## Integra

Solustaple® Standard staple

Uni-Clip® Compression staple SURGICAL TECHNIQUE





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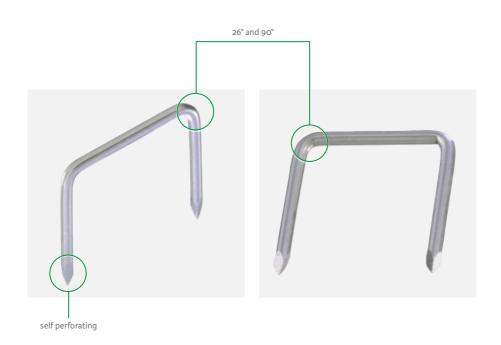
## Integra

Solustaple® Standard staple SURGICAL TECHNIQUE



#### **Implants Details**

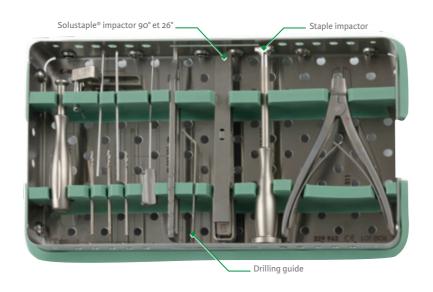
- Material: 316L ISO 5832-1 ASTM F138 & F139.
- Stainless Steel Staple.
- 2 shapes: 90° & 26°.
- 2 interaxis 8 & 10mm.
- Leg length 10mm.
- Diameter 1mm.
- Laser mark: lot number & references.
- Sterile and non sterile implants.



#### **Indications**

• For Akin type osteotomy.

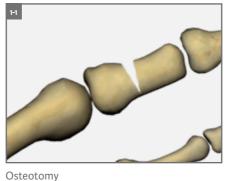
#### **Instruments Details**



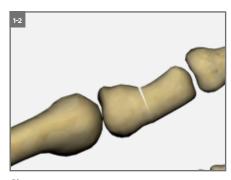
#### **Surgical Technique**

#### 1 Akin Osteotomy

- It is a monocortical osteotomy.
- Then closure of the osteotomy.







#### 2 Measurement

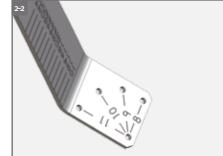
Measure the suitable staple interaxis: 8 or 10 mm thanks to the drilling guide (229 101) (fig. 2-1 and 2-2).

Optional: Although the Solustaple® device is self perforating, in case of hard bone, use the K-wire (115 070(S)) and the drilling guide to pre drill holes.

If more compression is desired:

- pre drill at 9mm for a 8 mm interaxis staple.
- pre drill at 11mm for a 10 mm interaxis staple.



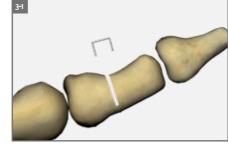


#### 3 Solustaple® Fixation

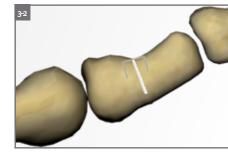
Depending on the bone anatomy, choose the 26° or the 90° Staple.

Hold and impact the desired Solustaple® standard staple with the dedicated solus impactor (229 102).

For a better fitting with the bone, use the impactor (229 202).



Impaction

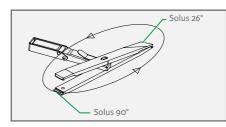


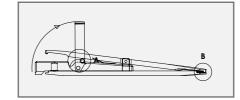
Final result

Solus Impactor 90° & 26° (229 102)

Reversible anvil: rotate 360° along one of the 2 shapes (26° or 90°) chosen.

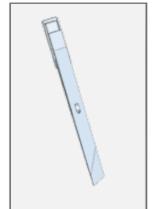
To lock the system, raising the handle until the abutment.





Surgical technique - Solustaple®

Products for sale in Europe, Middle-East and Africa only.



Solustaple® Impactor

#### X-Ray: Akin Osteotomy





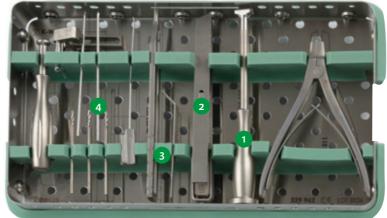
# Solustaple® Staples Reference Description 114 002(S) 90° Interaxis 08 mm 114 004(S) 90° Interaxis 10 mm 114 023(S) 26° Interaxis 08 mm 114 025(S) 26° Interaxis 10 mm











## Integra

Uni-Clip® Compression staple SURGICAL TECHNIQUE



#### **Implants Details**

- Material: Stainless steel 316L ISO 5832-1 ASTM F138 & F139.
- Compression staple.
- Interaxis: 11, 12, 13, 15, 20 mm.
- Leg lengths: 13,14, 15, 16, 17, 12 & 20 mm.
- Sterile and non sterile.



