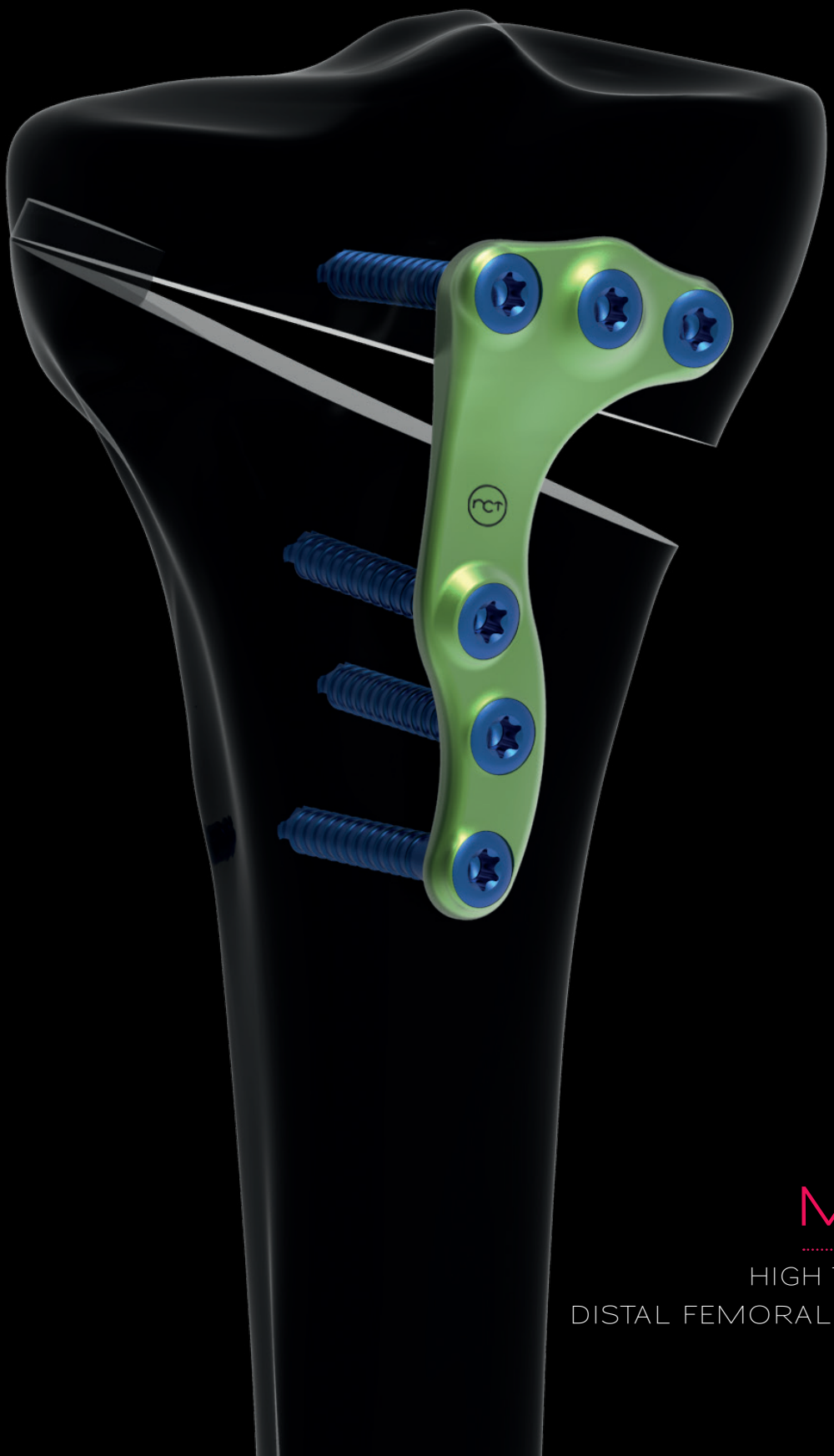
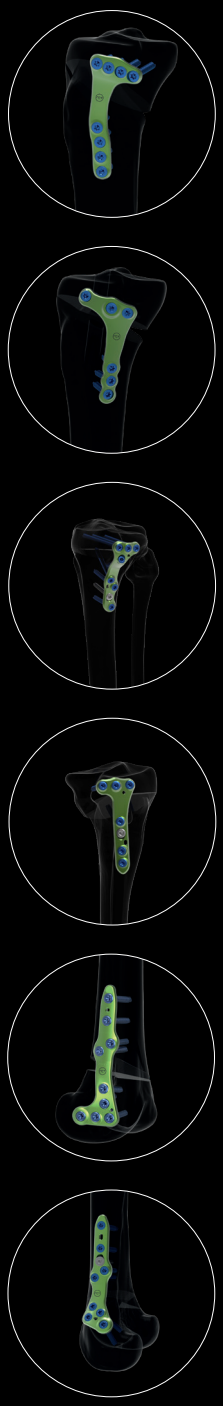
NEWCLIP TECHNICS





