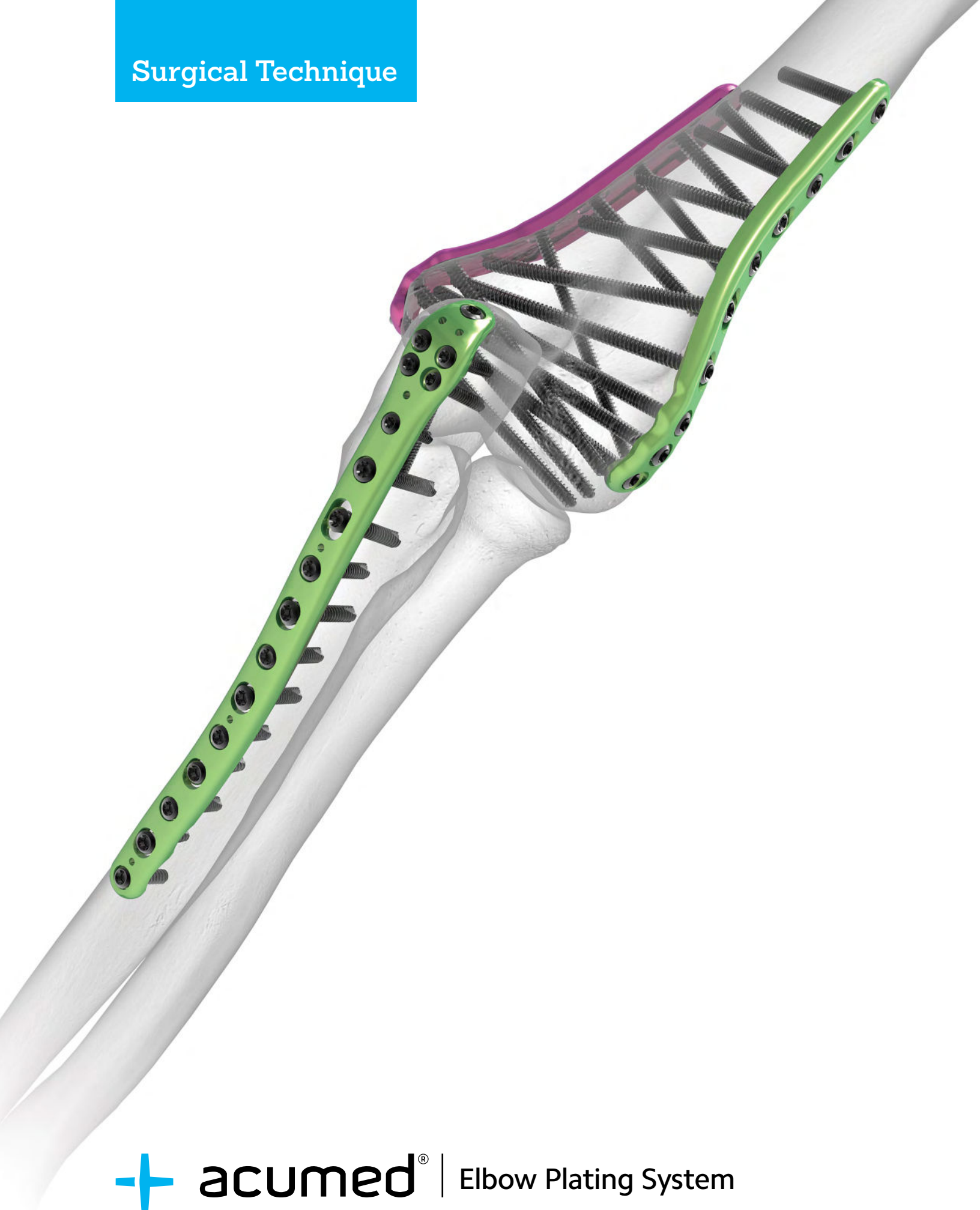


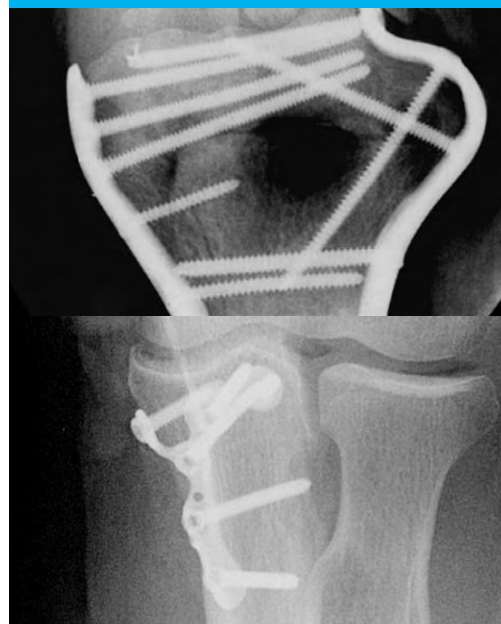
Surgical Technique





Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods, and approaches that improve patient care.



Elbow Plating System
Design Surgeon
[Shawn W. O'Driscoll, Ph.D., M.D.](#)

Acumed® Elbow Plating System

Designed in conjunction with Shawn W. O'Driscoll, Ph.D., M.D., the Elbow Plating System is designed to address fractures of the distal humerus, olecranon, and coronoid.

The Elbow Plating System offers precontoured, indication-specific plates and includes a low-profile Olecranon Plate design with anatomic curvature and instrumentation to aid with plate and screw insertion. This system also includes the Hexalobe Screw System with variable angle Tap-Loc® Technology for the Medial and Lateral Distal Humerus Plates. Posterolateral Plates are offered in addition to our Medial and Lateral Distal Humerus Plates to provide multiple plating solutions for elbow fracture management.

Indications for Use:

- Fractures of the distal humerus, olecranon, and coronoid
- Osteotomies of the olecranon

