

Lisfranc Reduction for Injuries and Fusions using Lisfranc Plates

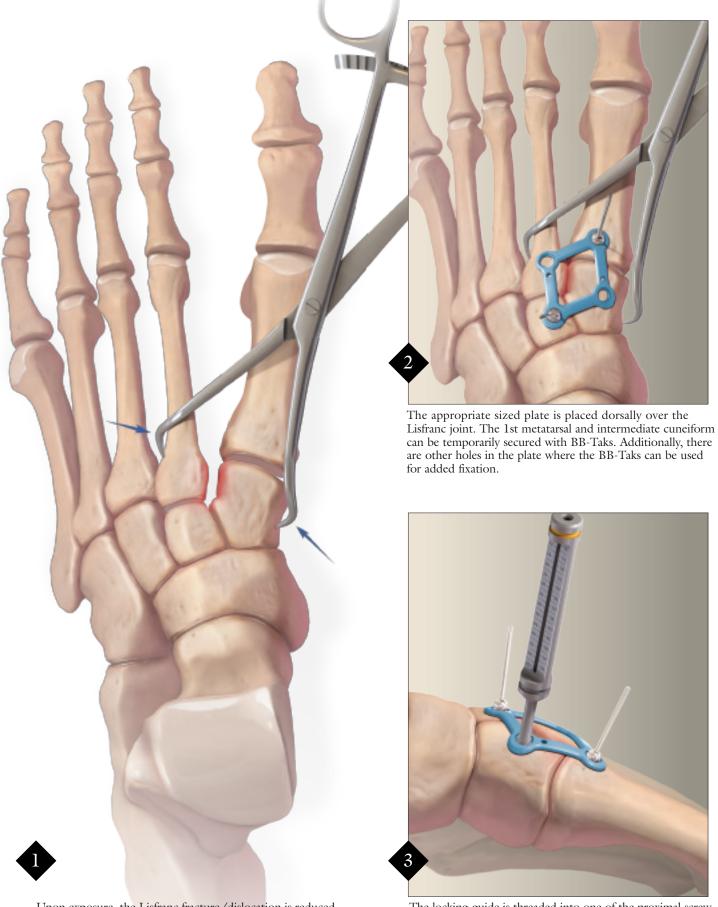
Surgical Technique



# Lisfranc Plates

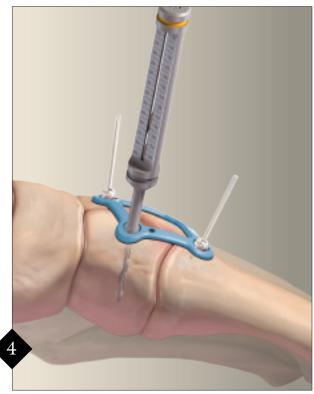


## Lisfranc Reduction for Injuries and Fusions using Lisfranc Plates

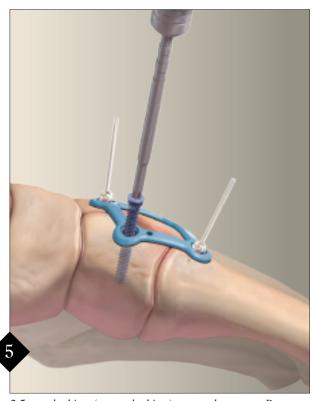


Upon exposure, the Lisfranc fracture/dislocation is reduced using a bone reduction clamp. Additional K-wires can be used to supplement the fixation.

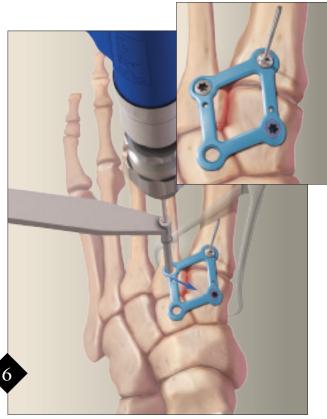
The locking guide is threaded into one of the proximal screw holes for drilling and placement of the 3.5 mm locking screw. Alternatively, a nonlocking screw can be placed first to help secure the plate solidly to the bone.



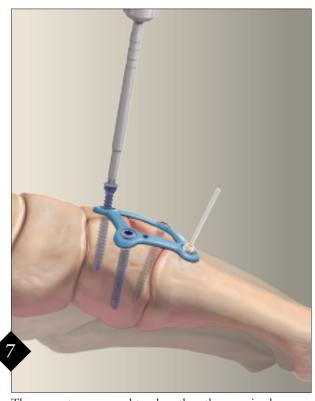
The locking hole is drilled with a 2.5 mm drill and the appropriate screw size is identified using the locking guide. Bicortical fixation is helpful to maximize screw strength.



