UNITE®
FOOT & ANKLE

# REFLEX® Foot Recon Nitinol Implant System

System overview & surgical technique.

## DYNAMIC BIPLANAR COMPRESSION TECHNOLOGY

# Discover compression without compromise

While nitinol staples have steadily risen in popularity, static plates and screws are widely used in conjunction with staples to provide added fixation and stability. A key disadvantage of such hybrid constructs is the inherent neutralization of compression caused by the addition of static devices such as locking plates and cannulated screws.

## Common constructs incorporating Nitinol

Staple with static screw

Plate with staple

Nitinol plate with static screw

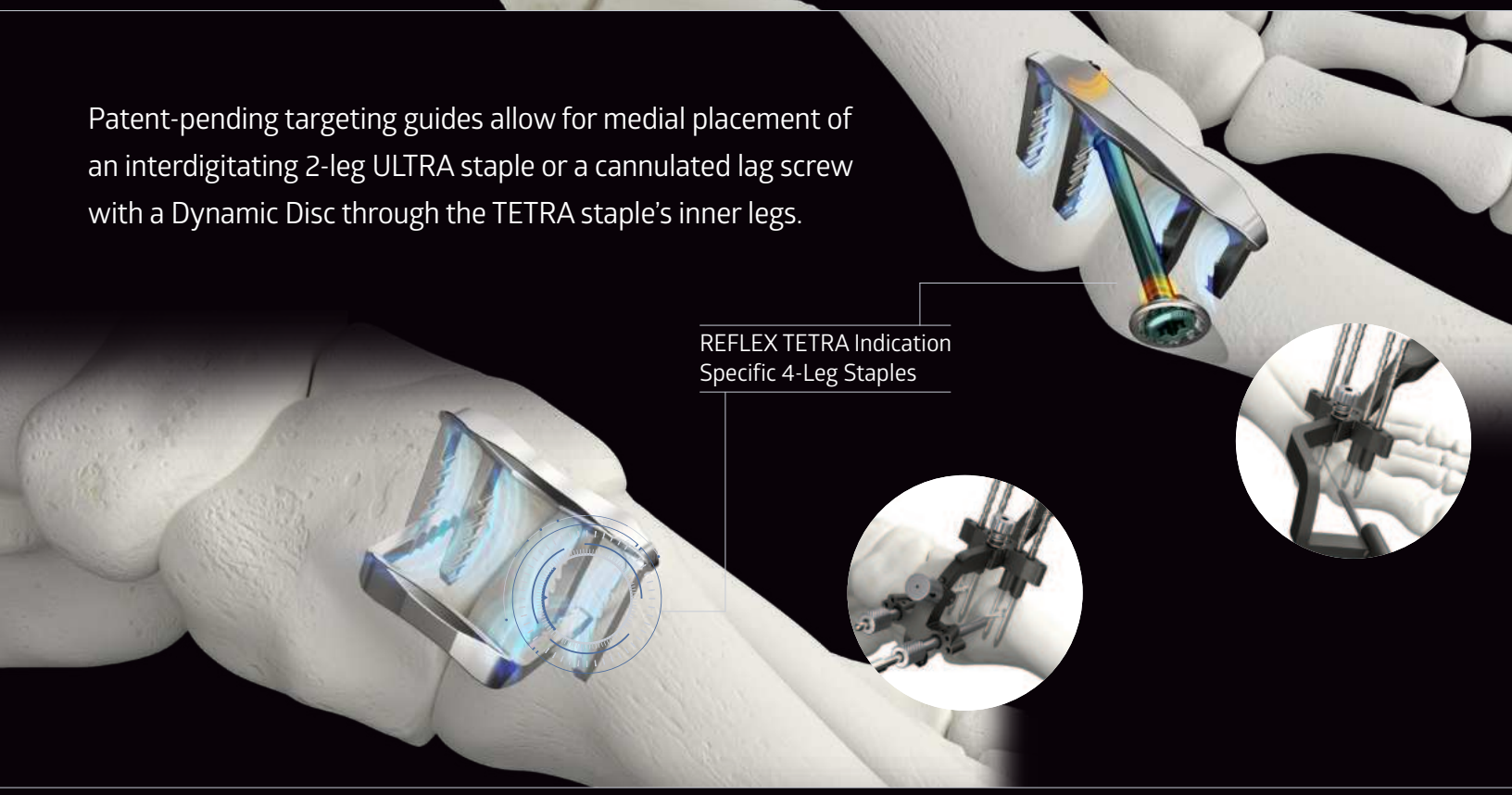
REFLEX® **Dynamic Biplanar Compression** Technology

Fortunately, technology is evolving, leading the way to new possibilities for internal fixation. REFLEX® represents a major step forward for nitinol by harnessing superelastic and shape memory properties and applying them to novel implants.

REFLEX HYBRID combines the compression of a nitinol staple with the stability of a locking plate, offering indication-specific implants designed for MTP fusions and Lapidus procedures.

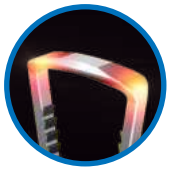
Patent-pending targeting guides allow for medial placement of an interdigitating 2-leg ULTRA staple or a cannulated lag screw with a Dynamic Disc through the TETRA staple's inner legs.

REFLEX TETRA Indication Specific 4-Leg Staples

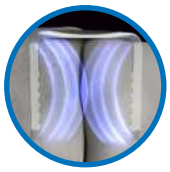


REFLEX Nitinol Dynamic Disc is an innovative implant that transforms a traditional static lag screw into a dynamic construct. REFLEX disc provides continuous compression and gap recovery up to 4.0 mm to address bone resorption occurring during the post-operative healing phase. The disc is available in Ø4.0mm, Ø4.5mm, Ø5.5mm, and Ø7.0mm sizes.

