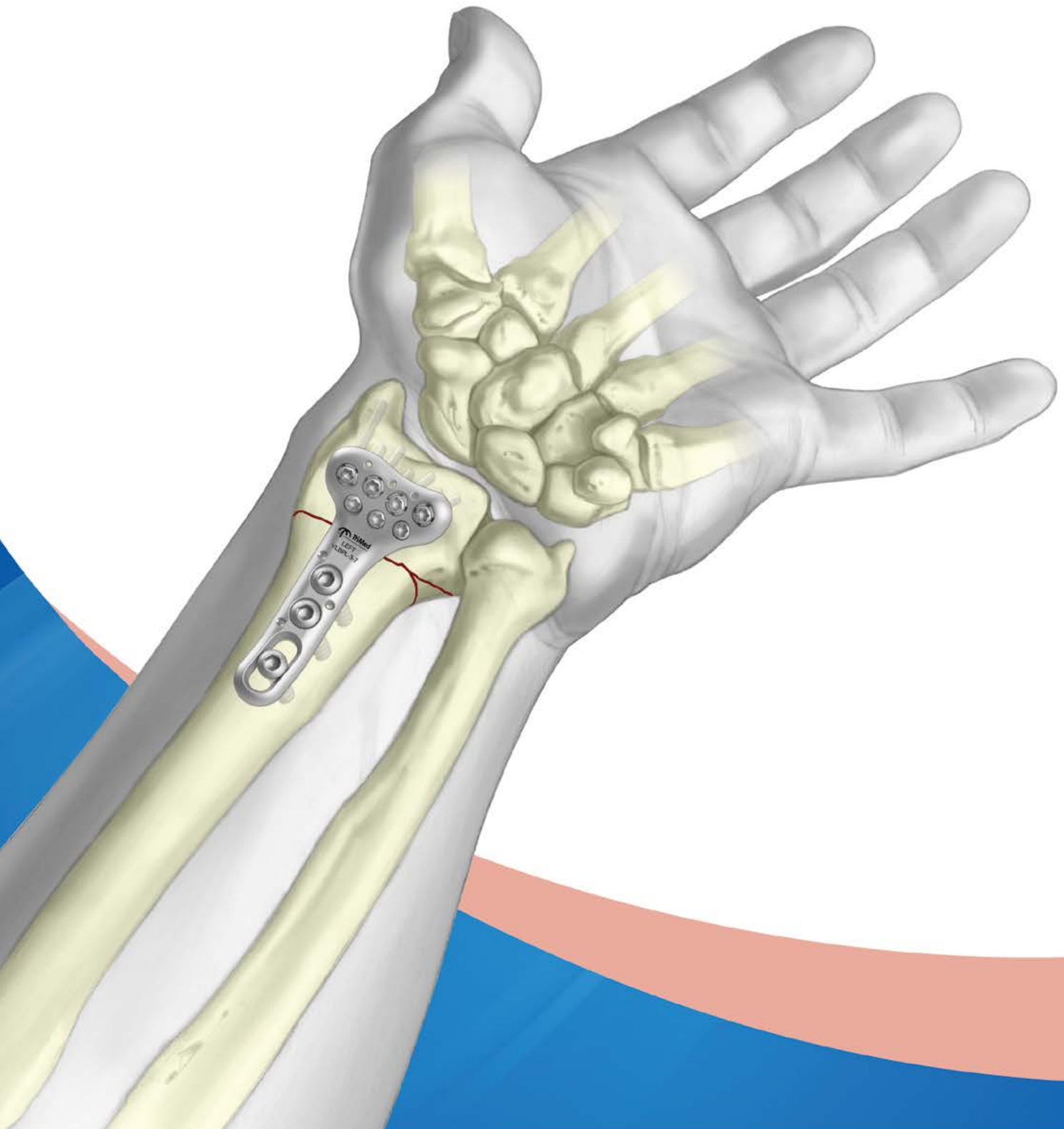
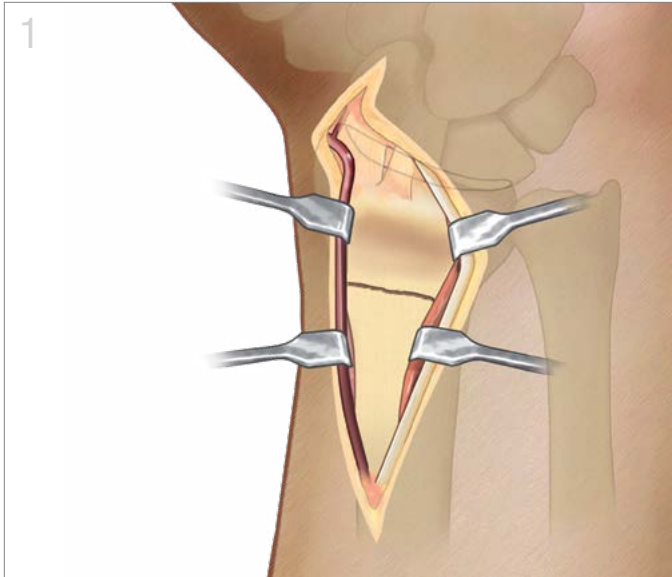