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Elbow Plating System

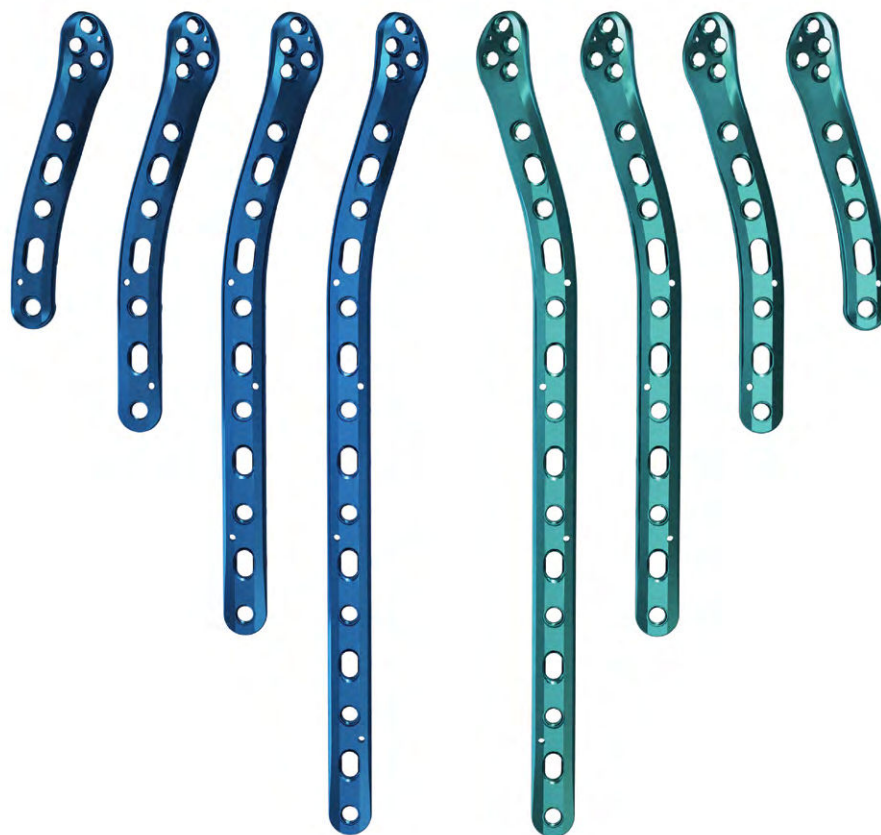
OLECRANON PLATES



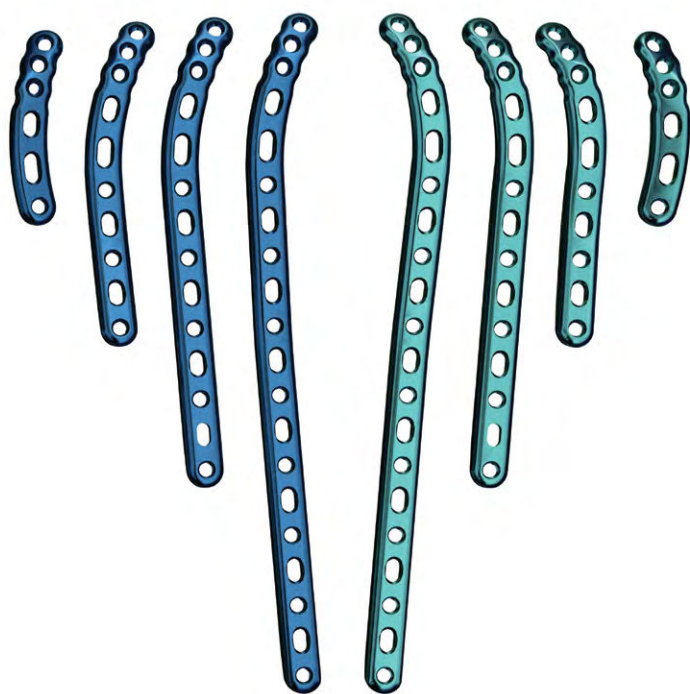
CORONOID PLATES



POSTEROLATERAL PLATES



LATERAL COLUMN PLATES

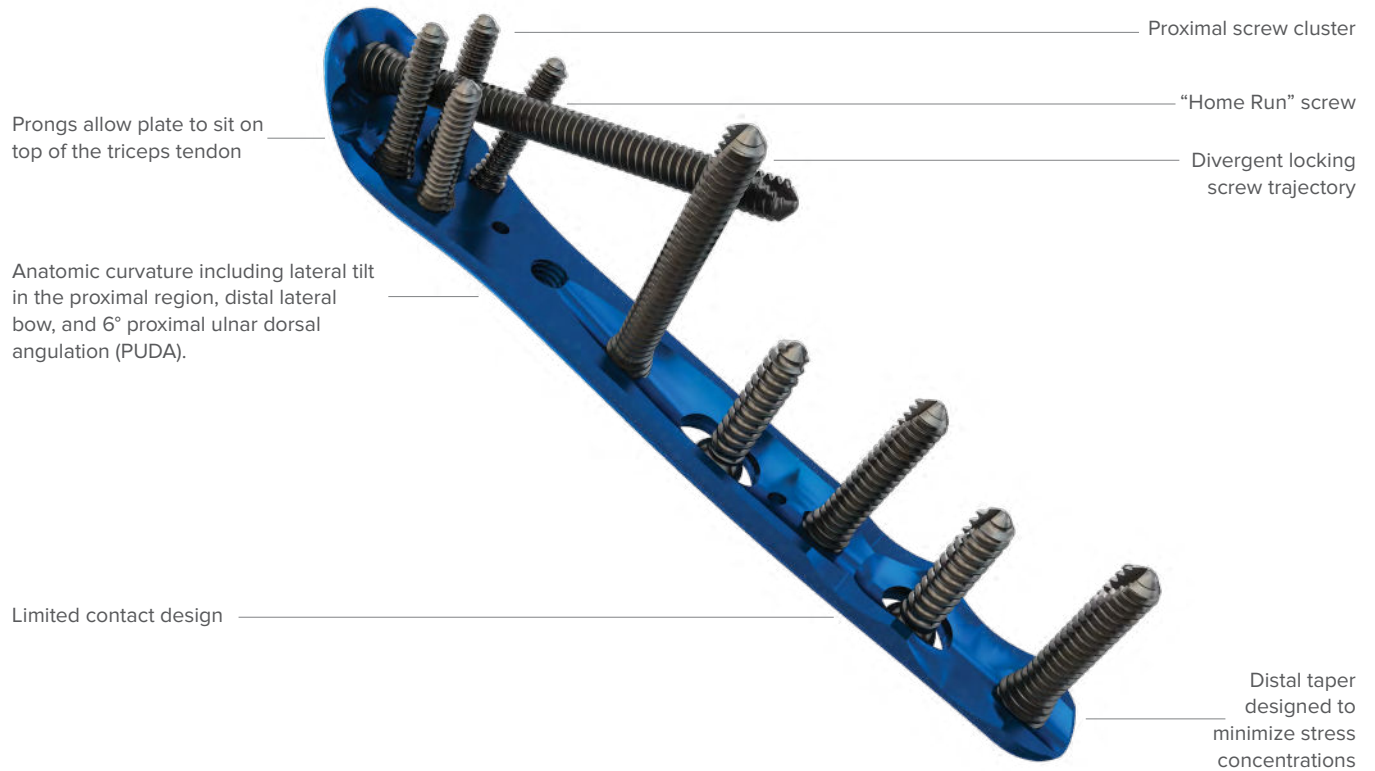


MEDIAL COLUMN PLATES



Plate Design

OLECRANON PLATE



POSTEROLATERAL DISTAL HUMERUS PLATE



Olecranon Plate Surgical Technique

SHAWN W. O'DRISCOLL, PH.D., M.D.

TECHNICAL OBJECTIVES FOR LOCKING OLECRANON PLATES:

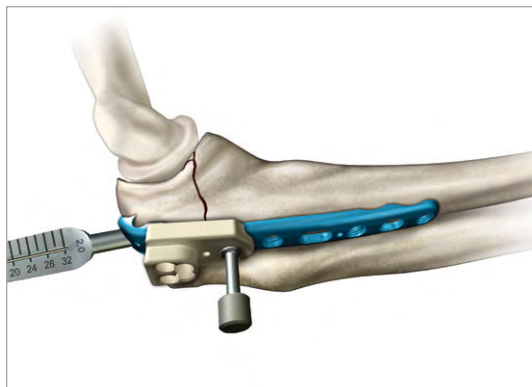
- Each screw should be as long as possible
- Locking screws should interlock to provide a stable “fixed angle” structure inside the bone fragment
- Plate should buttress against anterior pull of elbow flexors
- Plate should provide stable fixation of the ulnar shaft
- Plate should be applied with compression across the fracture
- Plate must be strong and stiff enough to resist bending before union occurs



1 FRACTURE REDUCTION AND PLATE PLACEMENT

Attach the Olecranon Plate Proximal Targeting Guide (80-0654) to the Olecranon Plate with the Locking Bolt: M4 (80-0652). Flex the elbow 90°, reduce the fracture and apply the plate. The prongs in the proximal end of the plate should penetrate the triceps tendon and provide provisional fixation. These prongs are not intended to compress the tendon and a gap between the plate and the bone should be visible on X-ray.

Note: Plates designed for use on the left arm are **blue** in color. Plates designed for use on the right arm are **green** in color.



2 PROVISIONAL WIRE PLACEMENT

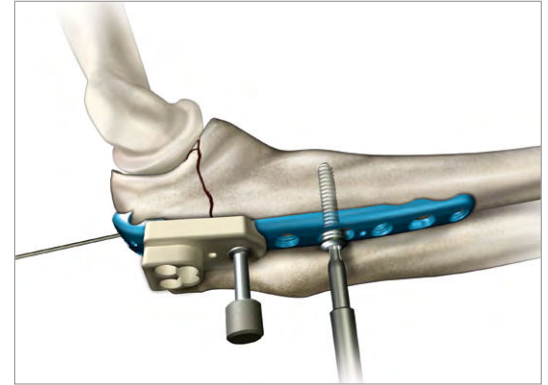
If a locking screw is to be utilized in the most proximal hole of the plate, thread the 2.3 mm Locking Drill Guide 6–65 mm (80-0622) into the plate hole. A 2.0 mm x 9" ST Guide Wire (WS-2009ST) is drilled through the locking drill guide and across the fracture site, penetrating the anterior metaphyseal cortex. Do not remove this wire until Step 6. Alternatively, two .062" x 6" Guide Wires (WS-1607ST) can be placed across the fracture, one on each side of the plate.

3 NONLOCKING DISTAL SCREW PLACEMENT

With provisional reduction confirmed, drill with the 2.8 mm Quick Release Drill (80-0387) through a slotted hole, distal to the fracture site and into the ulnar shaft. Use the Depth Gauge 6–65 mm (80-0623) to measure for screw length. Connect the T15 Stick Fit Hexalobe Driver (80-0760) to the Medium Ratcheting Driver Handle (80-0663) and insert the appropriate 3.5 mm nonlocking hexalobe screw (30-025X–30-027X). Tighten the screw partially to allow for later compression. A 3.5 mm Cortical Screw Bone Tap (MS-LTT35) is available for patients with dense bone.