# Staple features

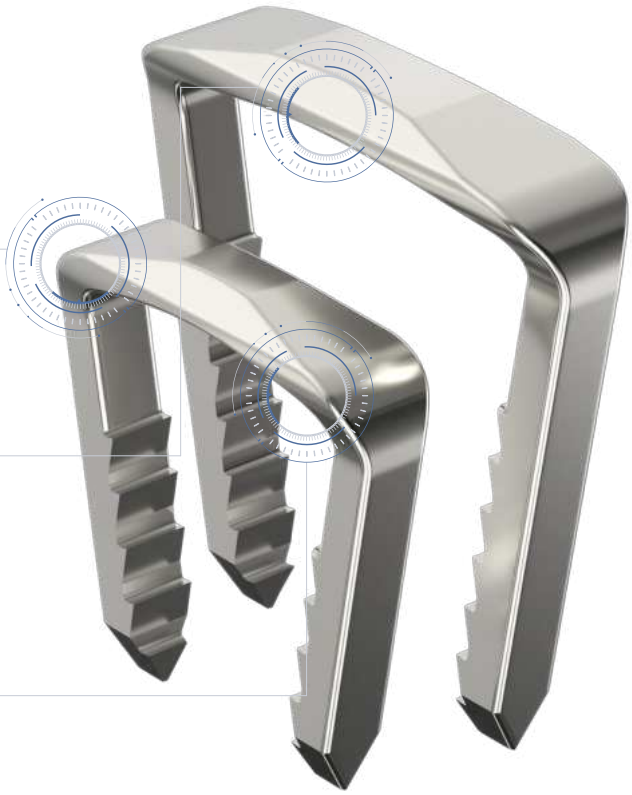


**Reinforced shoulders** improve strength in highest strain area



**Curved bridge design** for even compression across the fusion site

**Ultra-low profile wide bridge** for enhanced stability and minimal prominence



## Device Description

The Medline UNITE REFLEX Nitinol Staples and Dynamic Discs are manufactured from nickel titanium alloy (Nitinol). Staples are offered in different bridge lengths and include 2-leg and 4-leg staples. Dynamic Discs are manufactured from nickel titanium alloy (nitinol) and are offered in various diameters to be used in conjunction with UNITE cannulated screws of various diameters. The system also includes disposable and reusable instrumentation necessary to implant the staples and discs, e.g. drill guides, drills, countersinks, locating pins, staple inserter and tamp. The system also includes targeting guides and instrumentation to prepare the joint surfaces for arthrodesis, including metatarsal and phalangeal joint reamers, joint fenestration drill pins, arthrotomes and curettes.

The Medline UNITE REFLEX HYBRID Nitinol Implants are manufactured from nickel titanium alloy (nitinol). The implants utilize chemical etching and passivation to form a protective oxidation layer on the outer surface. Chemical etching and passivation are common processes to create a uniform oxidation layer on the surface of the implant. The system includes implants offered in various styles, sizes, and options; each designed for specific anatomy and procedures. The implants can accommodate Ø2.7mm, Ø3.5mm, and Ø4.0mm locking and non-locking cortical screws to be used with the polyaxial locking holes and compression slots. The system also includes reusable and disposable instrumentation necessary for implantation of the REFLEX HYBRID Nitinol Implant.

## Indications For Use

The Medline UNITE REFLEX Nitinol Staples are intended to provide fixation for fractures, fusions or osteotomies of the bones of the hand and foot such as: First metatarsalcuneiform arthrodesis, First metatarsophalangeal arthrodesis, Talo-Navicular fusion, and LisFranc arthrodesis. Staples are intended for single use only.

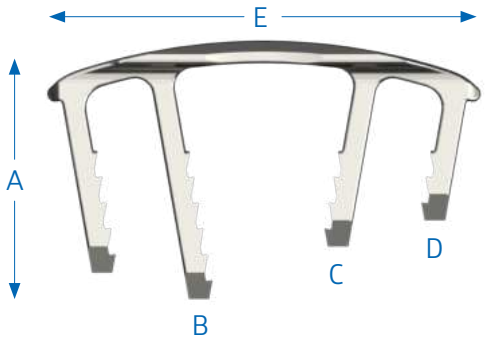
The Medline UNITE REFLEX Dynamic Discs are indicated for use in bone reconstruction, osteotomies, arthrodesis, joint fusion, fracture repair, and fracture fixation of bones appropriate for the size of the device. Discs are intended for single use only.

The Medline UNITE REFLEX HYBRID Nitinol Implants are intended to provide fixation for fractures, fusions or osteotomies of the bones of short (tarsals) and long (metatarsals, phalanges, distal tibia and fibula) bones comprising the foot and ankle such as: First metatarsalcuneiform arthrodesis, First metatarsophalangeal arthrodesis, Talo-Navicular Fusion, LisFranc arthrodesis, Scarf and Chevron osteotomies. Implants are intended for single use only.

The Medline UNITE Locking and Non-Locking Cortical Screws are indicated for use with the Medline UNITE REFLEX HYBRID Nitinol Implant. The Non-Locking Cortical Screws are also indicated for bone reconstruction, osteotomy, arthrodesis, joint fusion, fracture repair, and fracture fixation, appropriate for the size of the device.

# Implant options

| 4-Leg | REFLEX TETRA | A | B | C | D | E |
|---|---|---|---|---|---|---|
| 26mm MTP |  | 16mm | 18mm | 14mm | 12mm | 26mm |
| 26mm TMT |  | 20mm | 20mm | 16mm | 14mm | 26mm |
| 26mm Lapidus/TN |  | 20mm | 20mm | 20mm | 20mm | 26mm |
| 30mm MTP |  | 16mm | 18mm | 14mm | 12mm | 30mm |
| 30mm Lapidus |  | 20mm | 20mm | 20mm | 20mm | 30mm |




| REFLEX MINI | REFLEX MAX | REFLEX ULTRA | REFLEX Disc |
|---|---|---|---|
| 8 x 8mm | 15 x 15mm | 18 x 18mm | Ø4.0mm |
| 10 x 10mm | 15 x 18mm | 20 x 14mm | Ø4.5mm |
| 12 x 12mm | 18 x 18mm | 20 x 16mm | Ø5.5mm |
| | 18 x 20mm | 20 x 20mm | Ø7.0mm |
| | 20 x 20m | 23 x 16mm | |
| | | 25 x 20mm | |

| | Bridge Width | Bridge Thickness |
|---|---|---|
| **MINI** | 1.5mm | 1.2mm |
| **MAX** | 4.0mm | 1.4–1.5mm |
| **ULTRA** | 5.0mm | 1.5–1.7mm |
| **TETRA** | 5.0mm | 1.5–1.7mm |
| **HYBRID** | 7.3mm | 1.7mm |

| REFLEX HYBRID | Left | Right | Plate Length | Leg Length |
|---|---|---|---|---|
| MTP |  |  | 39mm | 16mm |
| Lapidus – 1 locking/ 1 compression hole |  |  | 35mm | 18mm |
| Lapidus – 2 locking hole |  |  | 35mm | 18mm |

# Dynamic Construct Options

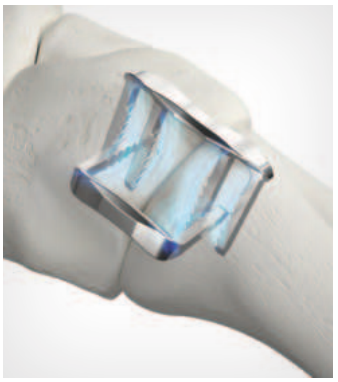
## MTP Fusion






## Lapidus



# Instrumentation tips


## Staple Inserters

Non-sterile staple inserters require the staple to be loaded by rotating the knob clockwise to expand the inserter tips, expanding the staple legs. Sterile staple inserters come with a pre-loaded staple which is held under tension. For both inserters, carefully rotate the inserter knob clockwise until the staple legs are parallel.

