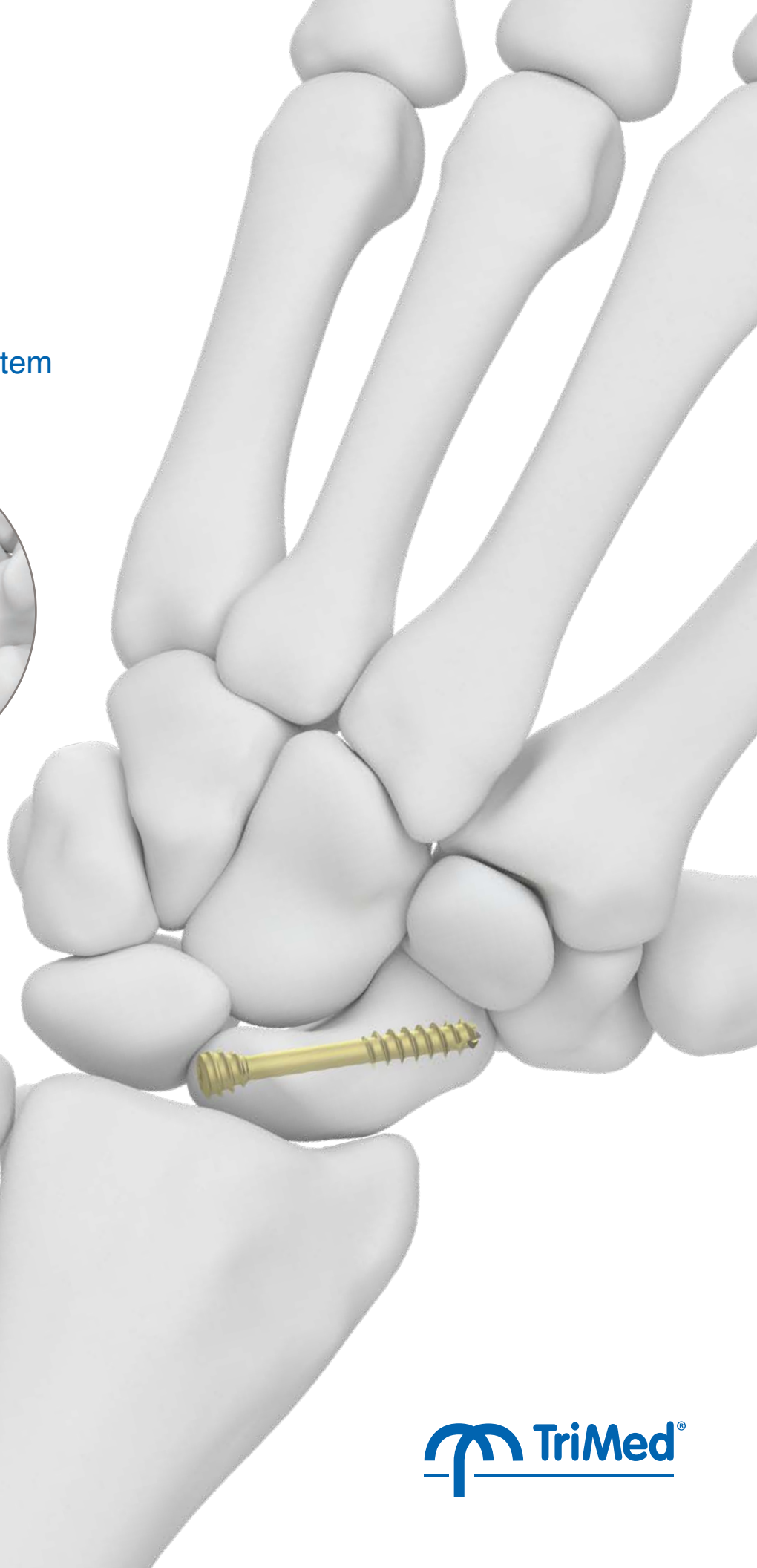
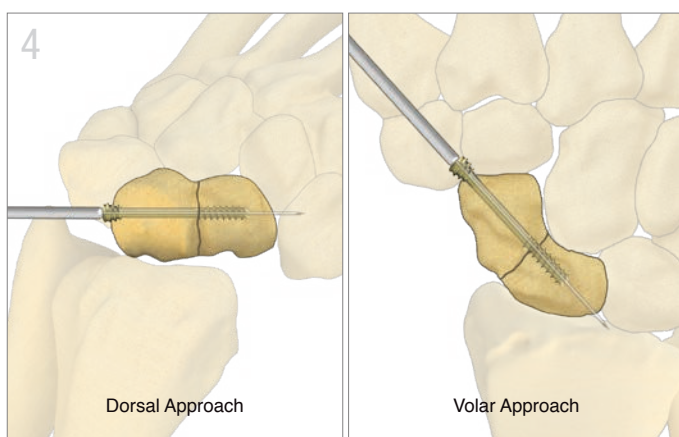
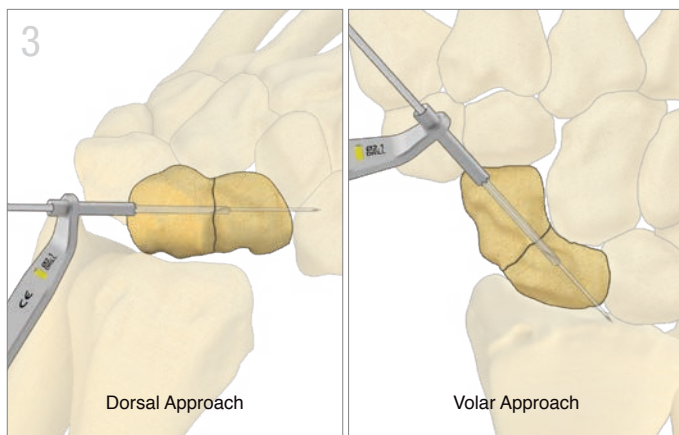
