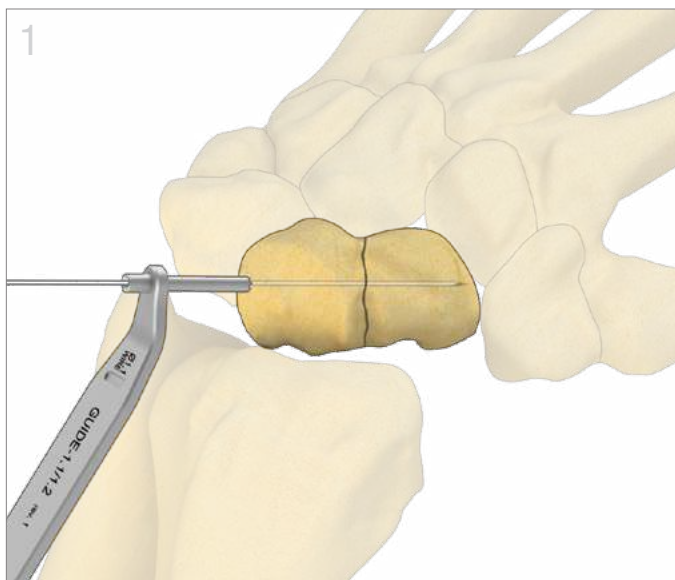




Scaphoid Screw

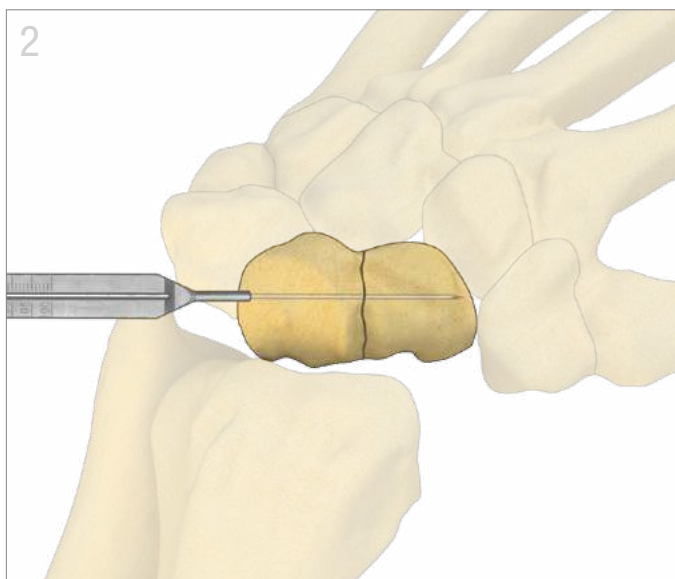
Surgical Technique | *TriMed Scaphoid Screw System*





K-wire Insertion

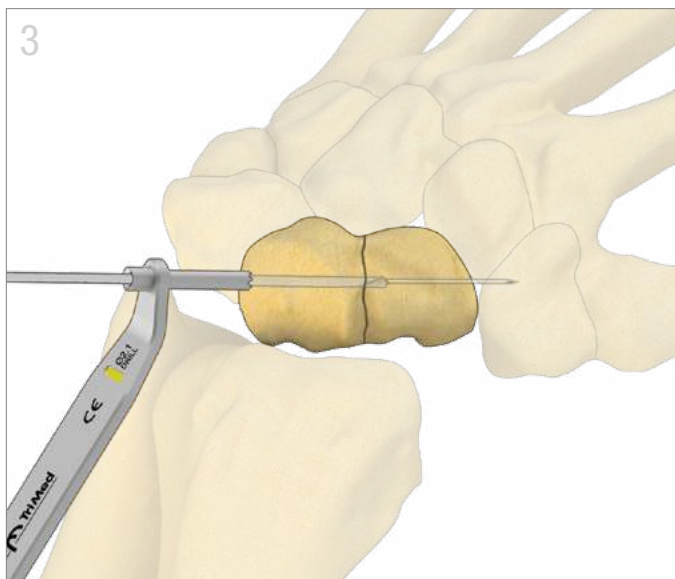
- Access the proximal pole fragment using a percutaneous technique or limited incision approach in the vicinity of Lister's tubercle over the radiocarpal joint.
- Reduce the fracture.
- Confirm K-wire placement with C-arm on multiple views.



