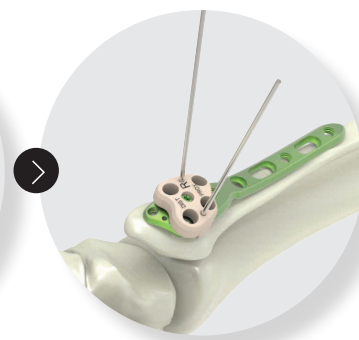


# SURGICAL TECHNIQUE

## PLACEMENT OF THE LATERAL PLATE



Check the positioning of the fast guide thanks to the 'DISTAL' and 'PROXIMAL' marks.  
Lock the fast guide onto the plate with the screwdriver (ANC082E).



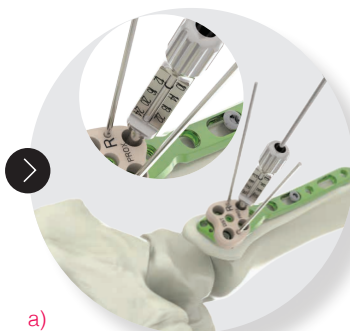
The plate can be temporarily held in position with K-wires (Ø1.4 L120 mm).



Drill (ANC089C) using the guide gauge (ANC191). The screw length can be directly read on the guide gauge.

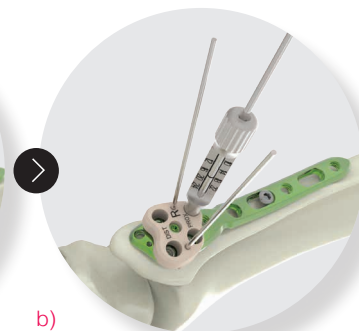


Insert a cortical screw (CT3.5Lxx) into the oblong slot with the screwdriver (ANC083C). For optimal positioning, slide the plate using the oblong slot and tighten the cortical screw.



a)

For the epiphyseal fixation, use the guide gauge (ANC268C) for polyaxial fixation (a) or guide gauge (ANC046C) for monoaxial fixation (b) using the pre-angled fast guide. The screw length can be directly read on the guide gauge. For the monoaxial distal slot, drill (ANC088C) using the guide gauge (ANC268C).



b)



Insert a Ø2.8 mm locking screw (SDT2.8Lxx) through the fast guide using the screwdriver (ANC082E).



Repeat the whole procedure to insert the remaining distal locking screws (SDT2.8Lxx).



For the diaphyseal fixation, use the guide gauge (ANC186) and insert a Ø3.5 mm locking screw (SOT3.5Lxx) using the screwdriver (ANC083C). Repeat the procedure to insert the remaining locking screws. Then use the guide gauge (ANC191) and insert the remaining cortical screws (CT3.5Lxx) using the screwdriver (ANC083C).

**NB** : in the case of a bicortical fixation, the drilling depth can be checked on the length gauge (ANC124).



To make the insertion of the SOT3.5Lxx locking screws easier, widen the drilling made in the first cortex using the hand reamer (ANC463).

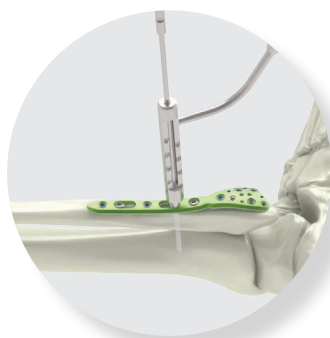


FINAL RESULT

**Note :**  
The fixation steps remain unchanged for Narrow (RTSLNx) or Posterolateral (RTxQ1) plates.

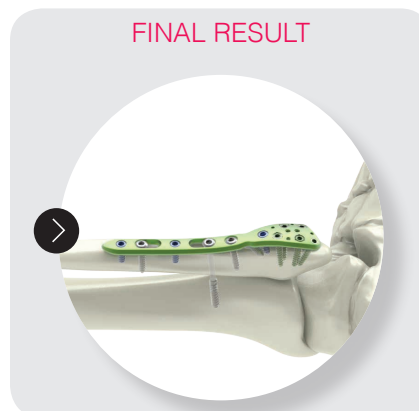
# SURGICAL TECHNIQUE

## SYNDESMOTIC FIXATION



Drill (ANC256M) through the holes designed for syndesmotom screws using the guide gauge (ANC261M). The screw length can be directly read on the guide gauge.

Insert (ANC083C) a syndesmotom screw (CT3.5Lxx or QT4.0Lxx) into the appropriate oblong slot and/or standard hole designed for that purpose.



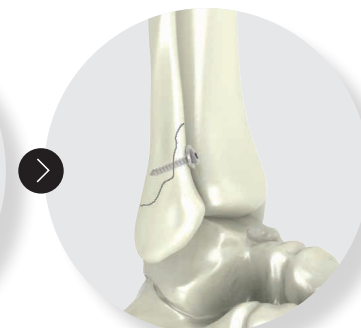
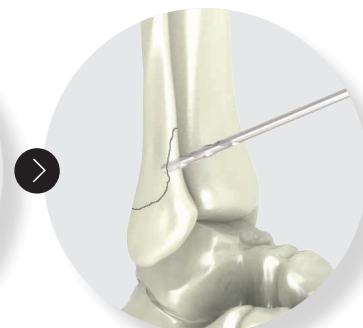
FINAL RESULT

**Note :**

The syndesmotom screw must be removed (using the ANC107 safety key) once the syndesmosis has healed, usually after six to eight weeks.

## OPTION: PRELIMINARY REDUCTION OF THE FRACTURE WITH A SCREW

Example of preliminary reduction of the fracture using an obliquely angled screw:



Reduce and temporarily maintain the fracture with bone reduction forceps, making sure not to hinder the subsequent positioning of the screw.

Drill with the Ø2.7 mm drill bit (ANC089C) using the guide gauge (ANC191). The drilling should be perpendicular to the line of fracture.

**Note :**

The screw length can be directly read on the guide gauge. Always ensure that the guide gauge sits flush against the bone surface.

When a lag effect is necessary, over-drill the anterior cortex only using the Ø3.5 mm drill bit (ANC542).

Insert the cortical screw (CT3.5Lxx) through the line of fracture. In the case of osteoporotic bone, add a compression washer (WASH-T4) under the screw head so as to obtain optimal compression.

**Note :**

As an osteosynthesis screw used alone cannot bear weight and resist shear stresses, a plate should be used to allow early mobilization.



FINAL RESULT