

## Lapidus Hook Plate<sup>™</sup>

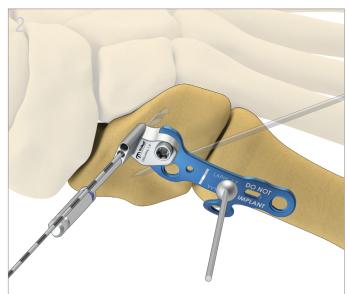
Surgical Technique | TriMed ASET Toot Plating System



#### **Joint Preparation and Plate Positioning**

- Prepare articular surfaces and secure the joint in an anatomic position using K-wires.
- Assemble appropriate Lapidus Hook Plate Template with the Lapidus Hook Plate Drill Guide.
- Utilizing a bending rod, position template on the reduced bones with laser mark over the joint. The template and plantar metatarsal tab may be contoured to fit anatomy.<sup>1</sup>

<sup>1</sup> Plantar metatarsal tab may be: 1) contoured for transverse screw placement across the 1<sup>st</sup> metatarsal, or 2) twisted proximally for screw placement across the 1<sup>st</sup> TMT joint.



# Assembly Assembly Bigs Compared to the test of test

#### **Preparation for Hooks**

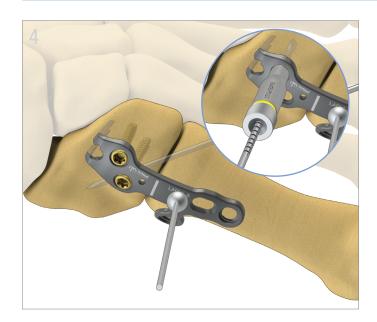
- To secure the assembly to bones, insert a 1.1mm K-wire in the middle hole of the drill guide and insert an olive wire or plate tack at the distal end of the template.
- To estimate hook position, verify placement of the 1.1mm K-wire under fluoroscopy.
- Drill the two outer holes at the proximal end of the guide with a 1.8mm drill (blue).
- Remove olive wire or plate tack on the distal end and slide the guide off the 1.1mm K-wire.

#### **Plate Application on Medial Cuneiform**

- Using plate benders or bending rods, contour plate to match the template.
- Assemble a Lapidus Hook Plate onto the Hook Plate Inserter. The inserter is cannulated to fit over the 1.1mm K-wire.
- Slide assembly over the 1.1mm K-wire, engage hooks into the prepared holes and push to place plate onto the bone.
- Remove the Hook Plate Inserter.
- If necessary, impact lightly to seat hooks into holes and plate onto the bone.

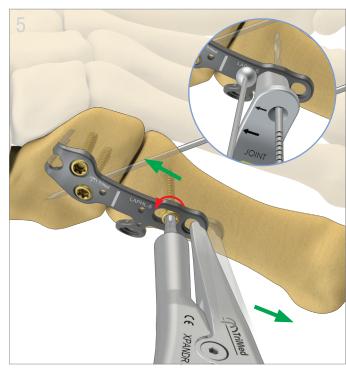
### Lapidus Hook Plate<sup>™</sup>

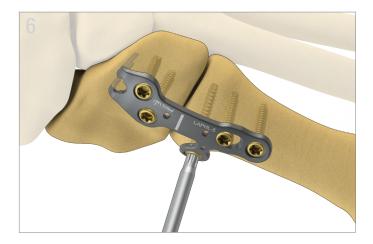




#### **Proximal Screw Insertion**

- Prepare holes for screws in medial cuneiform. For locking screws, utilize the standard locking or variable angle locking drill guides. For non-locking cortical screws, use standard drill guide.<sup>2</sup>
- Place and tighten screws in the medial cuneiform.
- <sup>2</sup> Warning: Irrigation is recommended during drilling.
  Warning: A screw placement at an angle exceeding 15° for locking and non-locking screws is <u>NOT</u> recommended.





#### Surgeon Controlled Compression

- Position oblong drill guide in the slotted hole with arrows pointing toward joint to prepare a hole for a bicortical non-locking screw. Using the guide, drill a hole and measure. Place and tighten a 2.7mm or 3.5mm nonlocking screw.<sup>3</sup>
- Loosen the non-locking screw by a 1/4 of a turn.
- 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.

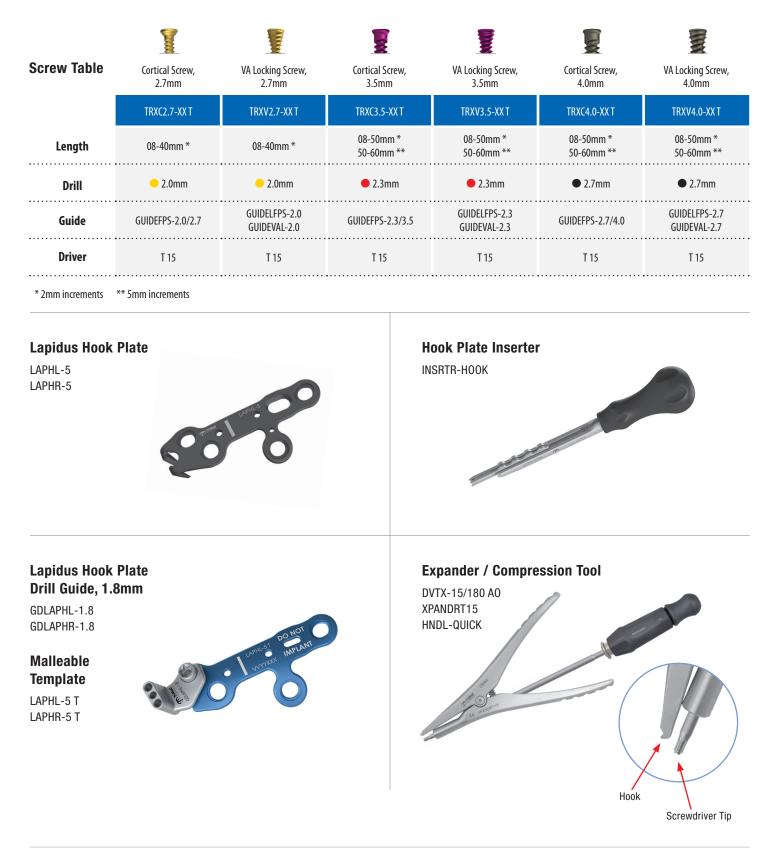
Note: Maximum screw travel in the slotted hole is 2.5mm.

#### **Final Fixation**

- Place two distal screws for final fixation.
- An additional lag/compression screw can be placed from dorsal distal to plantar proximal, across the 1<sup>st</sup> TMT joint for additional stability.
- Surgical closure should be performed per the surgeon's usual technique.

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

#### All implants made from surgical grade titanium



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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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