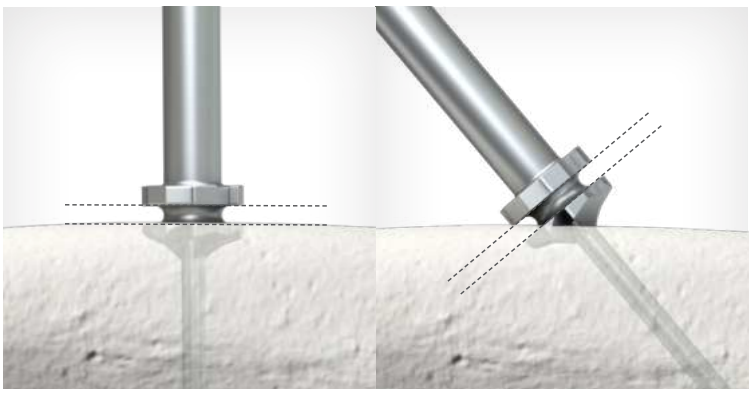
| | Pre-Loaded | Expandable | Reloadable |
|---|---|---|---|
| Non-Sterile (Reusable) | No | Yes | Yes |
| Sterile (Single Patient) | Yes | Yes | Yes |

**Tip:** The sterile (disposable) inserter features a mechanical release feature. Following delivery into the pre-drilled holes in the bone, rotate the knob counter clockwise until an audible 'click' is heard or an interruption is overcome.

## Akin Stepped Saw Blade

The 2.5mm blade allows for easy, reproducible closing wedge osteotomies of the proximal phalanx.

**Tip:** When compared to a traditional small sawblade, a noticeably different tactile feel may be observed due to the dual-cutting features of the sawblade. Care should be taken when advancing the sawblade to avoid sawing through the far cortex.



## Dynamic Disc Countersink

Following wire placement, measurement and drilling, a specially designed countersink is used to create a pocket in the cortex to accommodate the disc.

**Tip:** The countersink features an interruption just proximal to the leading cutting feature, which can be seen under direct visualization or fluoroscopically. This serves as a visual reference point for proper countersinking depth. When screw placement is nearly perpendicular to the surface of the bone, advance the countersink under manual power until the leading cutting feature is flush with the cortex. Avoid over-countersinking which may compromise the proximal cortex.

# Lapidus with HYBRID Implant and ULTRA Staple

## Step 1. Pin Template on Bone

Following exposure, joint preparation, and correction of the hallux valgus deformity, provisionally pin the 1st TMT joint using a K-wire. Select the REFLEX HYBRID Implant most appropriate for the patient's anatomy.

**NOTE:** Procedure requires Core Foot Recon Plating System. HYBRID implants CANNOT be contoured by bending like titanium alloy implants due to its material properties.

Select the appropriate template based on the chosen implant. Place the template on the bone so the drill holes for staple legs and the temporary fixation holes representing the screw holes in the implant are approximately symmetric about the joint. Secure the template to the bone utilizing the appropriate temporary fixation pins (Fig. 1). Placement should be verified visually and fluoroscopically.

## Step 2. Prepare Bone for Plate Legs

Drill the first hole through the template with the Ø2.8mm drill bit and place the Ø2.8mm locator pin through the template into the drilled hole (Fig. 2). Repeat for the second hole in the template (Fig. 3). Verify pin placement visually and fluoroscopically, as the locator pins will indicate the definitive positioning of the staple legs.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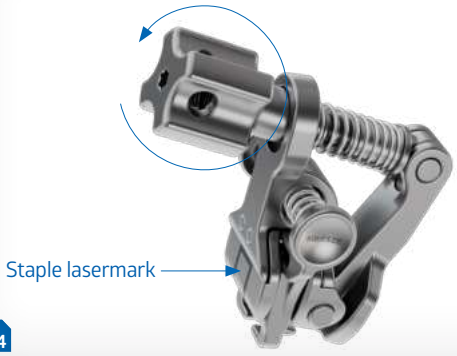
## Step 3. Attach Implant to Inserter

Verify the inserter is in the open position by turning the knob counterclockwise until the knob stops turning (Fig. 4). Position the inserter such that the staple lasermark on the inserter faces the staple legs, and the screw lasermark on the inserter faces the locking screw holes.

Squeeze the opposing buttons on the side of the inserter to expand the leg hooks until they are wider than the staple legs of the implant (Fig 5). Slide the slot hook under the bottom face of the implant (Fig. 6) so that the implant is contained between the slot hook and the main body of the inserter. Release the opposing buttons of the inserter which allows the leg hooks to contract. The leg hooks should be positioned so they contact the underside of the implant (Fig. 7).

Turn the knob of the inserter clockwise to expand the legs of the implant until they are approximately perpendicular to the underside of the bridge adjacent to the staple legs (Fig. 8).

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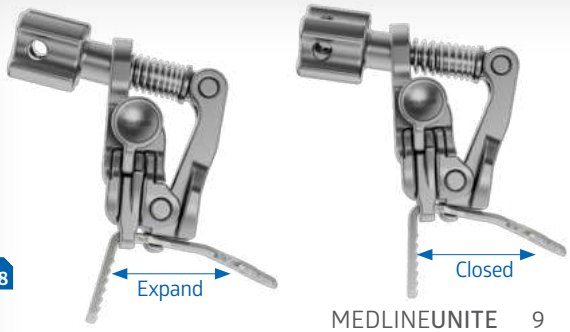


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## Step 4. Insert Staple Legs

Remove the temporary fixation pins and template. Remove the locator pins from the pre-drilled holes.

NOTE: Locator pins can provide a helpful visual for the pre-drilled holes prior to placing the implant.

Insert the implant so that the legs of the implant insert into the pre-drilled holes (Fig. 9).

## Step 5. Prepare Compression Slot

If using an implant with 2 locking holes, proceed to step 6. If using an implant with a compression slot feature, use the appropriate compression slot drill guide to pre-drill on the side of the compression slot furthest from the joint, past the distal cortex. Then, remove the K-wire (Fig. 10).

NOTE: Measurement can be taken from the drill bit at the top of the tissue protector or with a standard hook-style depth gauge.

Using a T15 driver, insert the selected non-locking screw into the pre-drilled hole in the compression slot (Fig. 11).

NOTE: Ensure bicortical fixation for maximum compression.

## Step 6. Prepare Locking Hole

Use the appropriate drill guide to pre-drill through the locking hole(s) in the implant (Fig. 12).

NOTE: Measurement can be taken from the drill bit at the top of the tissue protector or with a standard hook-style depth gauge.

Using the T15 driver, insert the selected locking or non-locking screw(s) into the pre-drilled hole(s). Seat the head of the screw(s) into the implant, but do not finally tighten until all screws are inserted. Take care not to over tighten. Verify final placement fluoroscopically (Fig. 13).


