DualCompression Hindfoot Fusion Nail Implant System Patient Information Leaflet



Helping Surgeons Treat Their Patients Better™

Since its inception, Arthrex has been committed to one mission: Helping Surgeons Treat Their Patients Better. We are strategically focused on constant product innovation through scientific research, surgeon collaboration, and medical education to make less invasive surgical procedures simple, safer, and more reproducible. Each year, we develop more than 1000 new innovative products and procedures to advance minimally invasive orthopedics worldwide.

Arthrex has always remained a privately held company, which allows for the rapid evaluation of new technologies and ideas and the freedom to develop products and techniques that truly make a difference without economic considerations or compromise. Our experienced team of dedicated professionals represents a shared passion and commitment to delivering uncompromising quality to the healthcare providers who use our products and the millions of patients whose lives we impact.

The medical significance of our contributions serves as our primary benchmark of success and will continue into the future as the legacy of Arthrex.

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Anatomy and General Information

The ankle joint hindfoot is very complex and involves 2 bones and more than 1 joint. These bones are the talus (ankle bone), and the calcaneus (heel bone). The joint movement is referred to as the subtalar joint. There are numerous muscles, ligaments, and tendons, which also comprise the hindfoot, and help to provide stability and movement.

This leaflet contains information about your DualCompression hindfoot nail implant. It may not contain all the information related to your specific procedure and if you have any questions, talk to your healthcare provider. All implants have risks and benefits. Follow your healthcare team's advice even if it differs from what is contained within this leaflet. Please read this leaflet carefully and refer to it in the future if needed.

The name and number of your nail implant can be found on your implant card. If a healthcare professional asks about your implant, please show them your implant card.

Device Description

The DualCompression hindfoot fusion nail implant system is comprised of the DualCompression hindfoot nail, interlocking screw, cable, and an end cap.

The DualCompression hindfoot fusion nail implant system is designed to aid in the fusion of the ankle and subtalar joints for tibiotalocalcaneal arthrodesis and exhibits super-elastic.

The DualCompression hindfoot nail is available in 10.5, 11.5 and 12.5 mm diameters and provided in lengths of 180, 210, 240, and 300 mm.

The interlocking screws are fully threaded, headed, or headless self-tapping solid low-profile screws. The screw family is 5.0 mm in diameter lengths ranging from 20 mm to 120 mm (in 2mm or 5 mm increments).

The end caps are designed to prevent bone in growth in the distal portion of the Nail implant for ease of removal. The end cap family ranges from 0 (standard) to 10 mm in length for various countersinking depths.

Material Specifications

DualCompression hindfoot nail: The DualCompression hindfoot nail is manufactured from titanium alloy, (ASTM F136) which contains titanium, aluminum, vanadium, and iron. Nitinol, (ASTM F2063) which contains nickel, titanium, and iron. Polyetheretherketone (PEEK).

Interlocking screws and end caps: The interlocking screws and end caps are manufactured from titanium alloy, (ASTM F136) which contains titanium, aluminum, vanadium, and iron.

Indications

The DualCompression hindfoot fusion nail implant system is intended to facilitate combined ankle and subtalar (tibiotalocalcaneal) arthrodesis to treat severe foot and ankle deformity, arthritis, instability, and skeletal defects after tumor resection. These include neuro-osteoarthropathy (Charcot's foot), avascular necrosis of the talus, failed joint replacement, failed ankle fusion, distal tibia fracture non-unions, osteoarthritis, rheumatoid arthritis, and pseudoarthrosis.

Contraindications

- 1. Insufficient quantity or quality of bone that would inhibit fusion of the joints and stabilization of the arthrodesis.
- 2. Blood supply limitations and previous infections, which may retard healing.
- 3. Foreign body sensitivity. Where material sensitivity is suspected, appropriate tests should be made, and sensitivity ruled out prior to implantation.
- 4. Foreign Body Reactions. See Adverse Effects-Allergic Type Reactions.
- 5. Any active infection or blood supply limitations.
- 6. Conditions that tend to limit the patient's ability or willingness to restrict activities or follow directions during the healing period.
- 7. The use of this device may not be suitable for patients with insufficient or immature bone. The physician should carefully assess bone quality before performing orthopedic surgery on patients who are skeletally immature. The use of this medical device and the placement of hardware or implants must not bridge, disturb, or disrupt the growth plate.
- 8. Do not use for surgeries other than those indicated.
- 9. Patients with a high level of physical activity.

