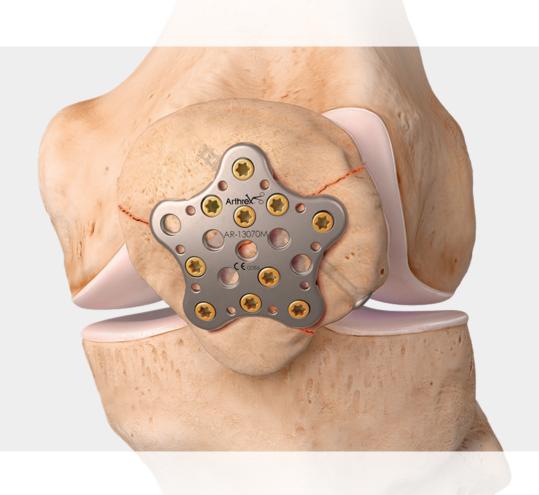
Patella SuturePlate™ II Fracture Management

Surgical Technique





Introduction

Patella fractures present a variety of patterns, which can make osteosynthesis challenging. These fractures are the most common cause of disruption of the extensor mechanism and can result from direct, indirect, or combined trauma. The amount of comminution, degree of osteoporosis, and natural forces across the patella create obstacles for reduction and adequate stabilization. Studies have shown significantly higher patellar stability and osteosynthesis rates with locked plates. 2

Design and Application

The Patella SuturePlate™ II system features 3 plate designs with multiple sizes to address a variety of fracture patterns. The 1.6 mm thick titanium plates include suture holes to allow for soft-tissue reattachment and ligament bracing.

Arrow Plate Transverse fractures



Star Plate Comminuted fractures



Star Plate for Pole Fractures Detached and comminuted distal patellar pole









Patient Positioning and Surgical Approach

Patient Positioning

Position the patient in the supine position, with the affected leg prepped and draped.

Surgical Approach

An anterior approach to the knee using a longitudinal midline incision is standard. For simple fracture patterns, use the dorsal cortical edges to guide reduction of the articular surface. In more complex cases, anterior comminution of the patella may limit cortical reads for reduction. In this scenario, palpation or direct visualization of the articular surface may be required to assure proper reduction. To provide proper access to the articular surface, a lateral arthrotomy is preferred. This preserves the major inferomedial blood supply to the patella. For complete visualization of the articular surface, extend the arthrotomy to allow a 90° eversion of the patella. After fixation of the patella, any traumatic or surgical insult to the retinaculum should be repaired to provide additional strength to the extensor mechanism repair.



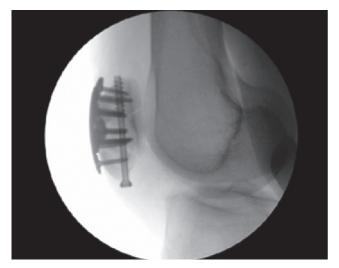
Patella SuturePlate™ II Star Plate

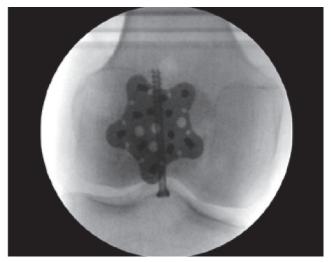
Plate Features



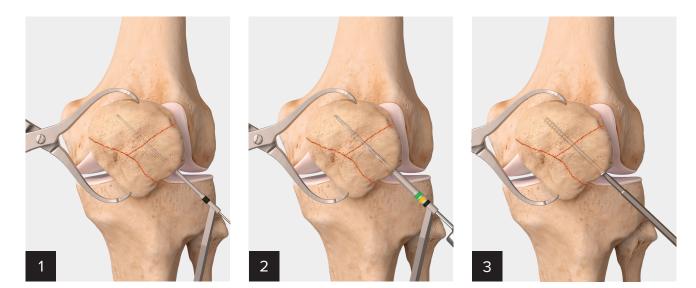
The Patella SuturePlate II titanium locking plate is compatible with all 3.0 mm titanium screws, including KreuLock™ variable-angle locking (VAL) screws, standard VAL screws, and nonlocking screws. Suture holes in the plate provide soft-tissue reattachment or ligament bracing. In addition to the plate, QuickFix™ 4.0 mm cannulated screws can be used to apply compression through certain fragments.