Note: When implanting the Narrow 5-Hole Olecranon Plates (70-0316 or 70-0317), only the 2.7 mm hexalobe screws and associated instrumentation may be used throughout all plate holes.

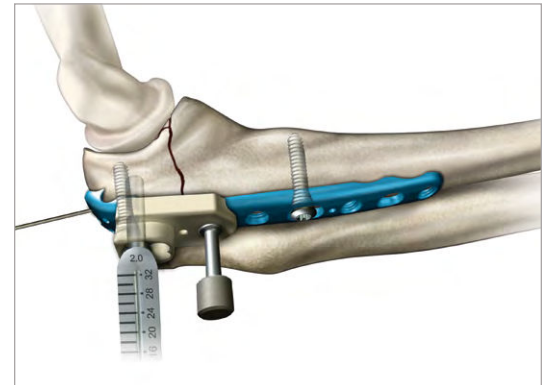
Note: 3.0 mm or 3.5 mm nonlocking hexalobe screws can be used in the shaft of the plate.

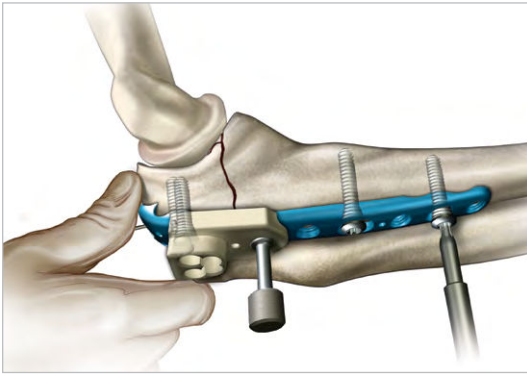


Screw Diameter	Drill Diameter
2.7 mm	2.0 mm
3.0 mm	2.3 mm
3.5 mm	2.8 mm

4 PROXIMAL LOCKING SCREW PLACEMENT

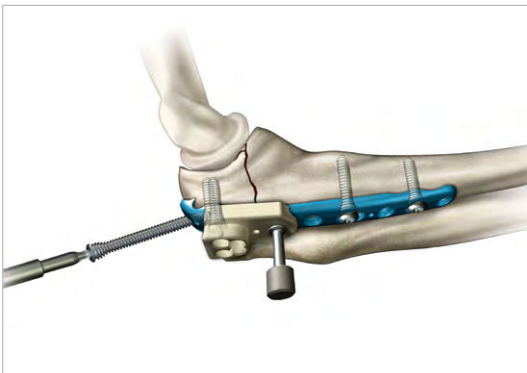
To insert two 2.7 mm locking hexalobe screws (30-03XX) into the proximal holes on either side of the 2.0 mm wire, begin by threading the 2.0 mm Locking Drill Guide 4–32 mm (80-0621) through the proximal targeting guide and into the most proximal locking holes. While drilling with the 2.0 mm Quick Release Drill (80-0318), be sure not to exit the bone. Drill depth may be read directly off of the laser line on the drill through the locking drill guide or with the 2.0 mm Depth Probe (80-0643). To insert the appropriate 2.7 mm locking hexalobe screw, connect the T8 Stick Fit Hexalobe Driver (80-0759) to the Medium Ratcheting Driver Handle. When using the T8 driver, care should be taken to not over tighten the screw or apply more torque than necessary to seat the locking screw into the plate. Screws should be tightened by hand and not under power.





5 FRACTURE SITE COMPRESSION

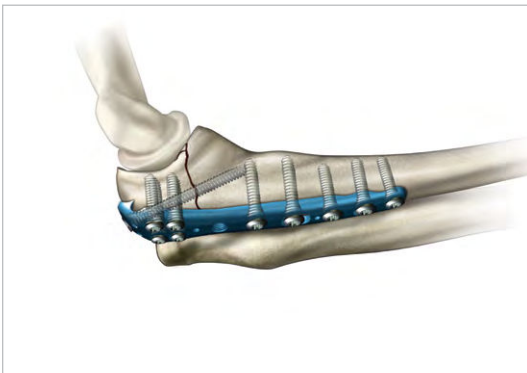
If the plate length selected has two or more compression slots, the fracture site is compressed in the following manner. Insert a 3.5 mm nonlocking screw in dynamic compression mode into a distal slot along the ulnar shaft using the Offset Drill Guide (PL-2095). The proximal shaft screw must be slightly loosened to allow for compression. If a longer plate is used and further compression is required, partially insert another nonlocking screw into a distal slot in dynamic compression mode and then loosen the first two screws to allow for plate movement.



6 FINAL SCREW PLACEMENT

Remove the 2.0 mm wire from the most proximal plate hole. Thread the 2.8 mm Locking Drill Guide 6–65 mm (80-0668) into that hole and use the 2.8 mm Quick Release Drill in the path of the wire. Measure for screw length with the Depth Gauge and insert the appropriately sized 3.5 mm locking hexalobe screw.

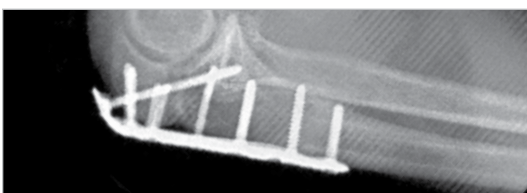
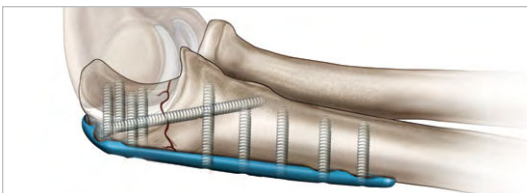
If a 3.0 mm locking hexalobe screw is desired, the 2.3 mm Locking Drill Guide 6–65 mm (80-0622) and 2.3 mm Quick Release Drill (80-0627) are utilized. The remaining locking screws are then inserted at the surgeon's discretion.



7 POSTOPERATIVE PROTOCOL

Note: The following protocol may be replaced with an alternative protocol at the performing surgeon's discretion.

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in extension. The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after two days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.

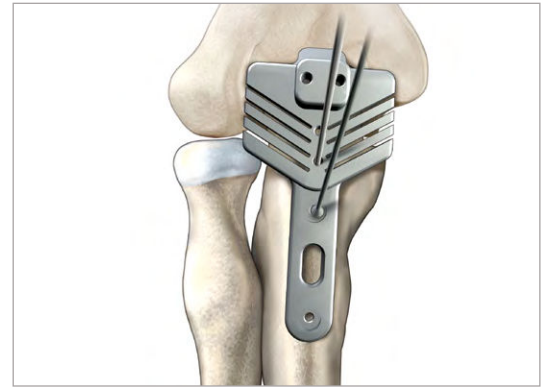


Olecranon Osteotomy Cutting Jig Surgical Technique

SHAWN W. O'DRISCOLL, PH.D., M.D.

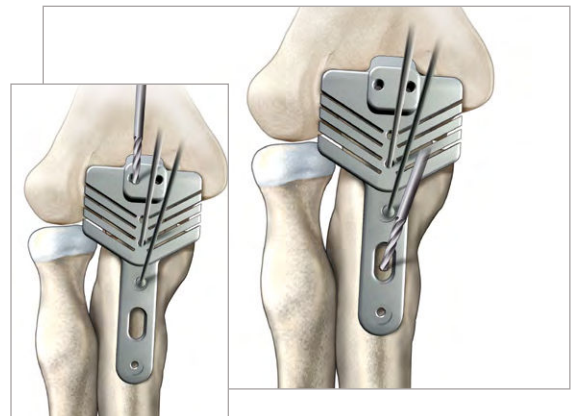
1 PROVISIONAL FIXATION

Place the Olecranon Plate Osteotomy Cutting Jig (80-0653) onto the proximal portion of the olecranon with the elbow flexed at 90°. The jig is designed to sit on top of the triceps tendon. Secure the jig provisionally by placing a Plate Tack (PL-PTACK) into the plate tack holes in the jig. A .062" x 6" Guide Wire (WS-1607ST) may also be placed in the small K-wire hole between the cutting slots.



