fuse ULTRA™

FOOT PLATING SYSTEM

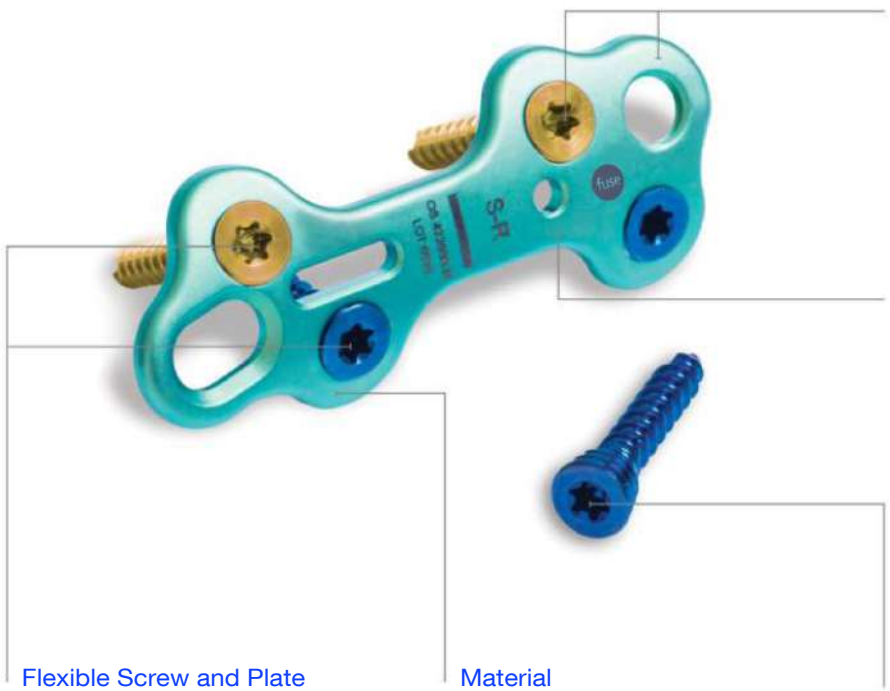
ULTRA™ Foot Plating System

One System. Multiple Options.

Surgical Technique

Design Rationale

Plate and Screws



Low Profile Plates and Screws

Anatomically contoured low profile plates and screws minimize the likelihood of soft tissue impingement and irritation.

Color Coded

The plates and screws are color coded for easier identification during the surgical procedure.

Flexible Screw and Plate Combination

Each plate can accept either 2.7mm or 3.5mm locking or non-locking screws, ensuring a plate and screw construct that best suits the anatomy and clinical indications.

Material

The plates and screws are made from Titanium alloy (Ti-6Al-4V). The material offers a combination of strength and biocompatibility and is MRI compatible.

Torx Drive

The T8 Torx Drive headed screw increases torque transmission from the driver to the screw, ensuring secure and efficient insertion of the screw into the plate and bone.

Cannulated Screw Options

3.5mm headed and 4.0 headless cannulated screws can be used independently from the plate to supplement compression across the osteotomy site.

2.7mm and 3.5mm Diameter Locking and Non-Locking Screws

2.7mm and 3.5mm locking or non-locking screws are available for use with any plate.

System Range

The system offers a comprehensive range of twelve types of plates for elective forefoot, midfoot, and hindfoot surgical procedures.

System Range - Screws

A range of 2.7mm and 3.5mm locking and non-locking screws are available.

Either screw can be utilized in any plate. The 3.5mm and 4.0mm cannulated compression screws can be used independently across the osteotomy site to provide additional compression and stability where required.

2.7mm Locking Screws

12 Lengths -
8mm, 10mm, 12mm, 14mm, 16mm, 18mm, 20mm, 22mm, 24mm, 26mm, 28mm, 30mm.

2.7mm Non-locking Screws

12 Lengths -
8mm, 10mm, 12mm, 14mm, 16mm, 18mm, 20mm, 22mm, 24mm, 26mm, 28mm, 30mm.

3.5mm Locking Screws

15 Lengths -
10mm, 12mm, 14mm, 16mm, 18mm, 20mm, 22mm, 24mm, 26mm, 28mm, 30mm, 35mm, 40mm, 45mm, 50mm.

3.5mm Headed Non-locking Screws

13 Lengths -
14mm, 16mm, 18mm, 20mm, 22mm, 24mm, 26mm, 28mm, 30mm, 35mm, 40mm, 45mm, 50mm.

3.5mm Headed Cannulated Compression Screws

12 Lengths -
20mm, 22mm, 24mm, 25mm, 26mm, 28mm, 30mm, 32mm, 34mm, 36mm, 38mm, 40mm, 45mm, 50mm, 55mm, 60mm.

4.0mm Headless Cannulated Compression Screws

15 Lengths -
20mm, 22mm, 24mm, 26mm, 28mm, 30mm, 32mm, 34mm, 36mm, 38mm, 40mm, 45mm, 50mm, 55mm, 60mm.

Surgical Technique

1. General Surgical Procedure

Instrumentation System

The comprehensive instrumentation system is presented as a single set for improved efficiency and ease of use. The top tray of the set contains the preparation instruments for the plate-specific procedures. The bottom tray holds the non-sterile implants.

Screw Insertion

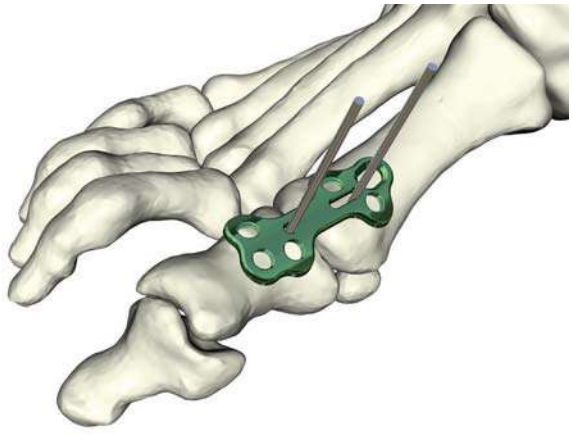
All plate offerings within the ULTRA™ System accept all 2.7mm and 3.5mm non-locking and locking screw formats.

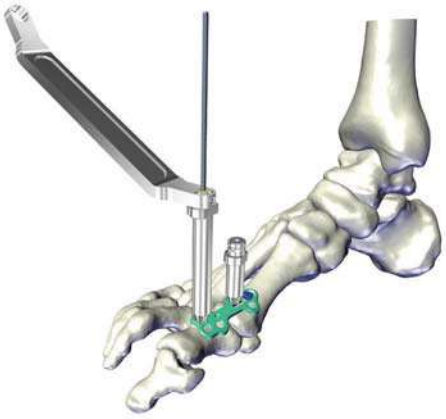
NOTE: Applying excessive torque during screw insertion is not recommended and could result in damage to the screw head and/or plate, especially in regards to locking screws. It is advised to stop tightening when the screw head locks flush with the plate.

Stabilizing Plate with K-Wire

Standard 1.1mm K-Wires are available to temporarily stabilize plates over the joint sites prior to screw insertion.

2.0mm and 2.5mm drill bits are available for pre-drilling screw positions.





