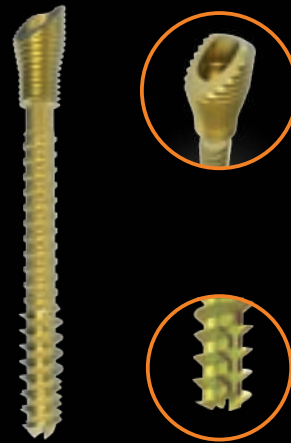




**M3MED**

Surgical technique  
**TOOL VIP SCREWS**

Verified Intrathread Performance



Osteotomy for the hallux valgus correction  
Calcaneus-cuboidal or talus-navicular arthrodesis  
Various interosseous arthrodesis in the hand  
Mono and bi-cortical osteotomies in the foot or hand  
Fusion of the MTF1 and interphalangeal joints



The following guidelines are indicative; it is responsibility of the surgeon to evaluate the adequacy and the use of this technique according to his experience and his medical skills.

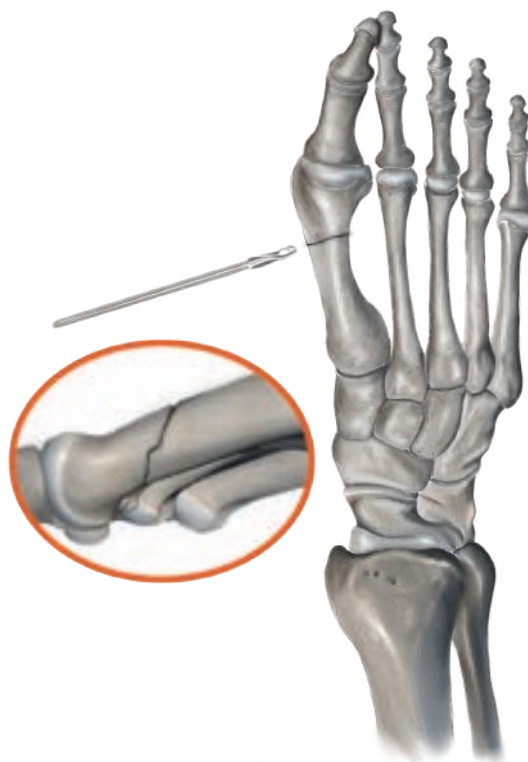


1

Evaluate the fracture and select the proper diameter and design of the screw. Place the patient according to the technique chosen by the surgeon who is also responsible for the choosing of the operational access.

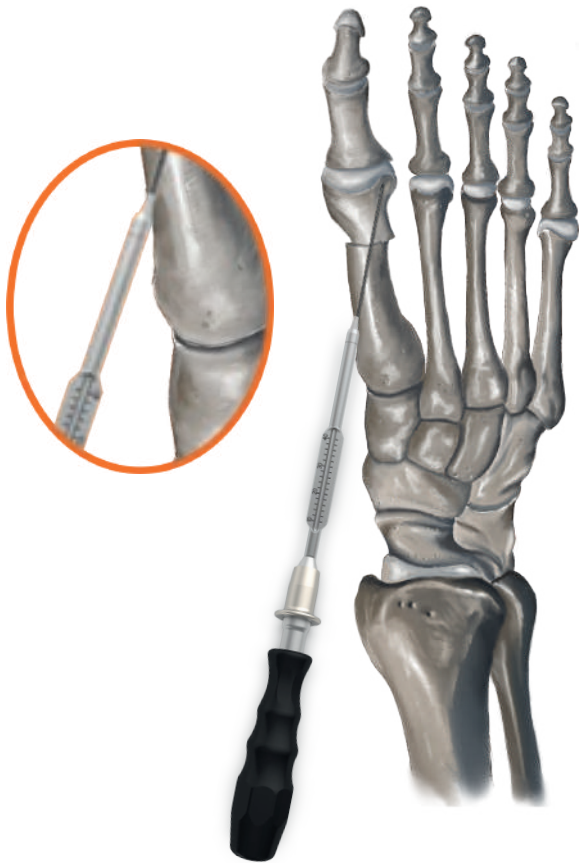
2

After the temporary reduction of the fracture or osteotomy (performed according to the surgeon's technique and eventually with Kirschner wires), the surgeon has to choose the design and the diameter of the screw he wants to implant.



3

Insert the Kirschner guide wire in the position that allows the surgeon to get the chosen screw position. Check with fluoroscopy if the position is correct.