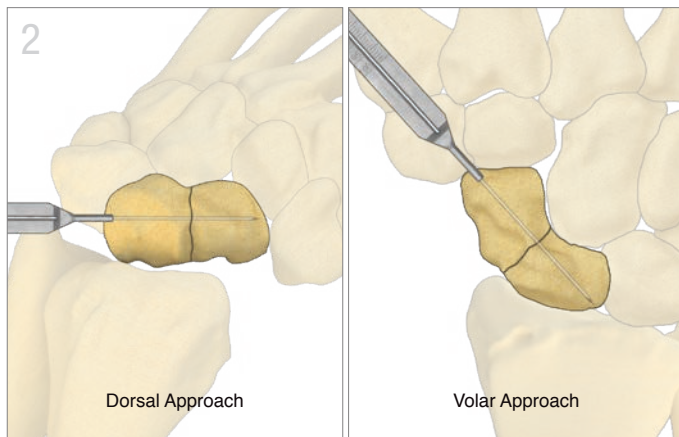
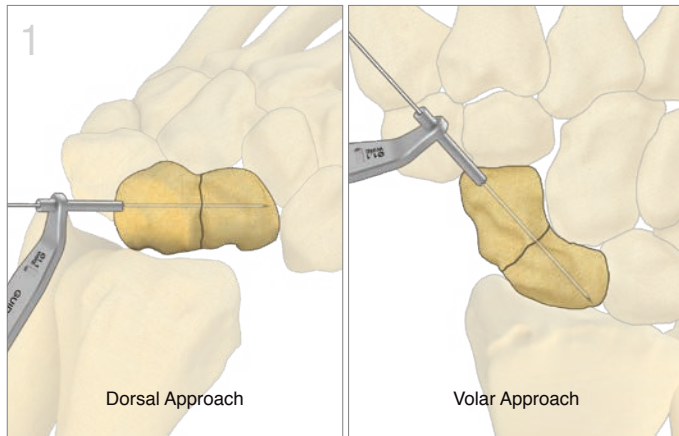