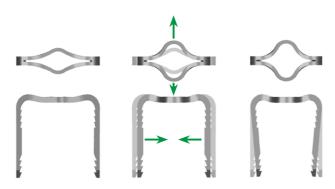
External notches for better anchorage

#### **Indications**

For fixation of bone fractures or for bone reconstruction.

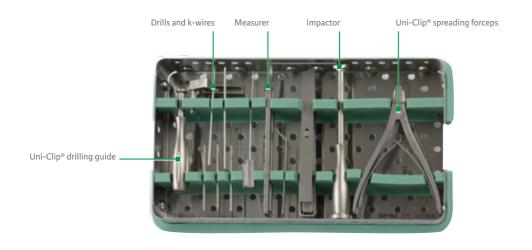
#### Examples include:

- Arthrodesis in hand or foot surgery.
- Fractures management in the foot or hand.
- Mono or Bi-cortical osteotomies in the foot or hand.
- Distal or proximal metatarsal or metacarpal osteotomies.
- Fixation of osteotomies for Hallux Valgus treatment (such as Scarf, Chevron, etc.).



Compression: when you open the olive, the compression is performed and is controled manually.

#### **Instruments Details**



NEWDEAL as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any implant procedure is responsible for determining and using the appropriate techniques for implanting the device in each patient.

#### **Surgical Technique**

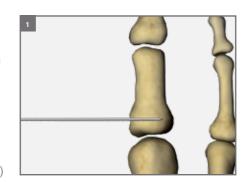
Eg. Fixation of a Phalangeal Osteotomy

#### Medial Approach

Through a medial surgical approach of the great toe, it is possible to have a perfect phalangeal view.

A k-wire diam 1.0 mm (length 70 mm: 115 070(S) or length 100 mm: 115 100(S)) is inserted into the anatomic fossa which is located at the proximal part of the phalanx. (Fig. 1)

The k-wire should be horizontal and bi-cortical and perpendicular to the phalangeal axis.

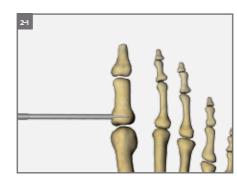


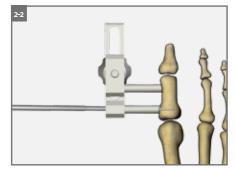
#### Proximal Drill Hole

A 2.2 mm diameter cannulated (119 004(S)) drill is placed over the k-wire. A 2.2 mm hole is drilled through both corticals, taking care to stop drilling as soon as the lateral cortical is perforated.

The cannulated drill remains in place. (Fig. 2-1)

The drill guide is adjusted in the desired position relative to the interaxis (size of implant) of the Uni-Clip® compression staple. The drill guide (229 201) is put on the cannulated drill. (Fig. 2-2)





#### Drill Diam. 2.2 mm

Reference	Description
119 004(S)	Uni-Clip® - drill - dia 2,2 L90mm - cannulated
119 006(S)	Uni-Clip® - drill - DIA 2,2 L80mm

#### P1 osteotomy

The osteotomy cut is performed in the middle of the legs of the drill guide. (Fig. 3-1)

At first, the proximal cut is performed. The cut should be parallel to the 2.2 mm cannulated drill which is still on place. The proximal cut is not finished completely, in order to maintain some stability. (Fig. 3-2)



The distal cut is performed and proximal cut is completely finished. (Fig. 4-1)

The bone segment is then removed. (Fig. 4-2)

A temporary axial k-wire diam 1.0 mm (Length 100 mm: 115 100(S)) is placed as dorsally as possible in order not to compromise the following surgical steps.

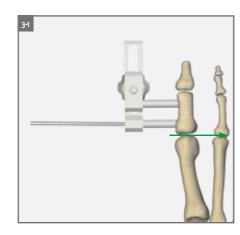
The reduction of the bone fragments is performed handling this temporary k-wire whereas also the dorsal phalangeal aspect is restored in a sagittal plane. (Fig. 4-4)

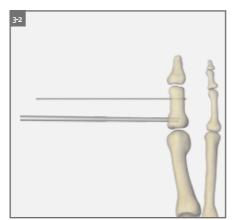
#### 5 Distal Drill Hole

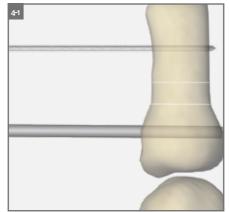
The drill guide (229 201) is repositionned over the remaining 2.2 mm diameter proximal drill (119 004(S) or 119 006(S)).

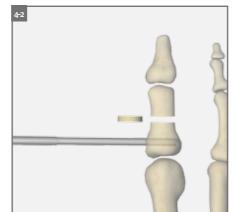
The second distal drill hole is performed. Both cortices should be perforated. (Fig. 5–1)

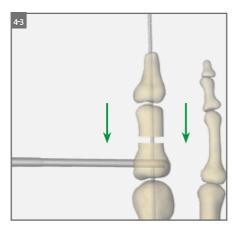
- Once the two parallel holes are drilled, Drills and guide can be removed. (Fig. 5-2)
- The axial temporary wire is kept in place. A final control of the reduction and the position of the drill holes is performed.