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## Step 7. Remove Inserter

After all screws are placed, remove the inserter by turning the knob counterclockwise until load from the implant is released, then squeeze the opposing buttons on the side of the inserter and slide the inserter out in the direction of the staple legs (Fig. 14).

## Step 8. Impact Final Construct

Use the provided tamp and a mallet and/or the beaded lag pin to seat the implant until flush with bone (Fig. 15).

If biplanar compression is desired, implant appropriate 2 leg-staple (Fig. 16).

### Implant Removal

If implant removal is required, utilize the T15 driver to remove the locking and/or non-locking plating screws. General surgical instruments including, but not limited to, bone fragment picks, osteotomes, and/or chisels can be levered between the bone and bottom surface of the implant for removal.

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# MTP Joint Fusion

# with TETRA staple and cannulated screw

## Step 1. Joint Prep

Prep the joint using the metatarsal and phalangeal cup and cone reamers. Expose the metatarsal head by displacing the phalanx plantarly. Place a Ø1.6mm guidewire into the center of the metatarsal head. Place the metatarsal reamer over the wire and begin to ream. The reamer should be spinning prior to touching bone. Use progressively smaller reamers to remove all articular cartilage, exposing bleeding bone (Fig. 1).

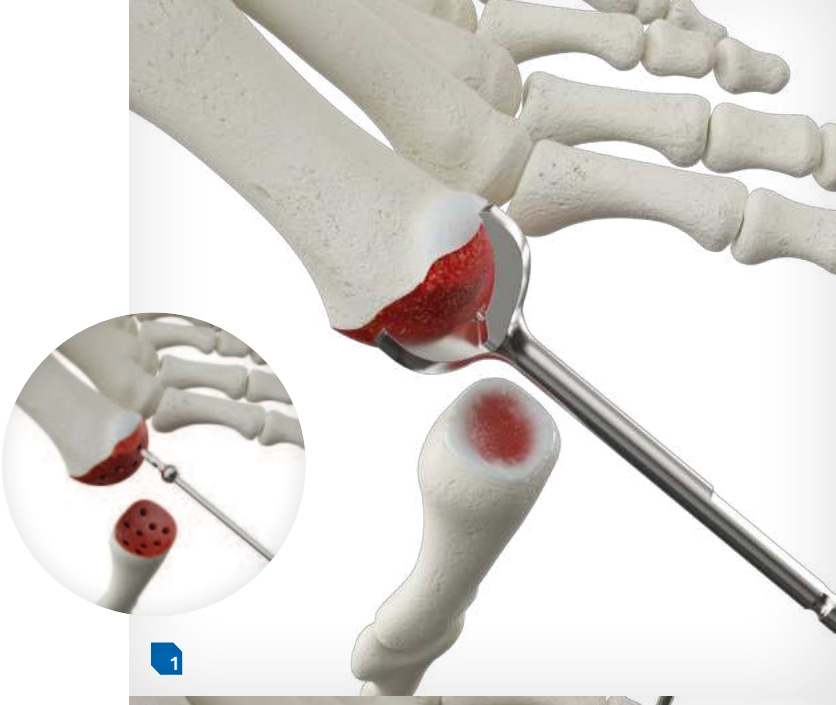
Expose the proximal phalanx by displacing the phalanx plantarly. Place a Ø1.6mm guidewire into the center of the proximal phalanx using a power driver. Place the phalangeal reamer over the wire and begin to ream. Reamer should be spinning prior to touching bone. Use progressively larger reamers, finishing with the same diameter as previously used for the metatarsal reaming to ensure congruent joint surfaces. Remove all articular cartilage exposing bleeding bone (Fig. 2).

A fenestration drill pin may be used to perforate the reamed surfaces of the metatarsal head and base of the proximal phalanx. Bone graft may be used as needed to facilitate joint fusion.

## Step 2. Provisional Pinning

Following joint preparation, provisionally pin the 1st MTP joint in the desired final position with a K-wire (Fig. 3).

Biplanar fixation is recommended for adequate stability and to aid in compression across the plantar aspect of the joint. It is recommended to place a cross screw first then a 4-leg staple dorsally.





## Step 3. Targeting Guide Assembly

Select the dorsal 4-leg staple size most appropriate for the patient's anatomy.


Dorsal targeting guides are available in 26mm and 30mm bridge lengths. Select the appropriate dorsal targeting guide based on the staple size. Assemble the dorsal guide to the mating medial screw guide by inserting the protruding slot feature on the medial screw guide into the keyhole slot on the dorsal guide (Fig. 4). Then, thread the dorsal guide knob by hand or with a T15 driver into the medial guide until the knob is tight. The guides should be not be loose after assembly.

Note: Either of the two medial guides (left/right) may be used in placing the cannulated screw. When using the left guide on a left foot, the screw placement is distal to proximal. Alternatively, the right guide can be used to place from proximal to distal, depending on the surgeon's preference.

## Step 4. 4-Leg Staple Bone Preparation

Place the drill guide assembly on the bone so that the drill holes of the dorsal guide are symmetric with respect to the joint line (Fig. 5). Optional: Place Ø1.4mm K-wires through the most proximal and distal K-wire holes for temporary fixation of guide.

K-wires may also be used in the drill holes prior to drilling to verify placement.

Drill the first hole through the dorsal guide in the most proximal hole (metatarsal) with the Ø3.0mm drill bit and place the Ø3.0mm locator pin through the guide into the drilled hole. Repeat for the remaining holes in the dorsal guide (Fig. 6-7).

## Step 5. Cannulated Screw Preparation

Remove the K-wire for provisional fixation. With the dorsal guide still fixed in position with the locator pins, insert the Ø1.1 or Ø1.4mm wire sleeve (Ø1.1mm for Ø3.0/3.5mm screw; Ø1.4mm for Ø4.0mm screw) into the medial targeting guide until the sleeve contacts the bone surface. Three positions are available for the wire sleeve to achieve the optimal position for the screw.

Insert the appropriate guidewire in the bone through the wire sleeve (Fig. 8). Verify pin and guidewire placement visually and fluoroscopically, as their location will indicate the definitive positioning of the staple legs and cannulated screw (Fig. 9-10).






## Step 6. Remove Medial Screw Guide

Remove the wire sleeve. Unscrew the dorsal guide knob by hand or with a T15 driver and disconnect the medial guide, leaving the dorsal guide in position. Remove the medial screw guide by disengaging from the dorsal guide and translating so that the guidewire slides through the open slots in the medial screw guide.

## Step 7. Final Screw Prep

Place the cannulated depth gauge over the guidewire until fully seated on the bone. The depth gauge shows the depth of the guidewire to the surface of the bone; if the screw head will be left proud, add the screw head height to the selected screw (Fig. 11).

Place the appropriate size cannulated drill over the guidewire and drill under power past the fusion site. Consider pre-drilling for hard cortical bone or bicortical fixation (Fig. 12).