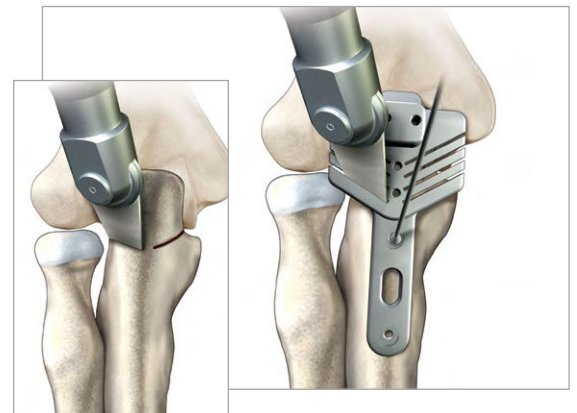
2 PRE-DRILL SCREW HOLES

The Olecranon Osteotomy Cutting Jig allows pre-drilling of the screw holes that will be used with future placement of the Olecranon Plate. Use a 2.8 mm Quick Release Drill (80-0387) to drill the slot for future placement of a 3.5 mm nonlocking hexalobe screw. The 2.0 mm Quick Release Drill (80-0318) is utilized to drill the two smaller, proximal holes for future placement of the 2.7 mm locking hexalobe screws.



3 CREATE OSTEOTOMY

Select the cutting slot that provides the most optimal position for the chevron osteotomy. Using a thin-bladed oscillating saw (.025" in thickness), create an osteotomy about one third of the way through the olecranon. Remove the Osteotomy Cutting Jig. Use the oscillating saw to join the two sides of the provisional cut. A thin-bladed osteotome is used to complete the osteotomy.

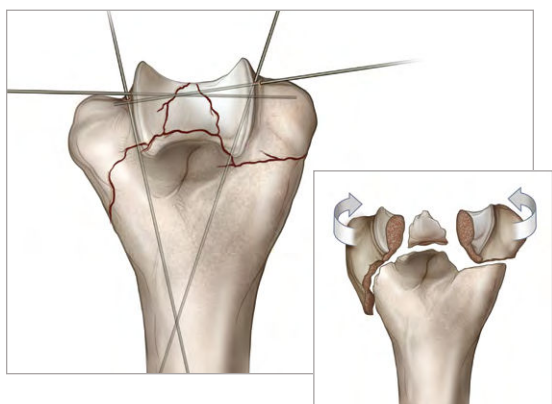


Distal Humerus Plates Surgical Technique

SHAWN W. O'DRISCOLL, PH.D., M.D.

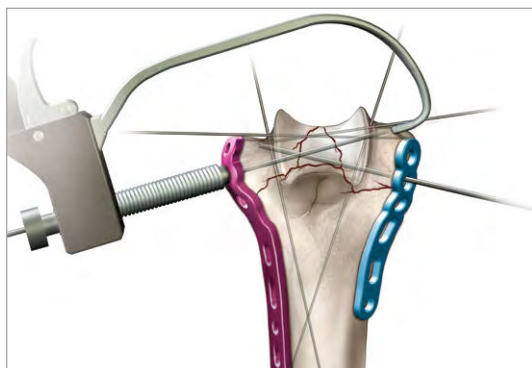
TECHNICAL OBJECTIVES CHECKLIST:

- Every screw should pass through a plate
- Each screw engages a fragment on the opposite side that is also attached to a plate
- Each screw should be as long as possible
- Each screw should engage as many fragments as possible
- The screws in the distal fragments should lock together by interdigitation, creating a “fixed angle” structure
- Plates should be applied such that compression is achieved at the supracondylar level for both columns
- Plates must be strong and stiff enough to resist breaking or bending before union occurs.



1 ARTICULAR FRAGMENT REDUCTION

The articular fragments, which tend to be rotated toward each other in the axial plane, are reduced anatomically and provisionally held with two .045" x 6" ST Guide Wires (WS-1106ST). It is essential that these wires be placed close to the subchondral level to avoid interference with later screw placement, and away from where the plates will be placed on the lateral and medial columns (see Step 2). One or two strategically placed wires can then be used to provisionally hold the distal fragments in alignment with the humeral shaft.



2 PLATE PLACEMENT AND PROVISIONAL FIXATION

The selected Medial and Lateral Plates are placed and held apposed to the distal humerus, while one 2.0 mm x 9" ST Guide Wire (WS-2009ST) is inserted through hole #2 (numbered from distal to proximal) of each plate through the epicondyles and across the distal fragments to maintain provisional fixation. These 2.0 mm wires are left in place until Step 7 to aid in placing the locking screws in the distal fragments.

Note: The Medial and Lateral Distal Humerus Plates are designed to accept 3.0 mm and 3.5 mm hexalobe screws. If using 3.0 mm screws, use the 2.3 mm Quick Release Drill (80-0627) and the 2.3 mm Locking Drill Guide (80-0622). If using 3.5 mm screws, use the 2.8 mm Quick Release Drill (80-0387) and the 2.8 mm Locking Drill Guide (80-0668).

Note: The 2.7 mm hexalobe screws have a smaller head diameter and should NOT be used with the Medial and Lateral Distal Humerus Plates.

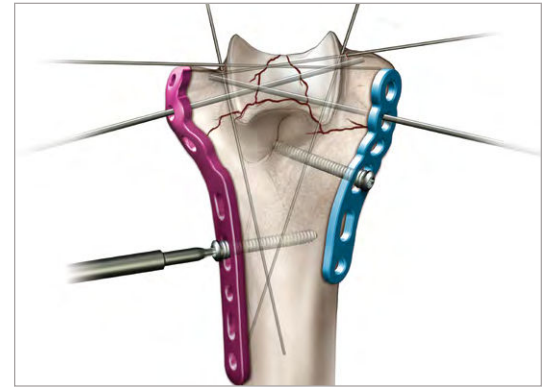
Note: The Medial Plates are not left- and right-specific and are all **fuchsia** in color. The Lateral Plates are **green** in color for use on a right arm and **blue** in color for use on a left arm.



3 INITIAL PROXIMAL SCREW PLACEMENT

With provisional reduction confirmed, drill through a proximal slotted hole along the shaft of the plate with the 2.8 mm Quick Release Drill (80-0387) and measure for depth with the Depth Gauge 6–65 mm (80-0623). Connect the T15 Stick Fit Hexalobe Driver (80-0760) to the Medium Ratcheting Driver Handle (80-0663) and insert the appropriate length of 3.5 mm nonlocking hexalobe screw (80-025X–30-027X). Tighten the screw partially, allowing some freedom for the plate to move proximally during compression in later steps.

The undersurface of each plate is tubular in the metaphyseal and diaphyseal regions, so the screw in the slotted hole only needs to be tightened slightly to provide provisional fixation of the entire distal humerus. A 3.5 mm Cortical Screw Bone Tap (MS-LTT35) is available for patients with dense bone.

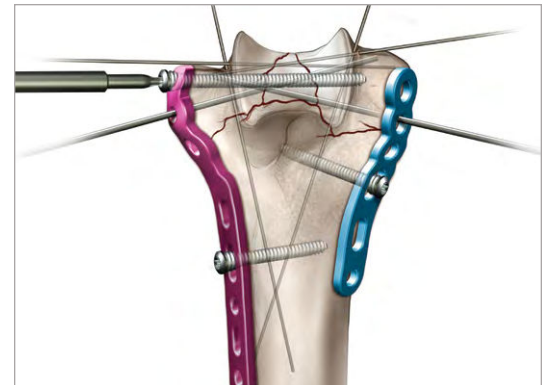


Screw Diameter	Drill Diameter
3.0 mm	2.3 mm
3.5 mm	2.8 mm

4 NONLOCKING DISTAL SCREW PLACEMENT

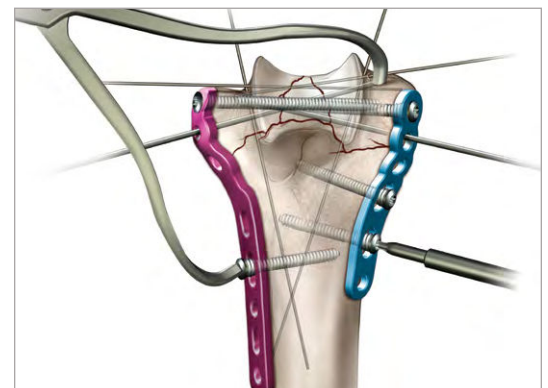
Drill and insert the appropriate lengths of 3.5 mm nonlocking hexalobe screws through hole #1 on both the medial and lateral side. The Targeted Drill Guide (PL-CLAMP) cannot be used in hole #1 of the Medial Plate if the angle of the nonlocking screw exceeds 20°. After drilling, measure depth and insert the appropriate length 3.5 mm nonlocking hexalobe screw.

