

SIDEKICK™
CoreTrak™ Tube Fixator

SURGICAL TECHNIQUE



WRIGHT.

Surgical Technique

Proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience. Prior to use of the system, the surgeon should refer to the product package insert for complete warnings, precautions, indications, contraindications and adverse effects. Package inserts are also available by contacting Wright Medical Technology, Inc.



FIGURE 1

The first pin is placed freehand perpendicular to the long axis of the bone. | **FIGURE 1** The pin diameter should not exceed 1/3 of the bone diameter.



FIGURE 2

Place the fixator over the first pin and align the fixator so that the distal internal pin clamp is positioned over the bone. | **FIGURE 2** The internal clamp should be adjusted along the length of the fixator to position the pin holes in the desired location.



FIGURE 3

Insert the second pin through the fixator which is used as a guide. | **FIGURE 3** Use fluoroscopy to check pin penetration through the far cortex. Pins should not penetrate more than 2mm beyond the far cortex of bone.

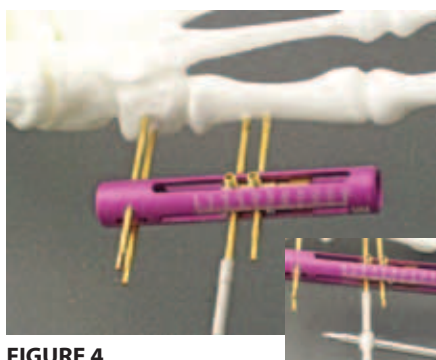


FIGURE 4

Insert the third and fourth pins through the fixator in the same manner as the first two pins. An AO adaptor can be used to connect to the pins to assist with the insertion. | **FIGURE 4** A hole in the adaptor allows the screwdriver to manually advance the pins (inset). Proximal pins can be positioned in either a vertical or horizontal configuration depending upon the anatomy.

Leave adequate clearance between the fixator and skin to allow for post-operative swelling.

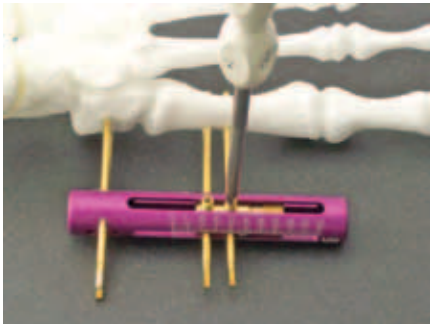


FIGURE 5

Lock the distal pins by tightening the set screws located within the fixator slot. | **FIGURE 5**

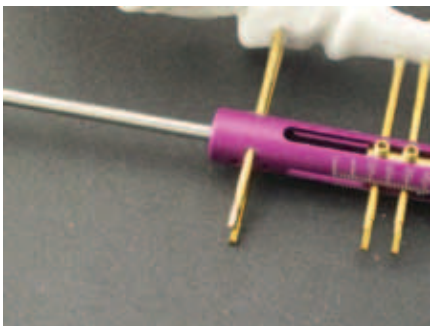


FIGURE 6

Lock the proximal pins by tightening the set screw in the proximal end of the fixator. | **FIGURE 6**

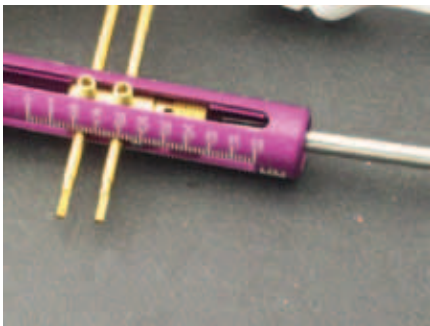


FIGURE 7

Compression or distraction can be obtained by turning the set screw located within the distal end of the fixator. | **FIGURE 7** For compression, turn clockwise. For distraction, turn counterclockwise. For bone lengthening with a callotasis technique, the distraction should be divided into $\frac{1}{4}$ turn increments. One full turn of the screwdriver will result in 1mm of distraction. The screwdriver is marked with a directional arrow and turn indicators to assist with distraction. A graduated scale along the pin slot can be used to gauge overall length achieved.

After fixator application, the protruding ends of the pins should be cut short and capped with pin covers or if possible, the fixator pin clamps can be temporarily loosened so that the fixator can be moved slightly away from the body to cover the cut ends of the pins. Perform a final check of all fixator components to ensure that they are tightened before completing the surgery.



Wright Medical Technology, Inc.

5677 Airline Road
Arlington, TN USA 38002
901.867.9971
800.238.7117
www.wmt.com

Wright Medical EMEA

Hoogoorddreef 5
1101 BA Amsterdam
The Netherlands
011.31.20.545.0100
www.wmt-emea.com