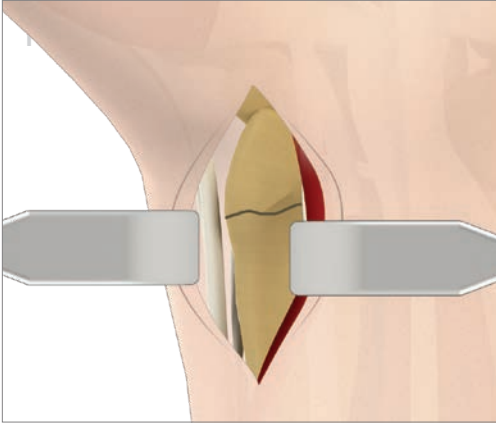


# Radial Column Pin Plate™

Wrist 3

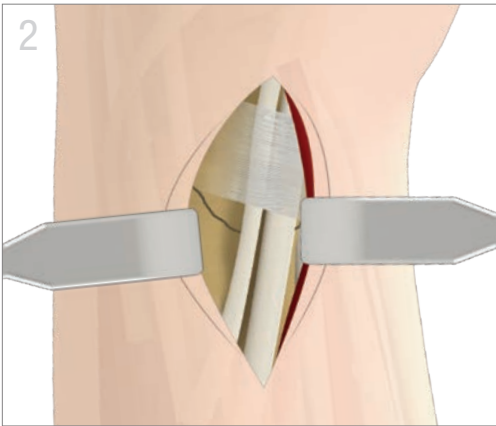
SURGICAL TECHNIQUE





## Exposure

- The radial column may be exposed through a volar, dorsal or radial incision with reflection of the soft tissue off the 1st dorsal compartment. With the volar approach, first establish the interval between the radial artery and brachioradialis.
- The tip of a tenotomy scissors can be used to elevate a subcutaneous flap with blunt dissection by sweeping from a proximal to distal position above the sheath of the 1st dorsal compartment. The dorsal sensory nerves are protected in the flap.



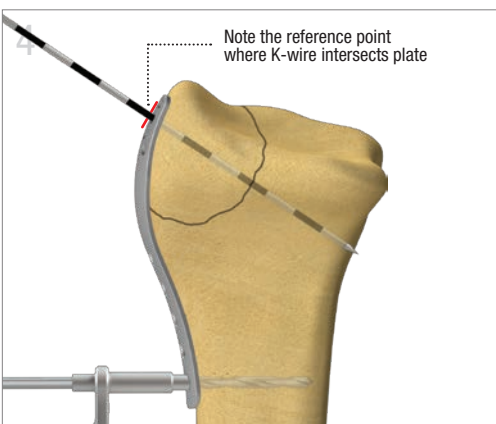
- With the tip of a knife, reflect the periosteum to expose the bare area of the radial styloid between the 1st and 2nd dorsal compartments.
- Proximally, open the 1st dorsal compartment leaving the distal 1cm of the sheath intact.
- Release the brachioradialis from its insertion and expose the radial border of the distal shaft as needed.



## Fracture Reduction and Provisional Fixation

- Reduce the fracture and insert a 1.1mm (0.045") transtyloid K-wire.
- Drive proximally across the fracture and exit the far cortex at the syndesmosis by 1-2mm. Direct the pin to the distal ulnar cortex of the radius, proximal to the fracture line.
- Insert bone graft through the radial defect, if needed.

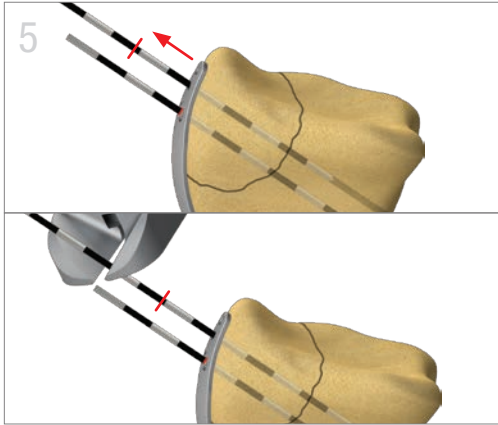
**Note:** When the K-wire tip hits the far cortex during insertion, slide a 1.8mm drill sleeve over the K-wire; slide the wire driver to within 5mm of the top of the guide to use as a drill stop and prevent overpenetration of the far cortex by the K-wire.



## Plate Position and Application

- Slide the Radial Column Pin Plate™ over the K-wire, feeding it proximally under the tendons of the 1<sup>st</sup> dorsal compartment.
- Seat the plate proximally against bone. Drill a proximal hole using the 1.8mm drill guide (GUIDE-1.8/2.4) and 1.8mm (blue) drill bit. Measure length with the depth gauge (GAUGE-1.8) and insert a 2.4mm cortical screw.

