Medical Implants







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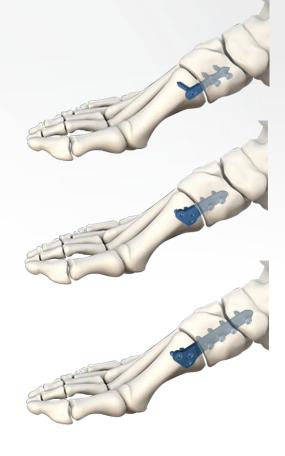
Astrolabe recognizes that proper surgical procedures and techniques are responsibilities of medical professionals.

The following guidelines are provided for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on their medical training, experience and condition of the patient. Before using the system, the surgeon must consult the operating instructions for additional warnings, precautions, indications, contraindications and adverse effects.

Hallux Valgus 2.7mm

- Correction of 10º to 22º hallux valgus deformities
- Plates with different sizes, allowing greater displacement of the metatarsals.
- 4 correction levels: lateralisation plantarisation, derotation and contrarotation to improve PASA angle.
- The design of the plates and intramedullary fixation provide three-dimensional fixation, without danger of shortening or elevation.
- No soft tissue irritation due to the placement of the plate within the bone.
- Possibility to perform minimal invasive procedure.







Indications

General Indication:

- Correction of all hallux valgus deformities.
- Subcapital osteotomy
- Proximal osteotomy
- Opening Lapidus Arthodesis

Subcapital osteotomy

Small plate IM angle < 14º Stable TMT I joint



Base osteotomy

Medium plate IM angle 14-18º Stable TMT I joint



Lapidus + Proximal Osteotomy

Large plate IM angle >18º Unstable TMT I joint in all degrees

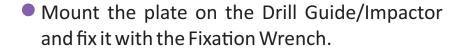


Bone preparation **Lapidus Osteotomy**

Bone preparation with chisel

Only necessary for Lapidus osteotomy

 Use the 90° chisel to prepare the positioning of the plate inside the bone





Instruments:



Preparation Chisel, Hallux Valgus Plate, 90°: 09.34.01.00090



Drill Sleeve, Ø4.6 x 40 mm: 09.06.00.46040



HAJEK Hammer, 140g, Ø27 x 220 mm: 09.33.00.27220



Drill Bit, Ø2.0 x 125 mm, twist length 30 mm, AO Coupling: 09.01.01.20125



Drill Guide/Impactor, Hallux Valgus Plate: 09.05.15.00010 | 09.05.15.00000

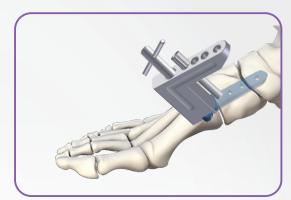


Drill Sleeve, Ø2.1 x 55 mm: 09.06.00.21055

Plate Positioning Lapidus Osteotomy

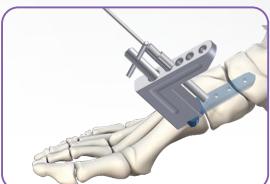
Plate impaction and positioning

 Mount the plate on the Drill Guide/Impactor to guide the positioning of the plate and drilling of its respective holes. The plate should be proximally placed inside the bone.



Proximal locking of the plate and screw insertion

- After adequately positioning the plate use both drill guides, fitted together, after pre-drilling.
- The length of the screw is obtained by inserting the tip of the Depth Gauge through the Hallux Valgus Drill Guide / Impactor.
- The drill guide must be removed to insert the screws. Typically, the plate is locked in place with 2 or 3 screws according to indications (screw length 16-18 mm).





Note:

 The Drill Guide/Impactor device must be removed after proximal locking of the plate.



Shaft Screwdriver, Torx-8, 90 mm, AO Coupling, Blue Code: 09.07.04.08091



Cortical Screw Ø2.7 mm: 15.04.03.27020

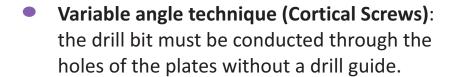


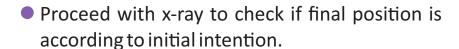
Locking Screw Ø2.7 mm: 15.14.03.27020

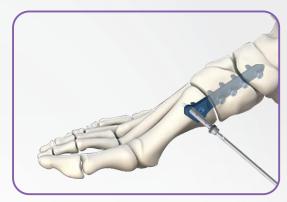
Finalization Final distal fixations

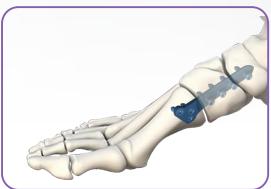
Final Distal Fixation

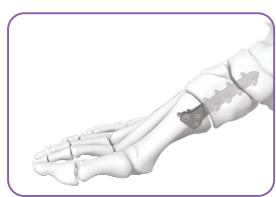
- After alignment of the distal section, drill the remaining holes using the Drill Guide Insert and then insert the screws until it is completely locked in place.
- Fixed angle technique (Locking Screws): During the drilling process, the hole in the plates cannot be damaged. This drilling process must be perpendicular to the plate by using the appropriate drill guide. The Drill Bit must be conducted through the drilling guide channel..











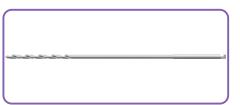
Instruments:



Drill Guide Insert, Ø2.0 x 45 mm, Threaded, Blue Code: 09.27.04.10020



Drill Bit, Ø2.0 x 125 mm, twist length 30 mm, AO Coupling: 09.01.01.20125



Drill Bit, Ø2.0 x 125 mm, twist length 35 mm, Stryker Coupling: 09.01.06.20125