Drill Guides

When using on-axis locking screws with the plates, thread the appropriate drill guide into the corresponding plate position and use the designated drill size:

2.7mm screws use 2.0mm drill.
3.5mm screws use 2.5mm drill.

The drill guides can be stabilized during drilling with the Drill Guide Holder. Ensure the drill guides mate properly and are seated correctly on the plate, ensuring the correct predetermined hole trajectory. Both 2.7mm and 3.5mm drill guides are available in long and short versions, allowing them to be used simultaneously without interference.

TIP: When drilling, penetrate the near cortex and continue drilling until the far cortex is reached. Advance cautiously; taking care to stop drilling immediately once the far cortex is breached.

Non-Locking Screws

TIP: Non-locking screws can be used when a small amount of off-axis alignment is required. The screws will comfortably allow for 5° of off-axis alignment.

TIP: Non-locking screws can also be used when inserting the first screw in a plate, ensuring the plate sits flush down with the bone surface prior to inserting all the locking screws.

Screw Length

Screw length is determined with the depth gauge. Locate the depth gauge in the appropriate plate position and depress the plunger. The hook on the distal tip of the plunger should hook onto the wall of the far cortex.

The appropriate screw length can be directly read off the scale from the measuring device.

Parallel Compression and Distraction*

The Compression and Distraction Device (CDD) has been specifically designed for foot and ankle procedures for forefoot and midfoot/hindfoot procedures. Both compression and distraction can be achieved in a parallel plane by simply rotating the thumb wheels.

The device has been designed to suit anatomy and limit interference. Once the established position has been selected on either side of the osteotomy site, insert K-Wires (1.8mm or 2.0mm) through the device jaws. Distal holes will accept 1.8mm K-Wires. Proximal holes will accept 2.0mm K-Wires.

Caution - do not drill K-Wires through CDD. K-Wire misalignment could cause K-Wires to cold weld to the instrument.

NOTE: K-Wires must be inserted bi-cortically for correct use of the device.

NOTE: The most proximal locking screw furthest from the fusion site should be inserted in the plate first. Next, drive the distal non-locking screw until it is seated in the plate, but not locked down. Compression can then be finalized by rotating and locking the thumb screws on the device, before locking the screw down.

Plate Contouring

The ULTRA™ Foot Plating System has been designed to closely match anatomic contours of the forefoot, midfoot, and hindfoot. In most cases, the procedure specific plates will not require any contouring, but if necessary due to bony abnormalities or deformity, a slight degree of contouring can be achieved using the bending irons and bending pliers.

NOTE: Care must be taken not to over-bend the plates and plates should be bent only once and not in a back and forth motion to avoid fatigue stress.

2. Metatarsophalangeal Fusion Surgical Procedure

The Metatarsophalangeal (MTP) Plate is indicated for hallux valgus associated with osteoarthritis. Fusion can be beneficial for bunion patients with rheumatoid arthritis.

The MTP plates are available in both left and right sides of four sizes and are anatomically contoured with an integrated 8° of valgus correction and configured for challenging forefoot procedures. The plates feature an internal dynamic screw position for use with the Compression Distraction Device and accept both 3.5mm and 2.7mm locking and non-locking screws. The low profiled, soft tissue-friendly design of the plates allows for placement of a 3.5mm or 4.0mm cannulated compression screw across the resection site, ensuring good compression. It is recommended that 2.7mm screws are used primarily, with 3.5mm screws used as rescue screws or in poor quality bone.

Exposure and Joint Preparation

Access to the 1st MTP joint and to the osteotomy site is typically through a dorsal longitudinal or dorso-medial approach, according to surgeon preference. The incision is started and deepened medial to the EHL tendon (retracted laterally) and the joint capsule collateral ligaments released to expose the base of the proximal phalanx and metatarsal head.

Metatarsal Preparation

The phalanx is displaced plantarly to expose the metatarsal head. Using a powered drill, insert a 1.6mm K-Wire centrally through the metatarsal head and into the diaphysis.

Run the Metatarsal concave reamer over the guide wire and employ a “pecking” drill cycle, clearing bone debris frequently and until bleeding subchondral bone becomes visible on the joint surface.

TIP: Run the drill at low RPM, clearing debris frequently and with irrigation to prevent thermal necrosis.

TIP: Start with the largest concave reamer and if necessary, move progressively down through the reamer sizes until the correct radius removes the entire surface of articular cartilage, and take note of the final reamer size used.

The phalanx is prepared in a similar fashion by plantar-flexing the phalanx and inserting a 1.6mm K-Wire into the center of the articular cartilage and driving through in the diaphysis.

TIP: Start with the smallest convex reamer and move progressively up through the reamer sizes until the corresponding size used on the metatarsal is reached. The metatarsal and phalangeal sides of the joint will then be fully conforming. Proceed with caution, taking care to protect the metatarsal head.

Plate Selection and Positioning

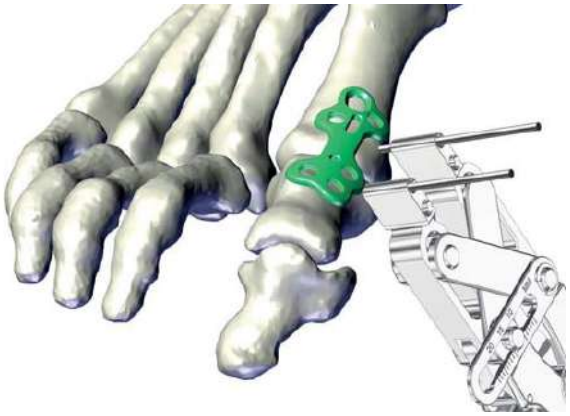
The valgus transition and resection indication line on the MTP plate can be used to identify the valgus transition point and ideal joint resection and should be used as a tool in establishing the ideal plate position.

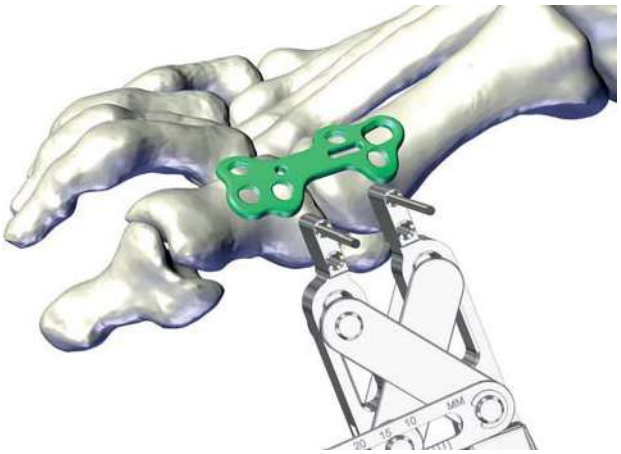
The matching cup and cone surface of the joint should be aligned in the desired position. Rotate the position as necessary and match the valgus angle.

TIP: Proper positioning can be evaluated with the placing of support against the plantar surface of the foot.

Compression & Distraction

Once the plate selection and position are decided, the Compression Distraction Device (CDD) should be used to reduce the joint prior to insertion of the screws and locking of the plate.