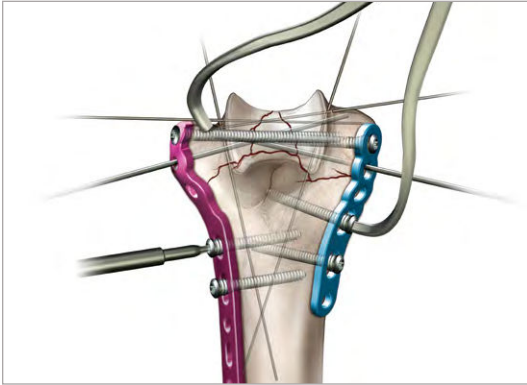
The 3.0 mm nonlocking hexalobe screws may be used to enable more screws to be placed in the distal fragments to provide stability.



5 COMPRESS LATERAL COLUMN

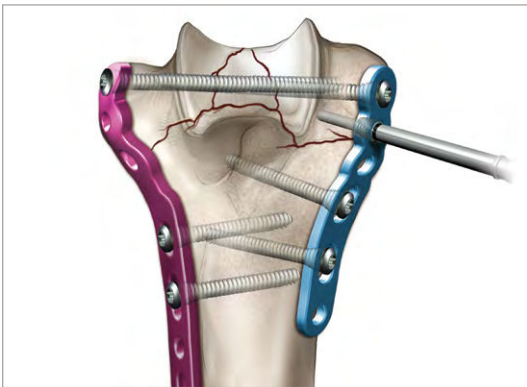
Using the 8" Bone Reduction Forceps (MS-1280) to provide interfragmentary compression across the fracture at the supracondylar level, the lateral column is first fixed. A 3.5 mm nonlocking hexalobe screw is inserted in the Lateral Plate in dynamic compression mode in a slotted hole proximal to the fracture site using the Offset Drill Guide (PL-2095). Tightening this screw further increases interfragmentary compression at the supracondylar level to the point of causing some distraction at the medial supracondylar ridge. The .045" wires used for provisional fixation may be removed at this point.





6 COMPRESS MEDIAL COLUMN

The medial column is compressed in a similar manner using the 8" Bone Reduction Forceps. Insert a 3.5 mm nonlocking hexalobe screw into a slotted hole proximal to the fracture site in the Medial Plate. The screw should be inserted in a dynamic compression mode. If the plates are slightly under contoured, they can be compressed against the metaphysis with a large bone clamp, giving further supracondylar compression. Remove the 2.0 mm wires that were inserted in Step 2.



7 TAP DISTAL PLATE HOLES

Note: This is an optional step. Please follow Step 7 if locking screws are desired in the distal plate holes. If nonlocking screws are preferred, please continue to Step 8.

To tap the distal plate holes for a 3.5 mm locking hexalobe screw, use the 2.8 mm Quick Release Drill. Measure drill depth with the Depth Gauge to determine screw length. Connect the Plate Tap for 3.5 mm Screws (80-0661) to the T-Handle (MS-T1212) and tap the plate. The front end of the tap will act as a guide to aid the locking screw in following the correct trajectory. Turning the tap one-half turn at a time, tap the plate, taking care not to insert the tap further than the start of the laser line on the tap threads (see Tapping Instructions below). The T-Handle should only be used with the plate taps and not for locking or nonlocking screw insertion. The proximal slotted holes are NOT to be tapped.

SINGLE-USE TAPPING INSTRUMENT PRECAUTIONS:

Tapping a plate using a plate tap will cause titanium debris to be generated, which should be removed. Failure to remove the plate debris can cause, among other complications, inflammation, cartilage damage and patient discomfort. The taps are single-surgery use only and should be discarded after each surgery or if the tap becomes dull or damaged. If the resistance increases while using a tap, discard the tap immediately. Breakage to the tap can occur due to excessive torque or levering and care should be taken to avoid such conditions. Should breakage occur, carefully remove all tap pieces.

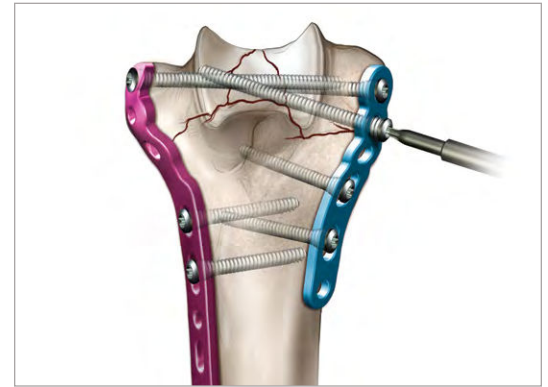
Tapping Instructions:

- Do not tap deeper than the start of the laser line
- Clean debris from tap after tapping each hole
- Irrigate hole prior to tapping
- Do not tap a slot
- Do not re-tap a hole (use a nonlocking screw)
- Tap by hand, not under power
- Angle of tapped hole must not exceed 20°

8 INSERT DISTAL SCREWS

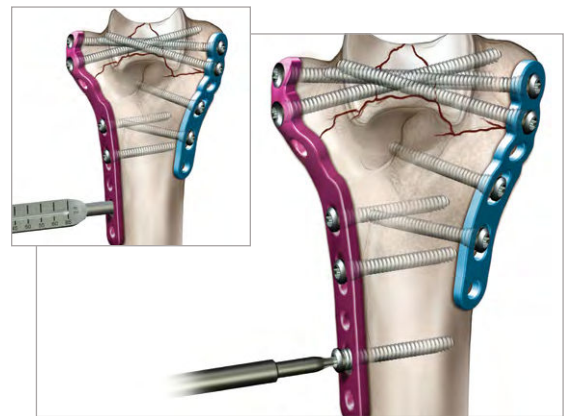
Insert the appropriate length of 3.0 or 3.5 mm locking hexalobe screws for tapped plate holes or 3.0 or 3.5 mm nonlocking hexalobe screws for untapped plate holes. Care should be taken to not overtighten the screw.

The #3 holes on both the Medial and Lateral Plates are optional. If these holes are used, be sure to use locking screws if locking screws have already been inserted in previous steps.



9 INSERT PROXIMAL LOCKING SCREWS

The remaining locking shaft screws may be inserted at the surgeon's discretion. Note that the plate holes in the humeral shaft are pre-threaded, fixed angle screws. Thread the 2.8 mm Hexalobe Locking Drill Guide 6–65 mm (80-0668) into the locking plate holes and drill using the 2.8 mm Quick Release Drill. Drill depth may be read directly off of the laser line on the drill or with the 2.3 mm Depth Probe (80-0664). Insert the appropriate length of 3.5 mm locking hexalobe screws.



10 POSTOPERATIVE PROTOCOL

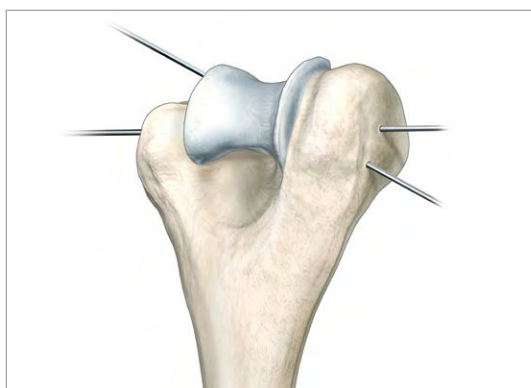
Note: The following protocol may be replaced with an alternative protocol at the performing surgeon's discretion.

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in extension. The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after two days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.



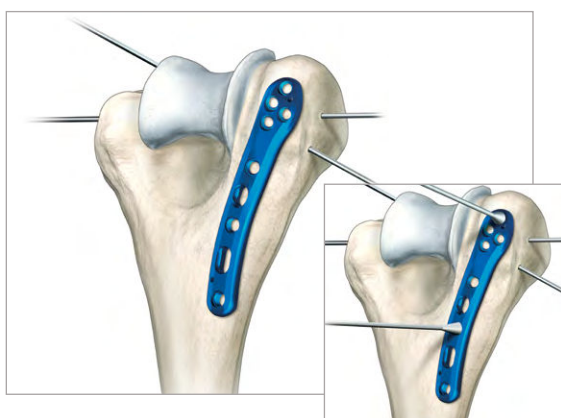
Posterolateral Plate Surgical Technique

SHAWN W. O'DRISCOLL, PH.D., M.D.



