

IMPLANT ADVANTAGES

Self Drilling/Self Tapping Proximal Screw Thread

- Smooth insertion into proximal phalanx
- Eliminates the need for a proximal drill

Cannulated Implant

- Assures accurate placement down the central axis of the canal

Quad Head Distal Barb

- 4 points of cortical contact maximize directional stability and pullout resistance
- Rectangular design provides anti-rotational control

Other OsteoMed Products



ExtremiFix Headless Cannulated Screws



ExtremiFix Cannulated Screws



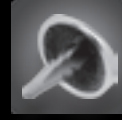
Inion BioResorbable Pins



InterPhlex



ExtremiLock Foot Plating System



EnCompass



EnCompass Lessers



ReFlexion



Hemi



Talar-Fit



Large Cannulated Screws



OsteoVation EX



OsteoVation QWIK



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P/N 030-1788 Rev.B

EXTREMIFUSE

Hammertoe Fixation System



Rethinking Possibilities, Reshaping Lives

SYSTEM ADVANTAGES

6 Implant Options

- 0° and 10° implants available in 2.0mm, 2.4mm and 3.0mm thread diameters to provide fixation of lesser digits at the optimal angle



395-4000 ExtremiFuse Organizer Block

Customizable tray

- System holds 24 implants of any size and angle combination
- Customize 6 rows of 4

SYSTEM COMPONENTS

ExtremiFuse Implants 0°

- 319-0020 2.0mm x 0° ExtremiFuse Implant
- 319-0024 2.4mm x 0° ExtremiFuse Implant
- 319-0030 3.0mm x 0° ExtremiFuse Implant

ExtremiFuse Implants 10°

- 319-1020 2.0mm x 10° ExtremiFuse Implant
- 319-1024 2.4mm x 10° ExtremiFuse Implant
- 319-1030 3.0mm x 10° ExtremiFuse Implant

ExtremiFuse Instruments

- 395-2124 ExtremiFuse Broach (2.4/3.0mm Only)
- 395-2200 ExtremiFuse Dual Cannulated Driver Handle
- 395-2000 .035 x 3" K-Wire
- 395-2017 1.7mm Cannulated Drill, Quick Release
- 395-2027 2.7mm Cannulated Drill, Quick Release

EXTREMIFUSE™

Hammertoe Fixation System

1 Prepare Joint

Make incision on the dorsal surface of PIP joint. Resect soft tissue around PIP joint. Cut base of middle phalanx perpendicular to central canal. Cut head of proximal phalanx at either 0° or 10° based on implant selected.



2 Drill Middle Phalanx

Place a Ø.035" K-wire axially into middle phalanx and check position under fluoroscopy. Drill over K-wire to marked line. If using a 2.0/2.4mm implant, drill to distal line. If using a 3.0mm implant, drill to proximal line. Remove K-wire.

2.0/2.4mm implant 3.0mm implant



3 Broach Middle Phalanx (2.4/3.0mm only)

Position broach so tip is in drilled hole and a marked line is aligned with dorsal aspect of bone. By pushing on end, fully insert broach until shoulder hits bone. If desired, a mallet may be used.



NOTE: Broach should be used in cases of dense bone or in bone with a narrow intramedullar canal. If unsure if broach is needed, wait until Step 6.

4 Insert Implant into Proximal Phalanx

Insert Ø.035" K-wire axially into proximal phalanx and check placement under fluoroscopy. Place threaded portion of implant and driver handle over K-wire. Assure implant is in correct end of driver handle marked with 0° or 10°. Drive implant into phalanx until flat surface of barbs is touching bone and dorsal marking on handle is aligned with dorsal surface of bone.

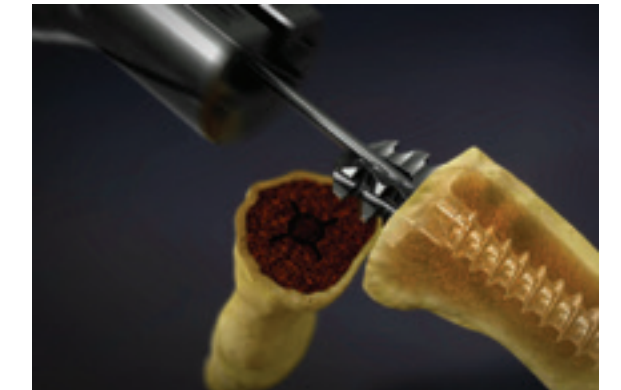


Note: 10° Barb should be inserted in direction of marked line. K-wire slot in handle should align with K-wire hole in implant. If seated incorrectly, handle and implant construct will not slide over K-wire.



5 Remove Driver Handle and K-wire

Remove driver handle from implant and pull off of K-wire. For 10° implants, handle will shift plantar slightly and K-wire will slide through dorsal side of handle. Remove K-wire.



6 Insert Implant into Middle Phalanx

Manually distract middle phalanx. Place implant barb into hole in middle phalanx. Using firm pressure, press proximal and middle phalanges together.

Check both dorsal and lateral placement under fluoroscopy. If implant will not fully insert to provide bone to bone contact, distract middle phalanx off barb and broach before reinserting (see step 3).

