Arthrex®

Hammertoe PIP Joint Arthrodesis using Trim-It Spin Pin™ Fixation

Surgical Technique

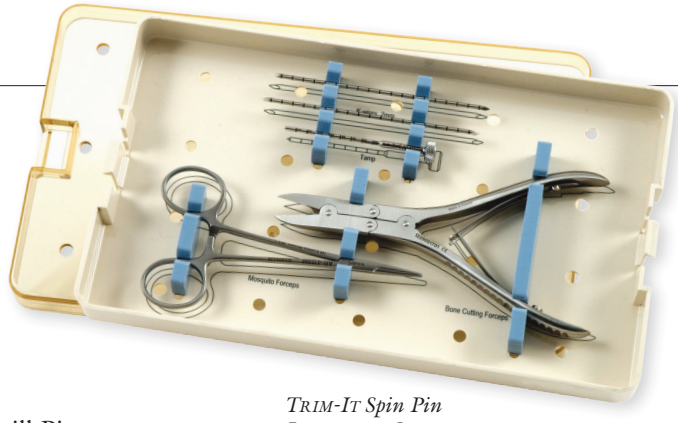
Standard Fusion

Flexed Toe Fusion

Hammertoe PIP Joint Arthrodesis

TRIM-IT Spin Pin Fixation

…offers the surgeon the advantage of exact sizing PIPJ implants every time, without leaving pin material across the DIPJ



TRIM-IT Spin Pin Instrument Set AR-4156S

The TRIM-IT Spin Pin second generation bioabsorbable TRIM-IT Drill Pin, takes the guesswork out of pin placement for PIP joint fusions. The TRIM-IT Spin Pin's laser marked metal trocar tip acts as a drill and measuring device, providing for an exact fit of the bioabsorbable implant. This unique system gives the surgeon the ability to fuse the PIP joint without leaving metal or bioabsorbable material across the distal phalanx.

Advantages:

- Exact sizing every time. Drill, measure and cut the pin the exact length of the proximal and middle phalanx (PIPJ fusions)
- Distal pin migration minimized due to mobile DIP joint
- Pin material allows bending of the toe after implantation ("flexed toe fusion")
- Superior shear strength compared to other absorbable pins*
- Clinical outcomes equivalent to metal pins*

Indications:

- Arthroplasty and/or fusion of the proximal, middle and distal phalanx of the toe
- Fusions of the phalanges and metacarpals

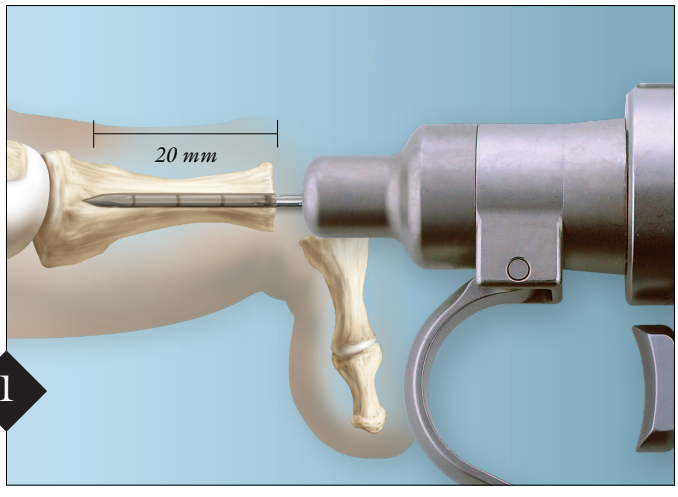
Bioabsorbable Experience:

- Over 1,000,000 bioabsorbable implants successfully placed since 1994
- More surgeons worldwide trust Arthrex for their bioabsorbable implants

Formula:

- 100% PLLA (poly(L-Lactide))
- Documented material safety*

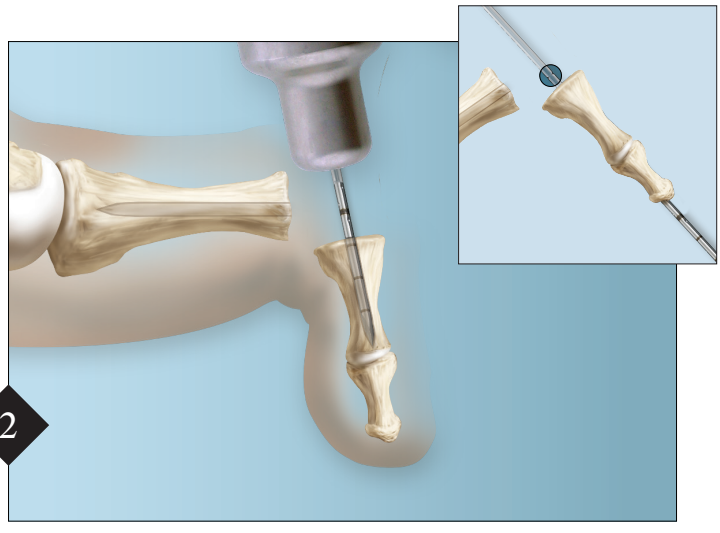
**data on file*



1

Resect the joint with an oscillating saw or rongeur. Seat the bio end of the TRIM-IT Spin Pin in the driver so that the laser marked metal portion is the only section of the pin exposed, as shown.

