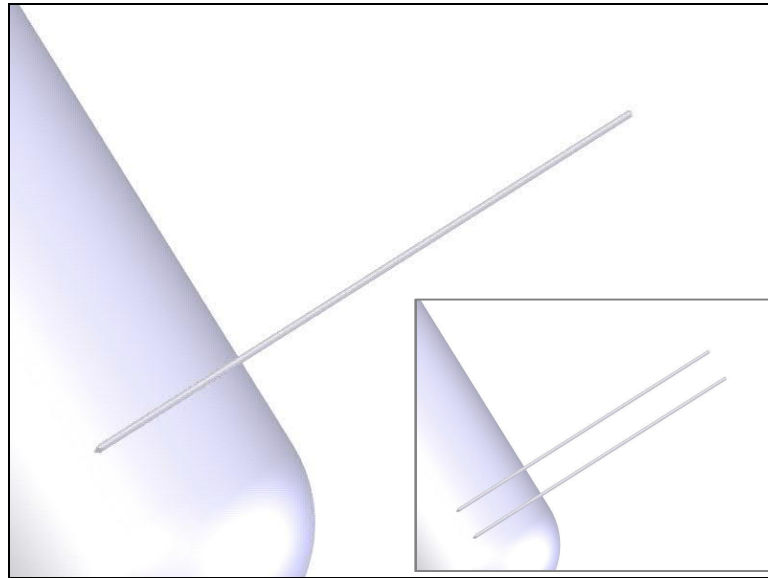


Surgical Technique for ActivaScrew™

Cannulated

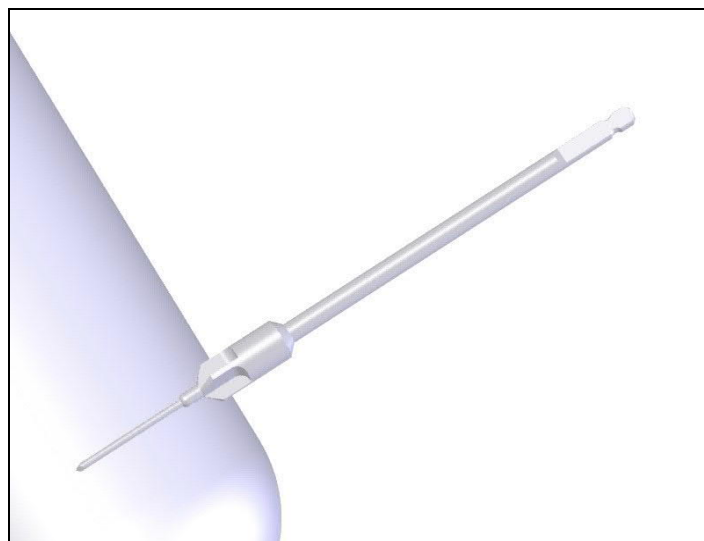
- Insert guide wire through the drill sleeve to the appropriate depth under image intensification.

Optional Technique: Insert additional guide wire for extra stabilization and guidance.



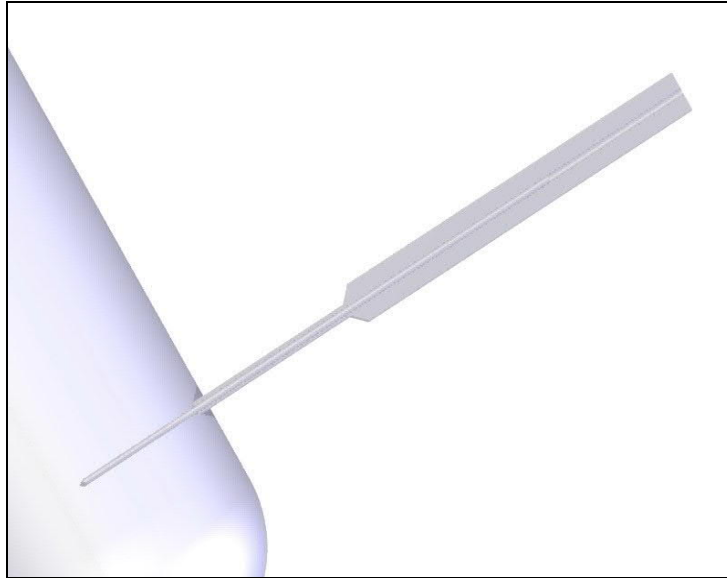
- Countersink (optional). In case the head of ActivaScrew™ Cannulated is to remain because of LAG screw usage (partially threaded) or of surgeon's preference (fully threaded), use the appropriate countersink.