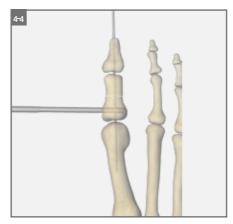


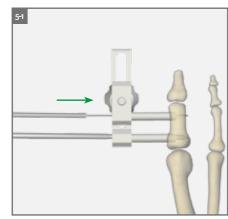


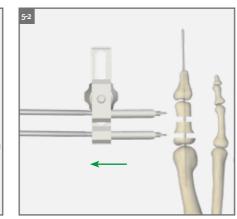












## Fixation of Uni-Clip® Compression Staple

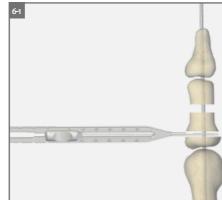
With the measurer (997 301), the length of the two legs of the staple is defined (Fig. 6-1).

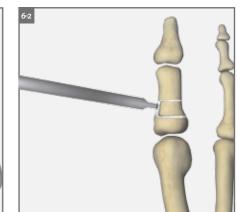
If two different lengths are measured, the longest leg length is chosen, and the other leg can be cut to the appropriate length.

The spreading forceps (119 311) is handled to implant the staple. After inserting the forceps into the olive of the staple, a mild pressure on the forceps allows holding the staple.

The staple is implanted in the phalanx. The axial k-wire is removed.(Fig. 6-2)

The staple is finally impacted using the staple impactor (229 002). (Fig. 6-3)

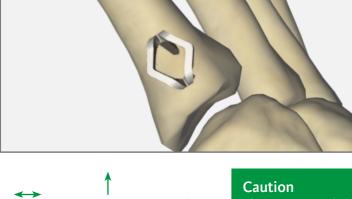




#### 7 Compression

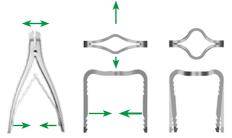
Place the spreading forceps (119 311) specific to the Uni-Clip® staples in the diamond of the staple.

By squeezing the spreading forceps, the diamond will expand and legs of the staple will come together. Compression is thus applied and fixation achieved.



#### Caution

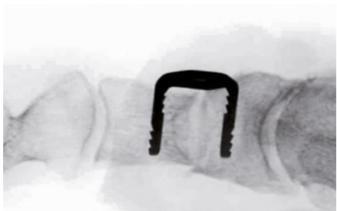
Compression (by opening the olive), should be discontinued when the bone fragments are in contact with each other.



The action provided by the spreading forceps should not be used to approximate the positioning of the osseous fragments. The fragments should have been previously well positioned at the step 2, along with any reduction that may be necessary. In this way, the spreading forceps provides compression between fragments.

### X-Ray: Phalanx Shortening





### X-Ray: Arthrodesis of the First MTP





#### References

Uni-Clip® Interaxis: 11 mm		Uni-Clip® Interaxis: 12 mm		Uni-Clip® Interaxis: 13 mm		Uni-Clip® Interaxis: 15 mm	
Reference	Description	Reference	Description	Reference	Description	Reference	Description
213 113(S)	Length 13 mm	213 213(S)	Length 13 mm	213 313(S)	Length 13 mm	213 512(S)	Length 12 mm
213 114(S)	Length 14 mm	213 214(S)	Length 14 mm	213 314(S)	Length 14 mm		
213 115(S)	Length 15 mm	213 215(S)	Length 15 mm	213 315(S)	Length 15 mm	Uni-Clip® In	teraxis: 20 mm
213 116(S)	Length 16 mm	213 216(S)	Length 16 mm	213 316(S)	Length 16 mm	Reference	Description
213 117(S)	Length 17 mm	213 217(S)	Length 17 mm	213 317(S)	Length 17 mm	213 820(S)	Length 20 mm

Uni-Clip® Instruments			Drill: 2.2 mm		
#	Reference	Description	#	Reference	Description
1	229 201	Uni-Clip® Drilling guide	6	119 004(S)	Uni-Clip® - Drill - Dia 2,2 L90 mm - cannulated
2	229 202	Staple impactor	6	119 006(S)	Uni-Clip® - Drill - Dia 2,2 L80mm
3	119 311	Uni-Clip® spreading forceps			
4	115 070(S)	K-wire diam 1.0 Length 70 mm		229 952	Staples container which includes:
4	115 100(S)	K-wire diam 1.0 Length 100 mm		229 962	tray
5	997 301	Measurer		229 970	lid

<sup>\*(</sup>S): delivered sterile and non sterile.



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Uni-Clip® Compression staple

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