Risks/Adverse Effects

- 1. Infections, both deep and superficial.
- Foreign body sensitivity.
- 3. Patient sensitivity to implant device materials must be considered prior to implantation. Nickel sensitivity, if suspected, appropriate tests are to be performed prior to implantation.
- 4. Allergies and other reactions to device materials.
- 5. Wound hematoma and delayed wound healing.
- 6. Warning: This device contains nitinol, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, patients should be counseled on the materials contained in the device, as well as the potential for allergy/hypersensitivity to these materials.
- A nitinol implant device contains the following substance(s) defined as CMR 1A and/or CMR 1B and/or endocrine-disrupting substances in a concentration above 0.1% weight by weight:

Nickel; CAS No. 7440-02-0; EC No. 231-111-4

European Chemicals Agency Database: https://echa.europa.eu

Postoperative Care

Postoperative management is patient-specific and dependent on your doctor's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes. Please be aware that surgery and recovery protocol may vary for each individual and any questions pertaining to the surgical procedure or postoperative protocol should be discussed with your surgeon.

Please call your doctor if:

- You experience loss of function
- You develop a fever greater than 38 °C
- Drainage continues from the site of your incision
- Your surgical site becomes more swollen, tender, and painful, with increased difficulty performing your exercises.

If you have difficulty breathing or develop severe pain or chest pain, call your local emergency care or report immediately to your local emergency room.

European emergency services – 112

North America emergency services – 911

Australia emergency services - 000

Precautions

- 1. An additional procedure may be required for the removal of the implant.
- 2. Please carefully review postoperative instructions provided by the surgeon and nursing staff.
- 3. Early weight and/or load bearing substantially increases implant loading and increases the risk of loosening, bending, or breaking the device.
- 4. Patients who are obese and/or non-compliant, as well as patients who could be predisposed to delayed union or non-union, must have auxiliary support.
- 5. Do not engage in unassisted weight-bearing activity without physician direction or medical release. Postoperative care and physical therapy should be structured to prevent the loading of the operative extremity until directed by the physician.

Life of the Device

- 1. These devices are long-term fixation devices intended to aid in the normal healing process. They are not intended to bear the weight of the body in the presence of incomplete healing. If healing is delayed, or does not occur, the device may eventually break due to fatigue.
- 2. Information specific to your implant, such as lot number and unique device identifier are included on the implant card. This information is also located in the patient records kept by your healthcare provider.

Marnings

- 1. Caution: Federal law restricts this device to sale by or on the order of a physician.
- 2. This device is intended to be used by a trained medical professional.
- 3. An internal fixation device must never be re-used.
- 4. All metallic implant devices used for this surgical procedure should have the same composition properties.
- 5. Postoperatively and until healing is complete, fixation provided by this device should be considered as temporary and may not withstand weight bearing or other unsupported stress. The fixation provided by this device should be protected. The postoperative regimen prescribed by the physician should be strictly followed to avoid adverse stresses applied to the device.
- 6. Pre-operative and operating procedures, including knowledge of surgical techniques and proper selection and placement of the device, are important considerations in the successful utilization of this device. The appropriate Arthrex delivery system is required for the proper implantation of the device.
- 7. Any decision to remove the device should take into consideration the potential risk to the patient of a second surgical procedure. Device removal should be followed by adequate postoperative management.
- 8. Detailed instructions and limitations of this device are provided to the surgeon in addition to this patient information leaflet and your patient implant card.
- 9. Serious incidents should be reported to Arthrex Inc., or an in-country representative, and to the health authority where the incident occurred.
- 10. METAL SCREWS: Devices that have been implanted for a long period of time may require the use of screw removal instrumentation.
- 11. These are single-use devices. Reuse of this device could result in the failure of the device to perform as intended and could cause harm to the patient and/or user.

