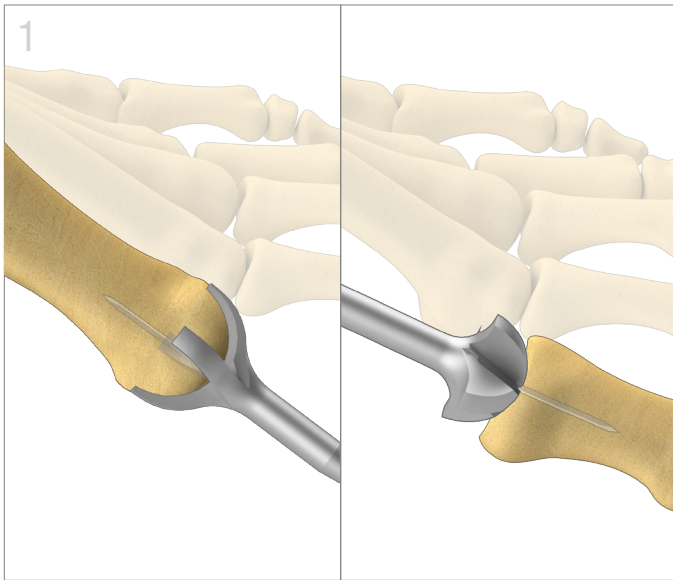


MTP Fusion Plate

Surgical Technique | *TriMed ASET™ Foot Plating System*



Joint Preparation and Plate Positioning

- Prepare articular surfaces using preferred technique and secure joint in optimal position using K-wires.
- With the bones reduced, position an appropriate size plate with the laser marking over the joint. If needed, use bending tools to contour the plate for an improved fit.
- Secure the plate temporarily to the bones using K-wires, olive wires or plate tacks.

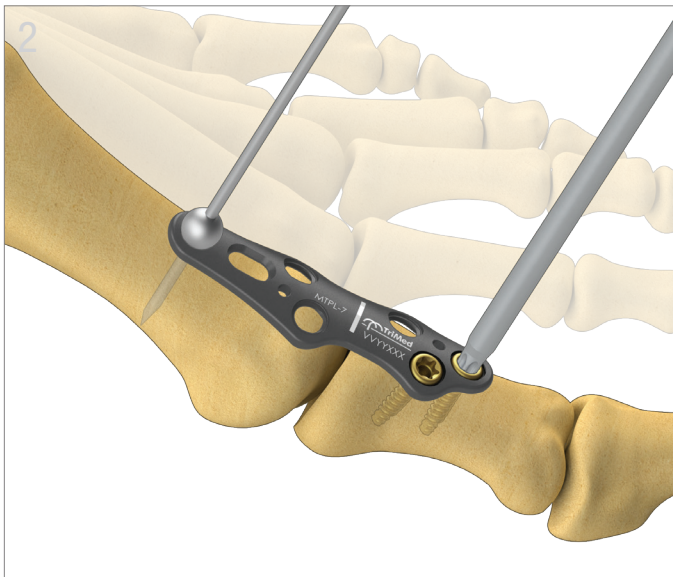


Plate Application on Proximal Phalanx

- Prepare holes for screws in proximal phalanx. For locking screws, utilize standard locking or variable angle locking guides. For non-locking cortical screws, use standard drill guides.¹
- Place and tighten screws in proximal phalanx.

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

Warning: A screw placement at an angle exceeding 15° for locking and non-locking screws is NOT recommended.

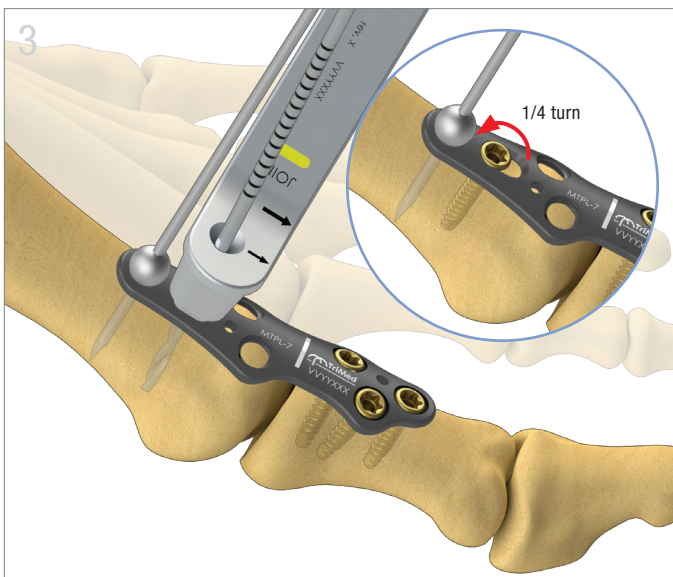


Plate Application on 1st Metatarsal

- Position oblong drill guide in the slotted hole with the arrows pointing toward the joint to prepare a pilot hole for a bicortical non-locking screw.
- Using the guide, drill a hole, and measure. Place and tighten a **2.7mm** or **3.5mm** non-locking screw.²
- Loosen the non-locking screw a 1/4 of a turn.