Radiological Images of the Patella SuturePlate II Star Plate

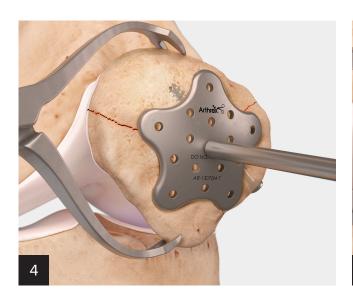




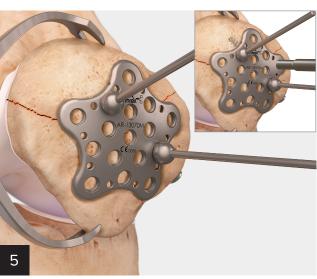
Star Plate Surgical Technique



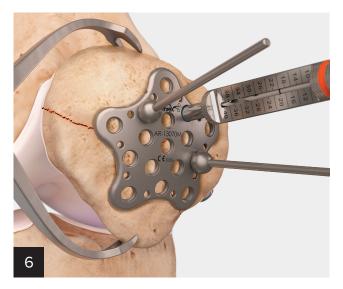
Anatomically reduce the bone fragments using large Weber clamps, small tenaculums, provisional K-wires, or Snap-Off Compression FT pins. QuickFix™ 4.0 mm cannulated screws can be used to apply compression through certain fragments. Use a drill guide to place a 1.35 mm guidewire. Identify the desired screw length using the 4.0 mm cannulated depth gauge. Use the drill guide to overdrill the 1.35 mm guidewire with a cannulated 2.6 mm drill bit and insert a 4.0 mm cannulated screw.



Using fluoroscopic imagery, determine the correct plate size and position with the trail plate sizer and positioning handle. After trialing, open the corresponding sterile implant.

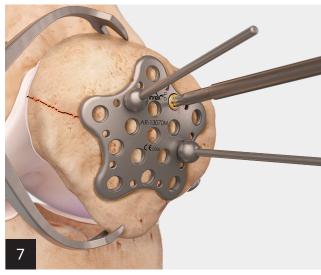


Threaded BB-Taks help to temporarily fix the plate onto the bone.



Screw a drill/depth guide into the locking holes before drilling. Screw length is determined by referencing the laser line on the 2.0 mm drill bit at the scale on the drill/ depth guide.

Note: A standard depth gauge can also be used to verify the correct screw length.



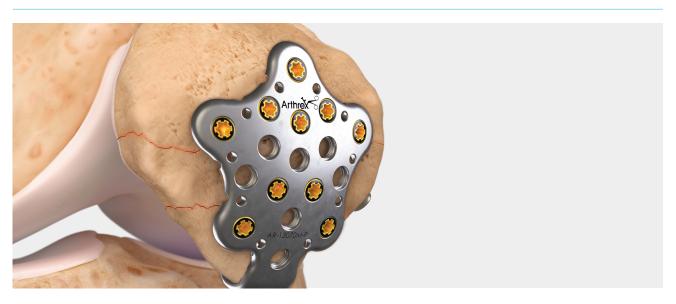
Insert 3.0 mm VAL or regular VAL screws into the plate using a T10 hexalobe driver and driver handle.



Screws must not enter the articulating surface of the patella. Screw heads should sit flush with the plate.