Screw Measurement

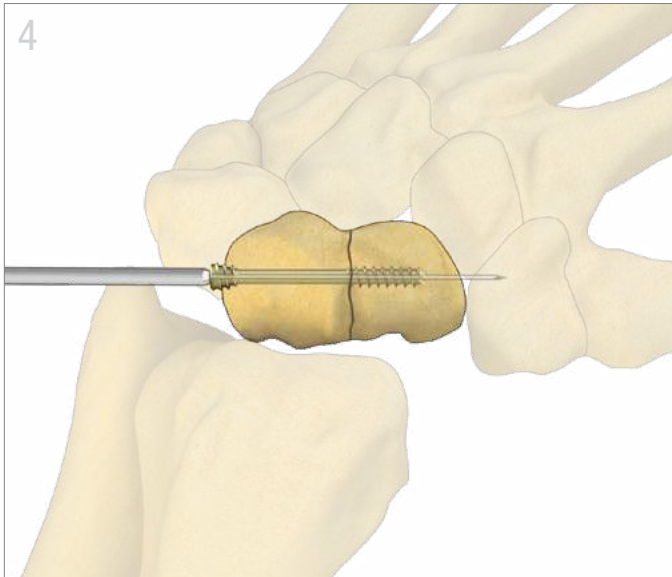
- Measure K-wire length with Wire Gauge.
- Subtract 4-6mm to account for fracture compression and to avoid articular penetration.
- Once length is determined, advance K-wire out through distal pole and exit the skin palmarly.* The wrist must remain flexed to avoid bending of K-wire. Secure tip with Pin Clamp.

* This avoids inadvertent removal of K-wire during drilling and simplifies removal if K-wire breaks.



Site Preparation

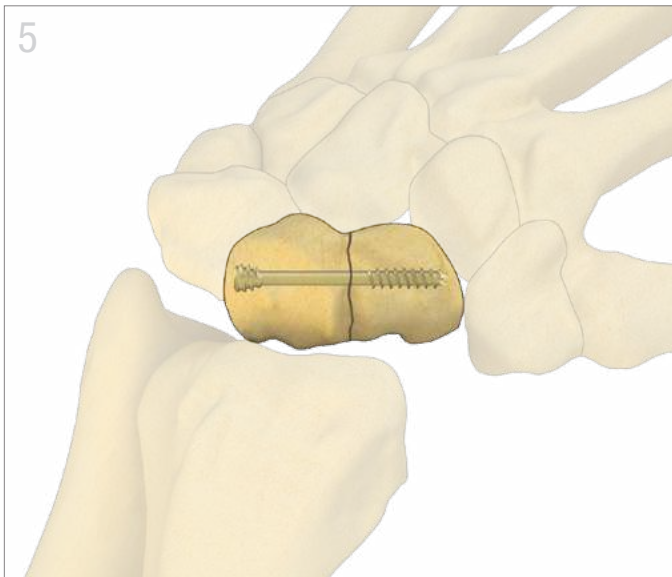
- Drill through full scaphoid length over K-wire. This ensures the screw will be fully seated.
- Check position of the tip of the drill bit with C-arm.
- Countersink hole to depth needed to recess the screw head within the cortical bone.



Screw Insertion

- Select Scaphoid Screw with the desired short or long thread length* and insert screw. Ensure threads completely cross the fracture line.
- Complete insertion until head is completely recessed below subchondral surface.

*Use Screw Selection tip on next page as reference.



Final Fixation

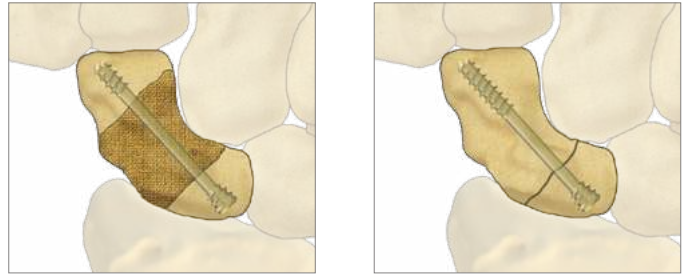
- Confirm position and depth with C-arm. Ensure leading screw threads have passed the fracture line and the head is buried within cortical bone.
- Remove K-wire.