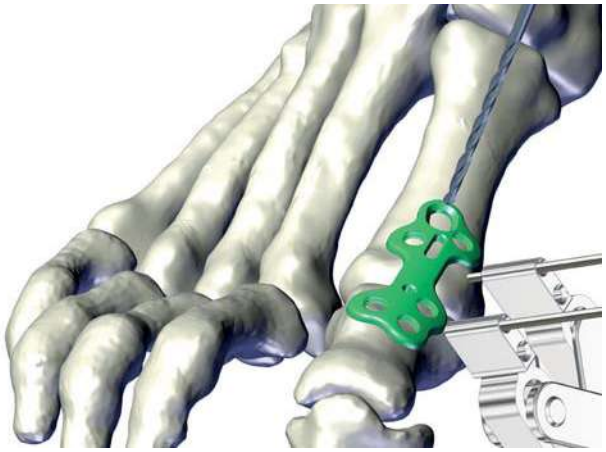


Set the CDD to the appropriate position, ensuring adequate distance between the jaws to achieve the desired compression. The CDD jaws accept both 1.8mm and 2.0mm K-Wires. The device should be positioned to allow 2 K-Wires to be driven into either side of the joint resection and outside of the plate profile.

TIP: K-Wires should be inserted through the far cortex to ensure a stable and rigid scaffold when applying compression.

Caution - do not drill K-wires through CDD. K-wire misalignment could cause K-wires to cold weld to the instrument.

Proximal Screw Insertion



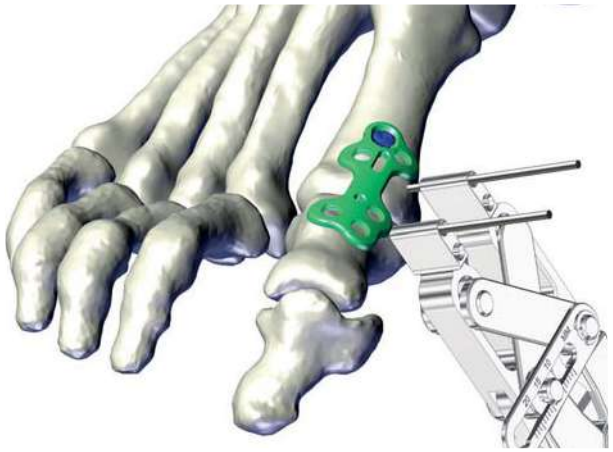
With the resection site reduced and compression maintained through the Compression Distraction Device, the plate profile should be evaluated.

TIP: Plate benders can be used to bend the plate if determined necessary.

PLATES SHOULD ONLY BE BENT IN ONE DIRECTION AND NEVER RE-BENT.

Perform drilling according to the selected preferred screw size in the most proximal dynamic standard screw position.

TIP: Using the appropriate drill, penetrate the near cortex and continue drilling until the far cortex is reached. Take care to stop drilling immediately once the far cortex is breached.



After determining length with the depth gauge, insert the appropriate screw. Inserting the non-locking screw first will help to seat the plate flush with the bone surface.

Advance the screw flush to the plate but do not lock the screw down. The non-locking screw in the dynamic slot allows for movement of the plate during final compression.

TIP: All plate screw holes accept both the 3.5mm and 2.7mm locking or non-locking screws.

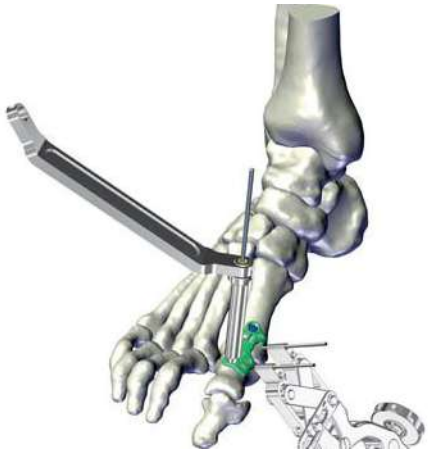
Distal Screw Insertion

Perform drilling of the proximal screw holes through the appropriate drill guide for the screws selected.

2.7mm screws are generally recommended for fixation of the MTP plate.

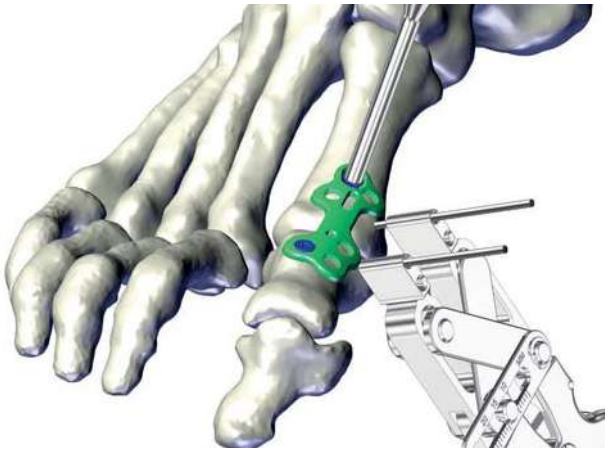
TIP: Using the appropriate drill, penetrate the near cortex and continue drilling until the far cortex is reached. Take care to stop drilling immediately once the far cortex is breached.

The drill guide will have ensured the correct trajectory of the screw drill hole and the screw should be advanced to a position where the head is flush with the plate and locked.



With the distal screw locked down, ensure adequate compression is applied through the CDD and lock down the non-locking screw.

TIP: When completing final screw positions, all screws used on axis (locking screws) should sit with the head flush with the outer plate profile.



Stabilizing the Fusion Construct

To stabilize the fusion construct, remove the Compression Distraction Device and temporary fixation pins and use the technique previously described to place locking and/or non-locking screws through all remaining screw positions within the plate. 2.7mm screws are generally recommended for fixation of the MTP plate.

TIP: When completing final screw positions, all screws used on axis (locking screws) should sit with the head flush with the outer plate profile.

Across Joint Compression

The ULTRA™ Plating System includes a 3.5mm and a 4.0mm cannulated compression screw which can be used to provide additional mechanical compression and stabilization across the joint.

Screw trajectory is determined by inserting a K-Wire, medially mid-height of the metatarsal head, distally out of the lateral side of the phalanx.

The required length of the 3.5mm or 4.0mm cannulated compression screw is established using the depth gauge provided. Advance the screw so the head is flush and take care not to fracture the cortex. The construct provides the stability of plate fixation and and screw compression across the joint with a lag effect.

3. Lapidus Surgical Procedure

The Lapidus procedure is used to correct a moderate to severe hallux valgus deformity. It is also indicated for hallux valgus associated with a hypermobility of the first ray.

The Lapidus Plate comes with both left and right sides and is anatomically contoured and configured for challenging midfoot procedures. The step offsets, ranging from 0mm to 6mm, facilitate correct positioning of the MTP base, and the low profile, soft tissue-friendly design of the plate allows for placement of a 3.5mm or 4.0mm cannulated compression screw across the resection site, ensuring good compression.