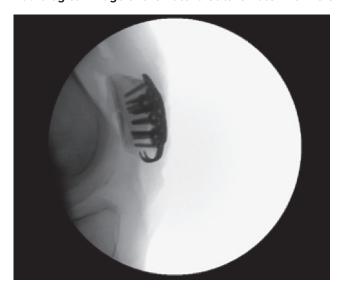
Patella SuturePlate™ II Star Plate for Pole Fractures

Plate Features



The Patella SuturePlate II titanium locking plate is used with 3.0 mm KreuLock™ and standard VAL screws. Suture holes in the plate provide soft-tissue reattachment or ligament bracing. In addition to the plate, QuickFix™ 4.0 mm cannulated screws can be used to apply compression through certain fragments. The pole plate can be used in certain fracture patterns in which the distal pole is displaced. Approximately 20% of patellar fractures treated surgically involve the inferior patellar pole.3

Radiological Image of the Patella SuturePlate II for Pole Fractures





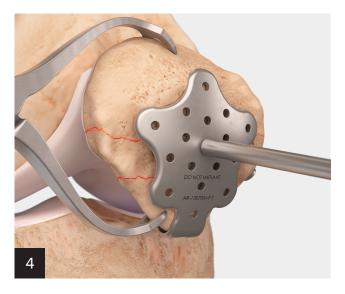
Star Plate for Pole Fractures Surgical Technique



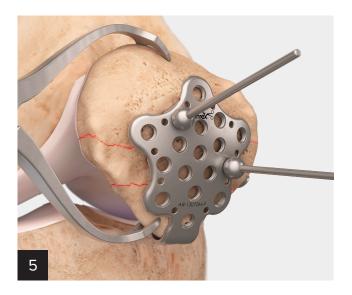




Anatomically reduce the bone fragments using large Weber clamps, small tenaculums, provisional K-wires, or Snap-Off Compression FT pins. QuickFix™ 4.0 mm cannulated screws can be used to apply compression through certain fragments. Use a drill guide to place a 1.35 mm guidewire. Identify the desired screw length using the 4.0 mm cannulated depth gauge. Use the drill guide to overdrill the 1.35 mm guidewire with a cannulated 2.6 mm drill bit and insert a 4.0 mm cannulated screw.



Use the pole fracture trial and positioning handle to confirm appropriate plate size and placement. Fluoroscopy should also be used for final confirmation. Next, open the corrresponding sterile implant.



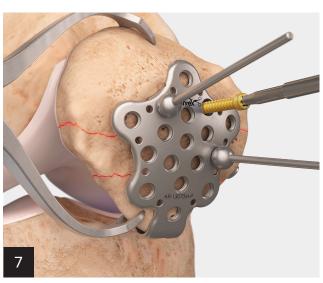
To ensure correct positioning, attach the hook to the distal pole using the double incision of the patellar ligament and place the plate on the anterior cortex of the patella. Threaded BB-Taks may help to temporarily fix the plate onto the bone.

Note: The hooks of the plate can be used to reduce the fracture. The hooks need to be carefully placed at the distal pole. Aggressive impaction of hooks can cause secondary dislocations or additional fractures of the distal pole.



Screw a drill/depth guide into the locking holes before drilling. Make sure that there is no K-wire or screw in the drilling path. Screw length is determined by referencing the laser line on the 2.0 mm drill bit at the scale on the drill/depth guide.

Note: A standard depth gauge can also be used to verify the correct screw length.



Insert 3.0 mm VAL or regular VAL screws into the plate using a T10 hexalobe driver and driver handle.



Screws should not enter the articulating surface of the patella. Screw heads should sit flush with the plate.



Additional Stabilization

In addition to plating the patella, FiberTape® cerclage can be used for additional stabilization depending on fracture pattern.

Note: Over-reinforcing the retinaculum by sutures may compromise the blood supply of the patella.

