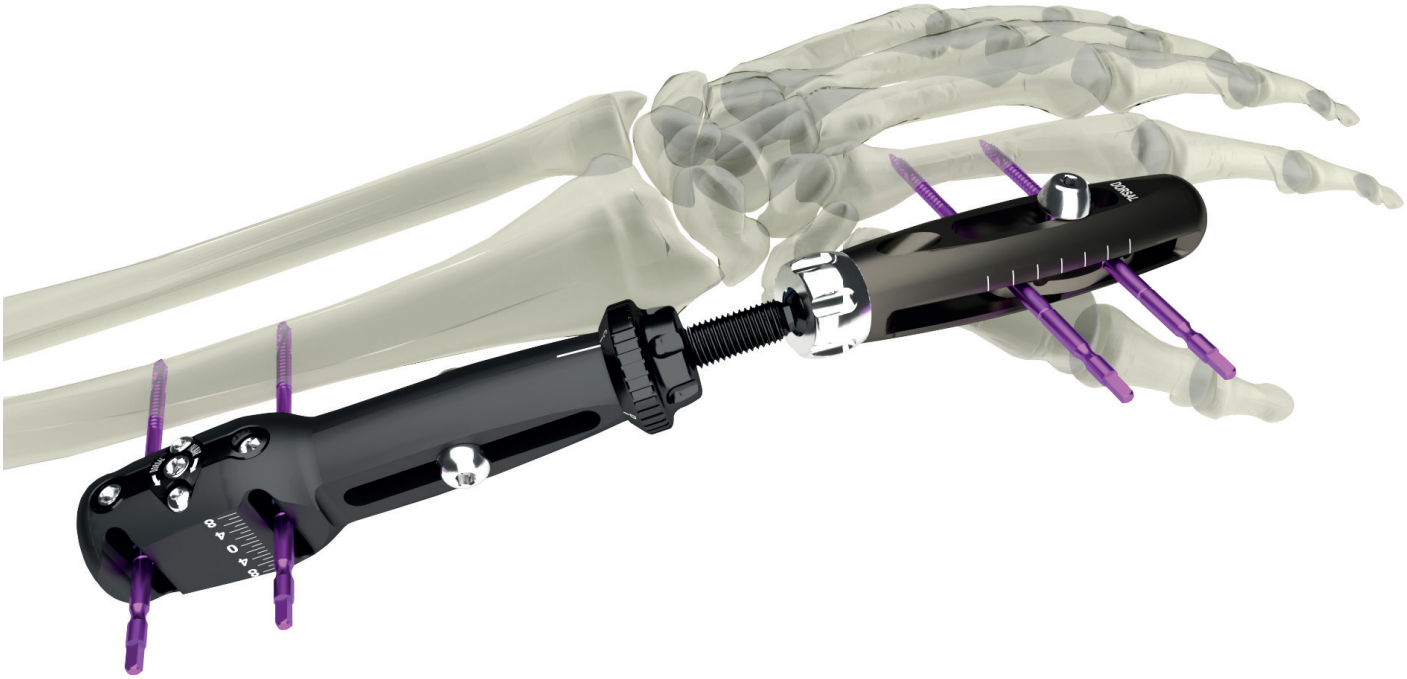
unix

Wrist Fixator



RESPONSE ORTH

Response Ortho is a global
orthopaedic trauma solutions manufacturer
offering premium products
created under its founding principles of
innovation, excellence by design
and functional superiority.

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Introductions

Response Ortho offers Unix Wrist Fixator as a simple and effective solution for fixation and stabilization of the unstable distal radius fractures and osteotomies of the distal radius.

The system is designed to reduct fractures or to align wrist while providing stability in a low-profile and lightweight design.

The system allows multi-planar motion of the wrist while the fixator is in place. It provides exceptional stability and fracture visualization under x-ray.

Limited open incisions, early range of motion and treatment of complex wounds are some of the other advantages of external fixation.