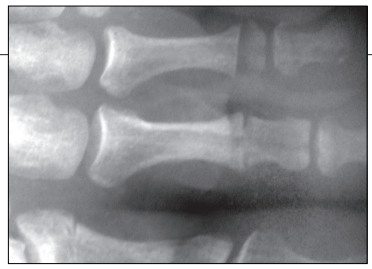
Option: If hard bone is encountered, use one of the laser marked metal K-wires in the instrument set to "predrill" the pilot hole. Advance until metal tip contacts the proximal cortical wall of the proximal phalanx. **Measure and note the depth** using 5 mm laser marks. In this illustration, the depth is measured at 20 mm.



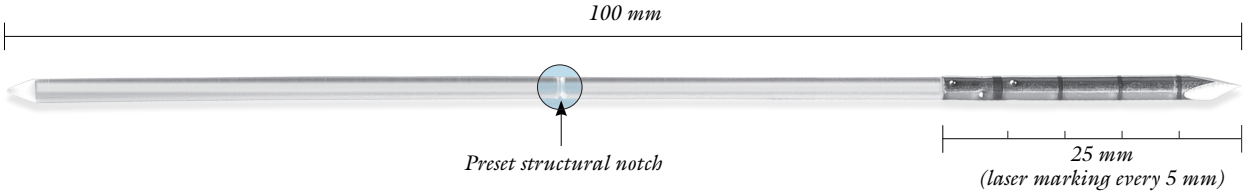
2

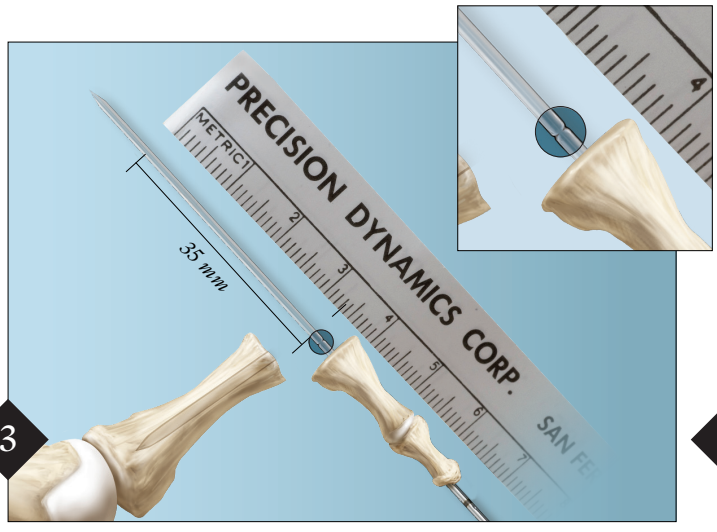
Drill through the middle phalanx, up to, but not through the DIP joint. **Measure and note the depth**. In this illustration, the length of the middle phalanx is 15 mm.

Inset: After recording middle phalangeal depth, drill the pin through the distal phalanx, leaving the "notch" ● on the bio portion of the pin exposed between the PIP joint.



