

Exposure

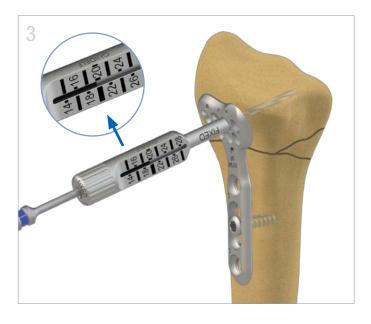
- Through the distal limb of a modified Henry volar approach, continue the dissection through the floor of the flexor carpi radialis (FCR) sheath.
- Expose the distal radius by reflecting the pronator quadratus from its radial and distal insertions.
- If needed, release the distal portion of the brachioradialis.



Fracture Reduction and Provisional Fixation

- Reduce the fracture manually. K-wires, such as a transstyloid K-wire, may be used for provisional fixation.
- Align the Volar Fixed Angle Plate and temporarily fix with 1.1mm (0.045") K-wire(s) or a 3.2mm cortical screw in the slotted hole. Check position with x-ray.
- 1.1mm K-wires placed into the distal pin holes can be used to assess the subchondral orientation and position of the distal locking pegs.

Note: 10° lateral image is preferred for assessing the position of the pegs.



Peg Fixation

- Thread the Locking Drill Guide labeled "FIXED" into the distal peg hole.
- Drill holes using 1.8mm (blue) drill bit. Depth can be measured using the markings on the guide or with the Depth Gauge (GAUGE-1.8). Insert a locking peg that is slightly shorter than the measured length.

Note: When using locking drill guides or quick guides, ensure installment and placement is concentric to the screw hole. Off-axis guide placement can result in screws not locking into the plate. Locking screws can only be used on-axis.



Final Fixation

- Fix the plate proximally with 3.2mm Cortical and/or Locking Screws, using the 2.3mm (red) drill bit to prepare the holes.
- Complete fixation with additional 2.4mm Pegs distally and 3.2mm screws proximally.
- Confirm that all screws and pegs are fully seated and pegs do not penetrate beyond dorsal cortex prior to closing.

Note: Use the Locking Drill Guide (GUIDELHEX-2.3) for insertion of 3.2mm Locking Screws.

TIPS

- 1. The Block Guide can simplify preparation of the holes for distal fixation pegs. Engage the 1.8mm drill sleeve of 1.8 Drill Guide (GUIDE-1.8/2.4) and drill each hole with the 1.8mm drill.
- 2. Although rarely needed, Plate Benders are available to modify the contour of the plate. Keep in mind, this may alter the trajectory of the fixed pegs.
- 3. An initial 2.4mm Cortical Screw can be used in one of the distal Fixed Angle hole to pull the distal fragment against the bottom of the plate. This can be later replaced with a Locking Peg once additional Locking Pegs are inserted.



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

Screw Table	Unthreaded Peg, 2.4mm	Threaded Peg 2.4mm	Cortical Screw, 2.4mm	Cortical Screw, 3.2mm	Locking Screw, 3.2mm
	UPEG2.4-XX	TPEG2.4-XX	TRX2.4-XX	HEX3.2-XX	LHEX3.2-XX
Length	10-28mm *	10-32mm *	10-32mm *	08-20mm* 11-15mm**	10-20mm *
Drill	● 1.8mm			● 2.3mm	
Guide	GUIDELF-1.8 GDMINI-1.8		GUIDE-1.8/2.4	GUIDE-2.3/3.2	GUIDEQ-2.3 GUIDELHEX-2.3
Driver	Torx 8			2.5mm HEX	

* 2mm increments ** 1mm increments

Volar Fixed Angle Plate

NARROW
VFPL-x-7N
VFPR-x-7N $x = 3, 5^*, 7^*$

 $x = proximal\ screw\ holes$

STANDARD

VFPL-x-7S

VFPR-x-7S $x = 3, 5, 7^*$

 $x = proximal\ screw\ holes$

WIDE VFPL-x-7W VFPR-x-7W $x = 3^*, 5^*, 7^*$ x = proximal screw holes

* Special Order





1.8 Drill Guides

GUIDELF-1.8





Block Guides

GDBLOCK-XX

XX =

NL - narrow, left plates

NR - narrow, right plates

SL - standard, left plates

SR - standard, right plates

WL - wide, left plates

WR - wide, right plates



2.3 Drill Guides

GUIDEQ-2.3 GUIDELHEX-2.3





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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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 $For indications, contraindications, warnings \ and \ precautions \ related \ to \ TriMed \ Wrist \ Fixation \ System \ 3 \ reference \ IFU \ on \ \underline{trimedortho.com/ifu}.$