

CLAVICLE

PLATING SYSTEM

Surgical Technique



We **WORK** so they can **PLAY.**[™]





Clavicle Plating System

WishBone Medical Clavicle 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

TABLE OF CONTENTS

Introduction

System Components	3
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Surgical Technique

Overview	4
Exposure and Reduction	5
Plate Selection and Placement.....	6
Cortical Screw Insertion.....	7
Locking Screw Insertion	8
Final Control and Closure.....	9
Removal.....	10

System Components

PROCEDURE KITS

- 1 Superior Midshaft Clavicle Plate
(6-Hole Left/Right or 8-Hole Left/Right)
- 2 2.8/3.5mm Double-Ended Drill Guide
- 3 2.8mm Threaded Drill Guide
- 4 2.8mm Drill Bit*
- 5 3.5mm Drill Bit*
- 6 Small Depth Gauge*
- 7 Solid T15 Screwdriver*
- 8 3.5mm Cortical and Locking Screws*
(10mm, 12mm, 14mm, 16mm, 18mm)

2 Cortical and 1 Locking of Each
(1 of Each for 18mm)

*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

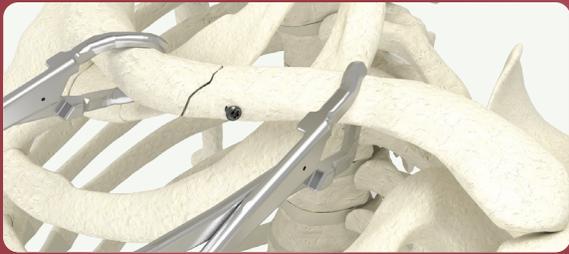


Fig. 1 - Expose Surgical Site & Reduce Fragments

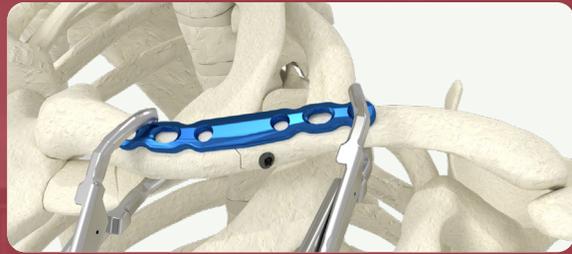


Fig. 2 - Select Plate & Provisionally Fixate



Fig. 3 - Drill



Fig. 4 - Determine Screw Length



Fig. 5 - Insert Screws (Cortical)

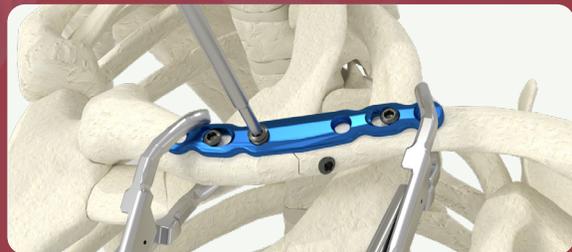


Fig. 6 - Insert Screws (Locking)



Fig. 7 - Confirm Placement

SURGICAL TECHNIQUE

Preoperative planning is recommended to assess the fracture 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 (Fig. 2).

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. 1

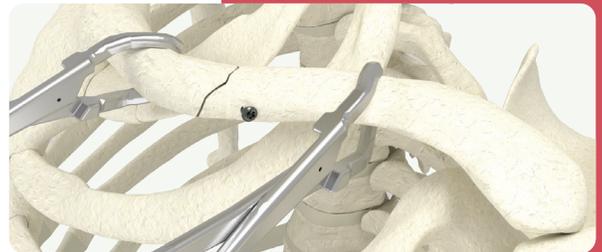


Fig. 2

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 double-ended drill guide for the cortical screw diameter selected lag the plate to the bone.

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.

Caution: Prior to drilling, ensure that the subclavian vascular bundle is protected.

