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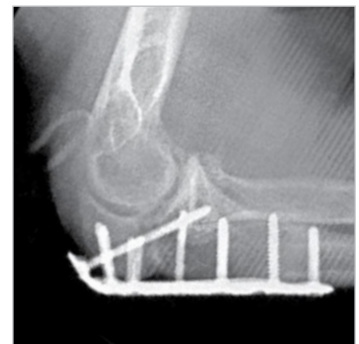
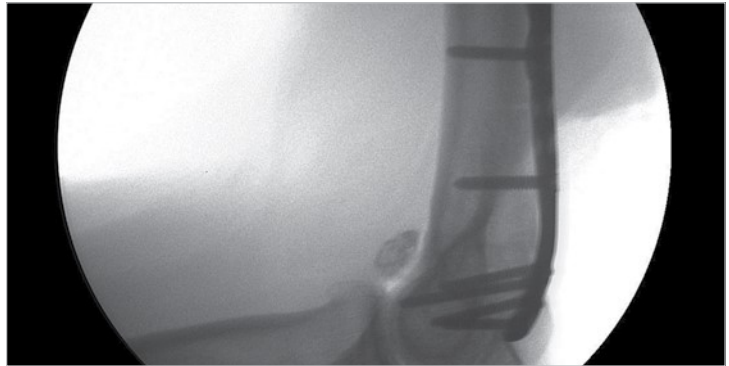
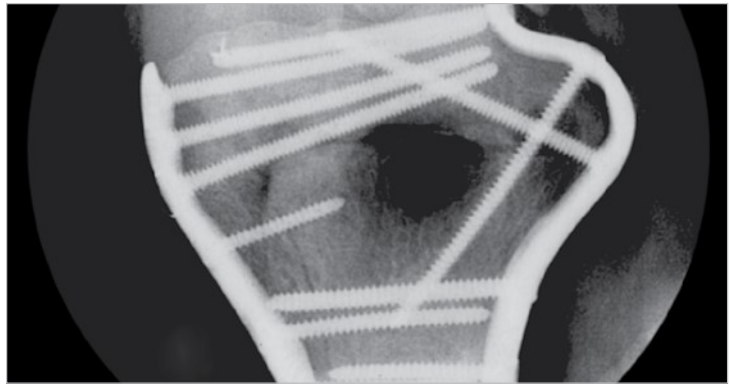


Elbow  
Plating System

# Elbow Plating System

Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods and approaches that improve patient care.



Designed in conjunction with Shawn W. O’Driscoll, Ph.D., M.D., the Elbow Plating System is designed to address fractures of the distal humerus, olecranon and coronoid.

The Elbow Plating System offers precontoured, indication specific plates and includes a low-profile Olecranon Plate design with anatomic curvature and instrumentation to aid with plate and screw insertion. This system also includes the Hexalobe Screw System with variable angle Tap-Loc® Technology for the Medial and Lateral Distal Humerus Plates. Posterolateral Plates are offered in addition to our Medial and Lateral Distal Humerus Plates to provide multiple plating solutions for elbow fracture management.

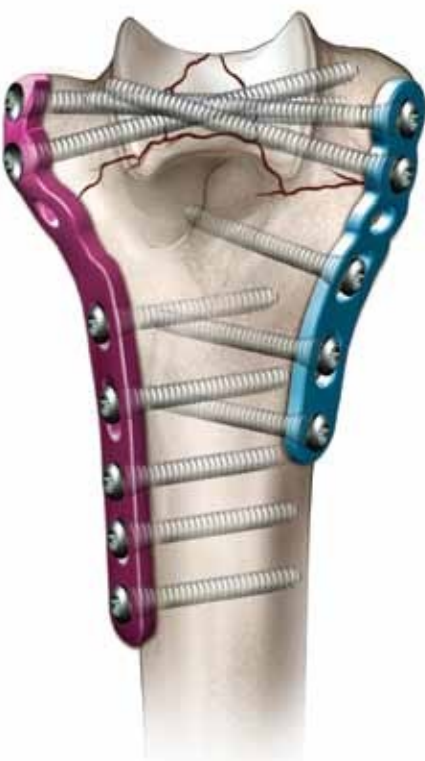
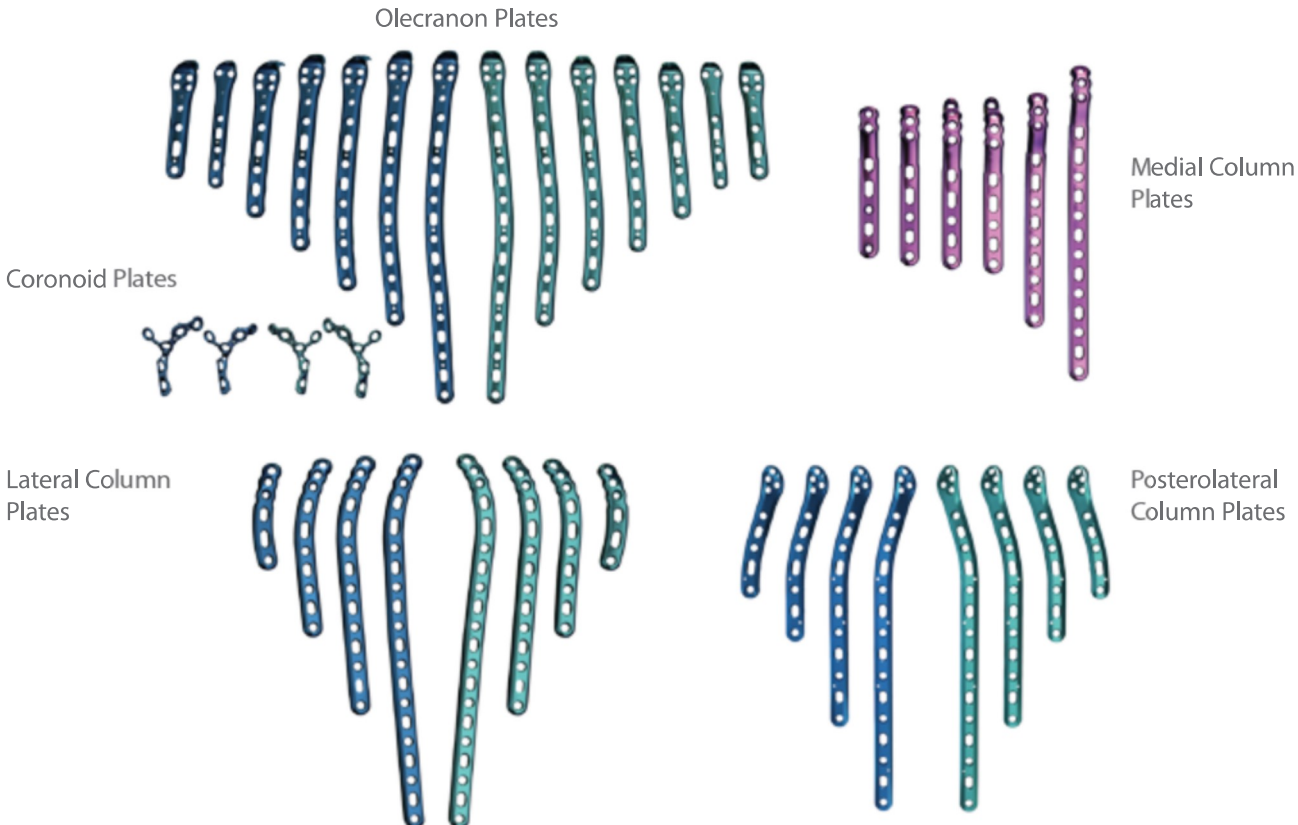
### Approved Indications:

- Fractures of the distal humerus, olecranon, and coronoid
- Osteotomies of the olecranon

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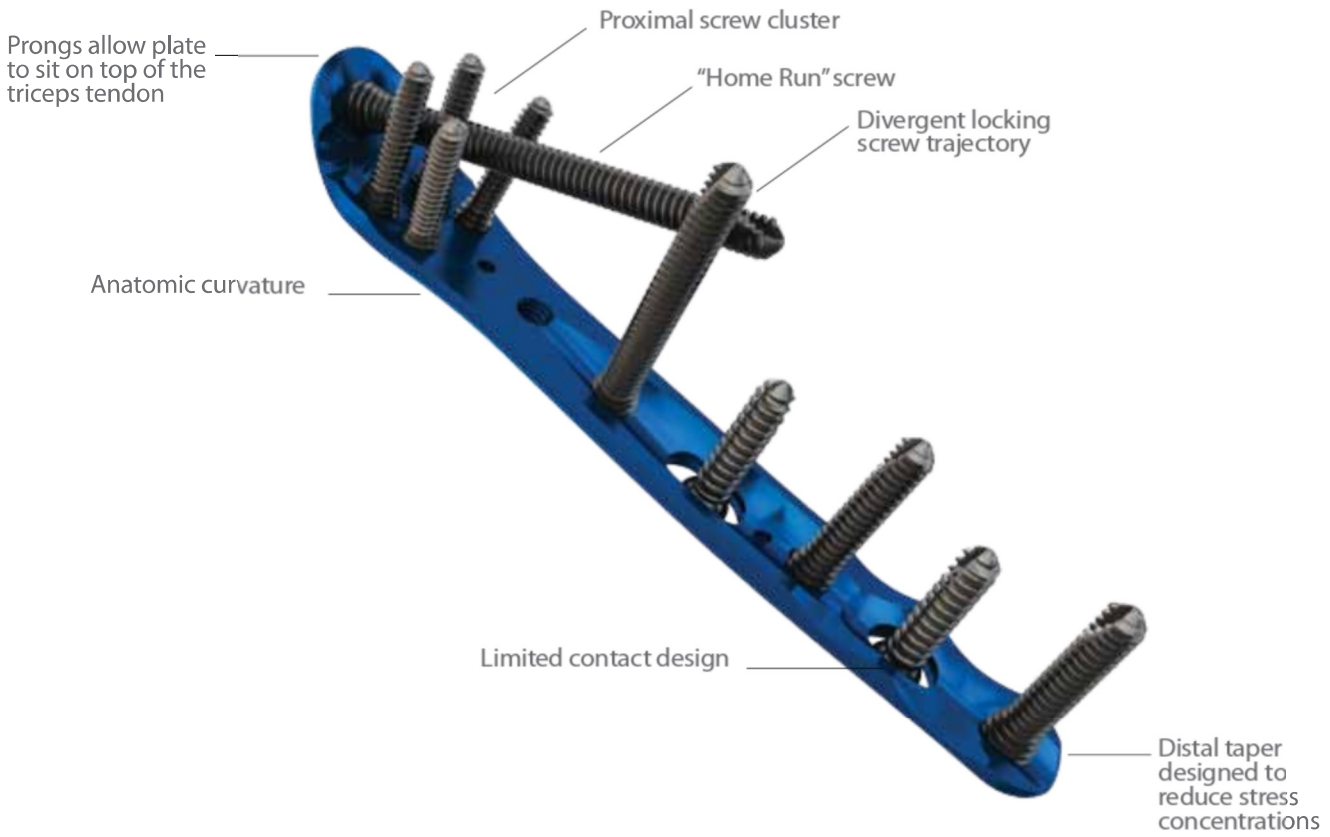
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# Elbow Plating System