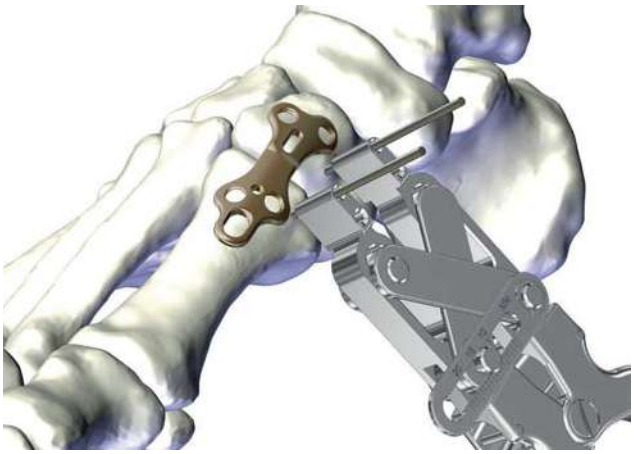
Exposure and Joint Preparation

Access to the 1st TMT joint and to the osteotomy site can be obtained through a dorsomedial approach extending ± 2.5cm either side of the TMT. The dissection should be carried down through the subcutaneous tissues (ensure the anterior tibial tendon is identified and protected). Perform a dorsal capsulotomy at the superior aspect of the 1st TMT, exposing the joint and debriding the joint surfaces, taking care not to remove subchondral bone unless necessary for deformity correction.

Plate Selection

After joint preparation, reduce the fragments and offer up an appropriate implant plate from the plate caddy on the instrument set, considering the step offsets in relation to the first metatarsal translation. Position the plate dorsomedial over the TMT joint and verify that the plate lies flush against the metatarsal and cuneiform surfaces. If it is necessary to make minor contour adjustments to the actual implant, plate bending irons and pliers are available in the instrument set.

TIP: Ensure the dynamic slot is distal to the joint.

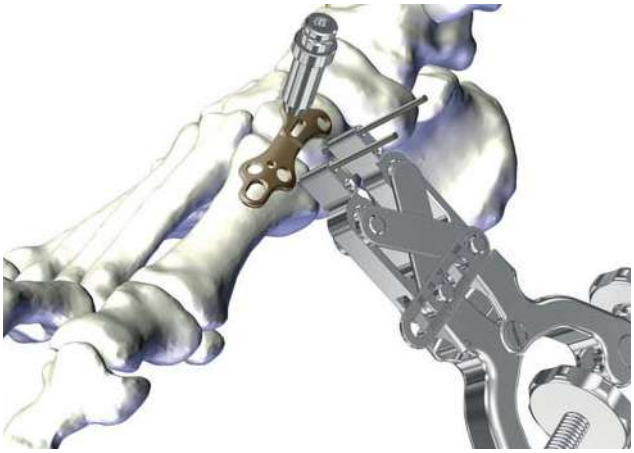


Compression & Distraction

Once the plate selection and position are decided, the Compression Distraction Device (CDD) should be used to reduce the joint prior to insertion of the screws and locking of the plate.

Set the CDD to the appropriate positioning, ensuring adequate distance between the jaws to achieve the desired compression. The CDD jaws accept both 1.8mm and 2.0mm K-Wires. The device should be positioned to allow 2 K-Wires to be inserted in either side of the joint resection and outside of the plate profile.

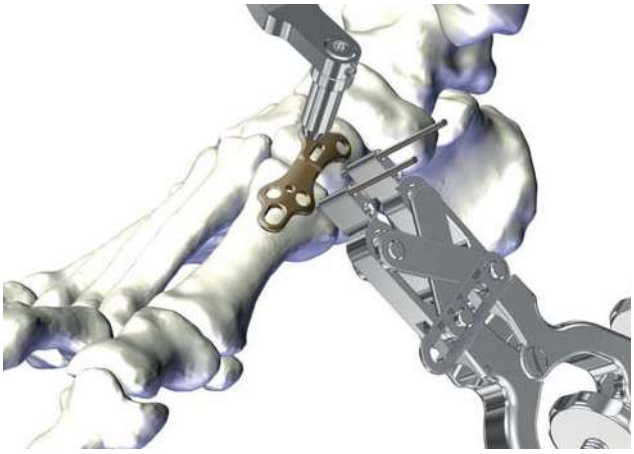
TIP: The Compression Distraction Device can be locked in position using the free-spinning thumb-wheels.



Proximal Screw Insertion

With the resection site reduced and compression maintained through the Compression Distraction Device, insert (screw thread) the appropriate drill guide according to the preferred screw diameter. The drill guides are clearly identified as either 2.7mm or 3.5mm and are available in both a long and short version. Drill 2.0mm for 2.7mm screws and 2.5mm for the 3.5mm screws.

TIP: All plate screw holes accept both the 3.5mm and 2.7mm locking or non-locking screws.

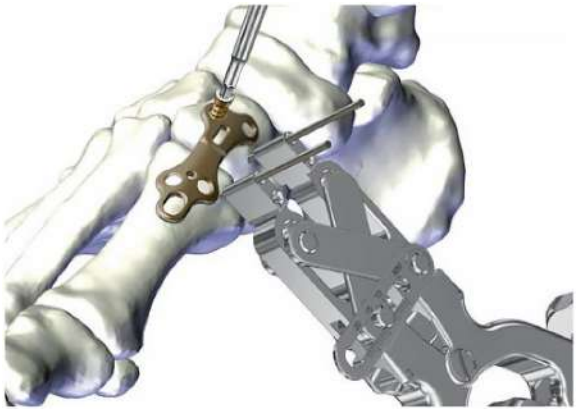


Once the drill guide is inserted and pressure is applied to maintain plate positioning with the drill guide holder, the holes can be drilled to the appropriate depth.

TIP: Using the appropriate drill, penetrate the near cortex and continue drilling until the far cortex is reached. Take care to stop drilling immediately once the far cortex is breached.

A traditional screw depth gauge is available on the set to measure and ascertain the correct screw length.

3.5mm screws are generally recommended for fixation of the Lapidus Plate. The drill guide will have ensured the correct trajectory of the screw drill hole and the screw should be advanced to a position where the head is flush with the plate.

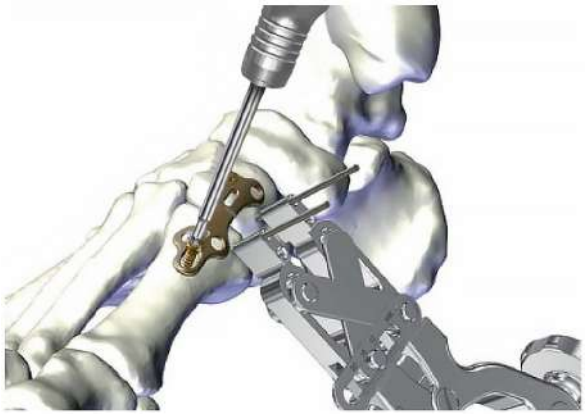


Distal Standard Screw Insertion

Following locking of the proximal screw, and with the CDD still applying compression, a non-locking screw should be inserted in the distal dynamic screw slot.

TIP: Lock the screw down whilst ensuring adequate compression through the Compression Distraction Device.

