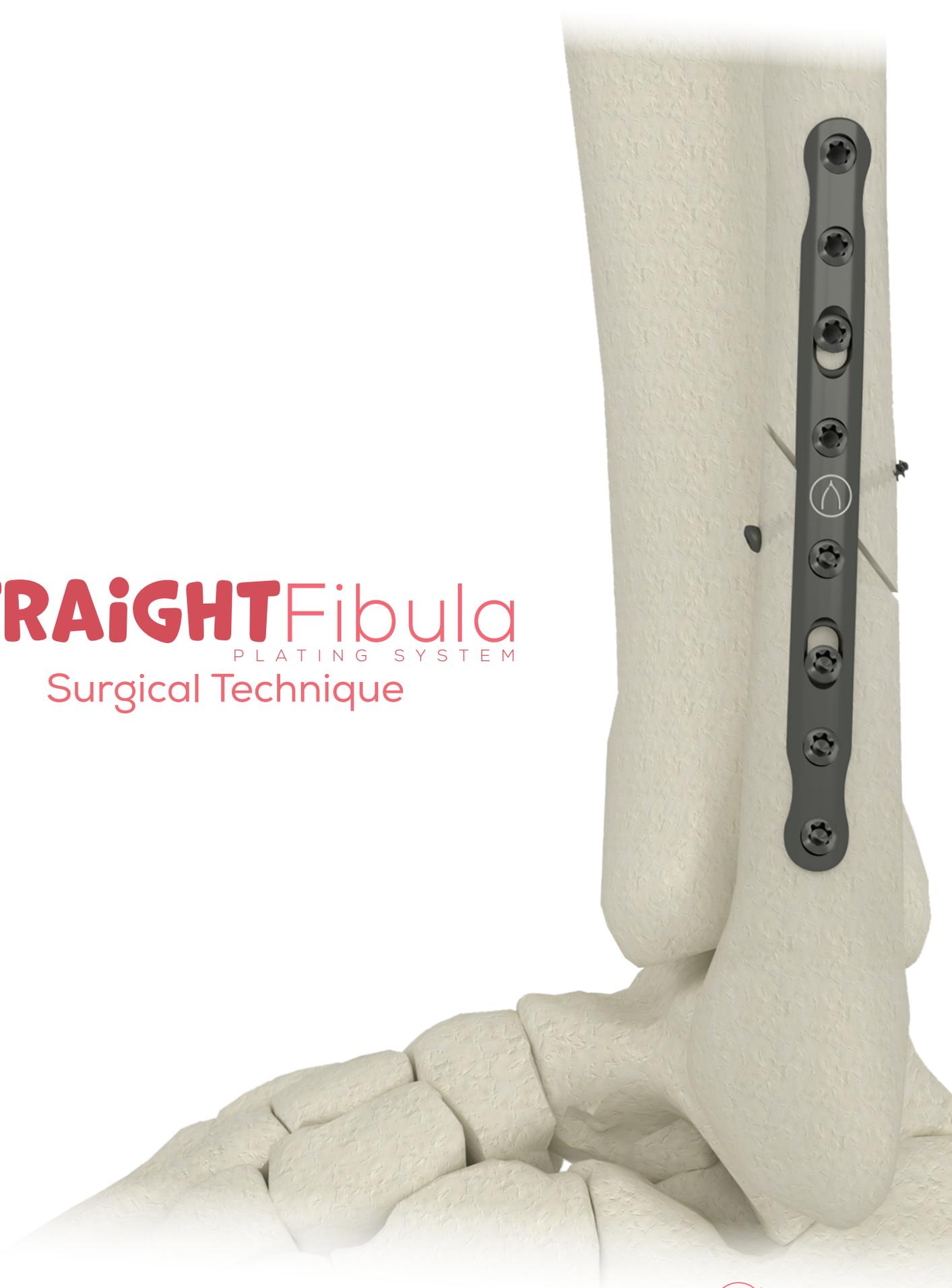


STRAiGHTFibula

PLATING SYSTEM

Surgical Technique



We **WORK** so they can **PLAY.**[™]

 **WISHBONE**
MEDICAL



Straight Fibula Plating System

WishBone Medical Straight Fibula Plates are used for pediatric and adult patients as indicated for small and long bone fracture fixation and fixation of bones that have been surgically prepared (osteotomy) for correction of deformity or arthrodesis. Complete procedure kits in single-use sterile packaging eliminate set processing and help avoid delays or cancellations attributed to missing components.

For product information, including indications, contraindications, warnings, precautions and potential adverse effects, visit WishBone Medical's Instructions for Use page online: www.WishBoneMedical.com/IFU

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System Components

PROCEDURE KITS

2.7mm Kits

- 1 Straight Fibula Plate
(6-Hole or 8-Hole)
- 2 2.0/2.7mm Double-Ended Drill Guide
- 3 2.0 Drill Bit*
- 4 2.7mm Drill Bit*
- 5 Small Depth Gauge*
- 6 Solid T15 Screwdriver*
- 7 2.7mm Cortical Screws*
(12mm, 14mm, 16mm, 18mm, 22mm)

QTY 2 or 3 2 or 3 2 1 1

3.5mm Kits

- 1 Straight Fibula Plate
(6-Hole or 8-Hole)
- 2 2.8/3.5mm Double-Ended Drill Guide
- 3 2.8 Drill Bit*
- 4 3.5mm Drill Bit*
- 5 Small Depth Gauge*
- 6 Solid T15 Screwdriver*
- 7 3.5mm Cortical Screws*
(12mm, 14mm, 16mm, 18mm, 22mm)

QTY 2 or 3 2 or 3 2 1 1

* Available as individually packaged ancillary items



ANCILLARY SCREWS**

2.7mm or 3.5mm Cortical

8-40mm - 2mm Increments
40-50mm - 5mm Increments

2.7mm or 3.5mm Locking

10-40mm - 2mm Increments
40-50mm - 5mm Increments

**Individually packaged as separate ancillary items

Select system components are available as sterile packed ancillary items. For more information, please refer to the WishBone Product Catalog (LIT-PC-WBM) or contact your local rep for product availability.