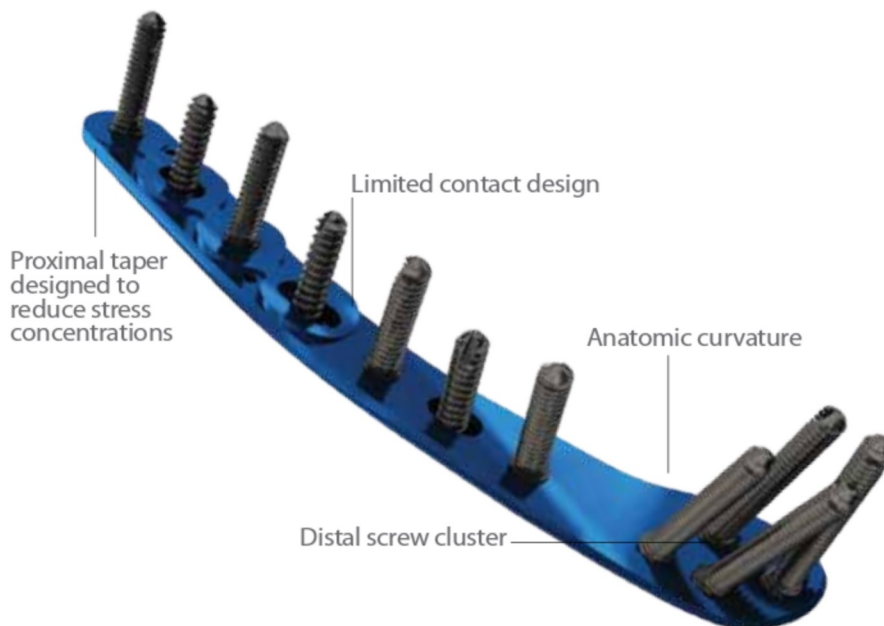


# Plate Design

## Olecranon Plate



## Posterolateral Distal Humerus Plate



# Olecranon Plate Surgical Technique

## 1 FRACTURE REDUCTION AND PLATE PLACEMENT

Attach the proximal targeting guide (80-0654) to the plate with the locking bolt (80-0652). Flex the elbow 90°, reduce the fracture and apply the plate. The prongs in the proximal end of the plate should penetrate the triceps tendon and provide provisional fixation. These prongs do not compress the tendon and a gap between the plate and the bone should be visible on X-ray.



## 2 PROVISIONAL WIRE PLACEMENT

If a locking screw is to be utilized in the most proximal hole of the plate, thread the 2.3 mm locking drill guide (80-0622) into the plate hole. A 2.0 mm wire (WS-2009ST) is drilled through the locking drill guide and across the fracture site, penetrating the anterior metaphyseal cortex. Do not remove this wire until Step 6. Alternatively, two .062" wires (WS-1607ST) can be placed across the fracture, one on each side of the plate.



## 3 NONLOCKING DISTAL SCREW PLACEMENT

With provisional reduction confirmed, drill with the 2.8 mm drill (80-0387), measure depth (80-0623) and insert a 3.5 mm nonlocking screw through the slotted hole distal to the fracture site and into the ulnar shaft. Connect the T15 Hexalobe Driver (80-0760) to the ratcheting driver handle (80-0663) and tighten the screw partially to allow for later compression. Bone taps are provided and recommended for patients with dense bone.



## 4 PROXIMAL LOCKING SCREW PLACEMENT

Insert two 2.7 mm locking screws into the proximal holes on either side of the 2.0 mm wire, using the 2.0 mm locking drill guide (80-0621). When drilling with the 2.0 mm drill (80-0318), be careful not to exit the bone. Drill depth may be read directly off of the laser line on the drill or with the 2.0 mm depth probe (80-0643). The T8 Hexalobe Driver (80-0759) is used to insert the 2.7 mm screws. When using the T8 Driver, care should be taken to not "overtighten" the screw or apply more torque than necessary to seat the locking screw into the plate. Screws should be tightened by hand and not under power. The fixed angle locking screw trajectory is designed to allow for maximum fixation in the small proximal fragments.

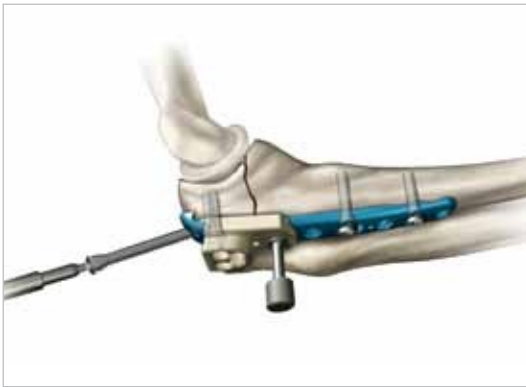


Screw Diameter	Drill Diameter
2.7 mm	2.0 mm
3.0 mm	2.3 mm
3.5 mm	2.8 mm



## 5 FRACTURE SITE COMPRESSION

If the plate length selected has two or more compression slots, the fracture site is compressed in the following manner. Insert a 3.5 mm nonlocking screw in dynamic compression mode into a distal slot along the ulnar shaft using the offset drill guide (PL-2095). The proximal shaft screw must be slightly loosened to allow for compression. If a longer plate is used and further compression is required, partially insert another nonlocking screw into a distal slot in dynamic compression mode and then loosen the first two screws to allow for plate movement.



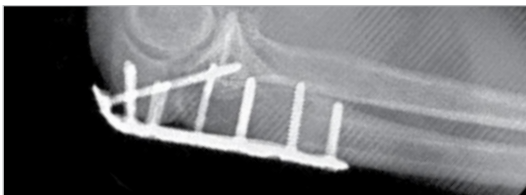
## 6 FINAL SCREW PLACEMENT

Remove the 2.0 mm wire from the most proximal plate hole and insert a locking 3.5 mm screw: attach the 2.8 mm locking drill guide (80-0668) and use the 2.8 mm drill (80-0387) in the path of the wire. Measure depth and insert the screw. If a 3.0 mm "home run" screw is desired, the 2.3 mm locking drill guide (80-0622) and drill (80-0627) are utilized. The proximal targeting guide may be removed at this time. The remaining locking screws are then inserted at the surgeon's discretion.



## 7 POSTOPERATIVE PROTOCOL BY SHAWN W. O'DRISCOLL PH.D., M.D.

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in extension. The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after two days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.