Implants for 3.0 mm System

Product Description	Item Number
Patella SuturePlate™ II Arrow, sterile	AR- 13070A-S
Patella SuturePlate II Star, small, sterile	AR- 13070S-S
Patella SuturePlate II Star, medium, sterile	AR- 13070M-S
Patella SuturePlate II Star, large, sterile	AR- 13070L-S
Patella SuturePlate II Star Plate Pole Fracture, small, sterile	AR- 13070S-P-S
Patella SuturePlate II Star Plate Pole Fracture, medium, sterile	AR- 13070M-P-S
Patella SuturePlate II Star Plate Pole Fracture, large, sterile	AR- 13070L-P-S

Implant Trials

Item Number
AR- 13070A-T
AR- 13070S-T
AR- 13070M-T
AR- 13070L-T
AR- 13070S-P-T
AR- 13070M-P-T
AR- 13070L-P-T

Screws

Product Description	Item Number
KreuLock™ Compression Screw, Ti, 3.0 mm × 12 mm-40 mm (2.0 mm increments)	AR- 8933VCL-12 - 40
KreuLock Compression Screw, hybrid, VAL, Ti, 3.0 mm × 12 mm-60 mm (2.0 mm increments)	AR- 8933HVCL-12 - 60
VAL Screw, Ti, 3.0 mm × 10 mm-40 mm, qty. 4	AR- 8933V-10 – 40
Compression Screws	
QuickFix™ Screw, cannulated shaft, cancellous, Ti, 4 mm × 40 mm	AR- 8740-40PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 42 mm	AR- 8740-42PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 44 mm	AR- 8740-44PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 46 mm	AR- 8740-46PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 48 mm	AR- 8740-48PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 50 mm	AR- 8740-50PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 52 mm	AR- 8740-52PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 54 mm	AR- 8740-54PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 56 mm	AR- 8740-56PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 58 mm	AR- 8740-58PTS
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 60 mm	AR- 8740-60PTS
Optional (not included in screw caddy)	
QuickFix Screw, cannulated shaft, cancellous, Ti, 4 mm × 28 mm-38 mm	AR-8740-28PTS - 38PTS

Instruments for 3.0 mm System

Product Description	Item Number
Patella Repositioning Clamp	AR- 13055
Positioning Handle	AR- 14024
Bending Guide, locking, 3.0 mm	AR- 8950-09
Trım-lt™ Depth Gauge, small	AR- 4166
Driver for 3.0 mm Locking Screws, T10 hexalobe	AR- 8944DH
Drill Bit, 2.0 mm	AR- 8944-22
Drill Guide, locking, threaded, 3.0 mm	AR- 8950-07
Handle QC, ratcheting, cannulated	AR- 8950RH
Weber Clamp	AR- 8943-24
Bone Reduction Forceps, curved, pointed, qty. 2	AR- 8943-07

Instruments (for QuickFix Screws)

Product Description	Item Number
Guidewire, w/ trocar tip, Ø 1.35 mm	AR- 8737-01
Depth Guide, cannulated, 4.0 mm	AR- 8737-10
Drill Guide, 2.6 mm/1.35 mm	AR- 8943-03
Drill Bit, cannulated, 2.6 mm, qty. 2	AR- 8943-02
Driver Shaft, for QuickFix screws, cannulated, T15 hexalobe	AR- 8943-12
Holding Sleeve, for 2.7, 3.5 and 4.0 mm screws	AR- 8943-11

Disposables

Product Description	Item Number
K-Wire, 1.6 mm × 150 mm	AR- 14016
BB-Tak, threaded	AR- 13226T
BB-Tak	AR- 13226

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact $% \left(1\right) =\left(1\right) \left(1\right$ Arthrex Customer Service or your local Arthrex representative.

References

- 1. Pengas IP, Assiotis A, Khan W, Spalding T. Adult native knee extensor mechanism ruptures. *Injury*. 2016;47(10):2065-2070. doi:10.1016/j.injury.2016.06.032
- 2. Müller EC, Frosch KH. Functional outcomes of revision osteosynthesis after failure of surgical treatment of patellar fractures. *J Knee Surg.* 2021;34(1):80-86. doi:10.1055/s-0039-1692673
- 3. Egol K, Howard D, Monroy A, Crespo A, Tejwani N, Davidovitch R. Patella fracture fixation with suture and wire: you reap what you sew. Iowa Orthop J. 2014;34:63-67.



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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