

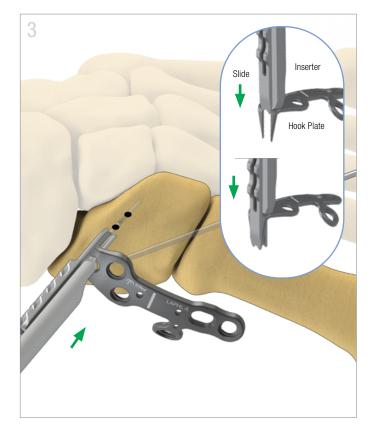
# Lapidus Hook Plate<sup>™</sup>

Surgical Technique TriMed ASET To Foot Plating System

# Lapidus Hook Plate<sup>™</sup>







### **Joint Preparation and Plate Positioning**

- Prepare articular surfaces and secure the joint in an anatomical position using K-wires.
- Assemble appropriate Lapidus Hook Plate Template with the Lapidus Hook Plate Drill Guide.
- Utilizing a bending rod, position template on the reduced bones with laser mark over the joint. The template and plantar metatarsal tab may be contoured to fit anatomy.<sup>1</sup>
- <sup>1</sup> Plantar metatarsal tab may be: 1) contoured for a transverse screw placement across the 1<sup>st</sup> metatarsal, or 2) twisted proximally for a screw placement across the 1<sup>st</sup> TMT joint.

## **Preparation for Hooks**

- To secure the assembly to the bones, insert a 1.1mm K-wire in the middle hole of the drill guide and an olive wire or plate tack at the distal end of the template.
- To estimate hook position, verify placement of the 1.1mm K-wire under fluoroscopy.
- Drill the two outer holes at the proximal end of the guide with a 1.8mm drill (blue).
- Remove olive wire or plate tack on the distal end and slide the guide off the 1.1mm K-wire.

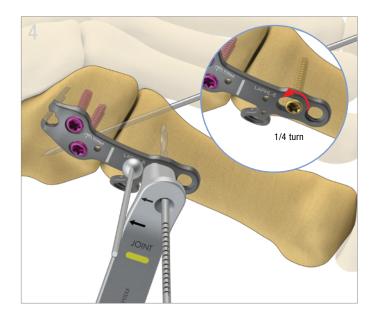
# **Plate Application on Medial Cuneiform**

- Using plate benders or bending rods, contour plate to match the template.
- Assemble a Lapidus Hook Plate onto the Hook Plate Inserter.
- Insert the hooks into the prepared holes by sliding the assembly over the 1.1mm K-wire. Note: The inserter is cannulated to fit over the 1.1mm K-wire.
- If necessary, impact lightly to seat hooks into holes and plate flush onto the bone.
- Remove the Hook Plate Inserter.
- Prepare holes for screws.<sup>2</sup> For locking screws, utilize the standard or variable angle locking drill guides. For non-locking cortical screws, use the standard drill guide.<sup>3</sup>
- Place and tighten appropriately sized screws.

<sup>2</sup> Warning: Irrigation is recommended during drilling.

<sup>3</sup> **Warning**: A screw placement at an angle exceeding 15° for locking and non-locking screws is <u>NOT</u> recommended.

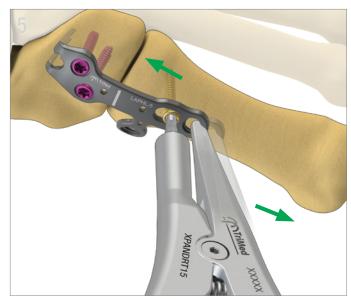
# Lapidus Hook Plate<sup>™</sup>



# Plate Application on 1<sup>st</sup> Metatarsal

- Position oblong drill guide in the slotted hole with the laser marked arrows pointing toward the joint.
- Drill a pilot hole for a bicortical **2.7mm or 3.5mm** non-locking screw.<sup>4</sup>
- Place and tighten an appropriately sized non-locking screw.
- Loosen the non-locking screw a **1/4** of a turn to allow the plate to slide underneath the screw head freely.
- Remove all K-Wires, olive wires, and plate tacks.

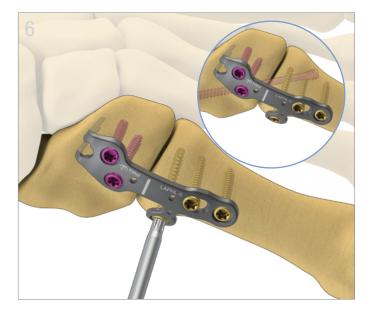
 $^{\rm 4}$  Warning: Do not use a 4.0mm non-locking screw in the slotted hole.



## **Surgeon-Controlled Compression**

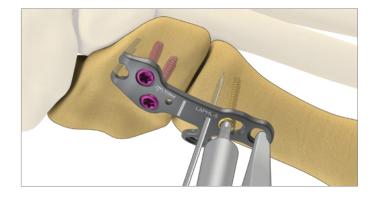
- Engage the driver tip of the Expander/Compression Tool with the socket of the screw in the slotted hole and the hook into the adjacent hole away from the joint.
- Gently squeeze the tool to apply the desired compression with one hand.<sup>5</sup> Control the driver's position in the screw head socket with the other hand to avoid slippage of the driver from the screw head socket.
- Tighten the non-locking screw.<sup>6</sup>

<sup>5</sup> Note: Maximum screw travel in the slotted hole is 2.5mm.
<sup>6</sup> See TIPS for securing compression, if needed.



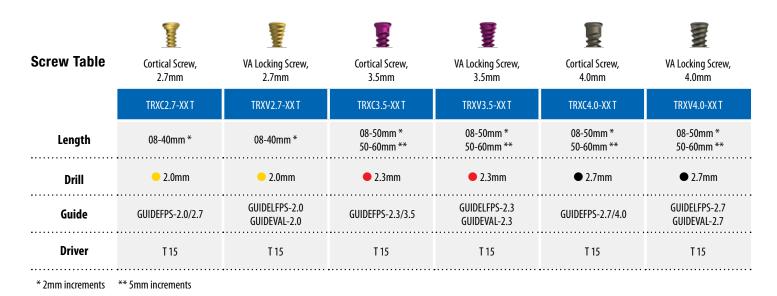
# **Final Fixation**

- Insert remaining screws for final fixation.
- An additional lag/compression screw can be placed from dorsal distal to plantar proximal, across the 1<sup>st</sup> TMT joint for additional stability.
- Surgical closure should be performed per the surgeon's preferred technique.



### **To Secure Compression Temporarily**

Prior to releasing the Expander/Compression Tool from the compressed position, insert a K-wire or olive wire, if needed.

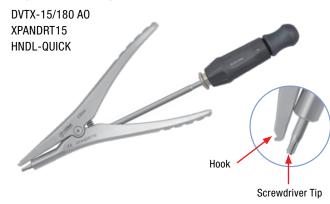


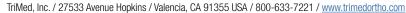
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LAPHL-5 LAPHR-5



#### **Expander / Compression Tool**





Trined\* 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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