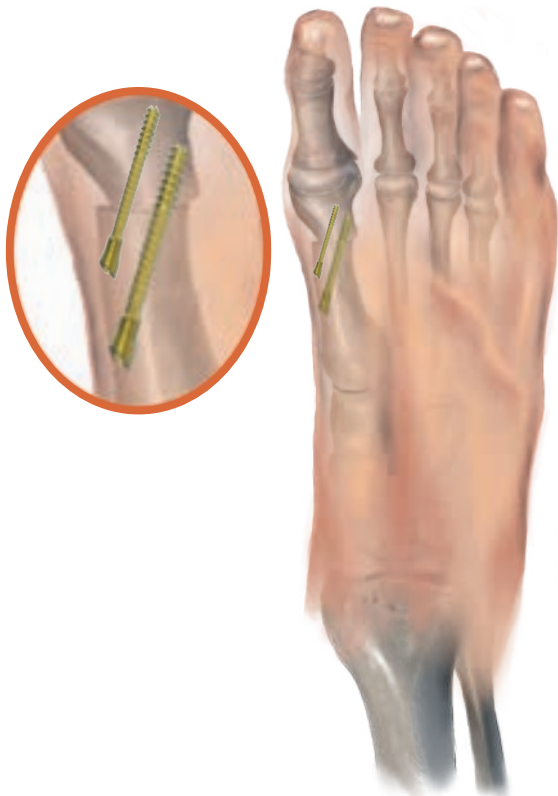
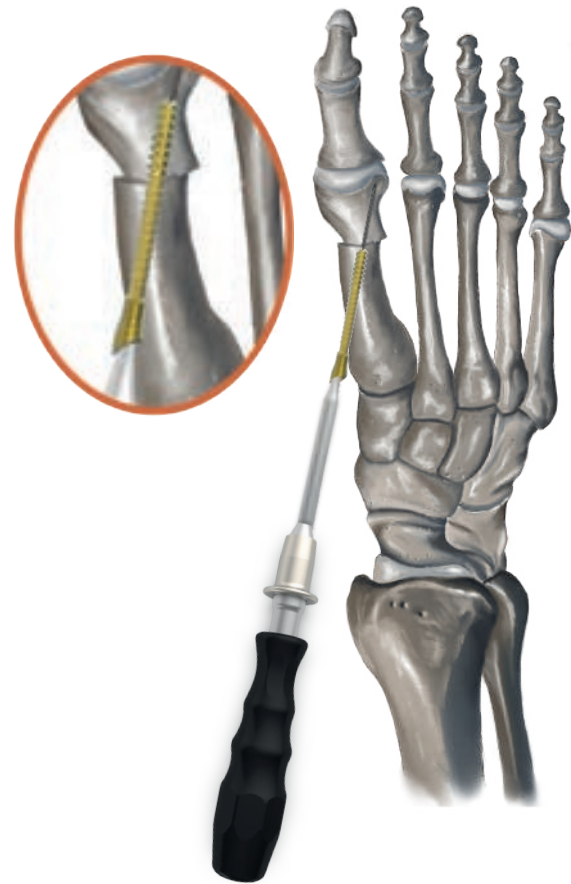
④

Use the counterink with depth gauge to prepare the first cortex and determine the length of the screw to be implanted: insert the counterink on the portion of the wire protruding from the bone and, in rotation, penetrate the first cortex as far as the instrument allows. In this position the back end of the wire (or the reference notch) will indicate, on the graduated plane of the instrument, the length of the screw to be implanted.

Note: For patients with high bone density, it may be necessary to use the cannulated tip to prepare the hole for the screw (the screw is self-drilling so this step can be ignored if the patient does not have a very hard bone).

⑤

Using the cannulated screwdriver, insert the screw with the correct length and diameter into the bone. It is important to select the right screw length, so that once inserted, the tip does not protrude from the bone fragment and that the screw head remains slightly below the surface of the bone, in order to avoid problems related to the screw prominence. After the insertion, it is possible to check with fluoroscopy if the screw and fractures are properly fixed.



⑥

Remove the Kirschner wire and close the wound.

If the screw removal is required, it is possible to remove the devices using the proper surgical instruments. Uncover the head of the screws and extract them using the proper extractor screwdriver.

## CODE

## DESCRIPTION

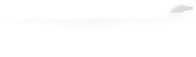
### Handles



UAOI0MA000

Quick Coupling Handle

### Countersink



STVI22500K  
STVI23000K  
STVI240000K

Countersink TOOL VIP 2.5  
Countersink TOOL VIP 3.2  
Countersink TOOL VIP 4.0

### Cannulated Tips

STVI220000P  
STVI224000P  
STVI234000P

Cannulated Tip Ø1.8mm  
Cannulated Tip Ø2.0mm  
Cannulated Tip Ø2.9mm

### Screwdrivers with or without depth gauge



STVI2ES017C  
STVI2ES017P  
STVI2ES017  
STVI2ES020C  
STVI2ES020P  
STVI2ES020  
STVI2ES025C  
STVI2ES025P  
STVI2ES025

Screwdriver with Depth Gauge Ex.1,7  
Solid Screwdriver Ex.1,7  
Cannulated Screwdriver Ex.1,7  
Screwdriver with Depth Gauge Ex.2,0  
Solid Screwdriver Ex.2,0  
Cannulated Screwdriver Ex.2,0  
Screwdriver with Depth Gauge Ex.2,5  
Solid Screwdriver Ex.2,5  
Cannulated Screwdriver Ex.2,5

### Wires tube



UKWI00080T  
UKWI00120T

Tube for K-wire L80mm  
Tube for K-wire L120mm

### Instruments box ( empty)

STVI00000BP

TOOL VIP small instruments box

### INSTRUMENTS SET



SET.TOOLVIPP

TOOL VIP Screws instruments box