1 ARTICULAR FRAGMENT REDUCTION

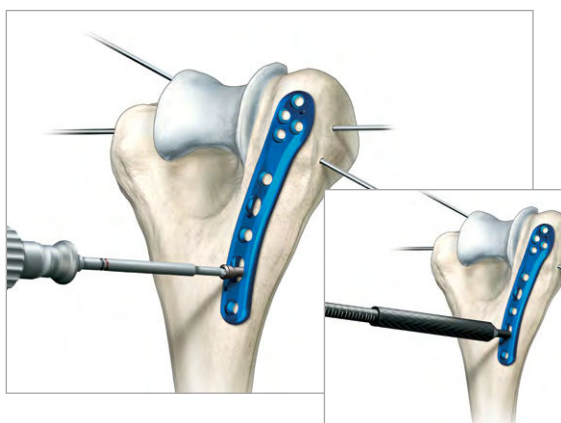
Following exposure, the articular fragments are reduced anatomically and provisionally held using .045" x 6" ST Guide Wires (WS-1106ST). It is essential that these wires be placed close to the subchondral level to avoid interference with later screw placement, and away from where the plate will be placed on the posterolateral column. The Bone Reduction Forceps, 5.25 (MS-45300) and the 8" Bone Reduction Forceps (MS-1280) are provided in the system to aid in fracture reduction.



2 PLATE PLACEMENT AND PROVISIONAL FIXATION

Apply the selected Posterolateral Plate to the bone. K-wire holes are included on the plate for provisional fixation and accept .062" x 6" Guide Wires (WS-1607ST). Plate Tacks (PL-PTACK) may also be used through the plate holes to aid in provisional fixation.

Note: Plates designed for use on the left arm are **blue** in color. Plates designed for use on the right arm are **green** in color.



3 INITIAL PROXIMAL SCREW PLACEMENT

With provisional reduction confirmed, drill with the 2.8 mm Quick Release Drill (80-0387), measure depth with the Depth Gauge 6–65 mm (80-0623) and insert a 3.5 mm nonlocking hexalobe screw through the slotted hole that is located proximally on the plate. Connect the T15 Stick Fit Hexalobe Driver (80-0760) to the Medium Ratcheting Driver Handle (80-0663) and insert the screw.

Bone taps are provided and recommended for patients with dense bone.

Note: If a 3.0 mm nonlocking hexalobe screw is preferred, use the 2.3 mm Quick Release Drill (80-0627).

Screw Diameter	Drill Diameter
2.7 mm	2.0 mm
3.0 mm	2.3 mm
3.5 mm	2.8 mm

4 DISTAL SCREW FIXATION AND SUPRACONDYLAR COMPRESSION

The three most distal locking screws are inserted first by threading the 2.0 mm Locking Drill Guide (80-0621) into one of the three most distal plate holes. Select the 2.0 mm Quick Release Drill (80-0318) and drill to the desired depth through the 2.0 mm locking drill guide. Drill depth may be read directly off of the laser band on the drill or with a 2.0 mm Depth Probe (80-0643). The most proximal of the four distal screws may be inserted for additional fixation of the distal fragments (shown in the illustration).

Connect the T8 Stick Fit Hexalobe Driver (80-0759) to the Medium Ratcheting Driver Handle (80-0663) and insert a 2.7 mm locking hexalobe screw (30-03XX) until it is fully seated in the plate. Care should be taken to not overtighten the locking screws. Repeat this step for the remaining distal screws.

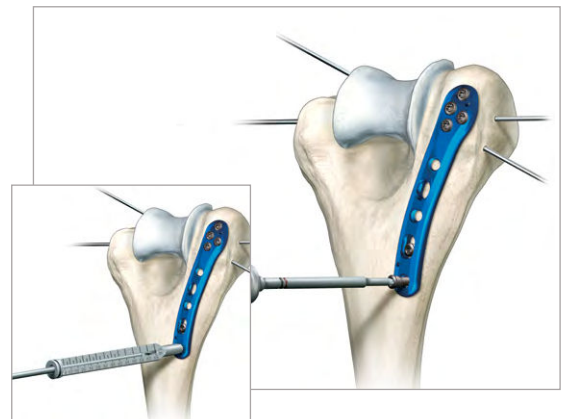
To achieve supracondylar compression, the screw in the slotted hole should be loosened and the fracture compressed at the supracondylar level.

Note: To assist in threading the 2.0 mm Locking Drill Guide into the distal locking holes, an optional Posterolateral Distal Humerus Targeting Guide may be available for use. Choose the Posterolateral Distal Humerus Targeting Guide Left (80-2143) for a left plate or the Posterolateral Distal Humerus Targeting Guide Right (80-2144) for a right plate. Place the appropriate guide over the distal locking holes and secure in place with the Targeting Guide Locking Bolt: 10-32 (80-2164). The locking bolt is designed to be inserted through the locking bolt hole on the guide, which is the most proximal hole.



5 INSERT PROXIMAL LOCKING SCREWS

The remaining locking shaft screws may be inserted at the surgeon's discretion. To insert the 3.5 mm locking hexalobe screws along the shaft, thread the 2.8 mm Locking Drill Guide 6–65 mm (80-0668) into the locking hole and drill using the 2.8 mm Quick Release Drill. Drill depth may be read directly off of the laser band on the drill or with the 2.3 mm Depth Probe (80-0664). Insert the appropriate length of 3.5 mm locking hexalobe screws.





6 POSTOPERATIVE PROTOCOL

Note: The following protocol may be replaced with an alternative protocol at the performing surgeon's discretion.

Immediately after closure, the elbow is placed in a bulky noncompressive Jones dressing with an anterior plaster slab to maintain the elbow in extension, and the upper extremity is elevated. The arm should be brought down from the elevated position frequently enough (perhaps once per hour) to minimize the likelihood of compartment syndrome.

The initial rehabilitation is planned according to the extent of soft-tissue damage. When the fracture is associated with severe soft-tissue damage, the extremity is kept immobilized and elevated with the elbow in extension for three to seven days postoperatively. If the fracture is closed and there is no severe swelling or fracture blisters, the Jones dressing is removed after three days and an elastic non-constrictive sleeve is applied over an absorbent dressing placed on the wound. A physical therapy program including active and passive motion is then initiated.

Coronoid Plates Surgical Technique

SHAWN W. O'DRISCOLL, PH.D., M.D.

1 FRACTURE FRAGMENT FIXATION

Expose the coronoid and ridge of the ulna through an anteromedial approach. Reduce and provisionally hold the fragments with smooth .045" x 6" ST Guide Wires (WS-1106ST).



2 PLATE PLACEMENT AND PROVISIONAL FIXATION

Apply the Coronoid Plate so that the two prongs on the proximal section grasp and buttress the anteromedial facet of the coronoid. If the sublime tubercle, on which the anterior bundle of the medial collateral ligament (MCL) inserts, is also fractured (Anteromedial Subtype III fracture), the offset screw hole should sit over that fragment for proper screw position. The distal portion of the plate should extend along the ridge on the anteromedial side of the ulna. Several .045" K-wires may be used for provisional plate fixation through the K-wire holes in the plate.



Note: Use caution when handling the plate as it has sharp prongs. Repeated and excessive bending may damage the plate, causing it to not fit or function as intended.

Note: Plates designed for use on the left arm are **blue** in color. Plates designed for use on the right arm are **green** in color.

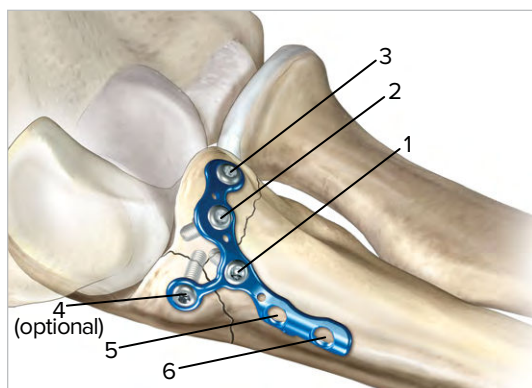
3 INSERT CENTRAL NONLOCKING SCREW

The first screw inserted is a 2.7 mm nonlocking hexalobe screw into hole #1, which is the "central" plate hole. Drill using the 2.0 mm Quick Release Drill (80-0318) and measure for the screw length using the Depth Gauge 6–65 mm (80-0623). Connect the T8 Stick Fit Hexalobe Driver (80-0759) to the Medium Ratcheting Driver Handle (80-0663) and insert the screw. When determining the screw lengths, make sure to compensate for any expected plate deformation if the bend does not fully seat the plate against the bone. As the screw is tightened, the plate will flex and contour to the bone. If the outer proximal hole begins to bend outward, tighten this first screw only partially, insert the most proximal screw, then go back to fully seat the central screw. Seating this screw may also cause the prongs on the proximal portion of the plate to buttress the coronoid and further compress the plate to the bone.



