Clavicle Plate

0.0.0

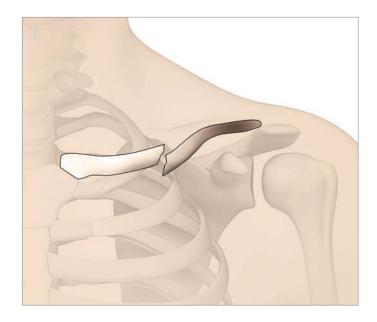
0.00.0

Clavicle Fixation System

TriMed

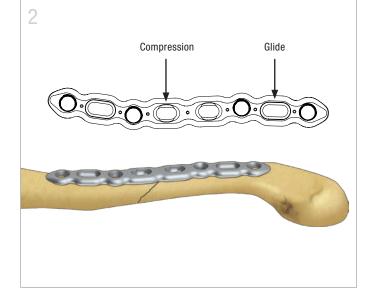
Clavicle Plate





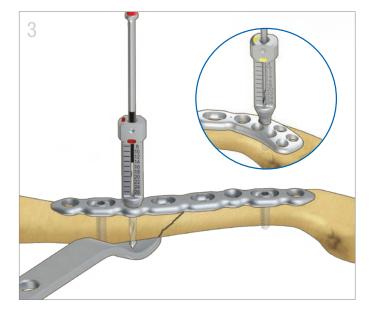
Exposure and Reduction

- Center the incision over the fracture site.
- Create and mobilize full thickness flaps taking care to avoid and protect the supraclavicular nerves.
- Expose the clavicle between the deltoid-trapezius interval.
- Reduce the fracture and provisionally hold the fragments.



Position Plate

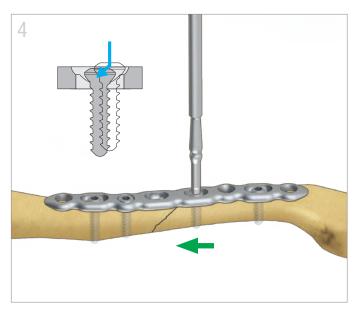
- Select a superior or anterior plate that accommodates the fracture and fits the bone.
- Clavicle Plates are equipped with an assortment of screw holes (2.7mm and 3.2mm): Locking, Slotted Glide, and Slotted Compression.
- Consider the hole type and position in relation to the fracture when selecting and placing the plate.
- Non-locking screws can be used in any hole.



Secure Plate

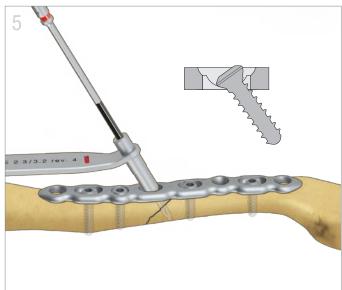
- Use 2.3mm (red) drill for 3.2 screws.
 - Use GUIDELCBS-2.3 for locking screws.
 - Use GUIDE-2.3/3.2 for non-locking screws.
- Use 2.0mm (yellow) drill for 2.7 screws.
 - Use GUIDELCBS-2.0 for locking screws.
 - Use GUIDE-2.0/2.7 for non-locking screws.

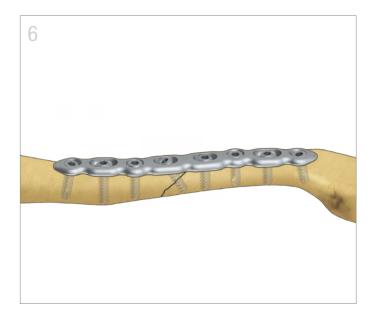
Clavicle Plate



Compress Fracture

• Insert a 3.2 cortical screw into the end of the compression hole away from the fracture and tighten.





Capture/Reduce Fragments

• Insert a 3.2 cortical screw into the center of the compression hole at an angle that best captures fragments.

Final Fixation

• Complete fixation with additional screws.



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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 Clavicle Fixation System reference IFU on trimedortho.com/fu. See trimedortho.com/patents for all patent information. **CE** 1639