3.5 mm locking (or nonlocking) screw placement. Be wary to avoid intraarticular screw placement, with use of fluoroscopy.

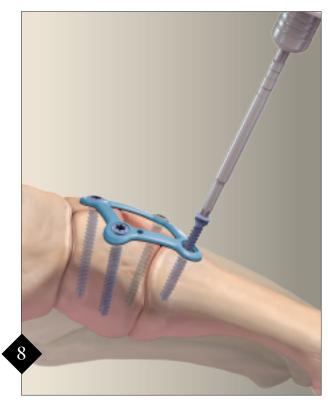


The 2.5 mm drill guide is used to eccentrically drill the oblong hole over the 2nd metatarsal for the 3.5 mm cortical screw.



The same steps are used to place the other proximal 3.5 mm locking screw.

### The Lisfranc Plate was designed in conjunction with Thomas Harris, MD



Placement of the final 3.5 mm locking screw in the 1st metatarsal.



Final plate construct.

### Additional Information

This Lisfranc Plate can also be used for TMT fusions with either steps 1 & 2, or 2 & 3. For fusions, the articular surfaces should be well prepared in the standard fashion before plate placement. Added screws can be placed outside the plate for extra compression to enhance bony healing.

Another technique that can be used in tandem with this plate is the Mini TightRope, for added stability across the Lisfranc. The TightRope would extend from the base of the 2nd metatarsal to the medial cuneiform joint. It should be placed after the plate and screws are in the appropriate position to avoid any iatrogenic damage to the sutures of the TightRope during plate placement.

# Lisfranc Plates offer multiple solutions and are easily contoured to patient's needs

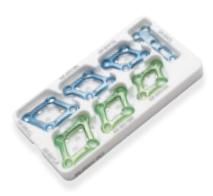
The new Lisfranc Plates were designed to provide fixation for acute Lisfranc injuries and fusions of the tarsal-metatarsal joints. The unique design allows for compression along the Lisfranc ligament and allows the surgeon to visualize the healing process during recovery. These plates come in three different sizes with both left and right plates to fit any patient and are contoured to fit the Lisfranc anatomy at only 1.4 mm thick.

- Allows visualization of the Lisfranc joint during healing process
- Compresses along the Lisfranc ligament—along the line of injury
- Eliminates the joint damage that may occur with the use of screws and guide wires
- Bridge-plating preserves the joint surfaces and results in larger surface area for bony fusion
- 1.4 mm maximum thickness, provides minimal prominence and low profile contouring
- Contoured to fit the 1st/2nd metatarsal—cuneiform joints
- Allows room for normal interfrag screw placement

### Plate Caddy Insert (AR-8941C-PC1)\* houses:

Lapidus Plate, long	AR-8941L
Lisfranc Plate, small, right	AR-8951SR
Lisfranc Plate, small, left	AR-8951SL
Lisfranc Plate, medium, right	AR-8951MR
Lisfranc Plate, medium, left	AR-8951ML
Lisfranc Plate, large, right	AR-8951LR
Lisfranc Plate, large, left	AR-8951LL

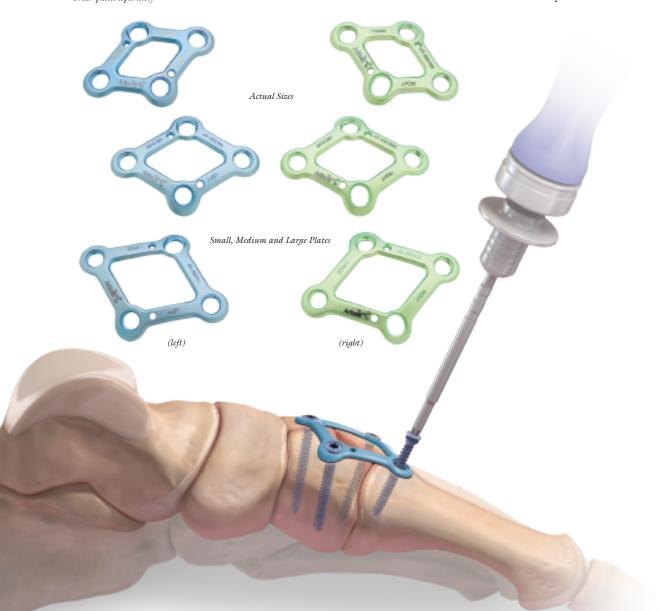
\*Order plates separately



The new module, AR-8941C-PC1 houses the long Lapidus Plate and the new family of Lisfranc Plates and is nested in AR-8941C-PC (below).



Midfoot Plating Module Set – AR-8941S houses the Plate Caddy Insert along with the H-Plates and Lapidus Plates.



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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.



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