- 12. Over time, metallic implants may loosen, fracture, or cause pain after the bone fracture or osteotomy is healed. Removal of metallic implants is at the surgeon's discretion and if the supplemental fixation is not removed following the completion of its intended use, any of the following complications may occur: (1) Corrosion, with localized tissue reaction or pain; (2) Migration of implant position resulting in injury; (3) Risk of additional injury from postoperative trauma; (4) Bending, loosening, and/or breakage, which could make removal impractical or difficult; (5) Pain, discomfort, or abnormal sensations due to the presence of the device; (6) Possible increased risk of infection; and (7) Bone loss due to stress shielding. The surgeon should carefully weigh the risks versus benefits when deciding whether to remove the implant. Implant removal should be followed by adequate postoperative management to avoid re-fracture.
- 13. Patient sensitivity to the device materials should be considered prior to implantation. See Adverse Effects.
- 14. The correct selection and placement of the implant is extremely important. The appropriate type and size should be selected for the patient. Failure to use the correct implant size or improper positioning may result in loosening, bending, cracking, or fracture of the device, or bone or both.
- 15. Bone fixation devices are neither intended to carry the full load of the patient nor intended to carry a significant portion of the load for extended periods of time. Device breakage or damage can occur when the implant is subjected to increased loading associated with delayed union, nonunion, or incomplete healing. Improper insertion of the device during implantation can increase the possibility of loosening or migration.



MRI Safety Information

MRI, or Magnetic Resonance Imaging, is an imaging technique utilizing a strong magnetic field to produce detailed anatomical images. This section details the information that you should be aware of when receiving an MRI scan.



MR Conditional

Non-clinical testing and electromagnetic simulations demonstrated that the Dual Compression Hindfoot Fusion Nail Implant System is MR Conditional.

A patient with this device can be scanned safely in an MR system under the following conditions. Failure to follow these conditions may result in injury. DualCompression Hindfoot Fusion Nail Implant Device Name System

Static Magnetic Field Strength (B₀) 1.5-Tesla and 3-Tesla Maximum Spatial Field Gradient 30 T/m or 3000 Gauss/cm RF (Radio Frequency) Excitation Circularly Polarized (CP) RF Transmit Coil Type Volume RF body coil Operating Mode Normal Operating Mode Maximum Whole-Body SAR 0.5 W/kg (Normal Operating Mode) (Specific Absorption Rate) Under the scan conditions defined, the DualCompression Hindfoot Fusion Nail Implant Scan Duration System can be scanned continuously for 10 minutes. With 10 minutes break, this can be repeated three times in 60 minutes. The presence of this implant may produce an MR Image Artifact image artifact.

Patients who have other MR Conditional devices can be scanned as long all the MR Conditional scan parameters for each of the devices are met. Do not conduct an MRI scan if any conditions for safe scanning for any device cannot be met.

If information about a specific parameter is not included, there are no conditions associated with that parameter.



The person with a bone nail implant can safely undergo an MR exam only under very specific conditions. Scanning under different conditions may result in severe injury. Full MRI safety information is available in the MRI Safety Information section of this patient information leaflet, Directions for Use (https://edfu.arthrex.com) or by calling Arthrex customer service at \(+1 800 934-4404.

DualCompression Hindfoot Implant System

DualCompression Hindfoot Nail Implant Models

Consult your DualCompression Hindfoot System Implant Identification Card for information on the device type/model of the implant used in your procedure.

| Product Description | Item Number |
|---|--------------|
| DualCompression Hindfoot Nail, 10.5 x 180 mm | AR-9090-01S |
| DualCompression Hindfoot Nail, 10.5 x 210 mm | AR-9090-02S |
| DualCompression Hindfoot Nail, 10.5 x 240 mm | AR-9090-03S |
| DualCompression Hindfoot Nail, 10.5 x 300 mm | AR-9090-04S |
| DualCompression Hindfoot Nail, 11.5 x 180 mm | AR-9090-05S |
| DualCompression Hindfoot Nail, 11.5 x 210 mm | AR-9090-06S |
| DualCompression Hindfoot Nail, 11.5 x 240 mm | AR-9090-07S |
| DualCompression Hindfoot Nail, 11.5 x 300 mm | AR-9090-08S |
| DualCompression Hindfoot Nail, 12.5 x 180 mm | AR-9090-09S |
| DualCompression Hindfoot Nail, 12.5 x 210 mm | AR-9090-10S |
| DualCompression Hindfoot Nail, 12.5 x 240 mm | AR-9090-11S |
| DualCompression Hindfoot Nail, 12.5 x 300 mm | AR-9090-12S |
| DualCompression Hindfoot Nail End Cap, Standard | AR-9090-13EC |
| DualCompression Hindfoot Nail End Cap, 2.5 mm | AR-9090-14EC |
| DualCompression Hindfoot Nail End Cap, 5 mm | AR-9090-15EC |
| DualCompression Hindfoot Nail End Cap, 10 mm | AR-9090-16EC |

