Universal Straight & T Plates

ASET[™] Foot Plating System

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Site Preparation and Plate Positioning

- Prepare articular surfaces or reduce fracture/osteotomy segments in an anatomical position using K-wires or bone reduction clamps.
- Secure the plate temporarily to the bone using K-wires, olive wires or plate tacks.





Plate Application on Proximal Fragment/Bone

- Prepare holes for screws in proximal fragment/bone.¹ For locking screws, utilize standard locking or variable angle locking guides. For non-locking cortical screws, use standard drill guides.²
- Place and tighten appropriately sized screws in proximal fragment/bone.

¹ **Warning**: Irrigation is recommended during drilling.

² **Warning**: A screw placement at an angle exceeding 15° for locking and non-locking screws is <u>NOT</u> recommended.

Plate Application on Distal Fragment / Bone

- Position oblong drill guide in the slotted hole with the laser marked arrows pointing toward the joint/fracture/osteotomy site.
- Drill a pilot hole for a bicortical **2.7mm or 3.5mm** non-locking screw.³
- 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.

³ 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 and the hook into the adjacent hole away from the joint/fracture/osteotomy sites.
- Gently squeeze the tool to apply the desired compression with one hand.⁴ 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.⁵

⁴ Note: Maximum screw travel in the slotted hole is 2.5mm.
⁵ See TIPS for securing compression, if needed.

Final Fixation

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

TIP 1 - DISTRACTION



Insert the hook into the hole close to the fracture line



Squeeze to distract



Tighten the screw and finalize fixation



a. For the T Plate's proximal end, use a variable angle locking guide to angle screws away from each other for screw lengths 10mm and above.

To Secure Compression Temporarily

b. Prior to releasing the Expander/Compression Tool from the compressed position, insert a plate tack or an 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
	TRXC2.7-XX T	TRXV2.7-XX T	TRXC3.5-XX T	TRXV3.5-XX T	TRXC4.0-XX T	TRXV4.0-XX T
Length	08-40mm *	08-40mm *	08-50mm * 50-60mm **	08-50mm * 50-60mm **	08-50mm * 50-60mm **	08-50mm * 50-60mm **
Drill	– 2.0mm (2.7mm Overdrill)	0 2.0mm	• 2.3mm (3.5mm Overdrill)	• 2.3mm	● 2.7mm (4.0mm Overdrill)	● 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	T15	T15	T15	T15	T15	T15
* 2mm increments	** 5mm increments					

Universal Straight Plate

TriMed

SP-2	
SP-3	
SP-4	
SP-6	

T Plate

TP-5 TP-6



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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