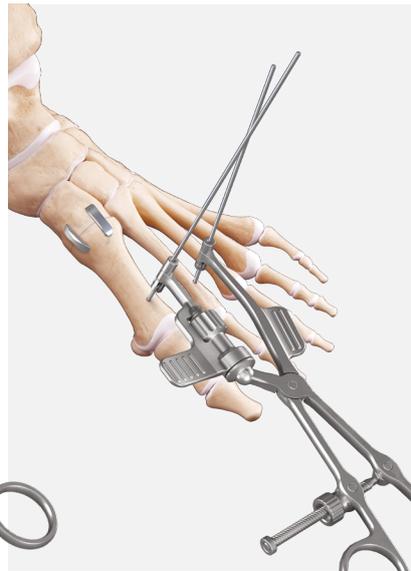
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Once proper reduction and joint preparation are achieved, place desired fixation. See next page for possible construct options.

## Final Fixation Options



Compression FT screws



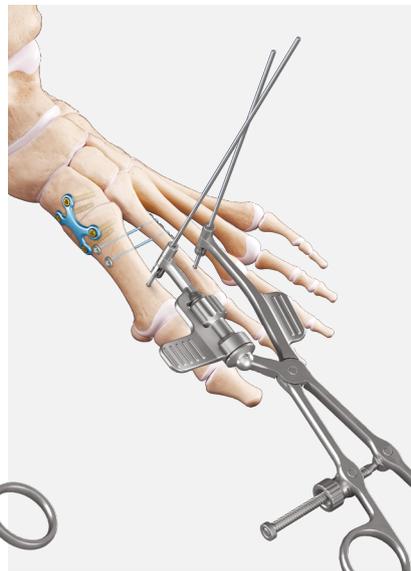
SuperMX™ staples



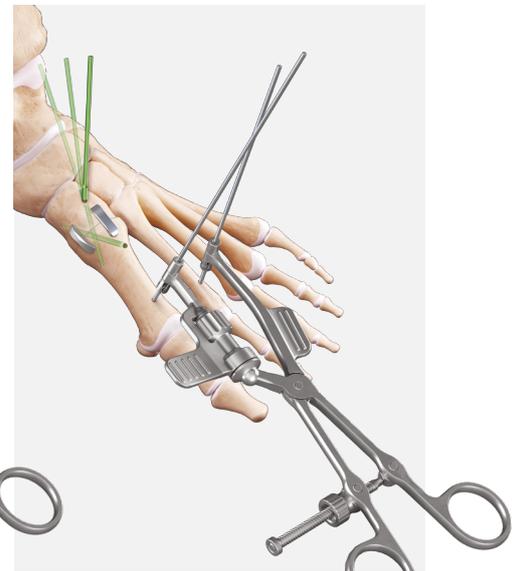
CFS Lapidus plate with SuperMX staple



Compression FT screws with SuperMX staples



Dual 1.1 Knotless Mini TightRope® implant with CFS plate



SuperMX staples with Snap-Off Compression FT pins

## Ordering Information

Product description	Item number
Reduction Clamp	AR-8841RC
1.6 mm Guidewire	AR-8941K

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