Place the appropriate countersink over the guidewire and countersink under manual power to recess the head of the screw into the proximal cortex, or to prepare for placement of a Dynamic Disc. Avoid over-countersinking, which may compromise the proximal cortex (Fig. 13).

Verify the length of the screw with the screw caddy prior to inserting the screw.

## Step 8. Implant Screw

When using the dynamic disc, the disc is loaded onto the screw, with the convex side directly against the screw head, and inserted in typical fashion. Place the screw over the guidewire and engage the screw with the appropriate driver. Drive the screw until the threads of the screw are engaged with the far bone segment, but the head of the screw is not seated against the near cortex of the bone. DO NOT FULLY SEAT OR TIGHTEN THE SCREW. Verify the final placement of the screw fluoroscopically (Fig. 14).

Remove the dorsal guide, locating pins, and K-wires from the bone.

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## Step 9. Load 4-Leg Staple

Twist the staple inserter knob counter-clockwise to contract the expanding tips, allowing the instrument to fit under the staple bridge and between the two inner legs.

Position the staple inserter tips just beneath the bridge of the selected staple, then twist the knob clockwise to grasp and retain the implant. Continue to twist the knob clockwise until the staple legs are parallel to one another.

## Step 10. Implant 4-Leg Staple

The proximal and distal leg lengths differ to accommodate the anatomy. Advance the 4-leg staple legs into the pre-drilled holes until the inserter tips are flush with the bone, and then twist the inserter knob counter-clockwise to release the inserter from the staple (Fig. 15).

Use the provided tamp and a mallet to seat the 4-leg staple until flush with the bone (Fig. 16).

## Step 11. Final Screw Insertion

Continue advancing the lag screw until fully seated. Upon final seating and tightening, the screw head deforms the Dynamic Disc Avoid over-tightening the screw. Remove the guidewire (Fig. 17-18).


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# Lapidus
# with TETRA and ULTRA staple

## Step 1. Provisional Pinning

Following exposure, joint preparation, and correction of the hallux valgus deformity, provisionally pin the 1st TMT joint using a K-wire (Fig. 1).

Biplanar fixation is recommended for adequate stability and to aid in compression across the plantar aspect of the joint.
It is recommended to place a 4-leg TETRA staple first, in a dorsal position, followed by a 2-leg ULTRA staple in a medial position.

## Step 2. Targeting Guide Assembly

Select the 4-leg staple size most appropriate for the patient's anatomy.

Dorsal targeting guides are available in 26mm and 30mm bridge lengths. Select the appropriate dorsal targeting guide based on the staple size. Assemble the dorsal guide to the mating medial staple guide by inserting the protruding slot feature on the medial staple guide into the keyhole slot on the dorsal guide. Then, thread the dorsal guide knob by hand or with a T15 driver into the medial guide until the knob is tight. The guides should not be loose after assembly (Fig. 2).

## Step 3. 4-Leg Staple Bone Preparation

Place the targeting guide assembly on the bone so the drill holes of the dorsal guide are symmetric with respect to the joint line (Fig. 3). Optional: Place Ø1.4mm K-wires through the most proximal and distal K-wire holes for temporary fixation of the guide.

K-wires may also be used in the drill holes prior to drilling to verify placement.

Drill the first hole through the dorsal guide in the most proximal hole (cuneiform) with the Ø3.0mm drill bit and place the Ø3.0mm locator pin through the guide into the drilled hole (Fig. 4-5). Repeat for the remaining holes in the dorsal guide.

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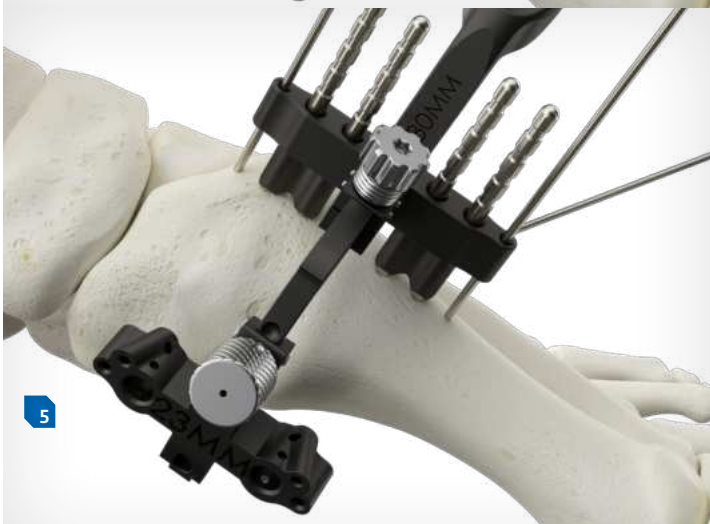


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## Step 4. 2-Leg Staple Bone Preparation

If desired, adjust the placement of the medial staple guide with the knob on the guide. The guide provides adjustability from 80-110° (Fig. 6). With the guide in the final position, Ø1.4mm K-wires can be placed through the K-wire holes in the medial drill guide to hold position of the guide.

With the dorsal guide still fixed in position with the locator pins, insert the drill sleeves into the medial drill guide until the sleeves contact the bone surface. Drill the first hole through the medial guide with the Ø3.0mm long drill bit and place a Ø3.0mm locator pin in the hole. Repeat for the second hole (Fig. 7). Verify pin placement visually and fluoroscopically, as the locator pins will indicate the definitive positioning of the staple legs (Fig. 8-9).

## Step 5. Remove Dorsal Guide

Remove the locator pins and K-wires (if applicable) from the dorsal guide. Leave any locator pins and k-wires (if applicable) in place in the medial guide.

Unscrew the dorsal guide knob by hand or with a T15 driver and disconnect the medial guide, leaving the medial guide in position. Remove the dorsal guide.

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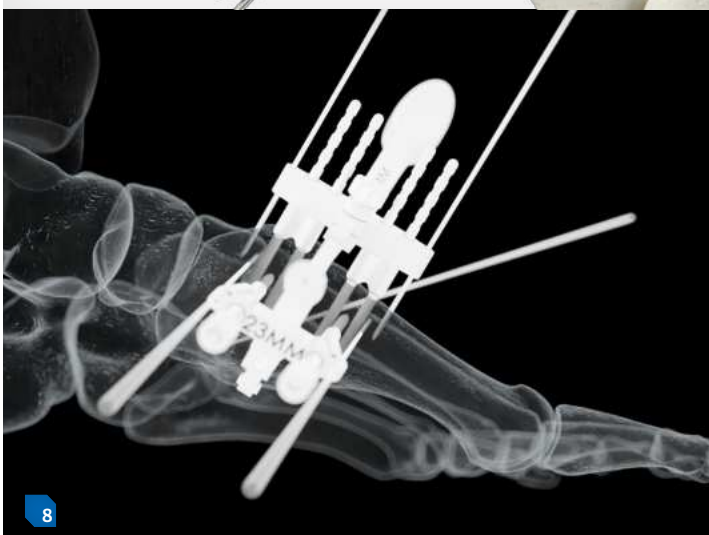

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## Step 6. Load 4-Leg Staple

Twist the staple inserter knob counter-clockwise to contract the expanding tips, allowing the instrument to fit under the staple bridge and between the two inner legs of the applicable 4 leg staple.