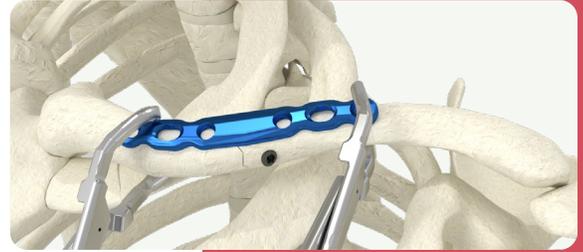


Fig. 3

Cortical Screw Insertion

No Compression

- 3 Place the appropriate end of the double-ended drill guide into the neutral portion of the slot (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.



Fig. 4



Fig. 5



Fig. 6

Compression

- 4 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. 7).

The depth gauge is then inserted into the plate and hooked to the far cortex to determine the appropriate screw length (Fig. 8).

Using the screwdriver, insert and tighten the cortical screw (Fig. 9).

Repeat as needed



Fig. 7



Fig. 8



Fig. 9

Locking Screw Insertion

- 5 Threaded holes can accommodate cortical and locking screws. For locking screws, thread the appropriate threaded drill guide to the threaded hole.

Drill with appropriate drill bit (Fig. 10).

Caution: Locking screws can only be inserted into the threaded holes.

Measure for screw length using the laser mark on the drill guide. Screw length can also be determined using the depth gauge (Fig. 11).

Using the screwdriver, insert and tighten the locking screw (Fig. 12).

Repeat as needed.



Fig. 10



Fig. 11



Fig. 12

Final Control and Closure

- 6 An intraoperative radiograph is recommended to check final reduction and confirm final implant placement (Fig. 13).

Wound is closed according to surgeon preference.



Fig. 13

REMOVAL

- 1 Unlock all locking screws from the plate, then remove the locking and non-locking screws completely from the bone (Fig. 14).

Remove the plate.

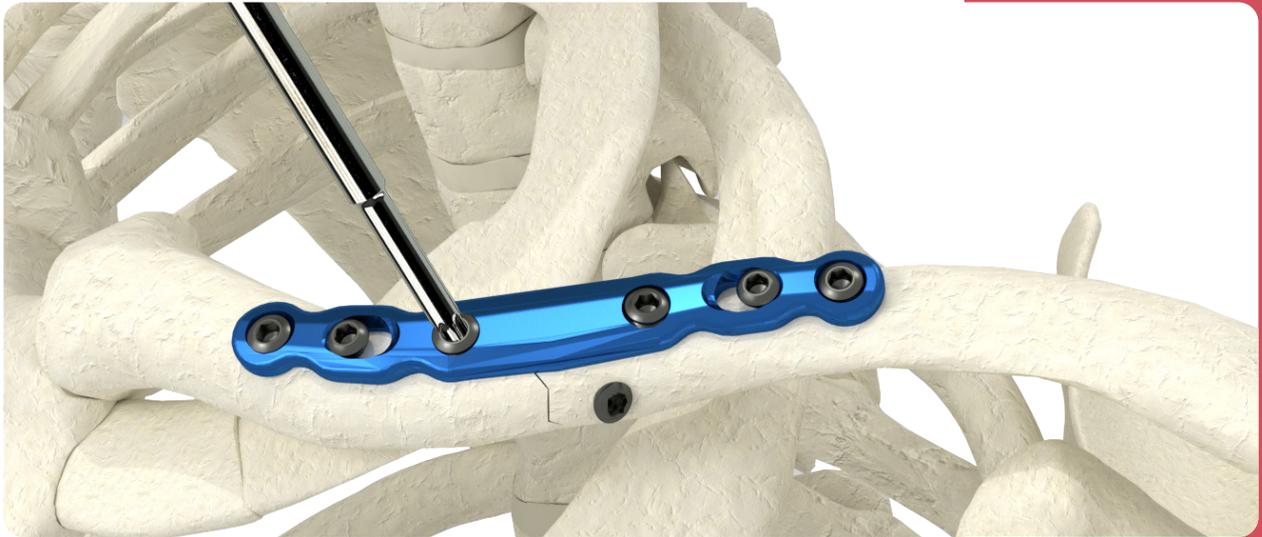


Fig. 14



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

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