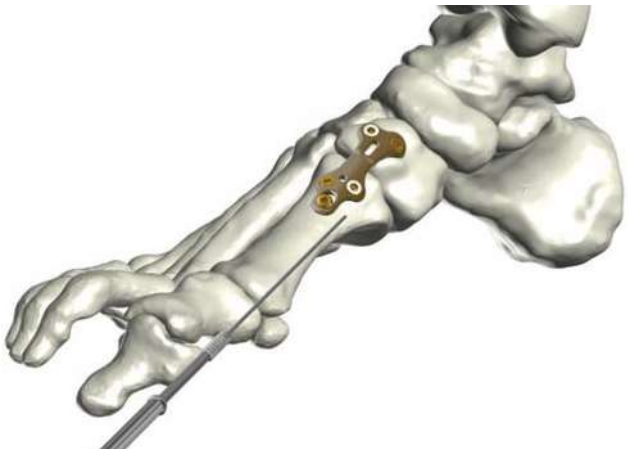
TIP: The use of a non-locking screw prior to introduction of all locking screws will buttress the plate flush with the bone surface.



Stabilizing the Fusion Construct

To stabilize the fusion construct, remove the Compression Distraction Device and temporary fixation wires and use the technique previously described to place locking and/or non-locking screws through all remaining screw positions within the plate. 3.5mm screws are generally recommended for fixation of the Lapidus Plate.

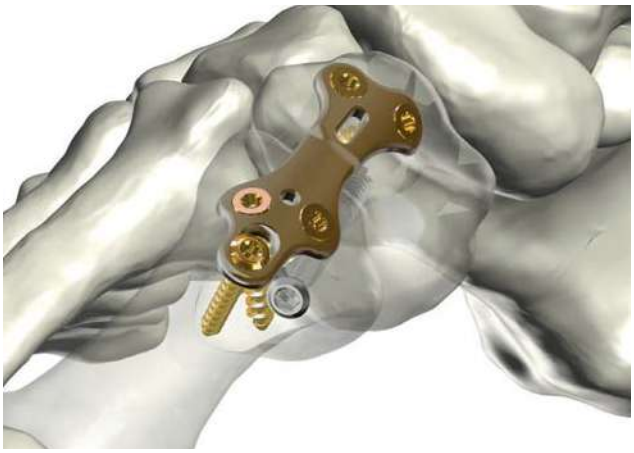
TIP: When completing final screw positions, all screws used on axis (locking screws) should sit with the head flush with the outer plate profile.



Across Joint Compression

The system includes a 3.5mm and 4.0mm cannulated compression screws which can be used to provide additional, across joint mechanical compression and stabilization.

Screw trajectory is determined by firing a K-Wire, with imaging, across the joint site.

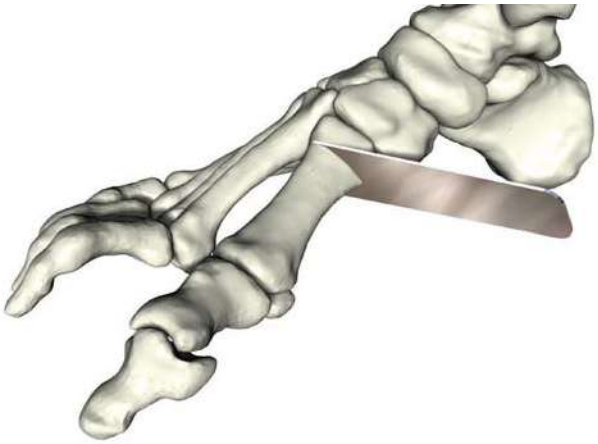


The required length of the 3.5mm or 4.0mm cannulated compression screw is established using the depth gauge provided. Advance the screw so the head is flush and take care not to fracture the cortex. The construct provides the stability of plate fixation and screw compression across the joint with lag effect.

4. Opening Wedge Surgical Procedure

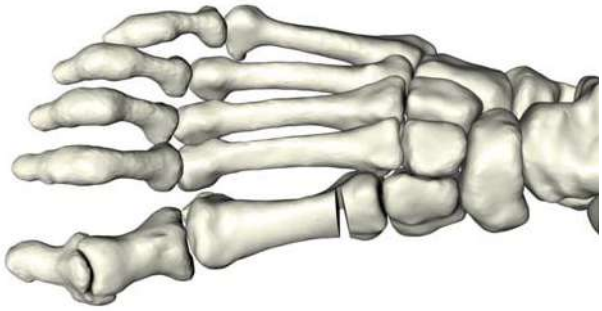
The Opening Wedge Locking Plate and Opening Wedge Osteotomy Plates are indicated for proximal (Basal) osteotomies, offering high corrective power of the Inter-Metatarso angle for moderate and severe deformities due to their proximal location providing a long lever arm and the plate's incremental spacer wedges.

The ULTRA™ Opening Wedge Locking Plates and Opening Wedge Osteotomy Plates are available in six sizes, with wedges ranging from 0mm to 7mm (The 0mm plate can be used for stable osteotomy fixation where no correction is required).



According to surgeon preference, one or two incisions are performed from the Tarsometatarsal (TMT) joint to the Metatarsophalangeal (MTP) joint taking care to retract all surrounding tissue.

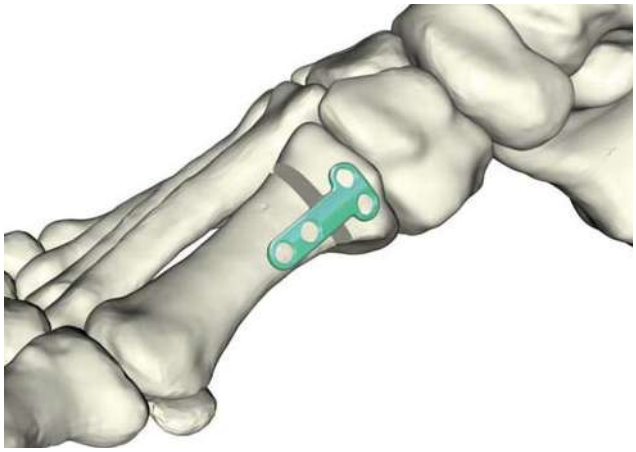
Identify the reference point for the osteotomy using a K-wire and fluoroscopy, typically ±15 mm distal to the first TMT. The osteotomy should be performed in a medial to lateral direction and perpendicular to the metatarsal axis and only to a depth of approximately 70% of the metatarsal. The lateral cortical wall must remain intact.



According to surgeon preference, an osteotome may be used to open the osteotomy until the appropriate correction is reached. Care must be taken to maintain the integrity of the lateral cortex.

Plate Selection

The ULTRA™ System offers Opening Wedge Plates with multiple wedge sizes and selection is based on the surgical correction required.



With the osteotomy open, position the plate on the bone with the wedge inserted medially.

TIP: Temporary fixation of the plate (pre-drilling) can be achieved by inserting a K-Wire into any of the locking screw holes.