Position the staple inserter tips just beneath the bridge of the selected staple and twist the knob clockwise to grasp and retain the implant. Continue to twist the knob clockwise until the staple legs are parallel.

## Step 7. Implant 4-Leg Staple

Advance the 4-leg staple legs into the pre-drilled holes until the inserter tips are flush with the bone, and then twist the inserter knob counter-clockwise to release the inserter from the staple (Fig. 10). It is recommended to orient the inserter so it can be removed laterally to avoid interference from the medial guide.

Verify placement of the dorsal staple visually and fluoroscopically, but avoid tamping until the second staple is implanted.

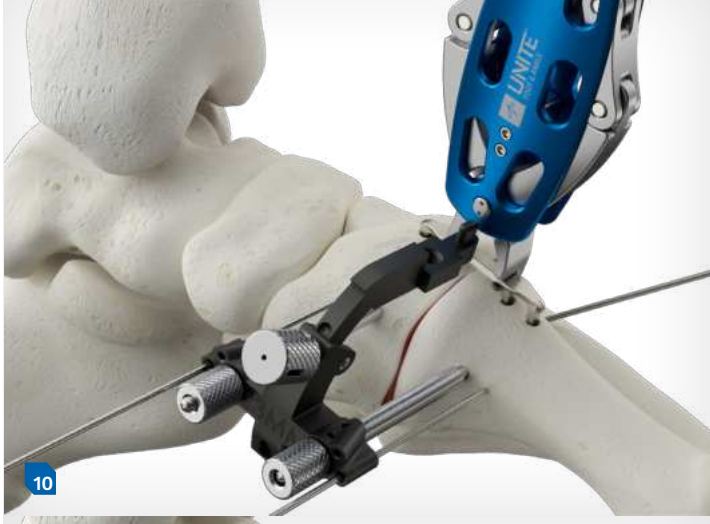
## Step 8. Implant 2-Leg Staple

Remove the medial staple guide, locating pins, and K-wires (if applicable). Select the 2-leg staple size most appropriate for the patient's anatomy for dorsomedial or medial placement. The compatible bridge lengths are laser marked on the medial targeting guide. Place the medial staple in the same fashion as the dorsal 4-leg staple (Fig. 11).

## Step 9. Final Impaction

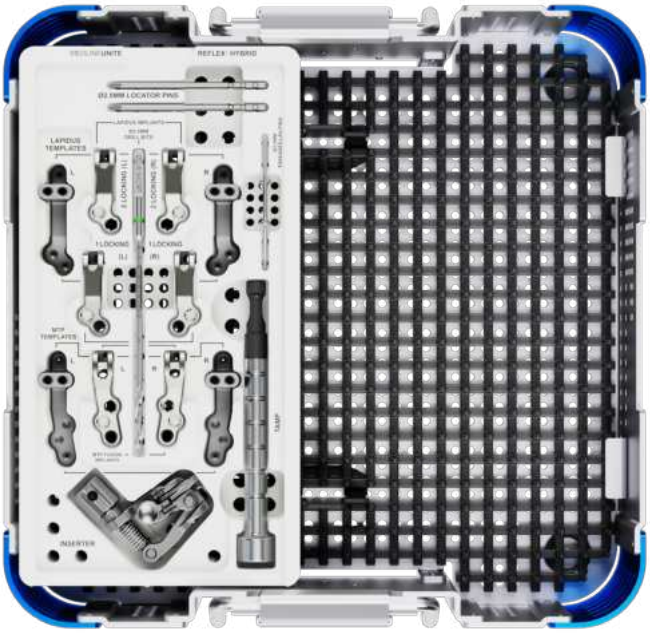
Use the provided tamp and a mallet to seat both staples until flush with the bone (Fig. 12-13).

If either staple requires repositioning or removal, the inserter's sharp, low-profile elevator tips allow the surgeon to pry, expand, and lift the staple from its seated position.