### Technical Objectives for Locking Olecranon Plates:

- Each screw should be as long as possible
- Locking screws should interlock to provide a stable "fixed angle" structure inside the bone fragment
- Plate should buttress against anterior pull of elbow flexors
- Plate should provide stable fixation of the ulnar shaft
- Plate should be applied with compression across the fracture
- Plate must be strong and stiff enough to resist bending before union occurs

# Olecranon Osteotomy Cutting Jig Surgical Technique

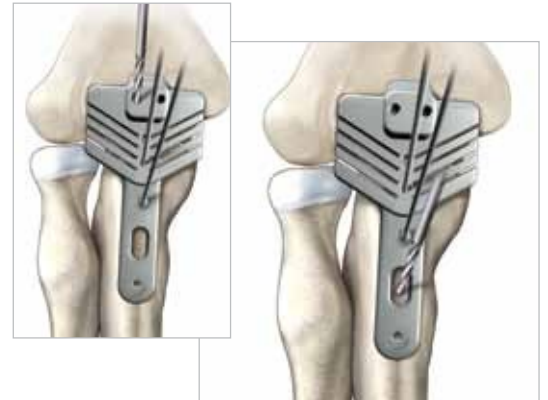
## 1 PROVISIONAL FIXATION

Place the Olecranon Osteotomy Cutting Jig (80-0653) onto the proximal portion of the olecranon with the elbow flexed at 90°. The jig is designed to sit on top of the triceps tendon. Secure the jig provisionally by placing a plate tack (PL-PTACK) into the plate tack holes in the jig. A .062" K-wire (WS-1607ST) may also be placed in the small K-wire hole between the cutting slots.



## 2 PRE-DRILL SCREW HOLES

The Olecranon Osteotomy Cutting Jig allows pre-drilling of the screw holes that will be used with future placement of the Olecranon Plate. Use a 2.8 mm drill (80-0387) to drill the slot for future placement of a 3.5 mm screw. The 2.0 mm drill (80-0318) is utilized to drill the two smaller, proximal holes for future placement of the 2.7 mm screws.



## 3 CREATE OSTEOTOMY

Select the cutting slot that provides the most optimal position for the chevron osteotomy. Using a thin-bladed oscillating saw (.025" in thickness), create an osteotomy about 1/3 of the way through the olecranon. Remove the Osteotomy Cutting Jig. Use the oscillating saw to join the two sides of the provisional cut. A thin-bladed osteotome is used to complete the osteotomy.

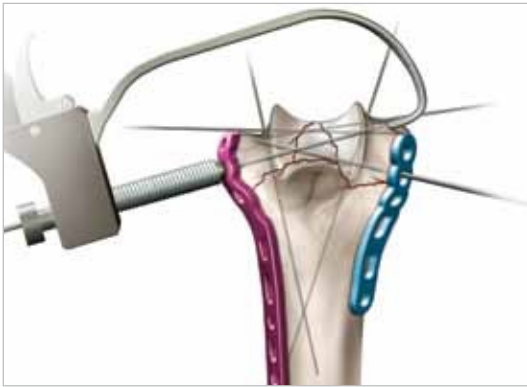


# Distal Humerus Plates Surgical Technique



## 1 ARTICULAR FRAGMENT REDUCTION

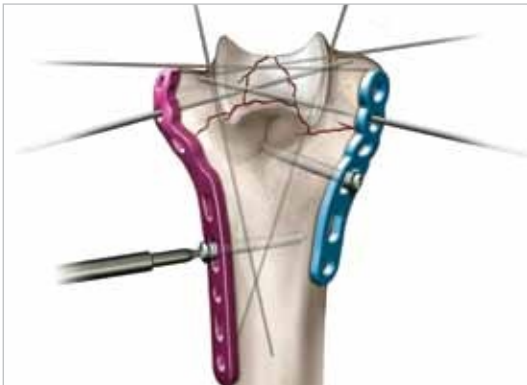
The articular fragments, which tend to be rotated toward each other in the axial plane, are reduced anatomically and provisionally held with .045" smooth K-wires (WS-1106ST). It is essential that these wires be placed close to the subchondral level to avoid interference with later screw placement, and away from where the plates will be placed on the lateral and medial columns (see Step 2). One or two strategically placed wires can then be used to provisionally hold the distal fragments in alignment with the humeral shaft.



## 2 PLATE PLACEMENT AND PROVISIONAL FIXATION

The selected Medial and Lateral Plates are placed and held apposed to the distal humerus, while one smooth 2.0 mm K-wire (WS-2009ST) is inserted through hole #2 (numbered from distal to proximal) of each plate through the epicondyles and across the distal fragments to maintain provisional fixation. These 2.0 mm wires are left in place until Step 7 to aid in placing the locking screws in the distal fragments.

**Note:** The Medial and Lateral Distal Humerus Plates are designed to accept 3.0 mm and 3.5 mm Hexalobe Screws. The 2.7 mm Hexalobe Screws have a smaller head diameter and should NOT be used with the Medial and Lateral Distal Humerus Plates.



## 3 INITIAL PROXIMAL SCREW PLACEMENT

With provisional reduction confirmed, drill with the 2.8 mm drill (80-0387), measure depth (80-0623) and insert a 3.5 mm nonlocking screw into a slotted hole of each plate proximal to the fracture site. Connect the T15 Hexalobe Driver (80-0760) to the ratcheting driver handle (80-0663) and tighten the screw partially, allowing some freedom for the plate to move proximally during compression later. (Because the undersurface of each plate is tubular in the metaphyseal and diaphyseal regions, the screw in the slotted hole only needs to be tightened slightly to provide provisional fixation of the entire distal humerus.) Bone taps are recommended for patients with dense bone.