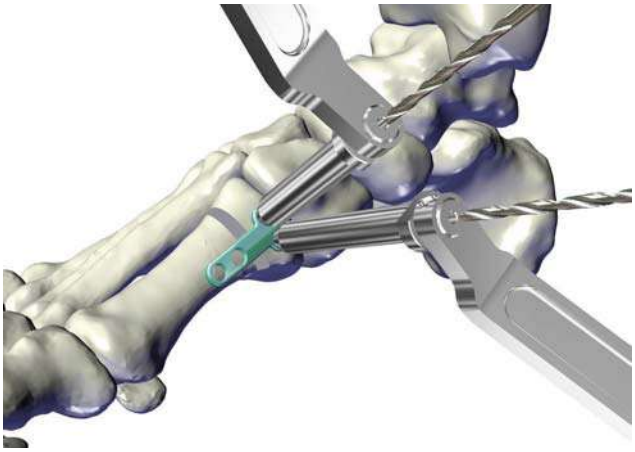
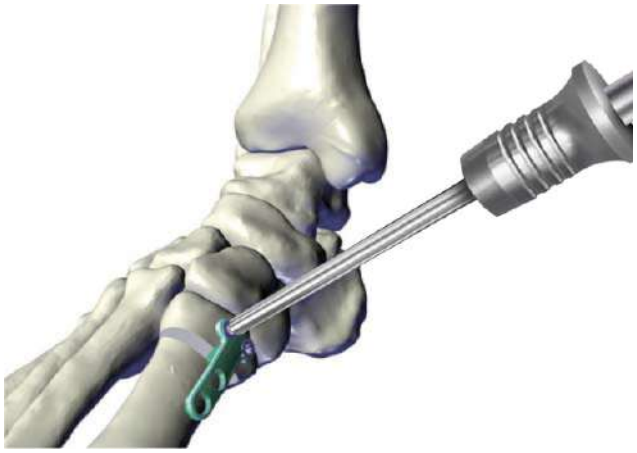


Plate Fixation

Perform drilling for either 2.7mm or 3.5mm screws using the appropriate drill guide.

TIP: All screw positions accept both 2.7mm or 3.5mm locking or non-locking screws. However, it is recommended, to prevent soft tissue irritation, to use locking, on-axis screws with the Opening Wedge Plates.

TIP: A non-locking screw can be inserted prior to insertion of all locking screws to ensure the plate is flush with the bone surface.

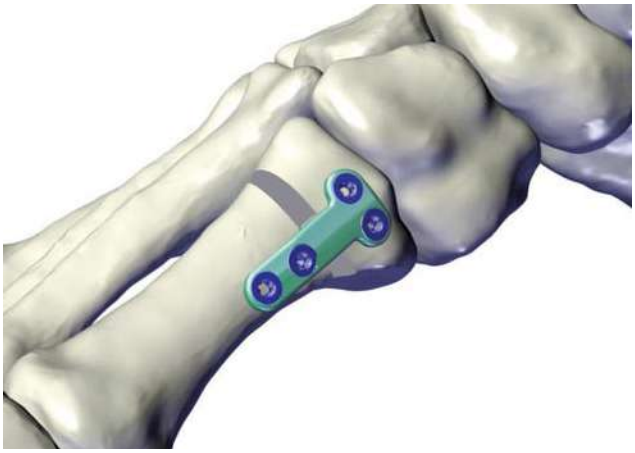


Following measurement with the depth gauge to determine the appropriate length, insert the two proximal, on-axis locking screws.

To prevent soft tissue irritation, it is recommended to use locking, on-axis screws with the Opening Wedge Plates.

Remove the temporary fixation wires (if used) and using the technique described above, insert the remaining distal locking screws.

All screws should sit flush with the plate so as not to cause soft tissue irritation.



5. Medial Displacement Calcaneal Osteotomy Procedure

The Calcaneal Step Plates are indicated for fixation of a medial slide displacement osteotomy. The plate design allows a well controlled shift of the posterior fragment in displacement calcaneal osteotomies, creating a firm buttress to prevent sliding. Additional rotational stability is achieved by means of a 3.5mm cannulated screw advanced through the plate and across the osteotomy site. The Calcaneal Step Plates are available in three sizes with steps of 8mm, 10mm, and 12mm.

Exposure and Joint Preparation

The surgical approach is according to surgeon preference and typically through a traditional open approach.

TIP: Hohmann retractors help to protect the blood vessels or nerves on the medial side.

TIP: Using appropriate osteotomes or nibblers, create the channel in the anterior calcaneus to accommodate the plate thickness.

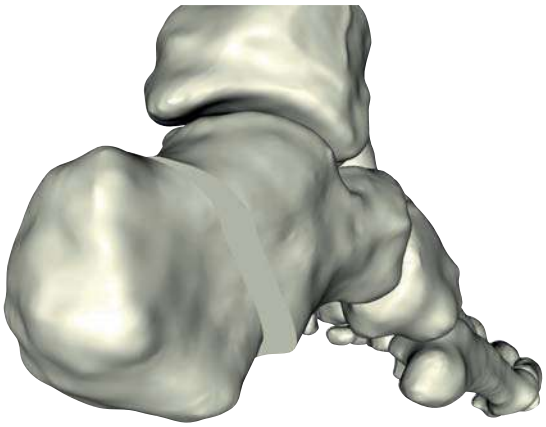


Plate Selection

The ULTRA™ System offers Calcaneal Step Plates with multiple step sizes of 8mm, 10mm, and 12mm. Selection is based on the surgical correction required. With the posterior calcaneum displaced, the plate should sit flush with both aspects of the medial calcaneum cortex.

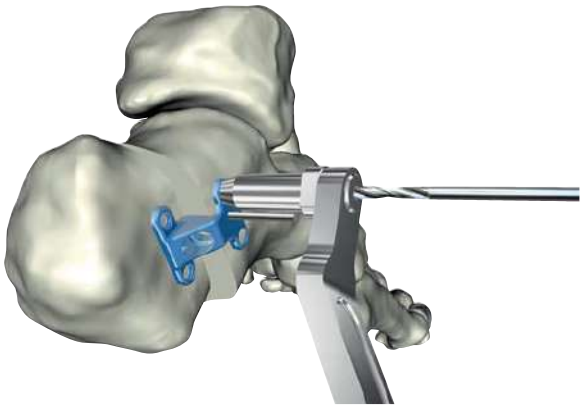
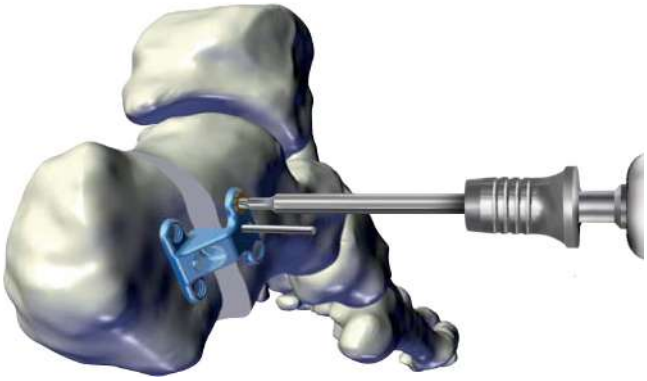


Plate Fixation

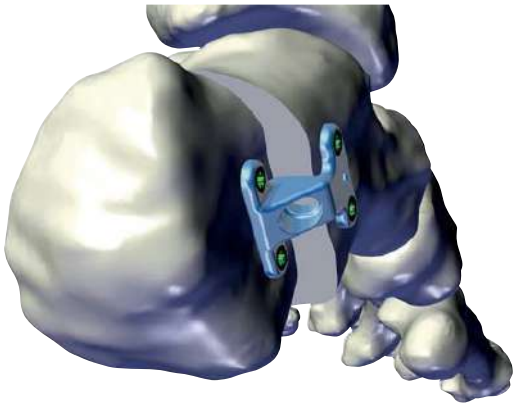
Perform drilling for either 2.7mm or 3.5mm screws using the appropriate drill guide.