# REFLEX HYBRID
# Implant System

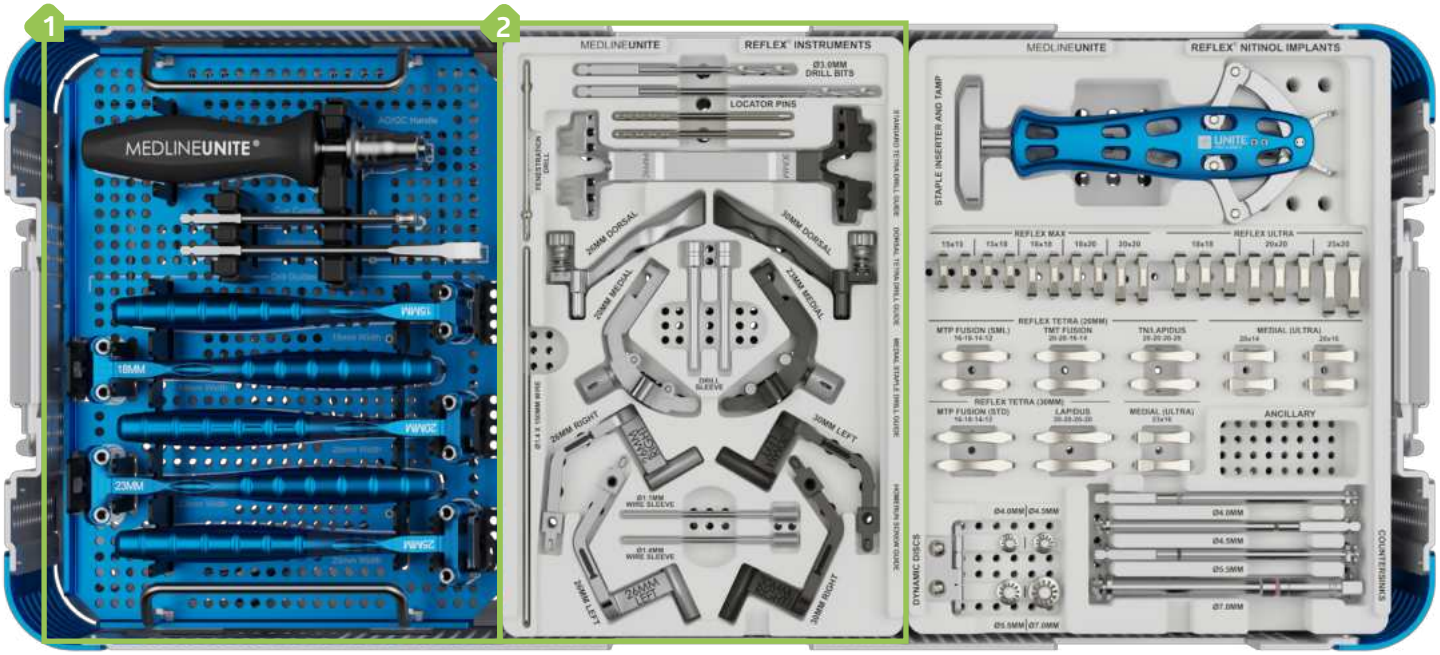


### Implant & Instrument Tray

| Item No. | Description | Qty. |
|---|---|---|
| MPSTP028 | Ø2.8mm Locator Pin | 4 |
| MPSTD128 | Ø2.8mm Drill Bit, Short | 2 |
| MPSTT020 | Ø2.0mm Threaded Temp. Fixation Pin | 2 |
| MPSTN100 | Lapidus Template, Left | 1 |
| MPSTN110 | Lapidus Template, Right | 1 |
| MPSTN300 | MTP Template, Left | 1 |
| MPSTN301 | MTP Template, Right | 1 |
| MPSTN600 | HYBRID Inserter | 1 |
| MSTTAMP1 | Tamp | 1 |
| MPST100L | Lapidus Implant, 2 Locking Holes, Left | 1 |
| MPST100R | Lapidus Implant, 2 Locking Holes, Right | 1 |
| MPST101L | Lapidus Implant, 1 Locking/1 Compression Hole, Left | 1 |
| MPST101R | Lapidus Implant, 1 Locking/1 Compression Hole, Left | 1 |
| MPST300L | MTP Implant, Left | 1 |
| MPST300R | MTP Implant, Right | 1 |

# REFLEX Nitinol

# Implant System




## Section 1

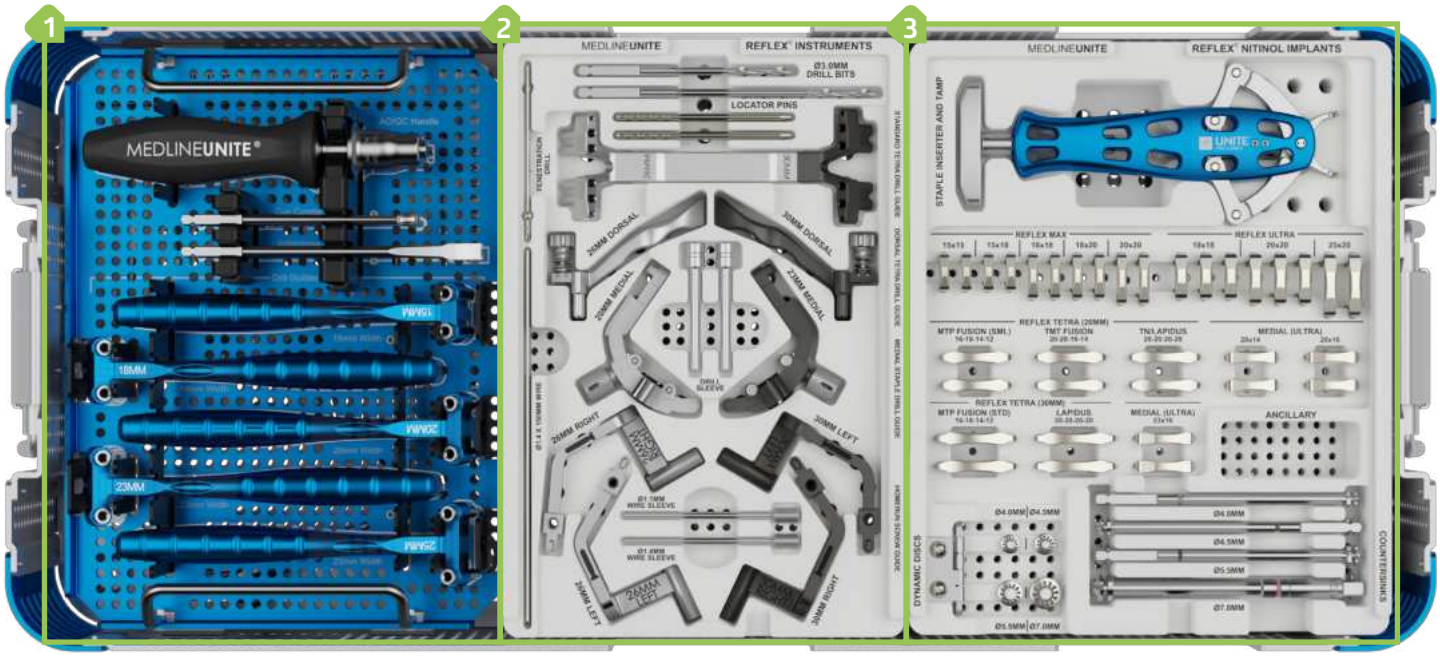
### Instrument Tray

| Item No. | Description | Qty. |
|---|---|---|
| MSN90006 | Non-Ratcheting Handle | 1 |
| MPN52012 | Small Joint Arthrotome | 1 |
| MSTC0000 | Straight Cup Curette | 1 |
| MSTG0015 | 15mm Drill Guide | 1 |
| MSTG0018 | 18mm Drill Guide | 1 |
| MSTG0020 | 20mm Drill Guide | 1 |
| MSTG0023 | 23mm Drill Guide | 1 |
| MSTG0025 | 25mm Drill Guide | 1 |
| MPN53000 | Pointed Reduction Forceps (located in 2nd level) | 1 |

## Section 2

### Instrument Caddy

| Item No. | Description | Qty. |
|---|---|---|
| MSTD1030 | Ø3.0mm Drill Bit, Short | 2 |
| MSTD1130 | Ø3.0mm Drill Bit, Long | 2 |
| MSTP0030 | Ø3.0mm Locator Pin | 6 |
| MPDP0020 | Ø2.0mm Fenestration Drill Pin | 2 |
| MSG14150 | Ø1.4 x 150mm Guidewire | 2 |
| MSTG2630 | 26/30mm Double Ended Tetra Drill Guide | 1 |
| MSTG2600 | 26mm Dorsal Staple Targeting Guide | 1 |
| MSTG2620 | 26mm x 20mm Medial Staple Targeting Guide | 1 |
| MSTG2601 | 26mm Medial Screw Targeting Guide, Left | 1 |
| MSTG2602 | 26mm Medial Screw Targeting Guide, Right | 1 |
| MSTG3000 | 30mm Dorsal Staple Targeting Guide | 1 |
| MSTG3023 | 30mm x 23mm Medial Staple Targeting Guide | 1 |
| MSTG3001 | 30mm Medial Screw Targeting Guide, Left | 1 |
| MSTG3002 | 30mm Medial Screw Targeting Guide, Right | 1 |
| MSTN0003 | Drill Sleeve | 2 |
| MSTN0004 | Ø1.1mm Wire Sleeve | 1 |
| MSTN0005 | Ø1.4mm Wire Sleeve | 1 |