Volar Bearing Plate™

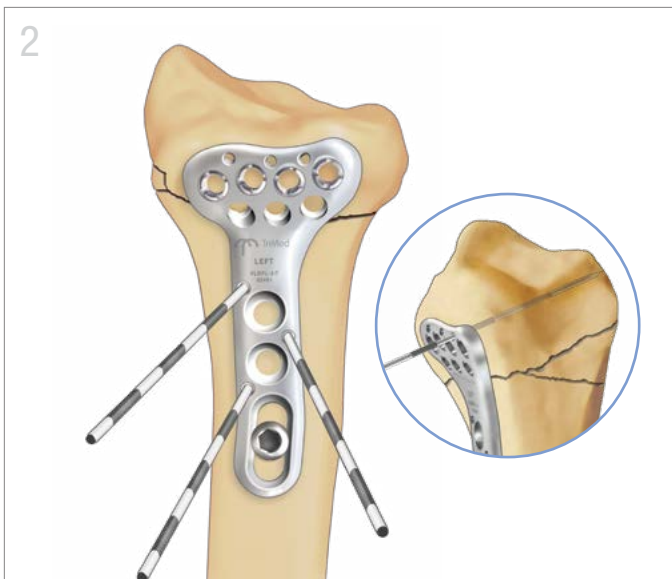
Surgical Technique | *TriMed Wrist Fixation System*





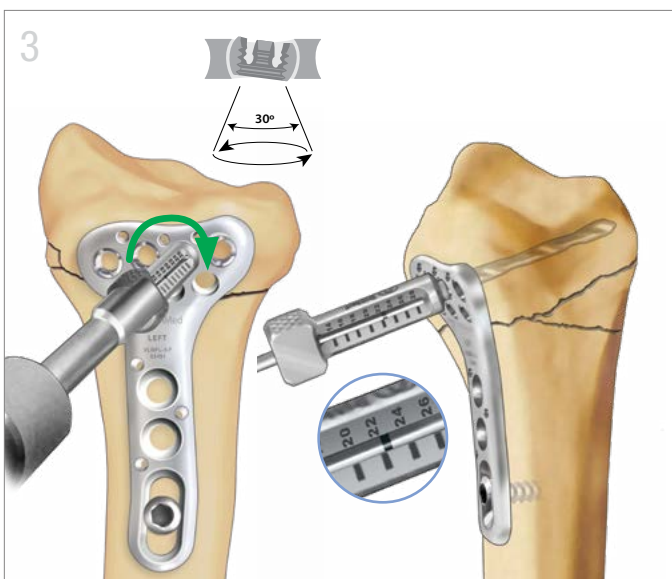
Exposure (standard or extended FCR approach)

- Through the distal limb of a modified Henry volar approach, continue the dissection between the FCR and the radial artery.
- Expose the radial shaft 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

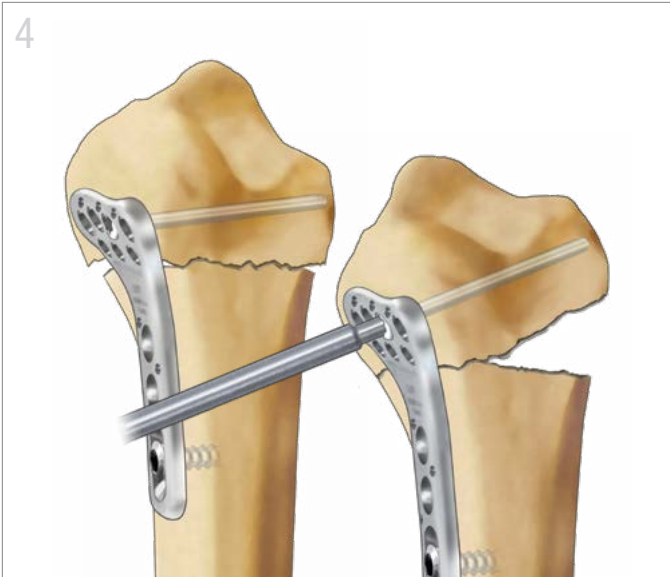
- Reduce the fracture manually. Transtyloid K-wires may be used for provisional fixation.
- Align plate along the radial border of the radial shaft. Secure with 1.1 mm (0.045") K-wires proximally and check position, or fix with a 3.2mm cortical screw in the slotted hole.
- Insert a K-wire into a distal pinhole to confirm subchondral position of the pegs using a 10° lateral image.