Surgical Technique Overview

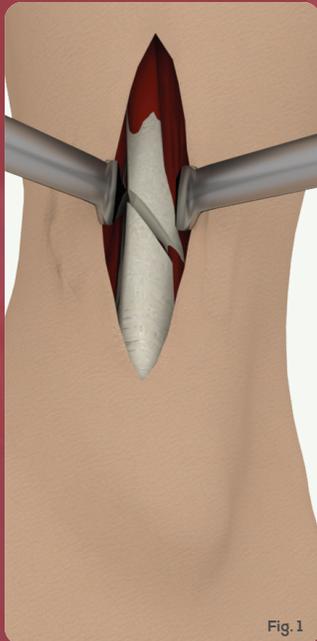


Fig. 1 - Expose Surgical Site & Reduce Fragments



Fig. 2 - Select Plate & Provisionally Fixate



Fig. 3 - Drill



Fig. 4 - Determine Screw Length



Fig. 5 - Insert Screws



Fig. 6 - Confirm Placement

SURGICAL TECHNIQUE

Preoperative planning is recommended to assess and determine the appropriate plate length.

Warning: Be cautious of plate and/or screw placement in patients with open growth plates.

Exposure and Reduction

- 1 Position patient appropriately for selected procedure.

Expose the surgical site according to surgeon preference (Fig. 1).

Reduce the fragments according to standard practice.

Caution: When using locked plating techniques, reduction should, where possible, be within 1mm to limit fragment motion during healing.

Note: Lag screws can be used for stabilization prior to plate application or through the plate in a later step (Fig. 2).

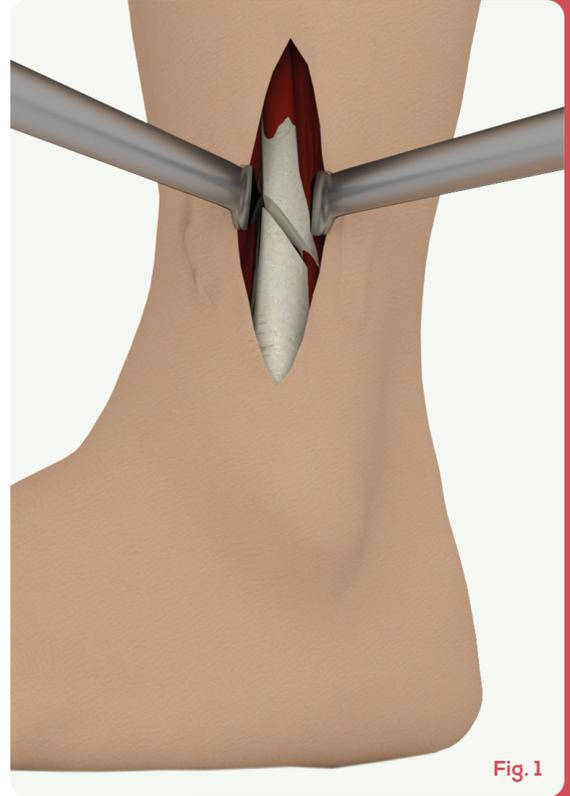


Fig. 1



Fig. 2

Plate Selection and Placement

- 2 Place the selected plate in the desired position and provisionally fixate to bone after stabilization and reduction (Fig. 3).

Using the appropriate drill bit and the appropriate end of the double-ended drill guide, lag the plate to the bone with a cortical screw.

Caution: Double-ended drill guide metal tips contain sharp features to provide friction against bone surface.

Caution: Plate bending should be minimal. Do not rebend plates. Do not use threaded drill guides to bend plates.

Screw Insertion

- 3 For no compression, place the appropriate end of the double-ended drill guide into the neutral portion of the slot.

For compression, place the appropriate end of the double-ended drill guide into the far end of the slot away from the fracture or osteotomy site.

Drill with appropriate drill bit (Fig. 4).

The depth gauge is then inserted into the plate and hooked to the far cortex to determine the appropriate screw length (Fig. 5).

Using the screwdriver, insert and tighten a cortical screw (Fig. 6).

Repeat as needed.

Caution: Use the maximum number of screws based on the type of fracture to reduce the risk of screw breakage during healing.

Note: Threaded holes can accommodate cortical and locking screws.

For locking screws, thread the appropriate threaded drill guide to a threaded hole. Drill with the appropriate drill bit and measure for screw length using the laser mark on the drill guide. Screw length can also be determined using the depth gauge. Using the screwdriver, insert and tighten the locking screw.



Fig. 3



Fig. 4



Fig. 5



Fig. 6

Final Control and Closure

- 4 An intraoperative radiograph is recommended to check final reduction and confirm final implant placement (Fig. 7).

Wound is closed according to surgeon preference

Note: For unstable repair constructs, i.e., highly comminuted fractures, post-operative loading should be restricted to a level determined by the physician until callus formation is radiographically documented.



Fig. 7

REMOVAL

- 1 Unlock all locking screws from the plate, then remove the locking and non-locking screws completely from the bone (Fig. 8).

Remove the plate.



Fig. 8



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Caution: Federal law restricts this device to sale by or on the order of a physician.

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