# Section 3

### Implant Caddy

| Item No. | Description | Qty. |
|---|---|---|
| MSTN0002 | Staple Inserter | 1 |
| MSTTAMP1 | Staple Tamp | 1 |
| MST41515NS | 15 x 15mm MAX Staple | 2 |
| MST41518NS | 15 x 18mm MAX Staple | 2 |
| MST41818NS | 18 x 18mm MAX Staple | 2 |
| MST41820NS | 18 x 20mm MAX Staple | 2 |
| MST42020NS | 20 x 20mm MAX Staple | 2 |
| MST51818NS | 18 x 18mm ULTRA Staple | 2 |
| MST52014NS | 20 x 14mm ULTRA Staple | 2 |
| MST52016NS | 20 x 16mm ULTRA Staple | 2 |
| MST52020NS | 20 x 20mm ULTRA Staple | 2 |
| MST52316NS | 23 x 16mm ULTRA Staple | 2 |
| MST52520NS | 25 x 20mm ULTRA Staple | 2 |

| Item No. | Description | Qty. |
|---|---|---|
| MSTX2600NS | 26mm MTP Fusion TETRA Staple | 2 |
| MSTX2601NS | 26mm TMT Fusion TETRA Staple | 2 |
| MSTX2602NS | 26mm TN/Lapidus TETRA Staple | 2 |
| MSTX3000NS | 30mm MTP Fusion TETRA Staple | 2 |
| MSTX3002NS | 30mm Lapidus TETRA Staple | 2 |
| MSN21000 | Ø4.0mm Disc Countersink | 2 |
| MSN21001 | Ø4.5mm Disc Countersink | 2 |
| MSN21002 | Ø5.5mm Disc Countersink | 2 |
| MSN21003 | Ø7.0mm Disc Countersink | 2 |
| MSWN0000 | Ø4.0mm Dynamic Disc | 4 |
| MSWN1000 | Ø4.5mm Dynamic Disc | 4 |
| MSWN2000 | Ø5.5mm Dynamic Disc | 4 |
| MSWN3000 | Ø7.0mm Dynamic Disc | 4 |

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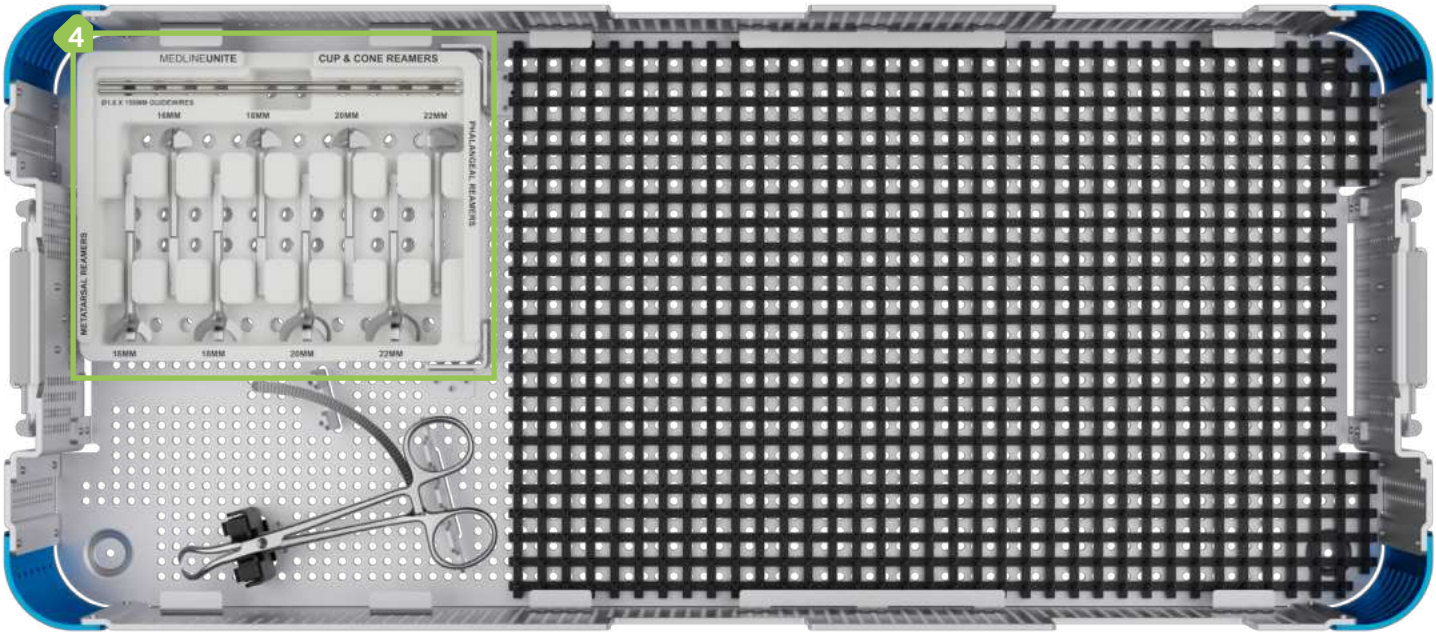
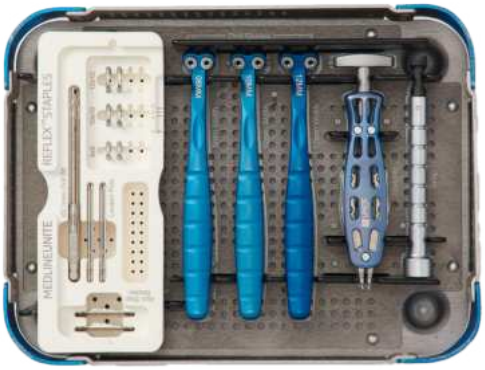



## Section 4

**MTP Fusion Reamer Caddy**

| Item No. | Description | Qty. |
|---|---|---|
| MPN20016 | 16mm Phalangeal Reamer | 1 |
| MPN20018 | 18mm Phalangeal Reamer | 1 |
| MPN20020 | 20mm Phalangeal Reamer | 1 |
| MPN20022 | 22mm Phalangeal Reamer | 1 |
| MPN20116 | 16mm Metatarsal Reamer | 1 |
| MPN20118 | 18mm Metatarsal Reamer | 1 |
| MPN20120 | 20mm Metatarsal Reamer | 1 |
| MPN20122 | 22mm Metatarsal Reamer | 1 |
| MSG16150 | Ø1.6mm Non-Threaded Guidewire | 6 |





## Kitted for your convenience

Staples are available in both non-sterile trays and single use kits.

# NOTES

**To schedule a case,** contact your Medline UNITE Representative or visit medlineunite.com for more information.

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