TIP: All screw positions accept both 2.7mm or 3.5mm locking or non-locking screws. However, it is recommended, to prevent soft tissue irritation, to use locking, on-axis screws with the Calcaneal Step Plate.

TIP: A non-locking screw can be inserted prior to insertion of all locking screws to ensure the plate is flush with the bone surface.



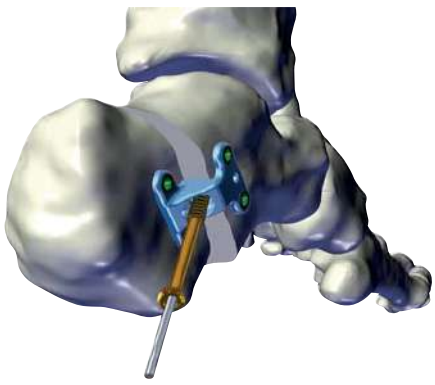
Following measurement with the depth gauge to determine the appropriate length, insert the two proximal, on-axis locking screws.



To prevent soft tissue irritation, it is recommended to use locking, on-axis screws with the Calcaneal Step Plate. Ensure the screw heads are seated sub-flush with the plate profile.

Using the technique described above, insert the remaining locking screws. All screws should sit flush with the plate so as not to cause soft tissue irritation.

Additional Stability



Additional stability is achieved by inserting a 3.5mm cannulated screw across the resection site. The trajectory of the screw is predetermined with a K-Wire and image guidance. The depth gauge should then be used to predetermine the required screw length.

It is important that the 3.5mm cannulated screw does not penetrate the subtalar joint.

ULTRA Plating System Product Listing

Instruments

Part Number	Description
OS328005	DRILL GUIDE HOLDER, 2.7-3.5MM
OS428006S	DRILL GUIDE SHORT 2.7MM
OS428006	DRILL GUIDE LONG, 2.7MM
OS328007S	DRILL GUIDE SHORT, 3.5MM
OS328007	DRILL GUIDE LONG, 3.5MM
OS328001	DEPTH GAUGE, 2.7-3.5MM
OS328004	BENDING IRON
OS328016	GUIDEWIRE DEPTH GAUGE, 3.5-4.0MM
105-16-00	STRAIGHT RATCHET HANDLE, AO
OS328012	PLATE FORCEPS
OS328009	PLATE BENDING PLIERS, 2.7MM
OS328008	PLATE BENDING PLIERS, 3.5MM
OS423019	COMPRESSION/DISTRACTION DEVICE

Disposables

Part Number	Description
OS292120	GUIDEWIRE TROCAR-Olive, 1.1MM, 3in
OS292110	GUIDEWIRE TROCAR, 1.1MM, 6in
OS292160	GUIDEWIRE TROCAR, 1.6MM, 6in
OS292200	GUIDEWIRE TROCAR, 2.0MM, 6in
OS328026	TORX DRIVER QC, T8
OS328028C	TORX DRIVER QC, T10
OS328017	COUNTERSINK, 3.5MM HEADED
OS200401	COUNTERSINK, 4.0MM HEADLESS
OS200400	COUNTERSINK/DRILL COMBO, 4.0MM HEADLESS
OS200120L	DRILL BIT, 2.0X125MM
OS200125	DRILL BIT, 2.5X110MM
OS200325	DRILL BIT CANNULATED, 2.5x150MM
OS200326	DRILL BIT CANNULATED, 3.0x150MM
OS200516	CONVEX REAMER, 16MM

Disposables

Part Number	Description
OS200518	CONVEX REAMER, 18MM
OS200520	CONVEX REAMER, 20MM
OS200522	CONVEX REAMER, 22MM
OS200616	CONCAVE REAMER, 16MM
OS200618	CONCAVE REAMER, 18MM
OS200620	CONCAVE REAMER, 20MM
OS200622	CONCAVE REAMER, 22MM

Screws

Part Number	Description
OS422508	2.7x08MM, LOCKING SCREW
OS422510	2.7x10MM, LOCKING SCREW
OS422512	2.7x12MM, LOCKING SCREW
OS422514	2.7x14MM, LOCKING SCREW
OS422516	2.7x16MM, LOCKING SCREW
OS422518	2.7x18MM, LOCKING SCREW
OS422520	2.7x20MM, LOCKING SCREW
OS422522	2.7x22MM, LOCKING SCREW
OS422524	2.7x24MM, LOCKING SCREW
OS422526	2.7x26MM, LOCKING SCREW
OS422528	2.7x28MM, LOCKING SCREW
OS422530	2.7x30MM, LOCKING SCREW
OS422608	2.7x08MM, NON-LOCKING SCREW
OS422610	2.7x10MM, NON-LOCKING SCREW
OS422612	2.7x12MM, NON-LOCKING SCREW
OS422614	2.7x14MM, NON-LOCKING SCREW
OS422616	2.7x16MM, NON-LOCKING SCREW
OS422618	2.7x18MM, NON-LOCKING SCREW
OS422620	2.7x20MM, NON-LOCKING SCREW
OS422622	2.7x22MM, NON-LOCKING SCREW
OS422624	2.7x24MM, NON-LOCKING SCREW

Screws

Part Number	Description
OS422626	2.7x26MM, NON-LOCKING SCREW
OS422628	2.7x28MM, NON-LOCKING SCREW
OS422630	2.7x30MM, NON-LOCKING SCREW
OS421710	3.5x10MM, LOCKING SCREW
OS421712	3.5x12MM, LOCKING SCREW
OS421714	3.5x14MM, LOCKING SCREW
OS421716	3.5x16MM, LOCKING SCREW
OS421718	3.5x18MM, LOCKING SCREW
OS421720	3.5x20MM, LOCKING SCREW
OS421722	3.5x22MM, LOCKING SCREW
OS421724	3.5x24MM, LOCKING SCREW
OS421726	3.5x26MM, LOCKING SCREW
OS421728	3.5x28MM, LOCKING SCREW
OS421730	3.5x30MM, LOCKING SCREW
OS421735	3.5x35MM, LOCKING SCREW
OS421740	3.5x40MM, LOCKING SCREW
OS421745	3.5x45MM, LOCKING SCREW
OS421750	3.5x50MM, LOCKING SCREW
OS421814	3.5x14MM, NON-LOCKING SCREW
OS421816	3.5x16MM, NON-LOCKING SCREW
OS421818	3.5x18MM, NON-LOCKING SCREW
OS421820	3.5x20MM, NON-LOCKING SCREW
OS421822	3.5x22MM, NON-LOCKING SCREW
OS421824	3.5x24MM, NON-LOCKING SCREW
OS421826	3.5x26MM, NON-LOCKING SCREW
OS421828	3.5x28MM, NON-LOCKING SCREW
OS421830	3.5x30MM, NON-LOCKING SCREW
OS421835	3.5x35MM, NON-LOCKING SCREW
OS421840	3.5x40MM, NON-LOCKING SCREW
OS421845	3.5x45MM, NON-LOCKING SCREW
OS421850	3.5x50MM, NON-LOCKING SCREW

