6.7 mm Cannulated Screw System

Product Technique and Highlights

Features and Benefits

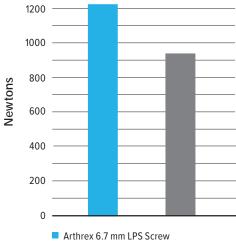
- Low-profile screw head
- Large thread-to-shaft differential
- Deep threads for maximum pull-out resistance
- Self-drilling/self-tapping
- Type II anodized titanium



Ordering Information

Product Description	Item Number
Hip Fracture Instrument Set	AR- 8946HS
Handle, Universal	AR- 8946-01
Outer Sleeve, single guide	AR- 8946-02
Pin Insert, single guide	AR- 8946-03
Drill Insert, single guide	AR- 8946-04
Pin Guide, multiple parallel	AR- 8946-05
Universal Trocar	AR- 8946-06
Pin Guide, parallel adjustable, long	AR- 8946-07
Driver, cannulated, hex, long, 3.5 mm	AR- 8946-08
Screwdriver, cannulated, hex, long, 3.5 mm	AR- 8946-09
Depth Device, cannulated, long, 6.7 mm	AR- 8946-10
Drill Bit, cannulated, long 4 mm	AR- 8946-11
Bone Tap, cannulated, long, 6.7 mm	AR- 8946-12
Hip Fracture Instrument Tray, 6.7 mm	AR- 8946HC

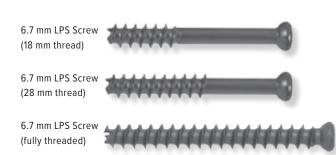
Pull-Out Strength Comparison¹

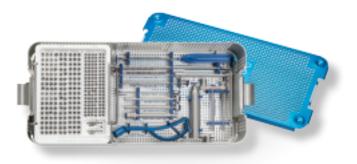


Competitive 6.5 mm Cannulated Screw

Reference

1. Arthrex, Inc. Data on file (APT 930). Naples, FL, 2007.



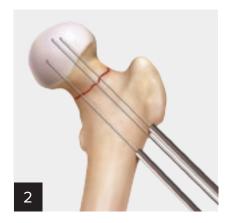


AR-8946S - LPS 4.5/6.7 Instrument Set

Operative Technique – Intracapsular Femoral Neck Fracture Repair With 6.7 mm Cannulated Screws



Guide Pin Placement Insert the 2.4 mm, 12-inch guide pin through the drill guide superior to the calcar, across the fracture into the inferior femoral head.



Parallel Pin Guide Place the guide over the previous wire and adjust the movable sleeve to the desired positon.



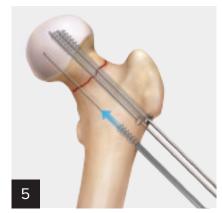
Multiple Pin Guide

Insert the multipin guide and trocar through a stab incision to the bone. Remove the trocar. Alternatively, the guide may be placed over the first guide pin. Insert the remaining 2.4 mm, 12-inch guide pins through the selected holes. Note: The multipin guide will allow placement of washers through nonadjacent holes.



Screw Measurement

The length of the screw is read directly off the depth gauge at the end of the guide wire. If countersinking prior to measurement, subtract head height from the measurement. Also subtract for any anticipated interfragmentary compression resulting from screw insertion. Options: predrilling and pretapping may be necessary in hard or sclerotic bone.



Screw Insertion

Insert the 6.7 mm cannulated screw over the guide pin with power using the cannulated hex driver or manually with the cannulated hex screwdriver. Use the cannulated hex screwdriver for final seating of the screw.



Final Reduction Verify the final position of the screws using image intensification in AP/lateral views.

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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