Final fixation with Trim-It Spin Pin

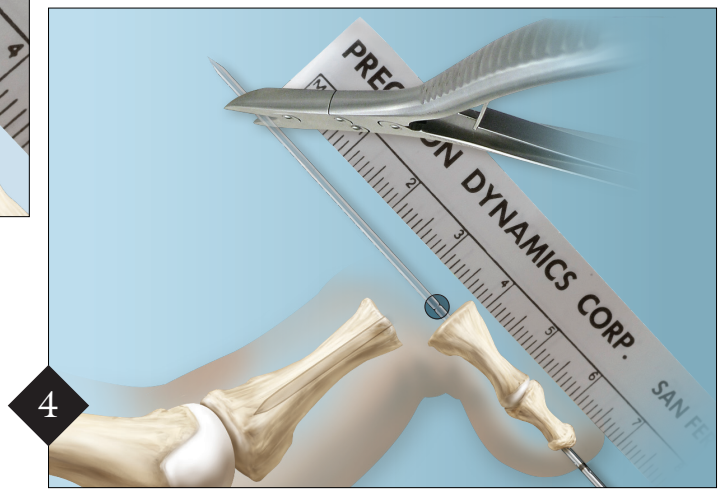




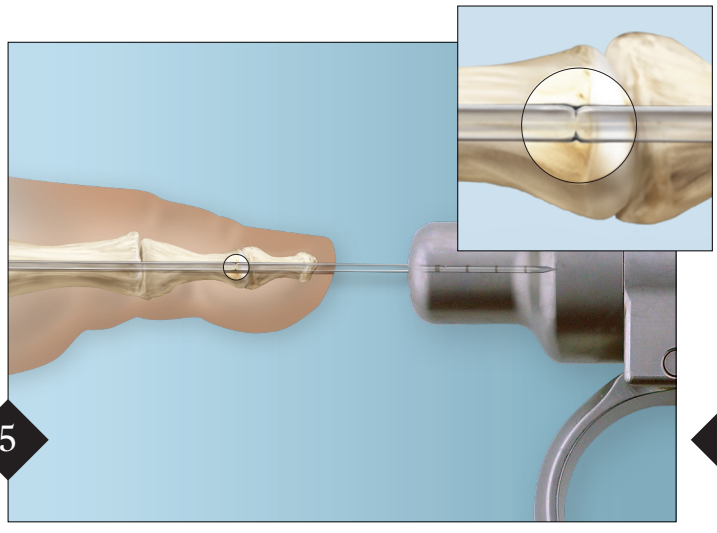
Add the length of the proximal phalanx to the length of the middle phalanx (ex. 20 mm + 15 mm = 35 mm) to determine how much to trim off of the distal end of the pin.

Note: Distance (ex. 35 mm) should be measured from the notch toward the bio end of the pin.

Inset: Preset structural notch is highlighted.

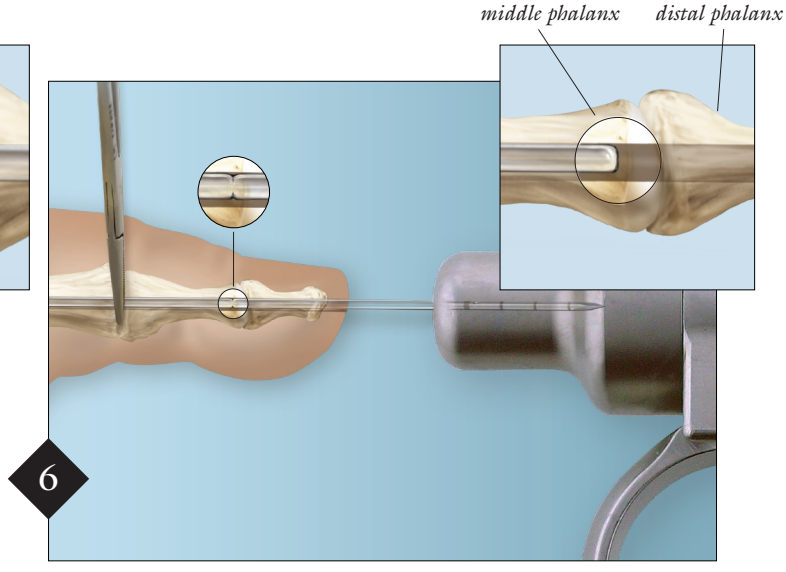


Cut the pin with the double-action Bone Cutting Forceps, leaving a tapered end for easy insertion in the proximal phalanx.



Seat the metal end of the pin in the K-wire driver and insert until the pin tip meets the proximal cortex of the proximal phalanx.

Inset: The preset structural notch should now be just proximal to the DIP joint.



Using the Mosquito Forceps from the AR-4156S instrument set, hold the pin firmly at the PIP joint. With the K-wire driver engaged with the metal end of the pin, start the driver without trying to advance the pin. The Trim-It Spin Pin will automatically separate at the preset structural notch. Bend the toe to normal anatomic position. The repair is complete.

Ordering Information

Trim-It Spin Pin (AR-4156DS)

2.0 mm x 100 mm implant
Disposable Ruler, 6"

Trim-It Spin Pin Instrument Set (AR-4156S) includes:

Bone Cutting Forceps	AR-1367F
Optional Predrill K-wire, qty. 2	AR-4156KB
Tamp for 2 mm Bio-Pin	AR-4152TB
Mosquito Forceps	AR-4156M
Trim-It Spin Pin Instrument Case	AR-4156C

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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.

Developed in conjunction with Dr. Gerard Bourke, Melbourne, Australia and Dr. Luke Cicchinelli, Greenville, NC.

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