Hammertoe PEEK Fixation System

Key Steps Guide

Items to request in addition to standard foot and ankle instrumentation

- 7mm saw blade
- A/O connect driver handle
- Fluoroscopy (mini c-arm preferred)
- Sagittal saw & wire driver

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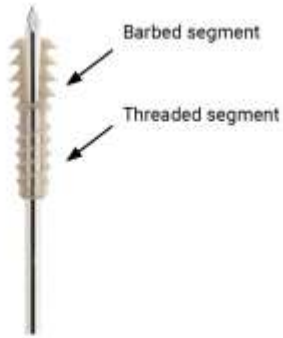
Drill

Tap

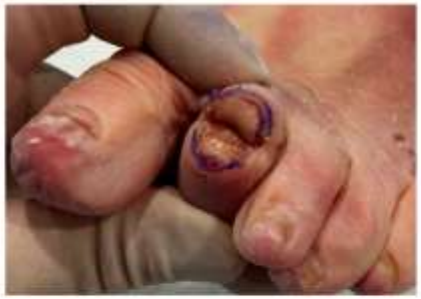
Driver

Implant & Guidewire



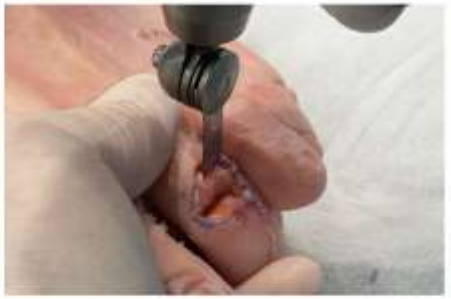
1. Initial Incision

Make an incision over the dorsal aspect of the proximal interphalangeal (PIP) joint. Prepare the site for direct visualization of the articular surfaces of the middle and proximal phalanges.



2. Joint Preparation

Resect the subchondral bone and cartilage from the head of the proximal phalanx and base of the middle phalanx. Minimize the amount of resection to avoid shortening of the digit.



3. Drill the Proximal Phalanx

Insert the guidewire central to the long axis of the proximal phalanx. If an angled sagittal cut was made, insert the guidewire perpendicular to the cut surface. Slide the cannulated drill over the guidewire and manually drill clockwise until the depth marker line is concealed. Remove the drill and guidewire from the proximal phalanx.

4. Tap the Middle Phalanx

Insert the guidewire central to the long axis of the middle phalanx. Advance through the distal phalanx until the guidewire exits the toe. Ensure enough guidewire is exposed beyond the base of the middle phalanx to guide the tap. Slide the cannulated tap over the guidewire and manually advance clockwise until the depth marker line is concealed. Remove the tap by rotating counterclockwise.

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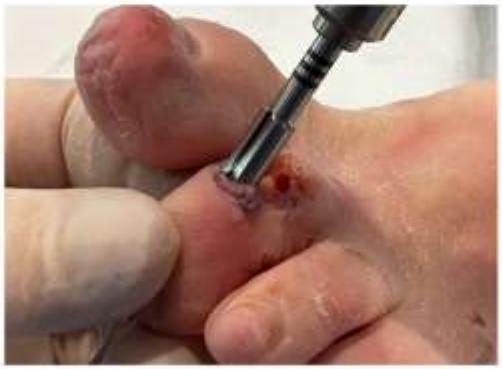
5. Implant Insertion into the Middle Phalanx

Load the threaded portion of the implant onto the guidewire within the middle phalanx. Next, advance the manual driver over the guidewire and onto the barbed segment of the implant until it is fully seated into the driver. Advance the threaded segment of the implant clockwise into the middle phalanx until the distal surface of the driver touches bone and the flats of the driver are facing direct dorsal. Ensure all threads are in bone and the smooth center span of the implant remains exposed.

Caution: Avoid excessive force when inserting the implant into the intramedullary canal.

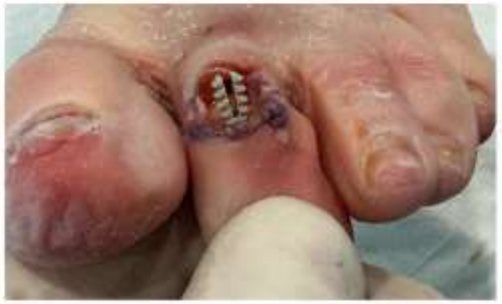


6. Implant Insertion into the Proximal Phalanx

Withdraw the guidewire distally until the proximal tip is completely removed from the barbed portion of the implant. Compress the barbed segment of the implant manually or with forceps and insert into the pre-drilled proximal phalanx. Apply axial compression to the joint so that the bone surfaces are fully apposed. Advance the guidewire proximally through the barbed portion of the implant. This will deploy the barbed segments into the proximal phalanx. Remove the guidewire or continue to step 7.

Caution: If the guidewire does not advance far enough proximally to deploy the barbed segments of the implant, distraction of the joint may occur.

Caution: Avoid excessive force when inserting the implant into the intramedullary canal.



7. MTP Joint Stabilization (Optional)

If MTP joint stabilization is desired, continue to drive the guidewire across the MTP joint and into the metatarsal to the desired depth. The guidewire may be left implanted for the initial recovery period. Cut and cap the end of the K-wire external to the toe.

Removal Instructions: Should the removal of the implant(s) be required, expose the arthrodesis site for access with general instrumentation. Remove the optional implantable guidewire, where present, with general instrumentation. For the implant, distract the joint space until the barbed end of the implant becomes exposed. Using surgical forceps, grasp the proximal side of the implant, compress the barbs, and remove it from the proximal phalanx. Then, back the implant of the middle phalanx by turning counterclockwise. If tissue or bone growth prevents access or removal of the implant, a powered saw may be used to cut through the implant only. The implant can then be removed by generally available surgical instrumentation.

**See surgical technique (LBL 1405-9204) & Instructions for Use (LBL 1405-9203) on www. treace.com for complete indications, contraindications, warnings, and precautions.*

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