This is in order to make space for the screw head and to avoid soft tissue irritation from the protruding screw head. Use the appropriate cannulated countersink without drill sleeve.

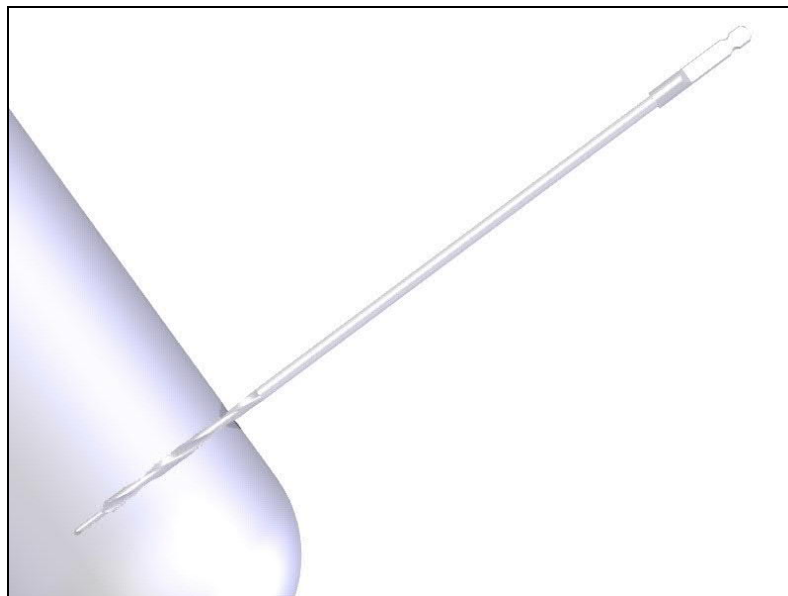


- Measure the screw length by sliding the tapered end of the cannulated depth gauge along the guide wire to the bone surface. If countersink has been used, the measuring device must be placed at the bottom of the countersink.

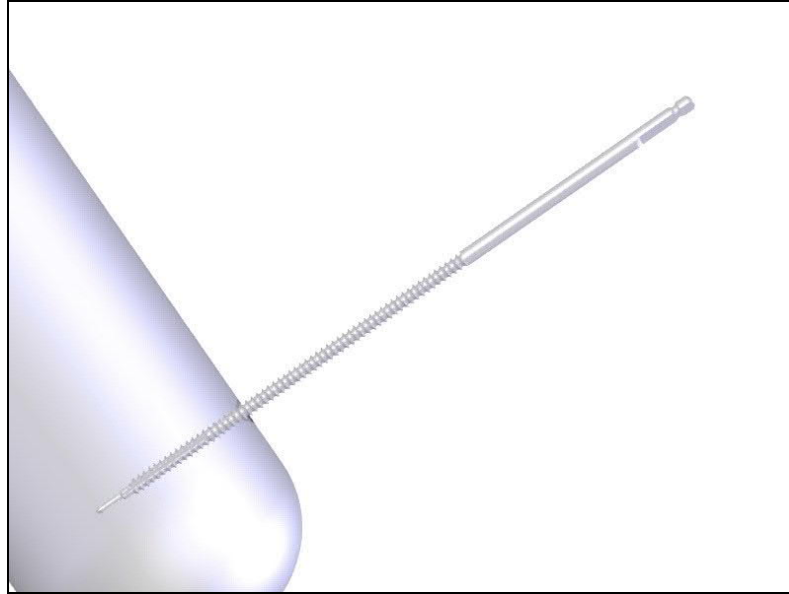
Read the scale at the end of the guide wire to determine appropriate screw length. This reading will place the screw 5 mm short of the guide wire tip to maintain the stabilization effect of the guide wire throughout the procedure.