Positioning Pegs in Distal Bearing Holes

(using Peg Guide)

- Assemble Peg Guide and Peg Guide Extender and thread guide into a distal bearing (up to 30° angulation).
- Aim guide to desired position, finger tighten to lock, and confirm trajectory with C-arm.
- Remove the extender handle, and drill peg hole with 1.8mm (blue) drill bit. Measure depth with drill guide.



Fine-Tuning the Reduction

- Into a central distal bearing hole, thread a peg 1–2 turns, but do not tighten. Repeat with a second peg into an adjacent hole.
- With the pegs not fully seated, correct residual angulation by manual manipulation of the distal fragment.
- When angulation is restored, simply tighten the pegs into the bearing holes until each peg is fully seated and locked.

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

- Complete fixation with additional screws proximally and pegs distally.
- Confirm that all screws and pegs are fully seated prior to closing incision.



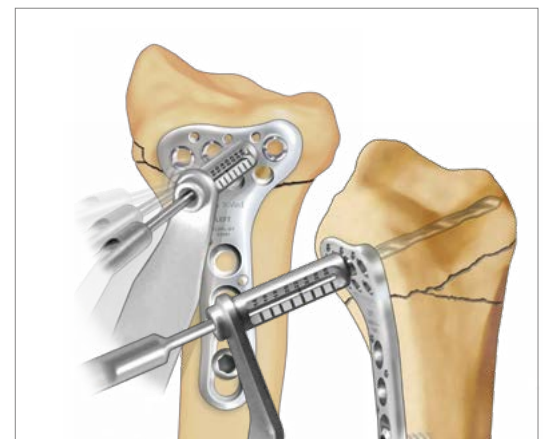
Indications, contraindications, warnings and precautions related to TriMed Volar Bearing Plates™ reference IFU, LC-73-2004-003.

ALTERNATIVE PEG POSITIONING TECHNIQUE

Positioning Pegs in Distal Bearing Holes

(using Free-Hand Technique)






- Insert Quick Guide and the 1.8mm (blue) drill bit into a distal bearing hole.
- Rotate guide and drill bit to the desired position and confirm trajectory with C-arm.
- Drill peg hole. Measure depth with drill guide.



TIPS

1. Contour the plate with the plate benders as needed. This may alter the trajectory of the fixed angle pegs, but will not affect the ability to place pegs subchondral in bearing holes.
2. A 2.3mm cortical screw can be used in a fixed angle hole to draw the distal fragment and the plate together.
3. If a technique inserting pegs first is preferred, insert pegs into the fixed angle holes to aid in levering the distal fragment into place.
4. The Bearing Reduction Tool can be used to re-establish the alignment of the bearings to the drilled holes before inserting the pegs.

Screw Table

	 Unthreaded Peg, 1.8mm	 Threaded Peg 2.3mm	 Cortical Screw, 2.3mm	 Cortical Screw, 3.2mm	 Locking Screw, 3.2mm
	UPEG-XX	TPEG-XX	TRX2.3-XX	HEX3.2-XX	LHEX3.2-XX
Length	14-28mm *	14-32mm *	10-32mm *	08-20mm* 11-15mm**	10-20mm *
Drill		● 1.8mm		● 2.3mm	
Guide	GUIDEPEG-1.8		GUIDE-1.8/2.3	GUIDE-2.3/3.2	GUIDEQ-2.3
Driver	Torx 8			2.5mm HEX	

* 2mm increments ** 1mm increments

Volar Bearing Plate™

STANDARD
VLBPL-x-7
VLBPR-x-7
x = 3, 5, 7, 9, 11
proximal screw holes



WIDE
VLBPL-5-5
VLBPR-5-5

Peg Guide

GUIDEPEG-1.8



Quick Guide

GUIDEQ-1.8
GUIDEQ-2.3



Bearing Reduction Tool

BRT



TriMed, Inc. / 27533 Avenue Hopkins / Valencia, CA 91355 USA / 800-633-7221 / www.trimedortho.com

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.

This document is controlled by TriMed, Inc. When downloaded, printed, and/or copied, this document becomes uncontrolled, and users should always check trimedortho.com for the latest version.

