BIOPRO Digital Compression Screw

Indications
Digital fusion for the correction of hammertoe deformilies in the foot and osteoarthritis, degenerative arthritis and post traumatic arthritis
Digital fusion in the hand for osteoarthritis, rheumatoid arthritis, degenerative arthritis, post traumatic arthritis and chronic mallet finger

Contra-indications

Contra-indications - A general healting problem that might pose a significant threat to the life of the patient if subjected to a major surgical procedure - An active infection or a previous infection that has not been quiescent for at least six months - A local or systemic infection - Significant deficiency in the vascular supply to the extremity - It is not interded for use in the spine.

Warning: The Digital Compression Screw has not been evaluated for safety and compatibility in the MR environment and has not been tested for heating or migration in the MR environment. The safety of the device in the MR environment is unknown. Scanning patients who have these devices may result in patient injury. Contact surgeon if a change in performance or pan level is noticed.



Sterilized with ethylene oxide gas. Caution: For one procedure only. Do not re-sterilize. Do not use if package is open or damaged. This is a sin gle use device. Re-use of this device can result in the transfer of materials not limited to bone, tissue, blood, or infectious disease. The device is provided sterile and re-sterilization of the device has not been validated.

1. A skin inciden of choice is made over the proximal interphatangeal joint and all soft issue diseation is performed to expose the articular surface of the head of the proximal phalanx and base of the intermediate phalanx. The cartilaginous surfaces are removed using either a sagital or oscillating saw. J stag a 0.045 in. K-wine, a hole is drilled through the center of the intermediate phalanx continuing through the center of the intermediate phalanx.

2 Using a 0.052 in K-wire, a how is time another another the second of t

6. While approximating the proximal and intermediate phalanx in its final position, place the top of the screwdriver on top of the toe, abutting the inside of the handle against the end of the toe, to find the desired screw length. Choosing the correct screw length is very important to obtain optimal thread purchase and tightness.

IMPORTANT NOTES: To avoid bending or breaking the screw, patient must remain in an approved post-operative surgical shoe during all weight bearing until screw removal. Indicated for 2nd, 3rd and 4th digits only.

REMOVAL PROCEDURE: The Digital Compression Screw is a non-permanent fixative device which normally should be removed in six to eight were Removal is an easy surgical procedure that may be performed in a hospital, surgery center, or an in-office setting. The following is an example of an in-office procedure:

A digital block is performed with anesthetic of choice
 A penrose drain may be used for hemostasis.

2. A perrose drain may be used to rhemostasis.
3. A prop is performed or Bataling paint at the end of the toe.
4. To identify the incision location, often times the screw head can be palpated, or identify the previous incision line.
5. A small transverse incision is made and soft lissue is dissected free about the screwhead and its grooves.
6. Using the Bio/Proscrewdriver, the screw is performed of the time. If the screw just turns, use pick-ups to pry behind the screwhead, causing retrograde pressure assisting the screwdriver.
7. One nyion suture may be used, followed by a sterile dressing.
8. Suture may be removed at the first week post-op.



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BIOLOGICALLY ORIENTED PROSTHESES BIOPro Digital Compression Screw

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Instructions for use

1. A skin incision of choice is made over the proximal interphalangeal joint and all soft tissue dissection is performed to expose the articular surface of the head of the proximal phalanx and base of the intermediate phalanx. The cantilaginous surfaces are removed using either a sagittal or oscillating saw. 2. Using a 0.045 in. K-wire, a hole is drilled through the center of the intermediate phalanx continuing through the center of the intel phalanx in through the center of the drilled phalanx and the center of the intermediate phalanx continuing through the center of the drill phalanx out through the center of the drilled phalanx and the center of the intermediate phalanx continuing through the center of the drilled phalanx is the drilled phalanx is the center of the drilled phalanx is the drilled phalanx is the center of the drilled phalanx is the drill

2. Using a 0.045 in. K-wire, a hole is drilled through the center of the intermediate phalanx continuing through the center of the distal phalanx out through the toe.
3. Using a 0.052 in. K-wire, the previous hole is now over drilled with the larger K-wire through the intermediate and distal phalanx out through the toe.
Note: Using the 1.8mm Screev. 'If you choose to step up to the 1.8mm screew using the procedure, the 0.052 in. Note must be overdrilled again using a 1.8mm drill bit. This will accommodate the larger outer thread diameter of the 1.8mm screew. 'Id Nospital's should have a 1.8mm drill bit in their screew screek.'
4. Using a 0.035 in. K-wire, a hole is drilled centered in the proximal phalanx approximately 3mm to 4mm in length. This drill hole acts as a glide path for the Digital Compression Screw.
5. As malt transverse incision (approximately 5 mm) is made at the end of the toe using the identifiable K-wire hole as the center of the inside. of the handle against the end of the toe, to find the desired screw length. Choosing the correct screw length is very important to obtain optimal thread northread on the inside.

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IMPORTANT NOTES: To avoid bending or breaking the screw, patient must remain in an approved post-operative surgical shoe during all weight bearing until screw removal. Indicated for 2nd, 3rd and 4th digits only.

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 A penrose drain may be used for hemostasis.
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 A To identify the incision icotation, often times the screw head can be paipated, or identify the previous incision line.
 S. A small transverse incision is made and soft tissue is dissected free about the screwhead and its grooves.
 Guising the BioProscrewdiver, the screw is retrograded from the site. If the screw just turns, use pick-ups to pry behind the screwhead, causing retrog pressure assisting the screwdiver.
 Y. One nyino suture may be used. followed by a sterile dressing.
 Suture may be removed at the first week post-op.



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6. While approximating the proximately 5 mm) is made at the end of the toe place the top of the screw/river on top of the toe, abutting the inside of the handle against the end of the toe, to find the desired screw length. Choosing the correct screw length is very important to obtain optimal thread ourchase and totheres.

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 A small transverse incision is made and soft tissue is disascted free about the screwhead and its grooves.
 Using the BioProscrewdriver, the screw is retrograded from the site. If the screw just turns, use pick-ups to pry behind the screwhead, causing retrograde pressure assisting the screwdriver. Osing the BioProscrewonver, the screw is retrograded from the pressure assisting the screwdriver.
 One nylon suture may be used, followed by a sterile dressing.
 Suture may be removed at the first week post-op.



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 7. One nyhor situm may be used. followed by a sterile dressing.
 8. Suture may be removed at the first week post-op.