TIPS

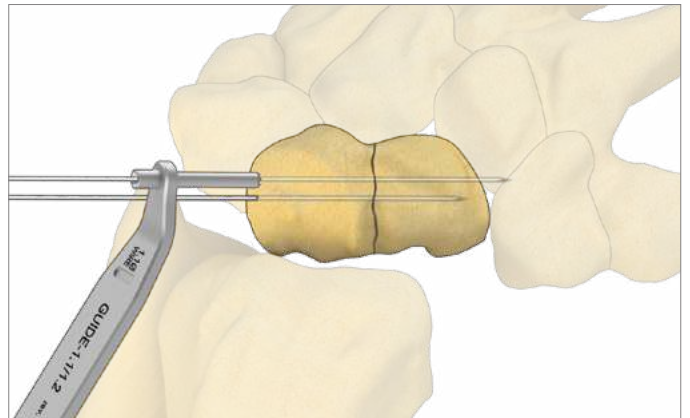
Screw Selection

- Short Thread - Interposition Grafting
- Long Thread - Proximal Pole Fracture



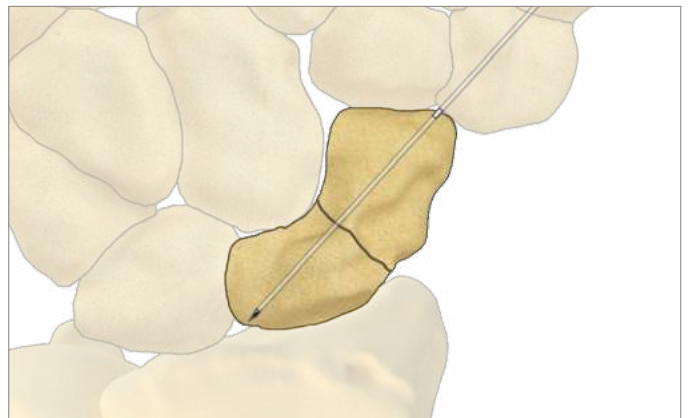
Fracture Stabilization

- Prior to drilling, a second wire inserted parallel to K-wire provides rotational stability.



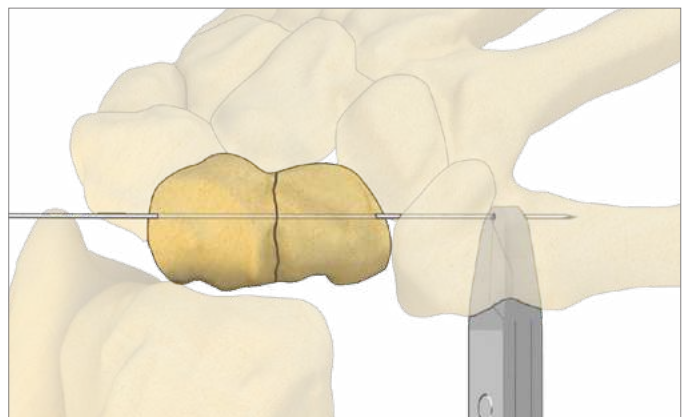
Reduction Confirmation

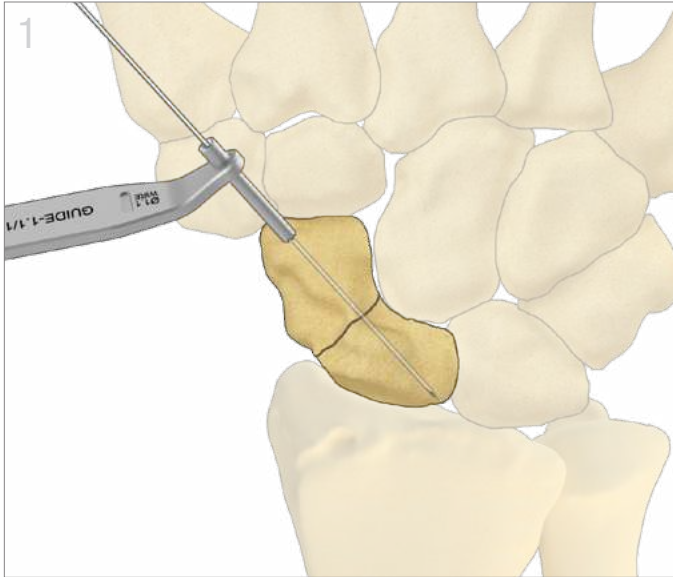
- Advance a double-ended 1.1mm K-wire out through skin distally.
- Withdraw K-wire from distal side until proximal tip lies within the bone as shown in image to the right. Confirm position and reduction on C-arm. Assess articular congruency through multiple ranges of motion.
- Once reduction is confirmed, reverse K-wire back out proximally through skin.