ACTIV MOTION

HIGH TIBIAL OSTEOTOMY &
DISTAL FEMORAL OSTEOTOMY PLATES

FEMORAL DEROTATION OSTEOTOMY PLATES

Example of the surgical technique for the medial derotation and closing plate (JCTxM1D). The lateral derotation and closing plate (JCTxL1D) follows the same steps.

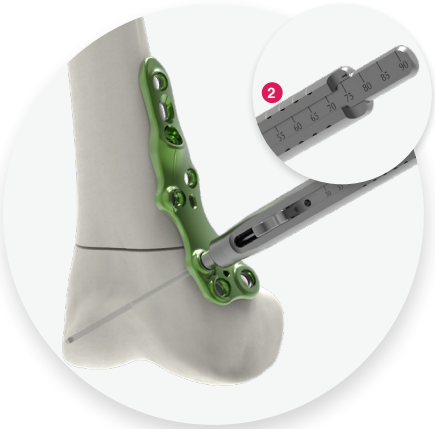
1. The incision is made along the longitude axis of the distal femur on the medial thigh. The subcutaneous tissue and fascia are carefully separated. A straight-line incision is made along the posterior border of the adductor magnus tendon. Identify the anterior edge of the sartorius muscle and retract it posteriorly.

   Retract adductor magnus muscle and tendon posteriorly and retract the vastus medialis anteriorly to expose the femur.

2. Two guide K-wires are inserted under fluoroscopy to be parallel to the knee joint line. It is recommended to pre-position temporarly the plate to ensure that the bridge area of the plate is located onto the osteotomy site.

   Two K-wires are inserted into both sides of the osteotomy line as landmarks for the rotation degree.

   The osteotomy is performed, the distal femur is externally rotated according the pre-planification to adjust the rotational alignments of the patellofemoral joint



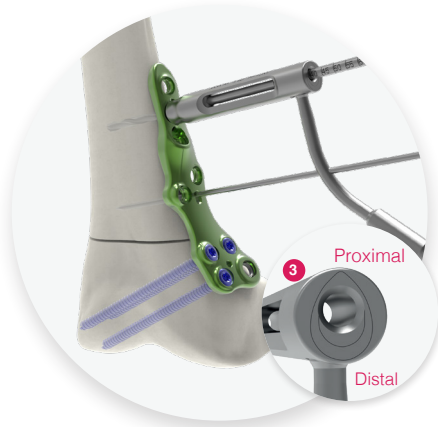
3. Position the plate onto the medial surface of the distal femur. The polyaxial hole must be positioned around 1cm above the insertion of the medial collateral ligament.

   It is important to ensure that the bridge area of the plate is located onto the osteotomy site and that the distal screws do not penetrate the joint.

4. Lock the Ø4.0 mm drill guide (ANC998) into the hole below the osteotomy cut. Then, drill using the Ø4.0 mm drill bit (ANC211). Determine the screw length directly on the drill (1) at the rear of the drill guide, or whith a length gauge (ANC210) (2). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3mm to the markings read.

   N.B.: *To help lock the drill guide in the plate, use the hexagonal part of the screwdriver (ANC975).*

ANC975



5. Then, insert a Ø4.5 mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975). Final tightening of the screws must be performed by hand.