DualCompression Hindfoot Implant System

Cortical Screw Implant Models

| Product Description | Item Number |
|--|-------------|
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 20MM | AR-9050-20 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 22MM | AR-9050-22 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 24MM | AR-9050-24 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 26MM | AR-9050-26 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 28MM | AR-9050-28 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 30MM | AR-9050-30 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 32MM | AR-9050-32 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 34MM | AR-9050-34 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 36MM | AR-9050-36 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 38MM | AR-9050-38 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 40MM | AR-9050-40 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 40MM | AR-9050-40H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 42MM | AR-9050-42 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 44MM | AR-9050-44 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 45MM | AR-9050-45 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 45MM | AR-9050-45H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 46MM | AR-9050-46 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 48MM | AR-9050-48 |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 50MM | AR-9050-50 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 50MM | AR-9050-50H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 55MM | AR-9050-55 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 55MM | AR-9050-55H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 60MM | AR-9050-60 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 60MM | AR-9050-60H |
| | I |

| Product Description | Item Number |
|---|--------------|
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 65MM | AR-9050-65 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 65MM | AR-9050-65H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 70MM | AR-9050-70 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 70MM | AR-9050-70H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 75MM | AR-9050-75 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 75MM | AR-9050-75H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 80MM | AR-9050-80 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 80MM | AR-9050-80H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 85MM | AR-9050-85 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 85MM | AR-9050-85H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 90MM | AR-9050-90 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 90MM | AR-9050-90H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 95MM | AR-9050-95 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 95MM | AR-9050-95H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 100MM | AR-9050-100 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 100MM | AR-9050-100H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 105MM | AR-9050-105 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 105MM | AR-9050-105H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 110MM | AR-9050-110 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 110MM | AR-9050-110H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 115MM | AR-9050-115 |
| HEADLESS CORTICAL SCREW, TI, 5.0x115MM | AR-9050-115H |
| LOW PROFILE CORTICAL SCW, TI, 5.0 x 120MM | AR-9050-120 |
| HEADLESS CORTICAL SCREW, TI, 5.0 x 120MM | AR-9050-120H |

Contact Information

Any serious incident that occurs in relation to the device should be reported to the manufacturer and to the health authority where the incident occurred.

| Region | Contact |
|--|---|
| Arthrex, Inc. | 1370 Creekside Blvd. Naples, FL 34108, USA +1 800 934-4404 arthrex.com |
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| CH REP confinis ch-rep ag, | Hauptstrasse 16 3186 Düdingen, Switzerland +41 26 494 8 494 |
| Manufacturer's Australian Sponsor Arthrex Australia Pty Ltd | Suite 501, 20 Rodborough Road Frenchs Forest, NSW, 2086 Australia +1 800 950 637 arthrex.com.au |

USA – U. S. Food & Drug Administration website: https://www.fda.gov/safety/reporting-seriousproblems-fda/how-consumers-can-report-adverse-event-or-serious-problem-fda

Australia – Therapeutic Goods Administration website: https://www.tga.gov.au

European Union – https://ec.europa.eu/growth/sectors/medical-devices/contacts_en



The information contained in this patient leaflet is not medical advice and is not meant to be a substitute for the advice provided by a surgeon or other qualified medical professional on the use of these products. You should talk with your physician or healthcare provider for more information about your health condition, and whether Arthrex products might be appropriate for you. The surgeon who performs any surgical procedure is responsible for determining and using the appropriate techniques for surgical procedures on each individual patient. Arthrex recommends that surgeons be trained on the use of any particular product before using it in surgery. A surgeon must always rely on their professional medical judgment when deciding whether to use a particular product when treating a particular patient. A surgeon must always refer to the package insert, product label, and/or directions for use before using any Arthrex product. Products may not be available in all markets because product availability is subject to regulatory approvals and medical practices in individual markets. Please contact Arthrex if you have questions about the availability of products in your area.

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