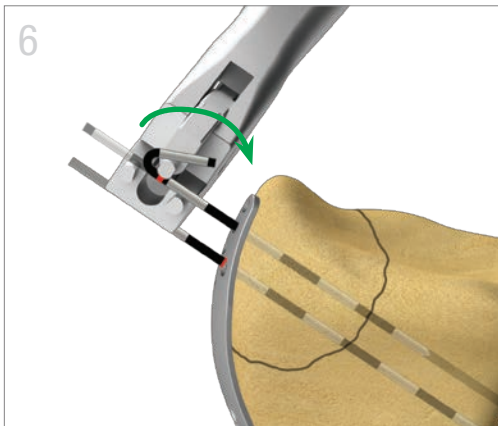
**Note:** If there is excessive space between the central portion of the plate and the underlying bone, first check that the implant is not positioned too far proximally. If necessary, the plate may be contoured by hand, if necessary.



### Preparing Pin Hook

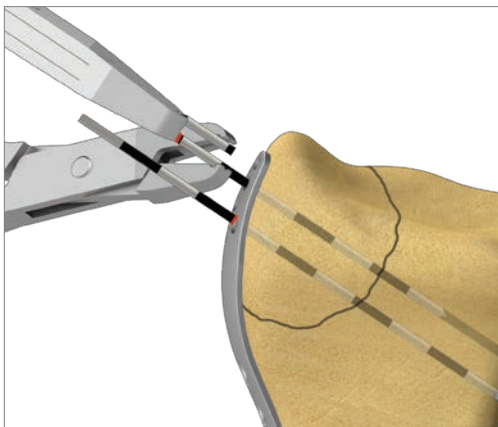
- Insert a second 1.1mm K-wire, skipping a hole.
- To create a pin of proper length, use the banding pattern to note a reference point where the K-wire intersects the plate.
- Withdraw the K-wire 1cm\* to provide a comfortable working distance for the hook.
- Cut the K-wire at least 10-12mm above the reference point.

\* 1cm = 1 black stripe + 1 silver stripe



### Creating Pin Hook

- Place the reference point between the lower two posts of the Wire Bender.
- Create the hook by simultaneously squeezing and rotating the Wire Bender in the direction of the bend.



### Finishing Pin Hook

- Hold the end of the hook with one Pin Clamp and complete the hook with a second Pin Clamp.
- Slightly over-bending the hook will allow it to snap into the plate.
- Predrill a hole with a 1.1mm K-wire to receive the hook, either in an adjacent pin hole or over the dorsal edge of the plate.



### Final Fixation

- With the impactor, fully seat the pin against the plate. If needed, a small elevator can be used to slightly separate the hook to allow it to seat in the adjacent hole during impaction.
- Repeat the procedure for the second 1.1mm K-wire.
- Complete fixation with additional 2.4mm cortical screws proximally.
- As a final step, gently impact both hooks again to ensure seating.

All components are **Wrist Fixation System 3 (WS3)** items. All implants made from surgical grade stainless steel.

## TIPS

1. Since the Radial Column Pin Plate™ compresses the distal fragment against the ulna and locks articular fragments in place, it typically is applied after other fragment specific implants are placed.
2. If used with the TriMed Volar Bearing Plate™ or TriMed Volar Fixed Angle Plate™, the Radial Column Pin Plate™ is usually applied before the volar plate is secured on both sides of the fracture site in order to allow the radial compression produced by this implant to help with correction of coronal malalignment and reduction of the DRUJ.

### Screw Table



Cortical Screw,  
2.4mm

	TRX2.4-XX
Length	10-32mm *
Drill	● 1.8mm
Guide	GUIDE-1.8/2.4
Driver	Torx 8

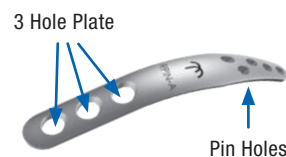
\* 2mm increments

### Radial Column Pin Plate™

RPIN-3 (3 Hole)

RPIN-5 (5 Hole)

RPIN-7 (7 Hole)



#### Please Note:

Markings on the underside of plate are unique to Wrist 3 Plates *only*.

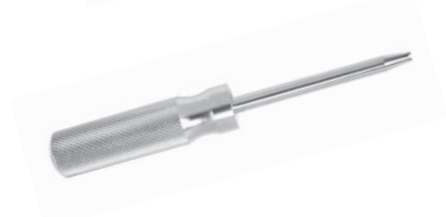
### Wire Bender

BNDWIR-1.1



### Impactor

IMPCT



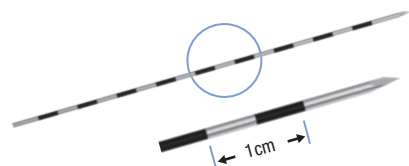
### Pin Clamp

PINCLAMP



### K-Wire

WIRE-1.1/100



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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 Wrist Fixation System 3 reference IFU on [trimedortho.com/ifu](http://trimedortho.com/ifu).

See [trimedortho.com/patents](http://trimedortho.com/patents) for all patent information.