## 4 NONLOCKING DISTAL SCREW PLACEMENT

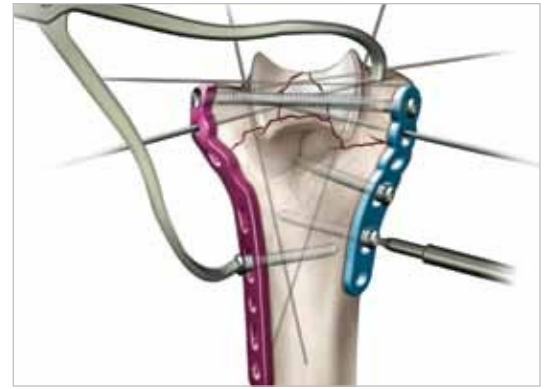
Drill and insert screws through hole #1 on both the medial and lateral side. The targeted drill guide cannot be used in hole #1 of the Medial Plate if the angle of the nonlocking screw exceeds 20°. After drilling, measure depth and insert the appropriate size 3.5 mm nonlocking screw. The 3.0 mm screws may be used in osteoporotic bone to enable more screws to be placed in the distal fragments to provide stability.



# Distal Humerus Plates Surgical Technique

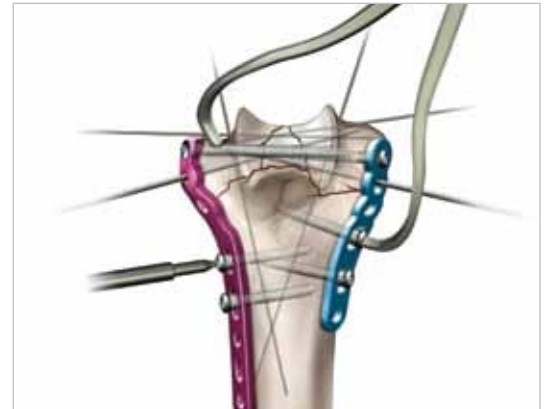
## 5 COMPRESS LATERAL COLUMN

Using a large tenaculum (MS-1280) to provide interfragmentary compression across the fracture at the supracondylar level, the lateral column is first fixed. A screw is inserted in the Lateral Plate in dynamic compression mode in a slotted hole proximal to the fracture site using the offset drill guide (PL-2095). Tightening this screw further increases interfragmentary compression at the supracondylar level to the point of causing some distraction at the medial supracondylar ridge. The .045" wires used for provisional fixation may be removed at this point.



## 6 COMPRESS MEDIAL COLUMN

The medial column is then compressed in a similar manner using the large tenaculum (MS-1280), and a 3.5 mm nonlocking screw is inserted in the Medial Plate in dynamic compression mode in a slotted hole proximal to the fracture site, using the offset drill guide (PL-2095). If the plates are slightly under contoured, they can be compressed against the metaphysis with a large bone clamp, giving further supracondylar compression. Remove the 2.0 mm wires that were inserted in Step 2.



## 7 TAP DISTAL PLATE HOLES

If using a 3.5 mm screw, use the 2.8 mm drill in the path of the wire. If using a 3.0 mm screw (osteoporotic bone), the 2.3 mm drill is utilized. Measure drill depth (80-0623) to determine screw size. Connect the plate tap (80-0661 or 80-0659) to the T-Handle (MS-T1212) and tap the plate. The front end of the tap will act as a guide to aid the locking screw in following the correct trajectory. Turning the tap one-half turn at a time, tap the plate taking care not to insert the tap further than the start of the laser line on the tap threads (See Tapping Instructions). The T-Handle should only be used with the plate taps and not for locking or nonlocking screw insertion. The proximal slotted holes are NOT to be tapped.

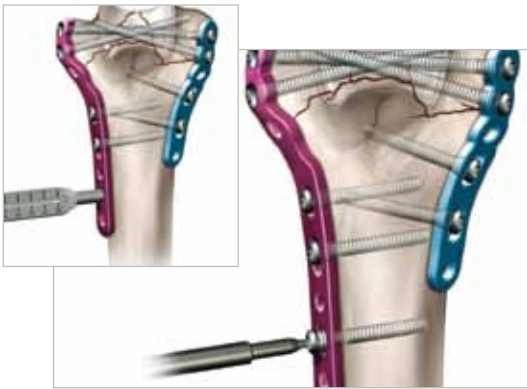


## 8 INSERT DISTAL LOCKING SCREWS

Insert the appropriate size locking screws. Care should be taken to not overtighten the screw.

The #3 holes on both the medial and lateral columns are optional. If these holes are used, be sure to use locking screws if locking screws have already been inserted in previous steps.





## 9 INSERT PROXIMAL LOCKING SCREWS

The remaining locking shaft screws may be inserted at the surgeon's discretion. Note that the plate holes in the humeral shaft are pre-threaded, fixed angle screws. To insert the 3.5 mm or 3.0 mm locking screws, thread the appropriate size locking drill guide (80-0668 or 80-0622) into the locking hole in the plate. Drill with the appropriate size drill (80-0387 or 80-0627). Drill depth may be read directly off of the laser line on the drill or with the 2.3 mm depth probe (80-0664). Insert the appropriate size locking screws.



## 10 POSTOPERATIVE PROTOCOL BY SHAWN W. O'DRISCOLL PH.D., M.D.

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in extension. The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after two days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.

### Technical Objectives Checklist:

- Every screw should pass through a plate
- Each screw engages a fragment on the opposite side that is also attached to a plate
- Each screw should be as long as possible
- Each screw should engage as many fragments as possible
- The screws in the distal fragments should lock together by interdigitation, creating a "fixed angle" structure
- Plates should be applied such that compression is achieved at the supracondylar level for both columns
- Plates must be strong and stiff enough to resist breaking or bending before union occurs.

Screw Diameter	Drill Diameter
3.0 mm	2.3 mm
3.5 mm	2.8 mm

### Acumed® Single Use Tapping Instrument Precautions:

Tapping a plate using a plate tap will cause titanium debris to be generated, which should be removed. Failure to remove the plate debris can cause, among other complications, inflammation, cartilage damage and patient discomfort. The taps are single surgery use and should be discarded after each surgery or if the tap becomes dull or damaged. If the resistance increases while using a tap, discard the tap immediately. Breakage to the tap can occur due to excessive torque or levering and care should be taken to avoid such conditions. Should breakage occur, carefully remove all tap pieces.