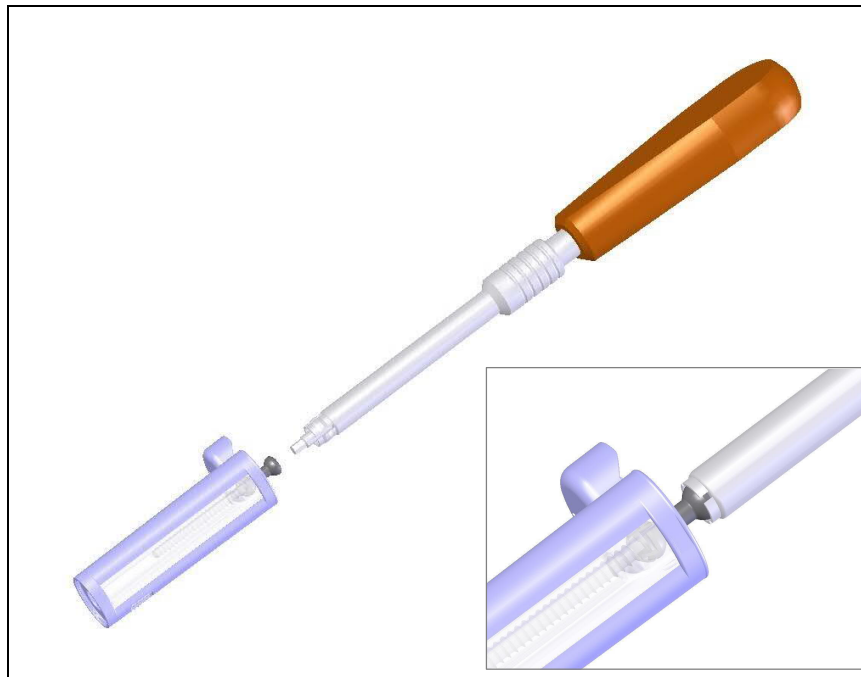
- Select the appropriate ActivaScrew™ Cannulated for the indication.
- Drill a screw hole through the drill sleeve to a sufficient depth under image intensification (not including the last 5 mm of the guide wire) using an appropriate cannulated drill bit. Use irrigation.



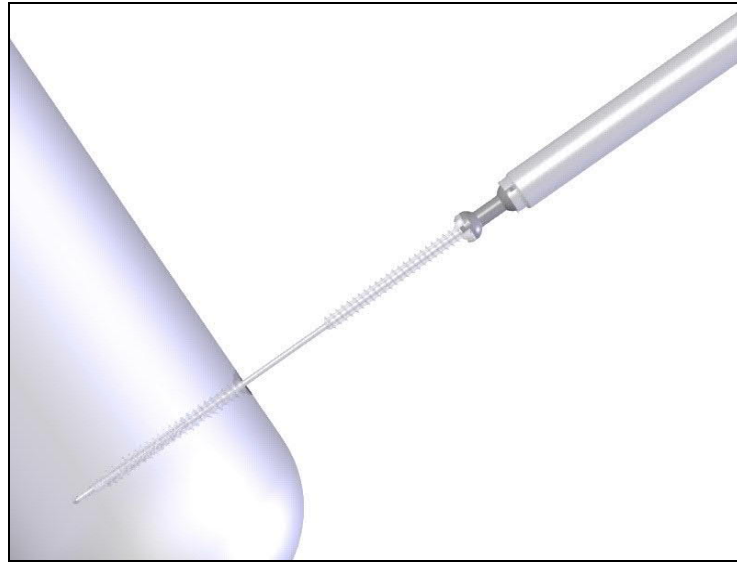
- Tap the screw hole manually through the drill sleeve to a sufficient depth using an appropriate cannulated bone tap. Make sure to tap the drill canal all the way.