Screw Diameter	Drill Diameter
2.7 mm	2.0 mm

Note: Tapping the bone prior to screw insertion with the Bone Tap for 2.7 mm Hexalobe Screws (80-0625) may be needed for patients with dense bone (see Tapping Precautions and Instructions on page 10).



4 CORONOID FIXATION

To fill the proximal 2.7 mm nonlocking hexalobe screws (holes #2 and #3), use the same technique as in Step 3. If K-wires were inserted for provisional fixation, they should be removed prior to drilling and inserting screws into the proximal portion of the plate. The offset screw hole, #4, is optional and can be filled with a nonlocking screw if the fracture extends to the sublime tubercle. Image intensification is strongly recommended to verify the trajectory of the nonlocking screws to ensure they avoid the articular surface. As these nonlocking screws are inserted, the plate will continue to contour to the bone.



5 INSERT REMAINING LOCKING SCREWS

To insert the 2.7 mm locking hexalobe screws, thread the 2.0 mm Locking Drill Guide (80-0621) into each distal plate hole (#5 and #6) and drill with the 2.0 mm Quick Release Drill. Insert the locking screws with the T8 Stick Fit Hexalobe Driver and the Medium Ratcheting Driver Handle. Nonlocking screws can be used at the surgeon's discretion. Care should be taken to not overtighten the screws or apply excess torque on the driver.



6 POSTOPERATIVE PROTOCOL

Note: The following protocol may be replaced with an alternative protocol at the performing surgeon's discretion.

Immediately after closure, the elbow is placed in a bulky non-compressive Jones dressing with an anterior plaster slab to maintain the elbow in a relatively extended position and the upper extremity is kept elevated for three days, bringing it down from the elevated position each hour for 5–10 minutes to avoid inadequate perfusion. The initial rehabilitation is planned according to the stability of the elbow, security of fracture fixation and the extent of soft tissue damage.

Ordering Information

Olecranon Plates

Olecranon Plate, Standard, 3-hole, Left (65 mm)	70-0302
Olecranon Plate, Standard, 3-hole, Right (65 mm)	70-0303
Olecranon Plate, Standard, 5-hole, Left (90 mm)	70-0304
Olecranon Plate, Standard, 5-hole, Right (90 mm)	70-0305
Olecranon Plate, Standard, 7-hole, Left (110 mm)	70-0306
Olecranon Plate, Standard, 7-hole, Right (110 mm)	70-0307
Olecranon Plate, Standard, 11-hole, Left (150 mm)	70-0308
Olecranon Plate, Standard, 11-hole, Right (150 mm)	70-0309
Olecranon Plate, Extended, 5-hole, Left (90 mm)	70-0312
Olecranon Plate, Extended, 5-hole, Right (90 mm)	70-0313
Olecranon Plate, Extended, 9-hole, Left (130 mm)	70-0314
Olecranon Plate, Extended, 9-hole, Right (130 mm)	70-0315

Optional Olecranon Plates

Olecranon Plate, Standard, 15-hole, Left (190 mm)	70-0310
Olecranon Plate, Standard, 15-hole, Right (190 mm)	70-0311
Olecranon Plate, Narrow, 5-hole, Left (85 mm)	70-0316
Olecranon Plate, Narrow, 5-hole, Right (85 mm)	70-0317

Optional Posterolateral Distal Humerus Plates

Posterolateral Distal Humerus Plate, 15-hole, Left (203 mm)	70-0380
Posterolateral Distal Humerus Plate, 15-hole, Right (203 mm)	70-0381

Coronoid Plates

Coronoid Plate, Standard, Left	70-0413
Coronoid Plate, Standard, Right	70-0414

Optional Coronoid Plates

Coronoid Plate, Small, Left	70-0415
Coronoid Plate, Small, Right	70-0416

Distal Humerus Plates

Locking Medial Plate, 7-hole (84 mm)	PL-LEM7
Locking Medial Plate, 8-hole (88 mm)	PL-LEM8
Locking Medial Plate, Long, 9-hole (96 mm)	PL-LEM9L
Locking Medial Plate, Short, 9-hole (95 mm)	PL-LEM9S
Locking Medial Plate, 12-hole (130 mm)	PL-LEM12
Locking Medial Plate, 16-hole (175 mm)	PL-LEM16
Locking Lateral Plate, 6-hole, Left (58 mm)	PL-LEL6L
Locking Lateral Plate, 6-hole, Right (58 mm)	PL-LEL6R
Locking Lateral Plate, 10-hole, Left (100 mm)	PL-LEL10L
Locking Lateral Plate, 10-hole, Right (100 mm)	PL-LEL10R
Locking Lateral Plate, 14-hole, Left (142 mm)	PL-LEL14L
Locking Lateral Plate, 14-hole, Right (142 mm)	PL-LEL14R
Locking Lateral Plate, 20-hole, Left (206 mm)	PL-LEL20L
Locking Lateral Plate, 20-hole, Right (206 mm)	PL-LEL20R
Posterolateral Distal Humerus Plate, 5-hole, LT (78 mm)	70-0374
Posterolateral Distal Humerus Plate, 5-hole, RT (78 mm)	70-0375
Posterolateral Distal Humerus Plate, 7-hole, LT (103 mm)	70-0376
Posterolateral Distal Humerus Plate, 7-hole, RT (103 mm)	70-0377
Posterolateral Distal Humerus Plate, 11-hole, LT (152 mm)	70-0378
Posterolateral Distal Humerus Plate, 11-hole, RT (152 mm)	70-0379

Ordering Information

3.5 mm Locking Hexalobe Screws

3.5 mm x 8 mm Locking Hexalobe Screw	30-0232
3.5 mm x 10 mm Locking Hexalobe Screw	30-0233
3.5 mm x 12 mm Locking Hexalobe Screw	30-0234
3.5 mm x 14 mm Locking Hexalobe Screw	30-0235
3.5 mm x 16 mm Locking Hexalobe Screw	30-0236
3.5 mm x 18 mm Locking Hexalobe Screw	30-0237
3.5 mm x 20 mm Locking Hexalobe Screw	30-0238
3.5 mm x 22 mm Locking Hexalobe Screw	30-0239
3.5 mm x 24 mm Locking Hexalobe Screw	30-0240
3.5 mm x 26 mm Locking Hexalobe Screw	30-0241
3.5 mm x 28 mm Locking Hexalobe Screw	30-0242
3.5 mm x 30 mm Locking Hexalobe Screw	30-0243
3.5 mm x 32 mm Locking Hexalobe Screw	30-0244
3.5 mm x 34 mm Locking Hexalobe Screw	30-0245
3.5 mm x 36 mm Locking Hexalobe Screw	30-0246
3.5 mm x 38 mm Locking Hexalobe Screw	30-0247
3.5 mm x 40 mm Locking Hexalobe Screw	30-0248
3.5 mm x 45 mm Locking Hexalobe Screw	30-0249
3.5 mm x 50 mm Locking Hexalobe Screw	30-0250
3.5 mm x 55 mm Locking Hexalobe Screw	30-0251
3.5 mm x 60 mm Locking Hexalobe Screw	30-0252