Secure K-wire

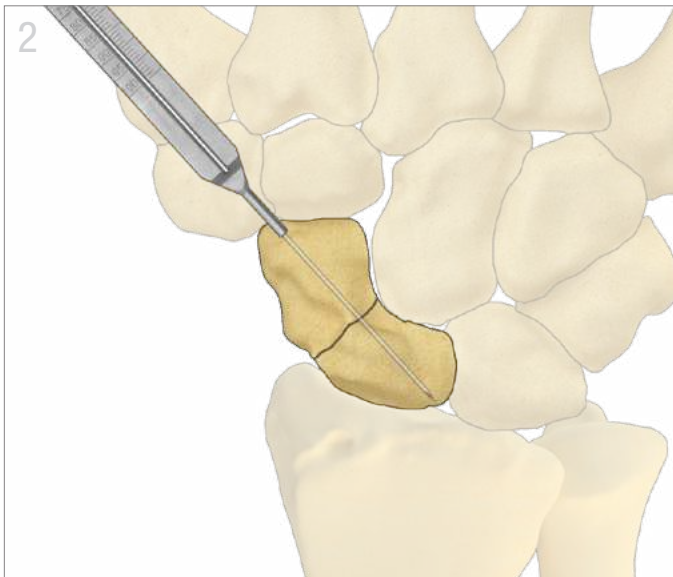
- A Pin Clamp secured to the end of the K-wire will avoid inadvertent withdrawal of the wire during drilling.





K-wire Insertion

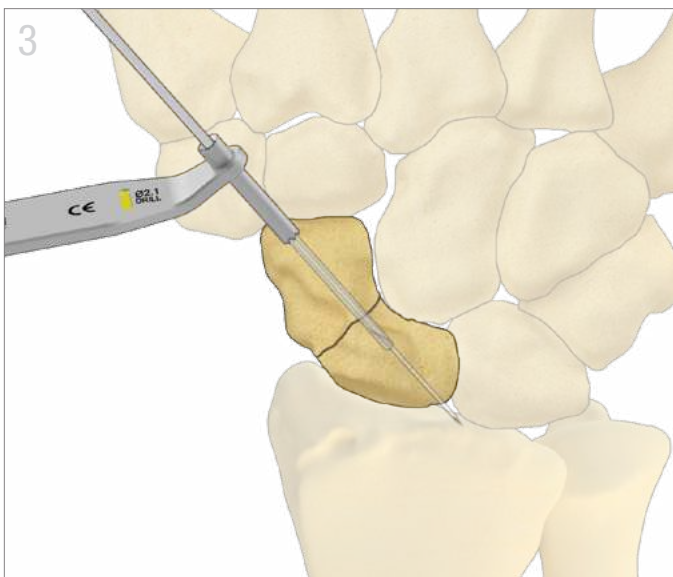
- Expose distal pole using a limited incision or percutaneous technique.
- Reduce the fracture.
- Confirm K-wire placement with C-arm on multiple views.



