

4.5/8.5MM BEAMING SYSTEM

Surgical Technique

Patent and Patent Pending CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.





INDICATIONS FOR USE

The 4.5/8.5 screw system is intended for fixation arthrodesis of the metatarsal-cuneiform, navicular-cuneiform, metatarsol-zuboid, talonavicular, and calcaneocuboid joints.

This technique guide illustrates axial fixation for a medial column. Each Fusion Beam has a corresponding X-Clip. The X-Clip is designed to provide increased thread purchase, compression, and stability for patients with poor quality bone. The use of an X-Clip with a 4.5/8.5 Beam is optional and left to the surgeon's discretion.

Surgical Procedure Guidelines

A gastrocnemius recession or percutaneous tendo–Achilles lengthening should be considered in midfoot reconstruction to minimize stress across the midfoot and to correct an equinus contracture if present.

Surgical exposure consists of a medial incision centered at the apex of the deformity and one or two dorsal longitudinal incisions placed centrally and laterally as needed to reduce and prepare the middle and lateral columns. Preparation for the arthrodesis must include obtaining appropriate alignment of the foot. In addition to joint preparation, bone resection and soft tissue contracture release is often necessary to restore a plantigrade position to the foot. Guide wires for the beams can be used as provisional fixation of deformity correction

Often, in advanced cases, the soft- tissue envelope is contracted because of chronic dislocation. In these cases, adequate bone resection to achieve realignment without excessive soft-tissue tension is advised. Osteotomy of the bony structures at the apex of deformity is incorporated into arthrodesis preparation. The amount of bone resection is left to the discretion of the surgeon and must be individualized in each case.

All joints where arthrodesis is intended should be prepared by removal of articular cartilage and subchondral bone, exposing bleeding cancellous bone. For example, in a medial column arthrodesis where arthrodesis of all joints is desired, the talonavicular, naviculocuneiform and first tarsometatarsal joints would be prepared as described.

Guide wires used for reduction and guidance of fixation devices can be applied percutaneously antegrade, from the talus and calcaneus, or retrograde from the metatarsophalangeal joints. When entering the metatarsals from the retrograde approach, the guide wires can be placed into the metatarsophalangeal joints percutaneously through the plantar aspect of the foot, or an open approach can be used utilizing a dorsal incision to expose the metatarsal head. The guide wires should be placed into the medullary canal of the metatarsal without breaching the cortical bone.

8.5mm Beams	4.5mm Beams
100-170mm Lengths	60-140mm Lengths
Utilize a 3.2mm Guidewire and all instruments labeled Large	Utilize 2.0mm Guidewire and all instruments labeled Small





STEP 1 - Determining Diameter of the Beam

The sizing key may be used as a guide to determine the diameter of the Beam that can be used in the metatarsal. Place the Beam Sizing Key onto the top of the 1st metatarsal. Utilizing fluoroscopy, determine the most appropriate size Beam in relation to the patient's anatomy.

STEP 2 - Entry

The Starter Awl can be used to pierce the skin/cortex, and provide an entry point for the Guidewire.

4.5

5.5 6.5 7.5

















Beam as determined in the previous step. The Drills are stepped to maximize purchase, and the reference lines on the drills are calibrated with the Tissue Protector. Each line represents 5mm. The Tissue Protector should be in contact with bone in order to ensure accurate calibration with the Drill. For surgical power connections that do not have a 1/4 Square connection, utilize the 1/4 Square to Jacobs Chuck adapter with a tri-lobe Jacobs Chuck.

STEP 6 - Countersink

Advance the Countersink over the Guidewire taking care to bury the laser marking. The countersink can be used in conjunction with the appropriate sized drill sleeve.

Use the Small Countersink for 4.5mm Beams. Use the Large Countersink for 8.5mm Beams.









Insert the Beam to the desired depth utilizing the appropriate sized hex driver. Verify final positioning with fluoroscopy.

Note: If the placement of an X-Clip is desired, advance the beam approximately 80% of the desired insertion depth and follow the steps outlined in the next section of this guide.







X-Clip Placement (Optional) Step 1. Attach Targeting Guides

To utilize an X-Clip with a Beam, advance the Beam approximately 80% of the desired insertion depth. Attach the appropriate sized Targeting Guide over the Guidewire to engage the Beam.

Large Targeting Guide (works with the 8.5 Beams) – slide the Targeting Guide over the 3.2mm Guidewire and fully seat within the internal hex of the Beam.



Small Targeting Guide (works with the 4.5mm Beams) – slide the Targeting Guide over the 2.0 mm Guidewire taking care to mate the beam with the external coupler. This coupler will engage the head of the beam and is locked into place by rotating the coupler in a clockwise fashion.