1. Before The Surgery

Patient Positioning

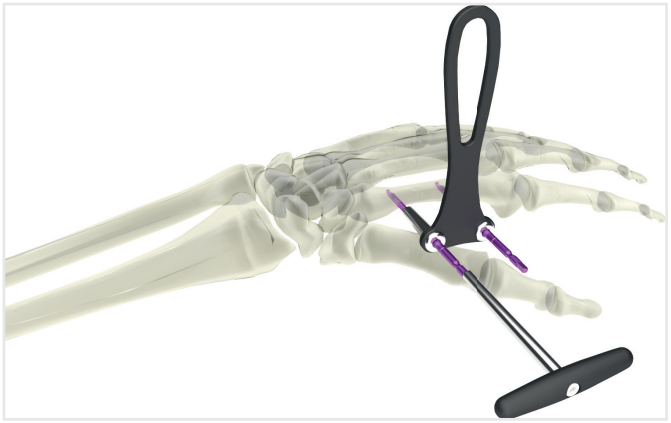
At the beginnig of surgical operation, extremity is prepared according to routine sterilzation process (washing of skin surfaces, painting and draping) over an arm table.

The wirst can be positioned for frontal or radial surgical approach. The ball joint set screw and ball shaft locking screw should be loosen with screw driver.

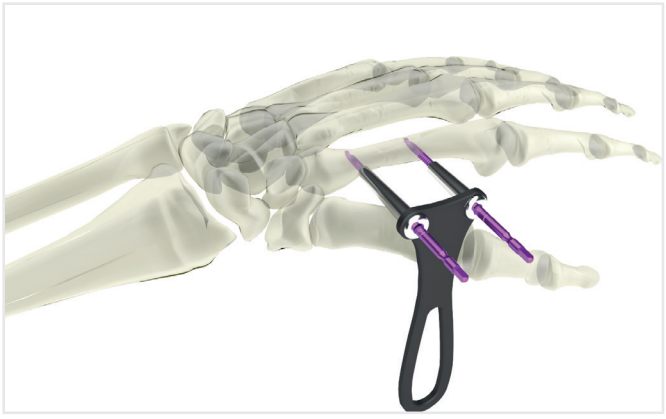
Position of the proximal and distal screws should be located and marked.
Unix Wrist Fixator should not be fully distracted or fully compressed when determining screw positions.

In order to increase the accuracy of subsequent adjustments, Unix Wrist Fixator should be placed in transverse plane and rotated dorsally up to 20 degrees.

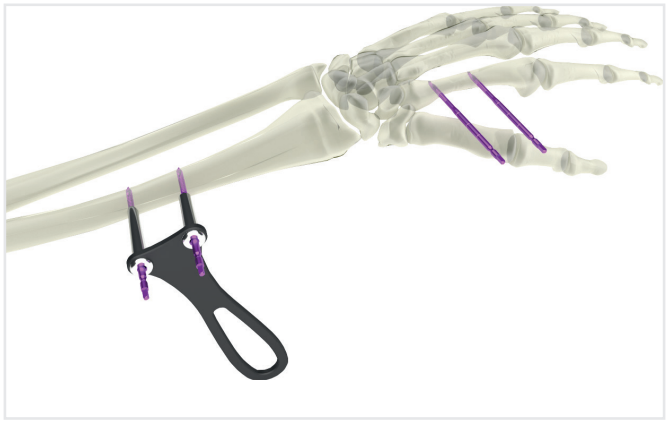
2. Distal Bone Screw Insertion



A longitudinal incision is made over second metacarpal extending to metacarpal midshaft distally. Tendons, muscles and vessels are identified and protected. The first one of the self-drilling bone screws is inserted with Screw Driver centering the longer cannula of the 25 mm Drill Guide. It is transmitted through the base of second metacarpal. If the bone is dense, predrilling may be needed. 3.2mm drill is utilized in order to place the bone screws over short cannula, the drill guide is rotated 180 degrees.Longer cannula should be on center of the bone. Second bone screw is predrilled and the screw is inserted.



3. Proximal Bone Screw Insertion



A 3 cm incision to the distal radius is enough for the screw insertion. Middle of the radius is drilled using the long cannula, 25 mm Fixator drill guide and first bone screw is inserted. When drilling through the radius, make sure that superficial branch of radial nerve is not damaged. Self-drilling bone screw may also be used, as explained for distal bone screw insertion. 25mm Fixator Drill Guide is rotated 180 degrees to place bone screw over the short cannula. Second bone screw is inserted in the same procedure.

4. Fixator Application

Distal clamp and the main body set should be unconfined. The Wrist Fixator is slided onto bone screws and aligned on the wirst. The Ball Joint should be placed over the wrist rotation center to maximize efficiency of subsequent adjustment. Each part should be lightly tighten to provide temporary fixation.