### Tapping Instructions:

- Do not tap deeper than the start of the laser line
- Clean debris from tap after tapping each hole
- Irrigate hole prior to tapping
- Do not tap a slot
- Do not re-tap a hole (use a nonlocking screw)
- Tap by hand, not under power
- Angle of tapped hole must not exceed 20°

# Posterolateral Plate Surgical Technique

## 1 ARTICULAR FRAGMENT REDUCTION

Following exposure, the articular fragments are reduced anatomically and provisionally held using .045" K-wires (WS-1106ST). It is essential that these wires be placed close to the subchondral level to avoid interference with later screw placement, and away from where the plate will be placed on the posterolateral column. The pointed forceps (MS-45300) and the 8" reduction forceps (MS-1280) are provided in the system to aid in fracture reduction.



## 2 PLATE PLACEMENT AND PROVISIONAL FIXATION

Apply the selected plate to the bone. K-wire holes are included on the plate for provisional fixation and accept .062" K-wires (WS-1607ST). Plate Tacks (PL-PTACK) may also be used through the plate holes to aid in provisional fixation.



## 3 INITIAL PROXIMAL SCREW PLACEMENT

With provisional reduction confirmed, drill with the 2.8 mm drill (80-0387), measure depth (80-0623) and insert a 3.5 mm nonlocking Hexalobe Screw through the slotted hole that is located proximally on the plate. Connect the T15 Hexalobe Driver (80-0760) to the ratcheting driver handle (80-0663) and insert the screw.

Bone taps are provided and recommended for patients with dense bone.



# Posterolateral Plate Surgical Technique



## 4 DISTAL SCREW FIXATION AND SUPRACONDYLAR COMPRESSION

The three most distal locking screws are inserted first by threading the 2.0 mm locking drill guide (80-0621) into a plate hole. Select the 2.0 mm drill (80-0318) and drill to the desired depth through the 2.0 mm locking drill guide. Drill depth may be read directly off of the laser band on the drill or with a 2.0 mm depth probe (80-0643). The most proximal of the four distal screws may be inserted for additional fixation of the distal fragments (shown in the illustration).

Connect the T8 Hexalobe Driver (80-0759) to the ratcheting driver handle (80-0663) and insert a 2.7 mm locking Hexalobe Screw until it is fully seated in the plate. Care should be taken to not over-tighten the locking screws. Repeat this step for the remaining distal screws.

To achieve supracondylar compression, the screw in the slotted hole should be loosened and the fracture compressed at the supracondylar level.



## 5 INSERT PROXIMAL LOCKING SCREWS

The remaining locking shaft screws may be inserted at the surgeon's discretion. To insert the 3.5 mm or 3.0 mm locking screws, thread the appropriate size locking drill guide (80-0668 or 80-0622) into the locking hole in the plate. Drill with the appropriate size drill (80-0387 or 80-0627). Drill depth may be read directly off of the laser band on the drill or with the 2.3 mm depth probe (80-0664). Insert the appropriate size locking screws.



## 6 POSTOPERATIVE PROTOCOL BY SHAWN W. O'DRISCOLL PH.D., M.D.

Immediately after closure, the elbow is placed in a bulky noncompressive Jones dressing with an anterior plaster slab to maintain the elbow in extension, and the upper extremity is elevated. The arm should be brought down from the elevated position frequently enough (perhaps once per hour) to minimize the likelihood of compartment syndrome. The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized and elevated with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after three days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.

Screw Diameter	Drill Diameter
2.7 mm	2.0 mm
3.0 mm	2.3 mm
3.5 mm	2.8 mm

## 1 FRACTURE FRAGMENT FIXATION

Expose the coronoid and ridge of the ulna through an anteromedial approach. Reduce and provisionally hold the fragments with smooth .045" K-wires (WS-1106ST).



## 2 PLATE PLACEMENT AND PROVISIONAL FIXATION

Apply the Coronoid Plate so that the two prongs on the proximal section grasp and buttress the anteromedial facet of the coronoid. If the sublime tubercle, on which the anterior bundle of the MCL inserts, is also fractured (Anteromedial Subtype III fracture) the offset screw hole should sit over that fragment for proper screw position. The distal portion of the plate should extend along the ridge on the anteromedial side of the ulna. Several .045" K-wires may be used for provisional plate fixation through the K-wire holes in the plate.

**Note:** Use caution when handling the plate as it has sharp prongs. Repeated and excessive bending may damage the plate causing it to not fit or function as intended.



## 3 INSERT CENTRAL NONLOCKING SCREW

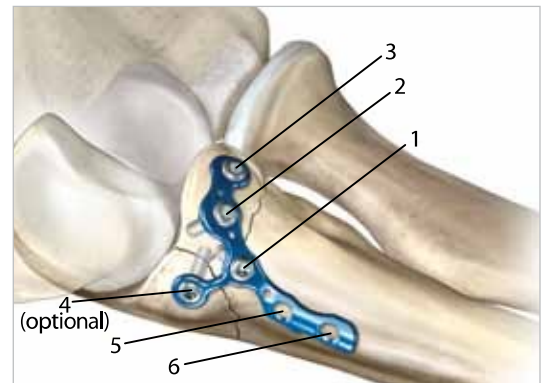
The first screw inserted is a 2.7 mm Nonlocking Hexalobe Screw into hole #1, which is the "central" plate hole. The 2.0 mm drill (80-0318) and T8 Hexalobe driver (80-0759) is utilized for screw insertion. When determining the screw lengths, make sure to compensate for any expected plate deformation if the bend does not fully seat the plate against the bone. As the screw is tightened, the plate will flex and contour to the bone. If the outer proximal hole begins to bend outward, tighten this first screw only partially, insert the most proximal screw, then go back to fully seat the central screw. Seating this screw may also cause the prongs on the proximal portion of the plate to buttress the coronoid and further compress the plate to the bone.

**Note:** Tapping the bone prior to screw insertion with the bone tap (80-0625) may be needed for patients with dense bone.