X-Clip Placement Step 2. Drilling for the X-Clip Make an incision and dissect down to bone taking care to resect the soft tissue directly under the Drill Guide. Utilizing a wire driver, advance the appropriately sized Drill Pin to the desired depth of X-Clip leg length. To avoid interference, use the Short Drill Pin for the first hole and the Long Drill Pin for the second hole. Verify the position of the Drill Pins with fluoroscopy in both the AP and lateral views. The tip of the Drill Pins should coincide with the desired X-Clip length and should be positioned on either side of the Beam. 2nd Drill Pin 1st Drill Pin Small (2.0 mm) Short Drill Pin, Small Long Drill Pin, Small Short Drill, Pin, Small Long Drill Pin, Large Large (2.5 mm)











X-Clip Placement Step 4. Position the X-Clip Guide

a. Slide the Drill Guide off of the Drill Pins and replace it with the Clip Guide. b. Slide the Clip Guide down to bone. c. Two 2.0 mm wire should be used to provisionally pin the Clip Guide in place. Note: the laser lines on the drill pins are calibrated to 5 mm increments, with the first line starting at "0". The leg length of the X-Clip can be determined using the position of Drill Pins relative to the top of the Clip Guide. d. Remove the Drill Pins.























Step 6 - Final Position of Fixation Beam.

Verify the positioning of the X-Clip and AXIS Beam with fluoroscopy. Advance the Beam through the X-Clip compressing the fusion site. Advance till the head of the beam is countersunk to the metaphysis of the metatarsal.



Removal Instructions

It is recommended to remove the Beam prior to removing the X-Clip:

Beam Removal

- Clear any tissue ingrowth from the Beam
- 4.5mm Beams: Insert the Small Removal Driver (4.0mm Hex) into the Beam and back out the
- Beam by turning counterclockwise. The Small Removal Tool can be inserted through the Removal Driver and threaded into the head of the beam to capture the internal threads and provide assistance during the removal process.
- 8.5mm Beams: Insert the Large Removal Driver (5.5mm Hex) into the Beam and back out the Beam by turning counterclockwise. The Large Removal Tool can be inserted through the Removal Driver and threaded into the head of the beam to capture the internal threads and provide assistance during the removal process.

X-Clip Removal

- Expose the site and bridge of the X-Clip
- If the X-clip is recessed, use an elevator to lift the implant bridge
- Utilize forceps to remove the implant





Implants

4.5 Beams

Reference #	Description
130-45060	Fixation Beam, 4.5 x 60 mm
130-45065	Fixation Beam, 4.5 x 65 mm
130-45070	Fixation Beam, 4.5 x 70 mm
130-45075	Fixation Beam, 4.5 x 75 mm
130-45080	Fixation Beam, 4.5 x 80 mm
130-45085	Fixation Beam, 4.5 x 85 mm
130-45090	Fixation Beam, 4.5 x 90 mm
130-45095	Fixation Beam, 4.5 x 95 mm
130-45100	Fixation Beam, 4.5 x 100 mm
130-45105	Fixation Beam, 4.5 x 105 mm
130-45110	Fixation Beam, 4.5 x 110 mm
130-45115	Fixation Beam, 4.5 x 115 mm
130-45120	Fixation Beam, 4.5 x 120 mm
130-45125	Fixation Beam, 4.5 x 125 mm
130-45130	Fixation Beam, 4.5 x 130 mm
130-45135	Fixation Beam, 4.5 x 135 mm
130-45140	Fixation Beam, 4.5 x 140 mm

8.5 Beams

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Description		
Fixation Beam, 8.5 x 100 mm		
Fixation Beam, 8.5 x 110 mm		
Fixation Beam, 8.5 x 120 mm		
Fixation Beam, 8.5 x 130 mm		
Fixation Beam, 8.5 x 140 mm		
Fixation Beam, 8.5 x 150 mm		
Fixation Beam, 8.5 x 160 mm		
Fixation Beam, 8.5 x 170 mm		

X-Clip Implants

Reference #	Description
130-45915	X-Clip, 4.5 x 15 mm
130-45920	X-Clip, 4.5 x 20 mm
130-85925	X-Clip, 8.5 x 25 mm
130-85930	X-Clip, 8.5 x 30 mm





Disposable Instruments

Reference #	Description
130-00020	Guidewire, Small (2.0 mm)
130-00032	Guidewire, Large (3.2 mm)
130-00045	Cannulated Drill, 4.5 mm
130-00085	Cannulated Drill, 8.5 mm
130-00220	Cleaning Brush, 2.0 mm
130-02020	Short Drill Pin, Small
130-02025	Short Drill Pin, Large
130-02120	Long Drill Pin, Small
130-02125	Long Drill Pin, Large

Reusable Instruments

neusable instruments		
Reference #	Description	
130-00003	Tissue Protector	
130-00004	Ratcheting Handle	
130-00005	1/4 Sq. to Jacobs Adapter	
130-00025	Removal Tool, Small	
130-00040	Removal Tool, Large	
130-00120	Starter Awl, Small	
130-00132	Starter Awl, Large	
130-00140	Hex Driver, Small (4.0 mm)	
130-00145	Countersink, Small	
130-00155	Hex Driver, Large (5.5 mm)	
130-00165	Countersink, Large	
130-00230	Depth Gauge, Small (2.0 mm)	
130-00232	Depth Gauge, Large (3.2 mm)	
130-00240	Removal Driver, Small (4.0 mm)	
130-00255	Removal Driver, Large (5.5 mm)	
130-02000	X-Clip Inserter	
130-02001	X-Clip Guide	
130-02045	Drill Guide, 4.5 mm	
130-02085	Drill Guide, 8.5 mm	
130-02455	Targeting Guide, Small	
130-02678	Targeting Guide, Large	





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