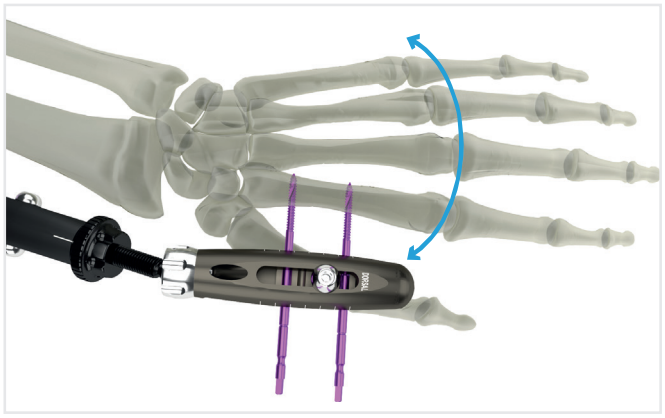
5. Distraction

Turn the distraction nut to achieve desired distraction. One entire cycle of the nut reflects 1mm of distraction. After enough amount of distraction is provided, the ball shaft locking screw is locked. A,B,C,D letters on the distraction nut refer where distraction begins.

6. Dorsal / Palmar Translation

Wrench is placed into the set screw on the dorsal side and turned clockwise or counterclockwise respectively for palmar or dorsal translation. 8 mm of traslation is applicable in each direction.Range of translation can be adjusted by using scale on the side of the fixator.

7. Radial / Ulnar Deviation



Turning the set screw on the metacerpal side with the wrench prodives loosening the distal screw clamp and gaining proper anatomic alignment of the fracture on the radial and ulnar directions. This allows easy movement in radial-ulnar and lateral-medial planes.

8. Flexion / Extension

In order to adjust the desired angle of wrist flection, the ball joint is loosened or tightened and then locked.

9. Post-Operative Protocol

External fixator is locked at the end of all adjustments. Incisions may be dressed with sterile gauze bandage due to surgeon preference and/or condition of wounds. Wrench may be used to adjust during the patient control. Screw Driver may be used to remove the bone screw at the appropriate time.

Fixator Removal

The fixator can be removed as an simple outpatient procedure. Before the frame removal, an appropriate dose of paracetamol is given to the patient. The fixator clamps and nuts are loosened and the fixator are disassembled from the bone screws. Turning the bone screws counterclockwise provides to loosen and discarded them from the bone easily. Wounds are closed and dressed with dry sterile gauze.

50-5017-12	Unix Wrist Fixator - Dril Guide	1	
50-5017-11	Unix Wrist Fixator - Screw Driver	1	
50-5017-10	Unix Wrist Fixator - Wrench	1	
50-1073-83	Bone Screw	4	
50-5017-13	Unix Wrist Fixator - Drill	1	
50-5017-00	Unix Wrist Fixator	1	
50-5017-01	Unix Wrist Fixator Kit	1	

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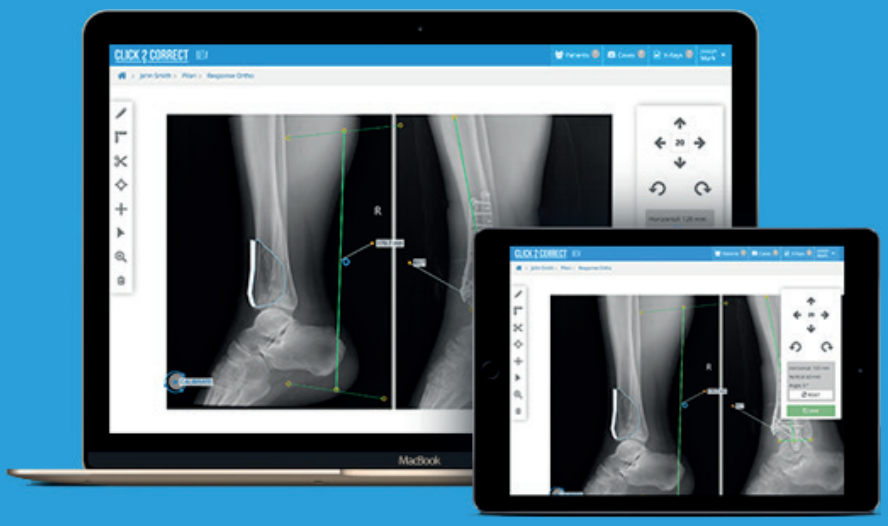

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Wrist Fixator

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