   Reapeat steps 4 and 5 for the 2 other distal monoaxial holes.

   N.B.: *To ease the insertion of the Ø4.5 mm locking screw, use the countersink (ANC120-US) to widen the first cortex previously drilled. If the insertion of the screw is difficult, remove the screw, countersink, and insert the screw again.*

ANC120-US

6. Insert a Ø2.2mm pin (33.0222.200) into the proximal part of the oblong hole for pin. Drill into the proximal part of the ramp oblong hole using the dedicated drill guide (ANC1064) and the Ø3.5 mm drill bit (ANC1075). The orientation of the drill guide must be taken into account to allow compression (3).

   Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210).

ANC210

Insert a Ø4.5 mm non locking screw (CT4.5LxxD-ST) and perform the compression unsig the screwdriver (ANC975).

ANC975

Then remove the Ø2.2 mm pin.

FEMORAL DEROTATION OSTEOTOMY PLATES

7. Insert the Ø4.0 mm dril guide (ANC998) into the proximal oblique hole. Choose the best angulation to adapt to the bone width (4). Drill using the Ø4.0 mm drill bit (ANC211).

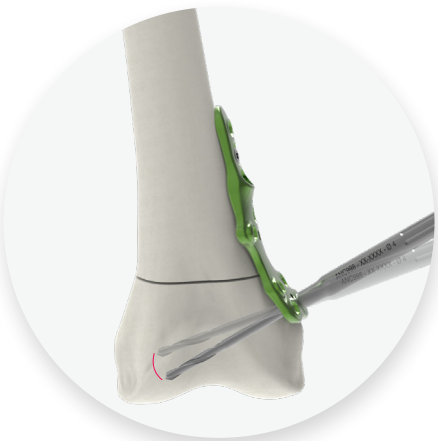
8. Determine the screw length directly on the drill at the rear of the drill guide or with the length gauge (ANC210). When using the length gauge (ANC210) in the epiphyseal part of the bone, please add 3mm to the markings read.

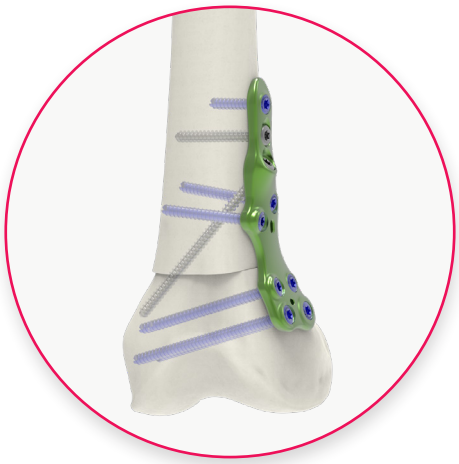
ANC210

Insert a Ø4.5 mm non-locking screw (CT4.5LxxD-ST) and perform the compression using the screwdriver (ANC975).

ANC975

9. Proceed similarly to steps 4 and 5 for the insertion of the Ø4.5 mm locking screws (ST4.5LxxD-ST) into the 3 remaining proximal holes.





FINAL RESULT

10. Lock the Ø4.0 mm drill guide (ANC998) into the polyaxial hole. If necessary, adjust the drilling direction in order to avoid the intercondylar notch. Before drilling, a pin can be inserted through the reductor of the drill guide (ANC1009).

    Start drilling using the Ø4.0 mm drill bit (ANC211). Determine the screw length directly on the drill, at the rear of the drill guide or with the length gauge (ANC210). When reading the screw length on the length gauge (ANC210) in the epiphyseal part of the bone, please add 3 mm to the markings read.

ANC210

Then, insert the Ø4.5 mm locking screw (ST4.5LxxD-ST) using the screwdriver (ANC975).

ANC975

Non-contractual pictures.

Manufacturer : Newclip Technics – Brochure EN – Activmotion S – ED10 – 07/2023 - Medical device EC: class IIb – CE1639 SGS BE
Read labelling and instructions before the use of Newclip Technics medical devices. These products must be handled and/or implanted by trained and qualified staff who have read the instructions before use.

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