## 4 CORONOID FIXATION

Insert nonlocking screws into the proximal portion of the plate (holes #2 and #3). If K-wires were inserted for provisional fixation, they should be removed prior to drilling and inserting screws into the proximal portion of the plate. The offset screw hole, #4, is optional and can be filled with a nonlocking screw if the fracture extends to the sublime tubercle. Image intensification is strongly recommended to verify the trajectory of the nonlocking screws to ensure they avoid the articular surface. As these nonlocking screws are inserted, the plate will continue to contour to the bone.





## 5 INSERT REMAINING SCREWS

To insert the 2.7 mm Locking Hexalobe Screws, thread the 2.0 mm locking drill guide (80-0621) into each distal plate hole and drill with the 2.0 mm drill (80-0318). Insert the locking screws into holes #5 and #6 with the T8 Hexalobe driver (80-0759). Nonlocking screws can be used at the surgeon's discretion. Care should be taken to not overtighten the screws or apply excess torque on the driver.



## 6 POSTOPERATIVE PROTOCOL

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in a relatively extended position and the upper extremity is kept elevated for three days, bringing it down from the elevated position each hour for 5-10 minutes to avoid inadequate perfusion. The initial rehabilitation is planned according to the stability of the elbow, security of fracture fixation and the extent of soft tissue damage.

Screw Diameter	Drill Diameter
2.7 mm	2.0 mm

## Olecranon Plates

Olecranon Plate, Standard, 3-hole, Left (65 mm)	70-0302
Olecranon Plate, Standard, 3-hole, Right (65 mm)	70-0303
Olecranon Plate, Standard, 5-hole, Left (90 mm)	70-0304
Olecranon Plate, Standard, 5-hole, Right (90 mm)	70-0305
Olecranon Plate, Standard, 7-hole, Left (110 mm)	70-0306
Olecranon Plate, Standard, 7-hole, Right (110 mm)	70-0307
Olecranon Plate, Standard, 11-hole, Left (150 mm)	70-0308
Olecranon Plate, Standard, 11-hole, Right (150 mm)	70-0309
Olecranon Plate, Extended, 5-hole, Left (90 mm)	70-0312
Olecranon Plate, Extended, 5-hole, Right (90 mm)	70-0313
Olecranon Plate, Extended, 9-hole, Left (130 mm)	70-0314
Olecranon Plate, Extended, 9-hole, Right (130 mm)	70-0315

## Optional Olecranon Plates

Olecranon Plate, Standard, 15-hole, Left (190 mm)	70-0310
Olecranon Plate, Standard, 15-hole, Right (190 mm)	70-0311
Olecranon Plate, Narrow, 5-hole, Left (85 mm)	70-0316
Olecranon Plate, Narrow, 5-hole, Right (85 mm)	70-0317

## Distal Humerus Plates

Locking Medial Plate, 7-Hole (84 mm)	PL-LEM7
Locking Medial Plate, 8-Hole (88 mm)	PL-LEM8
Locking Medial Plate, Long, 9-Hole (96 mm)	PL-LEM9L
Locking Medial Plate, Short, 9-Hole (95 mm)	PL-LEM9S
Locking Medial Plate, 12-Hole (130 mm)	PL-LEM12
Locking Medial Plate, 16-Hole (175 mm)	PL-LEM16
Locking Lateral Plate, 6-Hole, Left (58 mm)	PL-LEL6L
Locking Lateral Plate, 6-Hole, Right (58 mm)	PL-LEL6R
Locking Lateral Plate, 10-Hole, Left (100 mm)	PL-LEL10L
Locking Lateral Plate, 10-Hole, Right (100 mm)	PL-LEL10R
Locking Lateral Plate, 14-Hole, Left (142 mm)	PL-LEL14L
Locking Lateral Plate, 14-Hole, Right (142 mm)	PL-LEL14R
Locking Lateral Plate, 20-Hole, Left (206 mm)	PL-LEL20L
Locking Lateral Plate, 20-Hole, Right (206 mm)	PL-LEL20R
Posterolateral Distal Humerus Plate, 5 Hole, LT (78 mm)	70-0374
Posterolateral Distal Humerus Plate, 5 Hole, RT (78 mm)	70-0375
Posterolateral Distal Humerus Plate, 7 Hole, LT (103 mm)	70-0376
Posterolateral Distal Humerus Plate, 7 Hole, RT (103 mm)	70-0377
Posterolateral Distal Humerus Plate, 11 Hole, LT (152 mm)	70-0378
Posterolateral Distal Humerus Plate, 11 Hole, RT (152 mm)	70-0379

## Optional Posterolateral Distal Humerus Plates

Posterolateral Distal Humerus Plate, 15 Hole, Left (203 mm)	70-0380
Posterolateral Distal Humerus Plate, 15 Hole, Right (203 mm)	70-0381

## Coronoid Plates

Coronoid Plate, Standard, Left	70-0413
Coronoid Plate, Standard, Right	70-0414

## Optional Coronoid Plates

Coronoid Plate, Small, Left	70-0415
Coronoid Plate, Small, Right	70-0416

## 3.5 mm Locking Hexalobe Screws

3.5 mm x 8 mm Locking Hexalobe Screw	30-0232
3.5 mm x 10 mm Locking Hexalobe Screw	30-0233
3.5 mm x 12 mm Locking Hexalobe Screw	30-0234
3.5 mm x 14 mm Locking Hexalobe Screw	30-0235
3.5 mm x 16 mm Locking Hexalobe Screw	30-0236
3.5 mm x 18 mm Locking Hexalobe Screw	30-0237
3.5 mm x 20 mm Locking Hexalobe Screw	30-0238
3.5 mm x 22 mm Locking Hexalobe Screw	30-0239
3.5 mm x 24 mm Locking Hexalobe Screw	30-0240
3.5 mm x 26 mm Locking Hexalobe Screw	30-0241
3.5 mm x 28 mm Locking Hexalobe Screw	30-0242
3.5 mm x 30 mm Locking Hexalobe Screw	30-0243
3.5 mm x 32 mm Locking Hexalobe Screw	30-0244
3.5 mm x 34 mm Locking Hexalobe Screw	30-0245
3.5 mm x 36 mm Locking Hexalobe Screw	30-0246
3.5 mm x 38 mm Locking Hexalobe Screw	30-0247
3.5 mm x 40 mm Locking Hexalobe Screw	30-0248
3.5 mm x 45 mm Locking Hexalobe Screw	30-0249
3.5 mm x 50 mm Locking Hexalobe Screw	30-0250
3.5 mm x 55 mm Locking Hexalobe Screw	30-0251
3.5 mm x 60 mm Locking Hexalobe Screw	30-0252