² **Warning:** Do not use a 4.0mm non-locking screw in a slotted hole.



Surgeon Controlled Compression


- Engage the driver tip of the Expander/Compression Tool in 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. 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.

Note: Maximum screw travel in the slotted hole is 2.5mm. See alternative techniques to achieve more compression below.

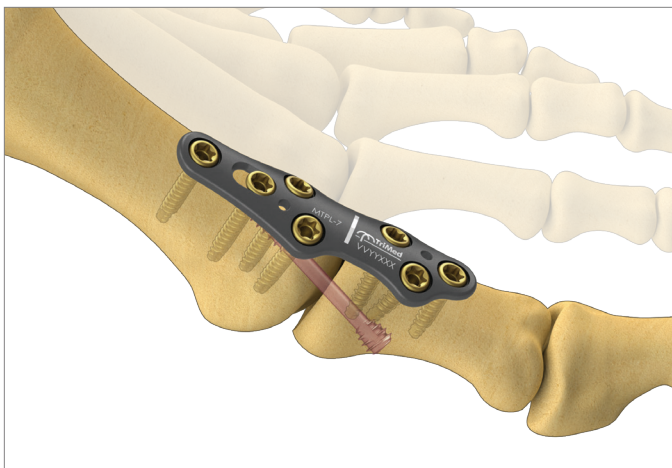


Final Fixation

- Fill remaining screw holes for final fixation. On the 1st metatarsal, unicortical placement of screws on the most distal screw holes can help reduce the risk of the sesamoid irritation.
- A surgical closure should be performed per the surgeon's preferred technique.

 Indications, contraindications, warnings and precautions related to TriMed ASET Foot Plating System reference IFU, LC-73-9004-001.

STEP 4 - ALTERNATIVE TECHNIQUE















Lag/Compression Screw Placement

A compression screw (TriMed Small Headless Screw System) or a non-locking screw can be placed across the joint to provide additional stability after applying surgeon controlled compression.

All implants made from surgical grade titanium

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	 2.0mm	 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

MTP Fusion Plate

SHORT

MTPL-7S
MTPR-7S
MTP7.5L-7S
MTP7.5R-7S

STANDARD

MTPL-7
MTPR-7
MTP7.5L-7
MTP7.5R-7

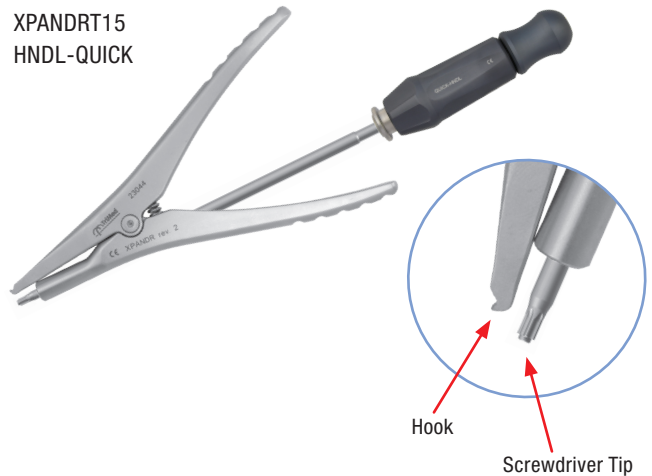
REVISION

MTPL-9
MTPR-9



Expander/ Compression Tool

DVTX-15/180 AO
XPANDRT15
HNDL-QUICK



Metatarsal (Cone) Reamer

RMRFPS-18
RMRFPS-20
RMRFPS-22



Phalanx (Cup) Reamer

RMRFPS-18
RMRFPS-20
RMRFPS-22



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The presently issued U.S. patents are: 6,113,603; 7,037,308; 7,044,951; 7,195,633; 7,540,874; 7,942,877; 8,177,822; 8,821,508; 8,906,070; 9,089,376; 9,283,010; 9,220,546; 9,237,911; 9,402,665; 9,636,157; 9,861,402. See trimedortho.com for all listed patents.

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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