Lapidus Plate
Surgical Technique | TriMed ASET™ Foot Plating System
Joint Preparation and Plate Application

- Prepare articular surfaces and secure the joint in an anatomic position using K-wires.
- With the bones reduced, position plate with the laser marking over the joint. The plantar metatarsal tab may be contoured to fit anatomy.¹
- Secure the plate temporarily to the bones using K-wires, olive wires or plate tacks.

¹ Plantar metatarsal tab may be: 1) contoured for transverse screw placement

Plate Application on Medial Cuneiform

- Prepare holes for screws in medial cuneiform. For locking screws, utilize standard locking or variable-angle locking guides. For non-locking cortical screws, use standard drill guides.²
- Place and tighten screws in medial cuneiform.

² Warning: Irrigation is recommended during drilling.
² Warning: A screw placement at an angle exceeding 15° for locking and non-locking screws is NOT recommended.

Plate Application on 1st Metatarsal

- Position oblong drill guide in the slotted hole with arrows pointing toward the joint to prepare a hole for a bicortical non-locking screw.
- Using the guide, drill a hole and measure. Place and tighten a 2.7mm or 3.5mm non-locking screw.³
- Loosen the non-locking screw by a 1/4 of a turn.

³ Warning: Do not use a 4.0mm non-locking screw in a slotted hole.
Surgeon Controlled Compression

- Engage the driver tip of the Expander/Compression Tool in the socket of the screw in the slotted hole and the hook into the adjacent hole away from the joint.
- Gently squeeze the tool to apply the desired compression with one hand. Control the driver’s position in the screw head socket with the other hand to avoid slippage of the driver from the screw head socket.
- Tighten the non-locking screw.

*Note:* Maximum screw travel in the slotted hole is 2.5mm.

Final Fixation

- Place two distal screws for final fixation.
- An additional lag or compression screw can be placed from dorsal distal to plantar proximal, across the 1st TMT joint for additional stability.
- Surgical closure should be performed per the surgeon’s usual technique.

*Indications, contraindications, warnings and precautions related to TriMed ASET Foot Plating System reference IFU, LC-73-9004-001.*
All implants made from surgical grade titanium

**Screw Table**

<table>
<thead>
<tr>
<th>Length</th>
<th>TRX2.7-XX T</th>
<th>TRXV2.7-XX T</th>
<th>TRX3.5-XX T</th>
<th>TRXV3.5-XX T</th>
<th>TRX4.0-XX T</th>
<th>TRXV4.0-XX T</th>
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<tbody>
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<td>08-40mm</td>
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<td>08-50mm *</td>
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<td>50-60mm</td>
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**Drill**

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**Guide**

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**Driver**

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<th>TRXV2.7-XX T</th>
<th>TRX3.5-XX T</th>
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* 2mm increments  ** 5mm increments

**Lapidus Plate**

**STANDARD**

LAPL-6

LAPR-6

**EXTENDED**

LAPL-7

LAPR-7

**Bending Rods**

BNDROD-2.7/3.5/4.0

**Expander/ Compression Tool**

DVTX-15/180 AO

XPANDRT15

HNDL-QUICK


The presently issued U.S. patents are: 6,113,603; 7,037,308; 7,044,951; 7,195,633; 7,540,874; 7,942,877; 8,177,822; 8,821,508; 9,089,376; 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.

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