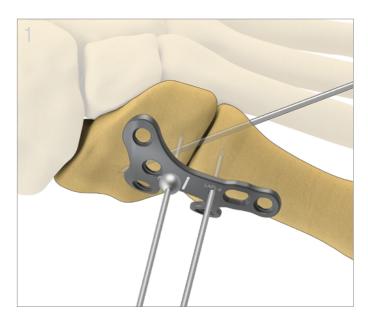


Surgical Technique | TriMed ASET™ Foot Plating System





Joint Preparation and Plate Positioning

- Prepare articular surfaces and secure the joint in an anatomical position using K-wires.
- With the bones reduced, position an appropriately sized 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 across the 1st metatarsal, or 2) twisted proximally for screw placement across the 1st TMT joint.

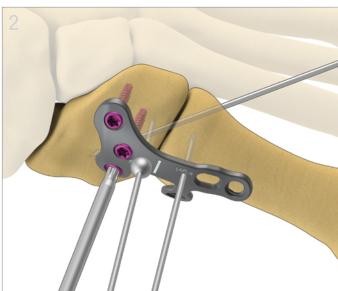


Plate Application on Medial Cuneiform

- Prepare holes for screws in medial cuneiform.² For locking screws, utilize standard locking or variable-angle (VA) locking guides. For non-locking cortical screws, use standard drill guides.³
- Place and tighten appropriately sized screws in medial cuneiform.
- ² Warning: Irrigation is recommended during drilling.
- ³ Warning: A screw placement at an angle exceeding 15° for locking and non-locking screws is NOT recommended.

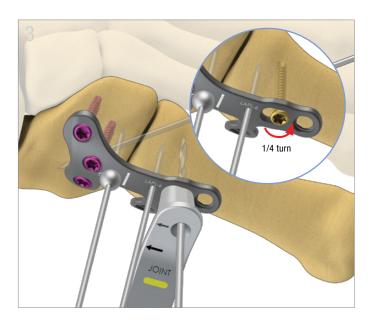
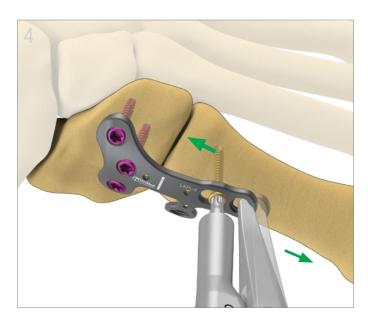


Plate Application on 1st Metatarsal

- Position oblong drill guide in the slotted hole with the laser marked arrows pointing toward the joint.
- Drill a pilot hole for a bicortical 2.7mm or 3.5mm non-locking screw.⁴
- 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.

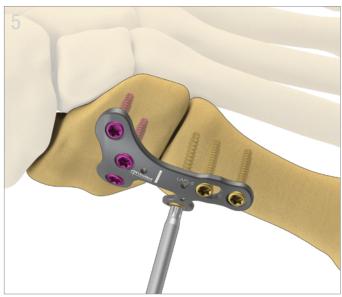
⁴ **Warning**: Do not use a 4.0mm non-locking screw in the slotted hole.





Surgeon-Controlled Compression

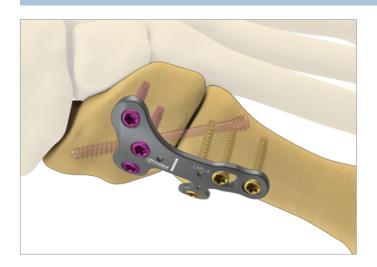
- Engage the driver tip of the Expander/Compression Tool with the socket of the screw in the slotted hole and the hook into the adjacent hole away from the joint.
- Gently squeeze the tool to apply the desired compression with one hand.⁵ Control the driver's position in the screw head socket with the other hand to avoid slippage of the driver from the screw head socket.
- Tighten the non-locking screw.⁶
- 5 Note: Maximum screw travel in the slotted hole is 2.5mm. To achieve additional compression, see alternative technique below.
- ⁶ See **TIPS** for securing compression, if needed.



Final Fixation

- Insert remaining distal screws for final fixation.
- Surgical closure should be performed per the surgeon's preferred technique.

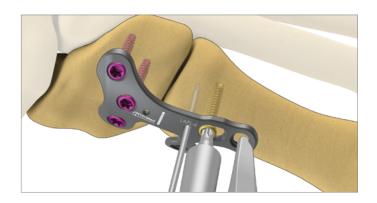




Lag/Compression Screw Placement

A compression screw (from TriMed Small Headless/Headed Screw System) or a non-locking screw can be obliquely placed from dorsal distal to plantar proximal across the 1st TMT joint to provide additional stability after applying compression.

TIPS



To Secure Compression Temporarily

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

Screw Table	Cortical Screw, 2.7mm	VA Locking Screw, 2.7mm	Cortical Screw, 3.5mm	VA Locking Screw, 3.5mm	Cortical Screw, 4.0mm	VA Locking Screw, 4.0mm
Length	08-40mm *	08-40mm *	08-50mm * 50-60mm **	08-50mm * 50-60mm **	08-50mm * 50-60mm **	08-50mm * 50-60mm **
Drill	<u> </u>	2.0mm	● 2.3mm	● 2.3mm	● 2.7mm	● 2.7mm
Guide	GUIDEFPS-2.0/2.7	GUIDELFPS-2.0 GUIDEVAL-2.0	GUIDEFPS-2.3/3.5	GUIDELFPS-2.3 GUIDEVAL-2.3	GUIDEFPS-2.7/4.0	GUIDELFPS-2.7 GUIDEVAL-2.7
Driver	T 15	T 15	T 15	T 15	T 15	T 15

* 2mm increments ** 5mm increments

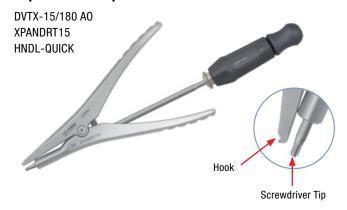
Lapidus Plate

STANDARD LAPL-6 LAPR-6

LAPL-7



Expander / Compression Tool





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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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 $For indications, contraindications, warnings \ and \ precautions \ related \ to \ TriMed \ ASET \ Foot \ Plating \ System \ reference \ IFU \ on \ \underline{trimedortho.com/ifu}.$