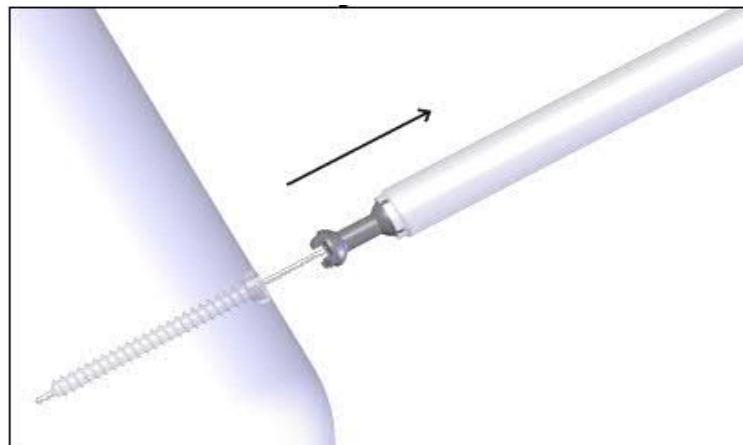
- Irrigate the prepared hole prior to screw insertion to flush out bone debris.
- Open ActivaScrew™ Cannulated HOLDER cap.
- Pick up the screw out of the ActivaScrew™ Cannulated HOLDER by using the appropriate cannulated screwdriver.



- Insert the screw along the guide wire fully into the drill hole.
NOTE: When the reduction is good and drilling and tapping are done properly, the insertion should be easy with a two finger technique. In case the friction increases too much during insertion, the screw must be removed, and the hole must be rinsed and/or carefully retapped.

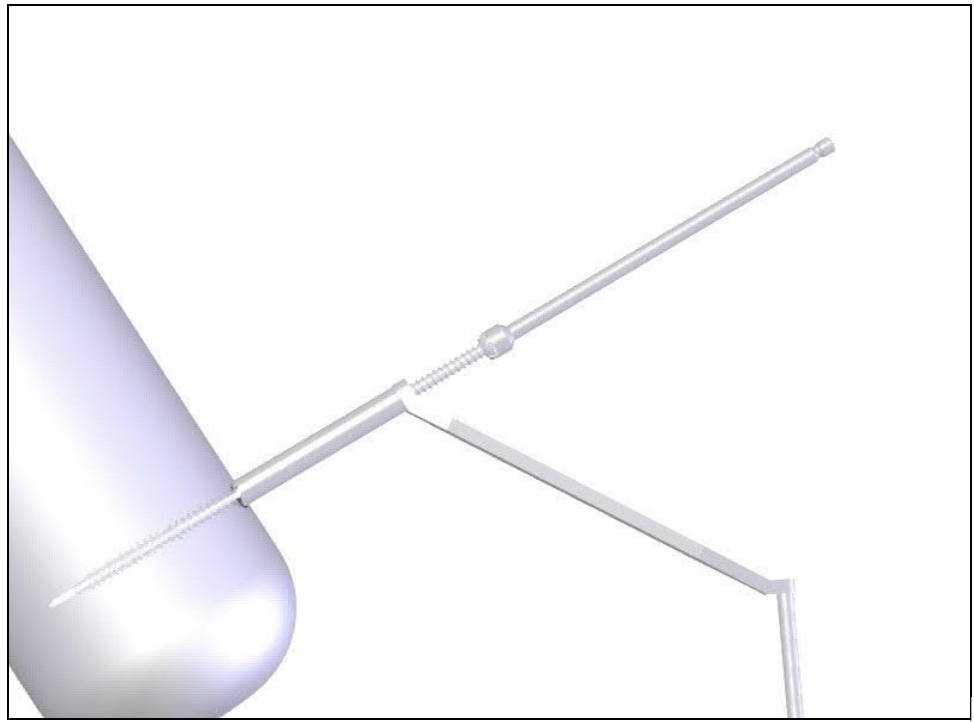


- After the screw is fully inserted, the INSERTION ADAPTER must be detached from the screw (e.g. pulling with the screwdriver or pliers). Do not bend the adapter loose while the guide wire runs through, it can damage the guide wire). After this the INSERTION ADAPTER is to be disposed.
- Remove and discard the guide wire.



- After insertion in cases where the screw head is not needed (e.g. syndesmosis screw), cut the screw along the bone or plate surface after insertion, to avoid soft tissue irritation from the protruding screw head. Scissors, and an oscillating saw or a hot wire can be used to cut the ActivaScrew™ Cannulated.

IMPORTANT: DO NOT cut the head of a LAG-screw.



- Optional Technique for insertion in areas where soft tissue coverage is more than 20 mm: A protection sheath can be inserted through a small incision and all the steps can be done through the sheath to prevent soft tissue damage. Note! Surgeon must remove the insertion adapter from the screw before insertion and insert the screw with a customised direct driver through the protection sheath. Remove the guide wire after insertion.