3.5 mm Nonlocking Hexalobe Screws

3.5 mm x 8 mm Nonlocking Hexalobe Screw	30-0255
3.5 mm x 10 mm Nonlocking Hexalobe Screw	30-0256
3.5 mm x 12 mm Nonlocking Hexalobe Screw	30-0257
3.5 mm x 14 mm Nonlocking Hexalobe Screw	30-0258
3.5 mm x 16 mm Nonlocking Hexalobe Screw	30-0259
3.5 mm x 18 mm Nonlocking Hexalobe Screw	30-0260
3.5 mm x 20 mm Nonlocking Hexalobe Screw	30-0261
3.5 mm x 22 mm Nonlocking Hexalobe Screw	30-0262
3.5 mm x 24 mm Nonlocking Hexalobe Screw	30-0263
3.5 mm x 26 mm Nonlocking Hexalobe Screw	30-0264
3.5 mm x 28 mm Nonlocking Hexalobe Screw	30-0265
3.5 mm x 30 mm Nonlocking Hexalobe Screw	30-0266
3.5 mm x 32 mm Nonlocking Hexalobe Screw	30-0267
3.5 mm x 34 mm Nonlocking Hexalobe Screw	30-0268
3.5 mm x 36 mm Nonlocking Hexalobe Screw	30-0269
3.5 mm x 38 mm Nonlocking Hexalobe Screw	30-0270
3.5 mm x 40 mm Nonlocking Hexalobe Screw	30-0271
3.5 mm x 45 mm Nonlocking Hexalobe Screw	30-0272
3.5 mm x 50 mm Nonlocking Hexalobe Screw	30-0273
3.5 mm x 55 mm Nonlocking Hexalobe Screw	30-0274
3.5 mm x 60 mm Nonlocking Hexalobe Screw	30-0275
3.5 mm x 65 mm Nonlocking Hexalobe Screw	30-0276

3.0 mm Locking Hexalobe Screws

3.0 mm x 8 mm Locking Hexalobe Screw	30-0278
3.0 mm x 10 mm Locking Hexalobe Screw	30-0279
3.0 mm x 12 mm Locking Hexalobe Screw	30-0280
3.0 mm x 14 mm Locking Hexalobe Screw	30-0281
3.0 mm x 16 mm Locking Hexalobe Screw	30-0282
3.0 mm x 18 mm Locking Hexalobe Screw	30-0283
3.0 mm x 20 mm Locking Hexalobe Screw	30-0284
3.0 mm x 22 mm Locking Hexalobe Screw	30-0285
3.0 mm x 24 mm Locking Hexalobe Screw	30-0286
3.0 mm x 26 mm Locking Hexalobe Screw	30-0287
3.0 mm x 28 mm Locking Hexalobe Screw	30-0288
3.0 mm x 30 mm Locking Hexalobe Screw	30-0289
3.0 mm x 32 mm Locking Hexalobe Screw	30-0290
3.0 mm x 34 mm Locking Hexalobe Screw	30-0291
3.0 mm x 36 mm Locking Hexalobe Screw	30-0292
3.0 mm x 38 mm Locking Hexalobe Screw	30-0293
3.0 mm x 40 mm Locking Hexalobe Screw	30-0294
3.0 mm x 45 mm Locking Hexalobe Screw	30-0295
3.0 mm x 50 mm Locking Hexalobe Screw	30-0296
3.0 mm x 55 mm Locking Hexalobe Screw	30-0297
3.0 mm x 60 mm Locking Hexalobe Screw	30-0298

3.0 mm Nonlocking Hexalobe Screws

3.0 mm x 8 mm Nonlocking Hexalobe Screw	30-0301
3.0 mm x 10 mm Nonlocking Hexalobe Screw	30-0302
3.0 mm x 12 mm Nonlocking Hexalobe Screw	30-0303
3.0 mm x 14 mm Nonlocking Hexalobe Screw	30-0304
3.0 mm x 16 mm Nonlocking Hexalobe Screw	30-0305
3.0 mm x 18 mm Nonlocking Hexalobe Screw	30-0306
3.0 mm x 20 mm Nonlocking Hexalobe Screw	30-0307
3.0 mm x 22 mm Nonlocking Hexalobe Screw	30-0308
3.0 mm x 24 mm Nonlocking Hexalobe Screw	30-0309
3.0 mm x 26 mm Nonlocking Hexalobe Screw	30-0310
3.0 mm x 28 mm Nonlocking Hexalobe Screw	30-0311
3.0 mm x 30 mm Nonlocking Hexalobe Screw	30-0312
3.0 mm x 32 mm Nonlocking Hexalobe Screw	30-0313
3.0 mm x 34 mm Nonlocking Hexalobe Screw	30-0314
3.0 mm x 36 mm Nonlocking Hexalobe Screw	30-0315
3.0 mm x 38 mm Nonlocking Hexalobe Screw	30-0316
3.0 mm x 40 mm Nonlocking Hexalobe Screw	30-0317
3.0 mm x 45 mm Nonlocking Hexalobe Screw	30-0318
3.0 mm x 50 mm Nonlocking Hexalobe Screw	30-0319
3.0 mm x 55 mm Nonlocking Hexalobe Screw	30-0320
3.0 mm x 60 mm Nonlocking Hexalobe Screw	30-0321
3.0 mm x 65 mm Nonlocking Hexalobe Screw	30-0322

Ordering Information

2.7 Locking Hexalobe Screws

2.7 mm x 8 mm Locking Hexalobe Screw	30-0324
2.7 mm x 10 mm Locking Hexalobe Screw	30-0325
2.7 mm x 12 mm Locking Hexalobe Screw	30-0326
2.7 mm x 14 mm Locking Hexalobe Screw	30-0327
2.7 mm x 16 mm Locking Hexalobe Screw	30-0328
2.7 mm x 18 mm Locking Hexalobe Screw	30-0329
2.7 mm x 20 mm Locking Hexalobe Screw	30-0330
2.7 mm x 22 mm Locking Hexalobe Screw	30-0331
2.7 mm x 24 mm Locking Hexalobe Screw	30-0332
2.7 mm x 26 mm Locking Hexalobe Screw	30-0333
2.7 mm x 28 mm Locking Hexalobe Screw	30-0334
2.7 mm x 30 mm Locking Hexalobe Screw	30-0335
2.7 mm x 32 mm Locking Hexalobe Screw	30-0336

2.7 Nonlocking Hexalobe Screws

2.7 mm x 8 mm Nonlocking Hexalobe Screw	30-0343
2.7 mm x 10 mm Nonlocking Hexalobe Screw	30-0344
2.7 mm x 12 mm Nonlocking Hexalobe Screw	30-0345
2.7 mm x 14 mm Nonlocking Hexalobe Screw	30-0346
2.7 mm x 16 mm Nonlocking Hexalobe Screw	30-0347
2.7 mm x 18 mm Nonlocking Hexalobe Screw	30-0348
2.7 mm x 20 mm Nonlocking Hexalobe Screw	30-0349
2.7 mm x 22 mm Nonlocking Hexalobe Screw	30-0350
2.7 mm x 24 mm Nonlocking Hexalobe Screw	30-0351
2.7 mm x 26 mm Nonlocking Hexalobe Screw	30-0352
2.7 mm x 28 mm Nonlocking Hexalobe Screw	30-0353
2.7 mm x 30 mm Nonlocking Hexalobe Screw	30-0354
2.7 mm x 32 mm Nonlocking Hexalobe Screw	30-0355

Tension Band Pins

70 mm Non-Sterile Tension Band Pin	30-0098
90 mm Non-Sterile Tension Band Pin	30-0099

Instrumentation

T8 Stick Fit Hexalobe Driver	80-0759
T15 Stick Fit Hexalobe Driver	80-0760
2.0 mm Quick Release Drill	80-0318
2.3 mm Quick Release Drill	80-0627
2.8 mm Quick Release Drill	80-0387
3.5 mm Quick Release Drill	MS-DC35
Bone Tap for 2.7 mm Hexalobe Screws	80-0625
3.5 mm Cortical Screw Bone Tap	MS-LTT35
Plate Tap for 3.0 mm Screw	80-0659
Plate Tap for 3.5 mm Screw	80-0661
2.0 mm x 9" Guide Wire, Single Trocar	WS-2009ST
.045" x 6" SS Guide Wire	WS-1106ST
.062" x 6" SS Guide Wire	WS-1607ST
.062" x 6" Titanium Guide Wire (threaded)	WT-1606STT
.035" x 6" Titanium Guide Wire (threaded)	WT-0906STT
Plate Tack	PL-PTACK

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Acumed® Headquarters
5885 NW Cornelius Pass Road
Hillsboro, OR 97124

Office: 888.627.9957
Fax: 503.520.9618
acumed.net

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HOSPITAL INNOVATIONS NV
Mutsaardstraat 47 - B-9550 Herzele
Tel.: +32 (0) 54 50 40 05
Fax: +32 (0) 54 50 20 28
info@hospitalinnovations.be
www.hospitalinnovations.be