Screw Measurement

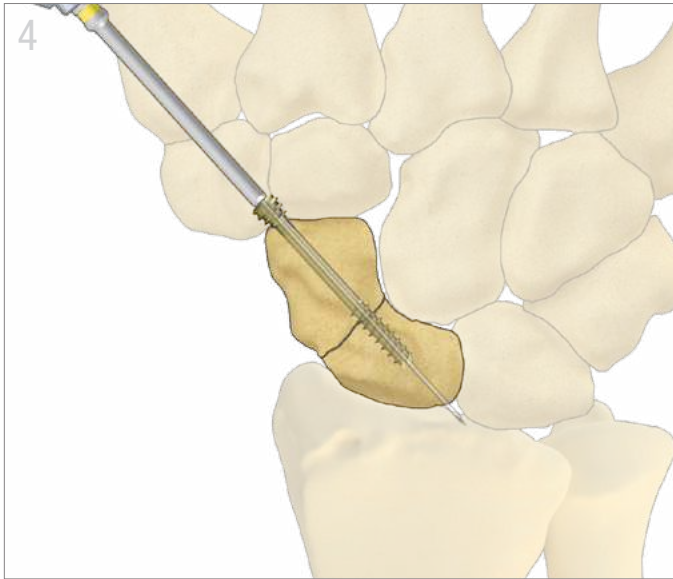
- Measure K-wire length with Wire Gauge.
- Subtract 4-6mm to account for fracture compression and to avoid articular penetration.
- Once length is determined, advance K-wire out through proximal pole and exit the skin dorsally.* Secure tip with Pin Clamp.

* This avoids inadvertent removal of K-wire during drilling and simplifies removal if the K-wire breaks.



Site Preparation

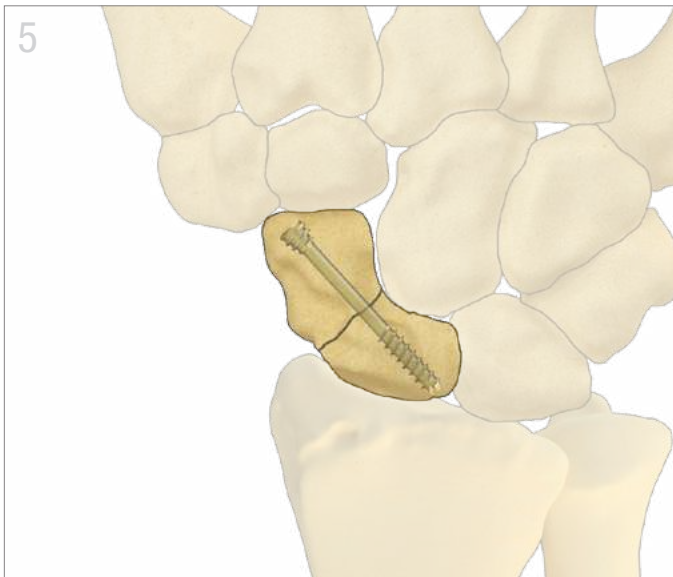
- Drill through full scaphoid length over K-wire. This ensures the screw will be fully seated.
- Check position of the tip of the drill bit with C-arm.
- Countersink hole to depth needed to recess the screw head within the cortical bone.



Screw Insertion

- Select Scaphoid Screw with desired short or long thread length* and insert the screw. Ensure threads completely cross the fracture line.
- Complete insertion until head is completely recessed below subchondral surface.

*Use Screw Selection tip on next page as reference.



Final Fixation

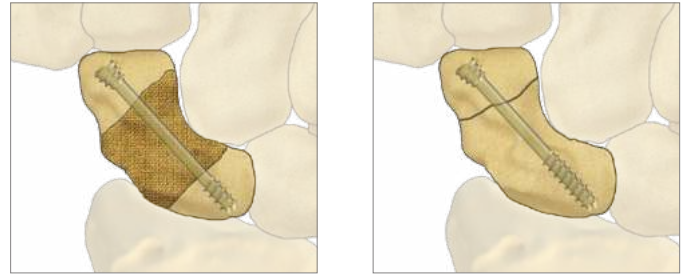
- Confirm position and depth with C-arm. Ensure leading screw threads have passed the fracture line and the head is buried within cortical bone.
- Remove K-wire.