**3.0 mm Locking Hexalobe Screws (Cont.)**

3.0 mm x 34 mm Locking Hexalobe Screw	30-0291
3.0 mm x 36 mm Locking Hexalobe Screw	30-0292
3.0 mm x 38 mm Locking Hexalobe Screw	30-0293
3.0 mm x 40 mm Locking Hexalobe Screw	30-0294
3.0 mm x 45 mm Locking Hexalobe Screw	30-0295
3.0 mm x 50 mm Locking Hexalobe Screw	30-0296
3.0 mm x 55 mm Locking Hexalobe Screw	30-0297
3.0 mm x 60 mm Locking Hexalobe Screw	30-0298

**3.0 mm Non-Locking Hexalobe Screws**




## 2.7 Locking Hexalobe Screws

2.7 mm x 8 mm Locking Hexalobe Screw	30-0324
2.7 mm x 10 mm Locking Hexalobe Screw	30-0325
2.7 mm x 12 mm Locking Hexalobe Screw	30-0326
2.7 mm x 14 mm Locking Hexalobe Screw	30-0327
2.7 mm x 16 mm Locking Hexalobe Screw	30-0328
2.7 mm x 18 mm Locking Hexalobe Screw	30-0329
2.7 mm x 20 mm Locking Hexalobe Screw	30-0330
2.7 mm x 22 mm Locking Hexalobe Screw	30-0331
2.7 mm x 24 mm Locking Hexalobe Screw	30-0332
2.7 mm x 26 mm Locking Hexalobe Screw	30-0333
2.7 mm x 28 mm Locking Hexalobe Screw	30-0334
2.7 mm x 30 mm Locking Hexalobe Screw	30-0335
2.7 mm x 32 mm Locking Hexalobe Screw	30-0336

## 2.7 Nonlocking Hexalobe Screws

2.7 mm x 8 mm Nonlocking Hexalobe Screw	30-0343
2.7 mm x 10 mm Nonlocking Hexalobe Screw	30-0344
2.7 mm x 12 mm Nonlocking Hexalobe Screw	30-0345
2.7 mm x 14 mm Nonlocking Hexalobe Screw	30-0346
2.7 mm x 16 mm Nonlocking Hexalobe Screw	30-0347
2.7 mm x 18 mm Nonlocking Hexalobe Screw	30-0348
2.7 mm x 20 mm Nonlocking Hexalobe Screw	30-0349
2.7 mm x 22 mm Nonlocking Hexalobe Screw	30-0350
2.7 mm x 24 mm Nonlocking Hexalobe Screw	30-0351
2.7 mm x 26 mm Nonlocking Hexalobe Screw	30-0352
2.7 mm x 28 mm Nonlocking Hexalobe Screw	30-0353
2.7 mm x 30 mm Nonlocking Hexalobe Screw	30-0354
2.7 mm x 32 mm Nonlocking Hexalobe Screw	30-0355

## Tension Band Pins

70 mm Non-Sterile Tension Band Pin	30-0098
90 mm Non-Sterile Tension Band Pin	30-0099

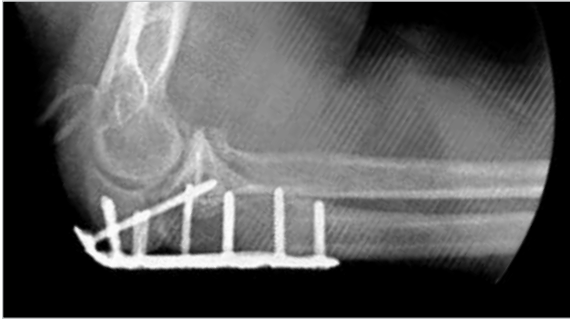
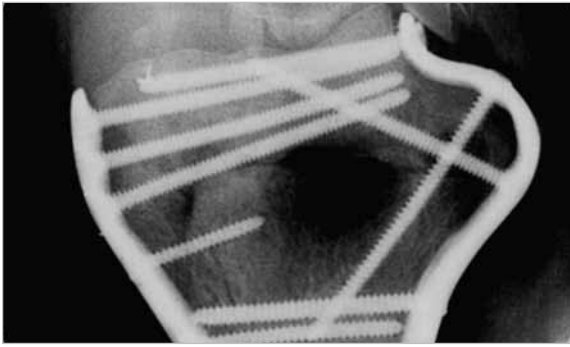
## Instrumentation

T8 Stick-Fit Hexalobe Driver	80-0759
T15 Stick-Fit Hexalobe Driver	80-0760
2.0 mm Quick Release Drill	80-0318
2.3 mm Quick Release Drill	80-0627
2.8 mm Quick Release Drill	80-0387
3.5 mm Quick Release Drill	MS-DC35
Bone Tap for 2.7 mm Hexalobe Screws	80-0625
Bone Tap for 3.0 mm Nonlocking Screws	80-0626
3.5 mm Long Tap Tip	MS-LTT35
Plate Tap for 3.0 mm Screw	80-0659
Plate Tap for 3.5 mm Screw	80-0661
2.0 mm x 9" Guide Wire, Single Trocar	WS-2009ST
.045" x 6" SS Guide Wire	WS-1106ST
.062" x 6" SS Guide Wire	WS-1607ST
.062" x 6" Titanium Guide Wire (threaded)	WT-1606STT
.035" x 6" Titanium Guide Wire (threaded)	WT-0906STT
Plate Tack	PL-PTACK

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5885 NW Cornelius Pass Road  
Hillsboro, OR 97124  
(888) 627-9957  
[www.acumed.net](http://www.acumed.net)

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