Screws

Part Number	Description
OS326920-T	3.5x20MM, HEADED CANNULATED SCREW TORX
OS326922-T	3.5x22MM, HEADED CANNULATED SCREW TORX
OS326924-T	3.5x24MM, HEADED CANNULATED SCREW TORX
OS326925-T	3.5x25MM, HEADED CANNULATED SCREW TORX
OS326926-T	3.5x26MM, HEADED CANNULATED SCREW TORX
OS326928-T	3.5x28MM, HEADED CANNULATED SCREW TORX
OS326930-T	3.5x30MM, HEADED CANNULATED SCREW TORX
OS326932-T	3.5x32MM, HEADED CANNULATED SCREW TORX
OS326934-T	3.5x34MM, HEADED CANNULATED SCREW TORX
OS326936-T	3.5x36MM, HEADED CANNULATED SCREW TORX
OS326938-T	3.5x38MM, HEADED CANNULATED SCREW TORX
OS326940-T	3.5x40MM, HEADED CANNULATED SCREW TORX
OS326945-T	3.5x45MM, HEADED CANNULATED SCREW TORX
OS326950-T	3.5x50MM, HEADED CANNULATED SCREW TORX
OS326955-T	3.5x55MM, HEADED CANNULATED SCREW TORX
OS326960-T	3.5x60MM, HEADED CANNULATED SCREW TORX
OS326925	3.5x25MM, HEADED CANNULATED SCREW
OS326928	3.5x28MM, HEADED CANNULATED SCREW
OS326930	3.5x30MM, HEADED CANNULATED SCREW
OS326932	3.5x32MM, HEADED CANNULATED SCREW
OS326934	3.5x34MM, HEADED CANNULATED SCREW
OS326936	3.5x36MM, HEADED CANNULATED SCREW
OS326938	3.5x38MM, HEADED CANNULATED SCREW
OS326940	3.5x40MM, HEADED CANNULATED SCREW
OS326945	3.5x45MM, HEADED CANNULATED SCREW
OS326950	3.5x50MM, HEADED CANNULATED SCREW
OS326955	3.5x55MM, HEADED CANNULATED SCREW
OS326960	3.5x60MM, HEADED CANNULATED SCREW

Screws

Part Number	Description
OS327920	4.0x20MM, HEADLESS CANNULATED SCREW
OS327922	4.0x22MM, HEADLESS CANNULATED SCREW
OS327924	4.0x24MM, HEADLESS CANNULATED SCREW
OS327926	4.0x26MM, HEADLESS CANNULATED SCREW
OS327928	4.0x28MM, HEADLESS CANNULATED SCREW
OS327930	4.0x30MM, HEADLESS CANNULATED SCREW
OS327932	4.0x32MM, HEADLESS CANNULATED SCREW
OS327934	4.0x34MM, HEADLESS CANNULATED SCREW
OS327936	4.0x36MM, HEADLESS CANNULATED SCREW
OS327938	4.0x38MM, HEADLESS CANNULATED SCREW
OS327940	4.0x40MM, HEADLESS CANNULATED SCREW
OS327945	4.0x45MM, HEADLESS CANNULATED SCREW
OS327950	4.0x50MM, HEADLESS CANNULATED SCREW
OS327955	4.0x55MM, HEADLESS CANNULATED SCREW
OS327960	4.0x60MM, HEADLESS CANNULATED SCREW

Plates

Part Number	Description
OS421300	ARTHRODESIS WEDGE PLATE, 0MM
OS421302	ARTHRODESIS WEDGE PLATE, 2MM
OS421304	ARTHRODESIS WEDGE PLATE, 4MM
OS421306	ARTHRODESIS WEDGE PLATE, 6MM
OS421308	ARTHRODESIS WEDGE PLATE, 8MM
OS421208	CALCANEAL STEP PLATE, 08MM
OS421210	CALCANEAL STEP PLATE, 10MM
OS421212	CALCANEAL STEP PLATE, 12MM
OS421000L	LAPIDUS PLATE LEFT, 0MM
OS421000R	LAPIDUS PLATE RIGHT, 0MM
OS421002L	LAPIDUS PLATE LEFT, 2MM
OS421002R	LAPIDUS PLATE RIGHT, 2MM
OS421004L	LAPIDUS PLATE LEFT, 4MM
OS421004R	LAPIDUS PLATE RIGHT, 4MM
OS421006L	LAPIDUS PLATE LEFT, 6MM
OS421006R	LAPIDUS PLATE RIGHT, 6MM
OS42260LL	MTP PLATE LEFT, LARGE
OS42260LR	MTP PLATE RIGHT, LARGE
OS42260ML	MTP PLATE LEFT, MEDIUM
OS42260MR	MTP PLATE RIGHT, MEDIUM
OS42260SL	MTP PLATE LEFT, SMALL
OS42260SR	MTP PLATE RIGHT, SMALL
OS42260XSL	MTP PLATE LEFT, XSMALL
OS42260XSR	MTP PLATE RIGHT, XSMALL
OS422800	OPENING WEDGE PLATE, 0MM
OS422803	OPENING WEDGE PLATE, 3MM
OS422804	OPENING WEDGE PLATE, 4MM
OS422805	OPENING WEDGE PLATE, 5MM
OS422807	OPENING WEDGE PLATE, 7MM
OS422825	OPENING WEDGE PLATE, 2.5MM

Plates

Part Number	Description
OS422400	OPENING WEDGE LOCKING PLATE, 0MM
OS422403	OPENING WEDGE LOCKING PLATE, 3MM
OS422404	OPENING WEDGE LOCKING PLATE, 4MM
OS422405	OPENING WEDGE LOCKING PLATE, 5MM
OS422406	OPENING WEDGE LOCKING PLATE, 6MM
OS422407	OPENING WEDGE LOCKING PLATE, 7MM
OS421406	REARFOOT RECON PLATE, 6-HOLE
OS421408	REARFOOT RECON PLATE, 8-HOLE
OS421414	REARFOOT RECON PLATE, 14-HOLE
OS422702	GENERAL FUSION STRAIGHT PLATE, 2-HOLE
OS422703	GENERAL FUSION STRAIGHT PLATE, 3-Hole
OS422712	GENERAL FUSION T-PLATE, 3-HOLE
OS422714	GENERAL FUSION T-PLATE, 4-HOLE
OS422716	GENERAL FUSION T-PLATE, 6-HOLE
OS421512	TARSAL FUSION PLATE, 12MM
OS421514	TARSAL FUSION PLATE, 14MM
OS421516	TARSAL FUSION PLATE, 16MM
OS421112	UNIVERSAL LOCKING PLATE, 12MM
OS421116	UNIVERSAL LOCKING PLATE, 16MM
OS421120	UNIVERSAL LOCKING PLATE, 20MM
OS421124	UNIVERSAL LOCKING PLATE, 24MM
OS421130	UNIVERSAL LOCKING PLATE, 30MM
OS42150L	GENERAL FUSION X-PLATE, LARGE
OS42150M	GENERAL FUSION X-PLATE, MEDIUM
OS42150S	GENERAL FUSION X-PLATE, SMALL
OS42150XS	GENERAL FUSION X-PLATE, XSMALL

Notes

fuse medical

Manufactured by:
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Farmers Branch, TX 75244
469-862-3030

Please refer to package insert for complete product information, including contraindications, warnings, precautions, and adverse effects.

STG-ULT-001 Rev A
DC-0487

CE 0120

Rx only