TIPS

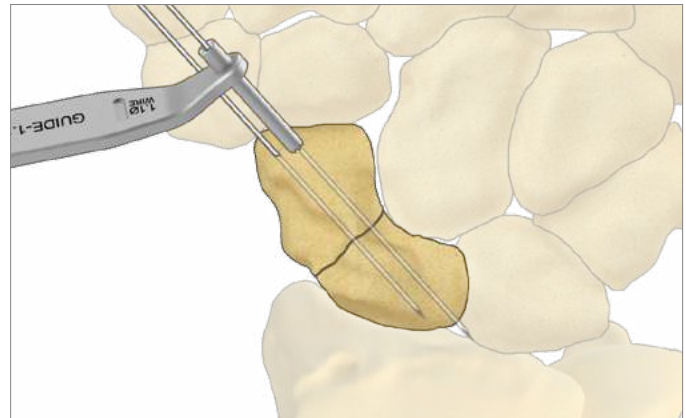
Screw Selection

- Short Thread - Interposition Grafting
- Long Thread - Distal Pole Fracture



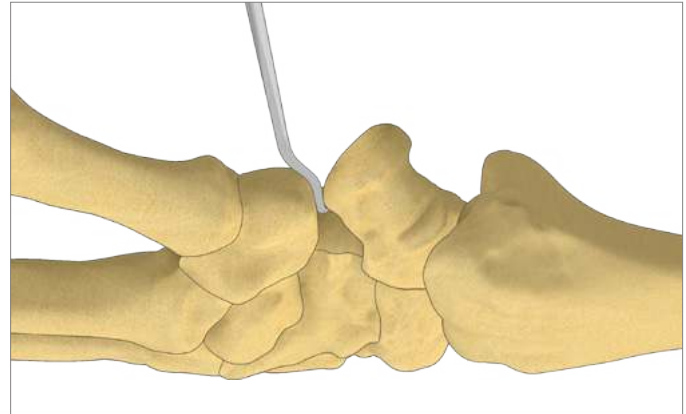
Fracture Stabilization

- Prior to drilling, a second wire inserted parallel to K-wire provides rotational stability.



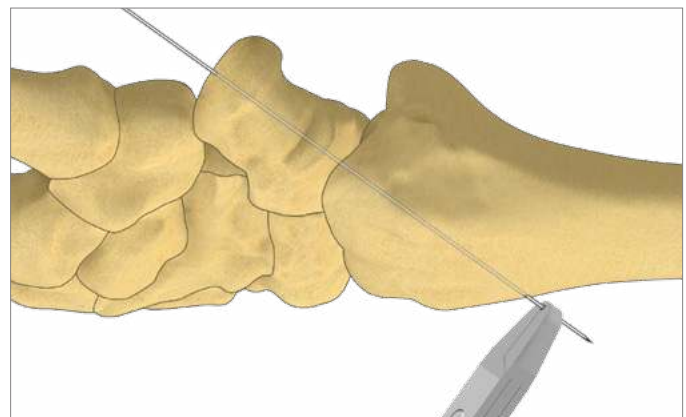
Distal Pole Visualization

- Use Scaphoid Elevator to lift and mobilize the scaphoid tubercle away from the trapezium.

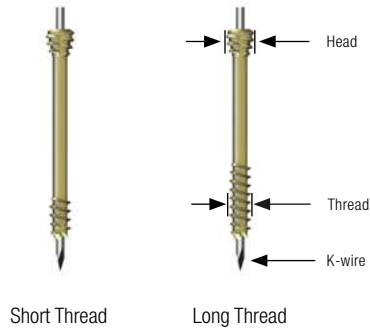


Secure K-wire

- A Pin Clamp secured to the end of the K-wire will avoid inadvertent withdrawal of the wire during drilling.



All implants made from surgical grade titanium



Screw	Length	Thread	Head	K-wire	Wire Depth Gauge	Drill Guide	Drill	Countersink
3.0 S30xx Short Thread 3.0 L30xx Long Thread	16–28mm*	3.0mm	4.0mm	WIRE-1.1/150 WIRE-1.1/150D	GAUGEWIR-1.6/150	GUIDE-1.1/2.1	DRILL-2.1/100C S	HSINK3.0

* 2mm increments available



TriMed, Inc. / 27533 Avenue Hopkins / Valencia, CA 91355 USA / 800-633-7221 / www.trimedortho.com

The presently issued U.S. patents are: 6,077,266; 6,113,603; 7,037,308; 7,044,951; 7,195,633; 7,540,874; 7,942,877; 8,177,822; 8,821,508; 8,906,070; 9,089,376; 9,283,010; 9,220,546; 9,237,911; 9,402,665; 9,636,157; 9,861,402. See trimedortho.com for all listed patents.

The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.