Scaphoid Screw

Scaphoid Screw System





Approach

- Use standard surgical exposure (to identify the entry site for the screw).
- Reduce the fracture, apply graft if needed. Insert the K-wire in the desired position through the subchondral bone of the opposite pole. The distal tip of the wire should be at the subchondral bone.
- Confirm position of the K-wire on multiple fluoroscopic views. Add an antirotation K wire if needed.

Measure Screw Length

- Measure scaphoid length with the Wire Gauge. Subtract 4-6mm from the scaphoid length to accommodate compression and the intraosseous position of the screw.
- Advance the K-wire completely out the skin on the far side and hold with a clamp.

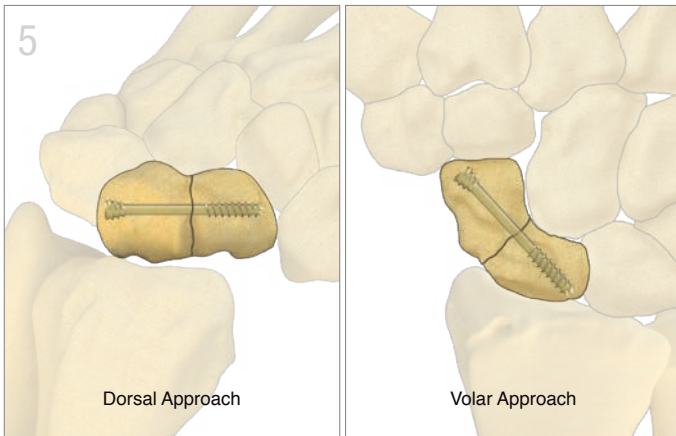
Note: This prevents inadvertent removal of the guide wire while drilling as well as simplifies removal in the event the guide pin breaks.

Screw Preparation

- Prepare a hole with the cannulated drill up to the subchondral bone of the position pole. The hole should be full length of the scaphoid that was previously measured.
- Countersink to the depth needed to recess the screw head below the bone surface.

Screw Insertion

- Select a Scaphoid Screw with long or short distal thread length, to optimize purchase in the opposing fragment. Ensure the threads completely pass the fracture line.
- Insert the screw, completely seating the screw head below the chondral surface.
- Confirm position on fluoroscopy.



Final Fixation

- Remove K-wire.
- Place second screw as indicated.

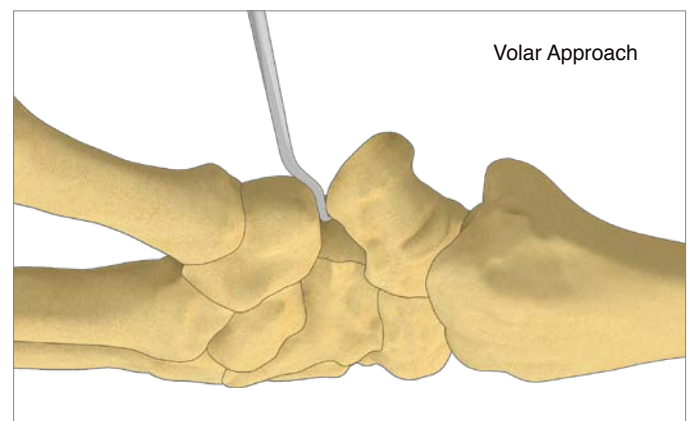
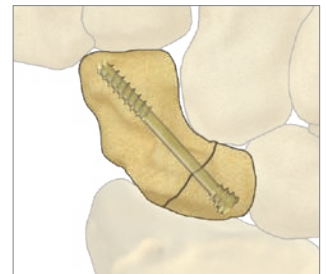
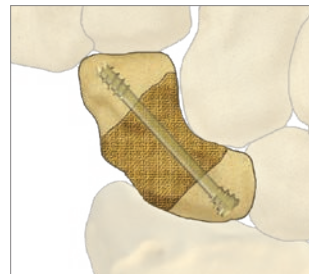
TIPS

Screw Selection

- Short Thread - Interposition, Grafting
- Long Thread - Proximal Pole Fracture or midway fracture

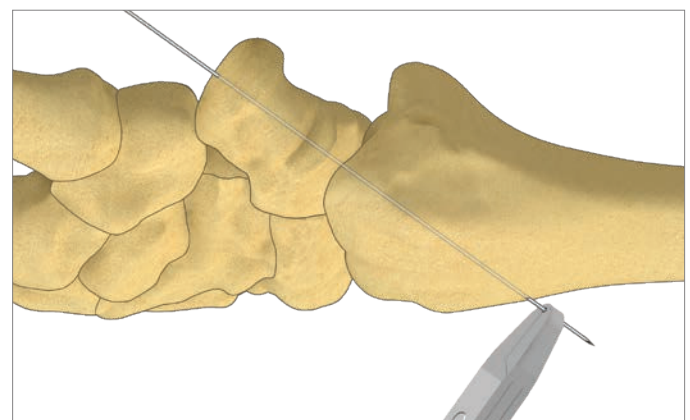
Distal Pole Visualization

- The Scaphoid Elevator can assist in accessing the distal pole. A small portion of volar trapezium can be removed to allow visualization and access to the distal scaphoid.

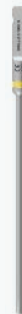
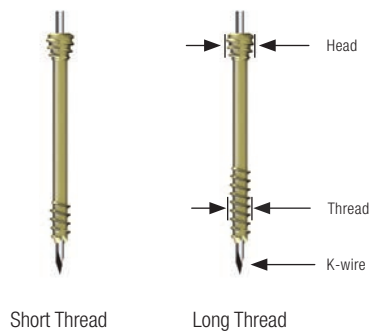


Secure K-wire

- 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



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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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