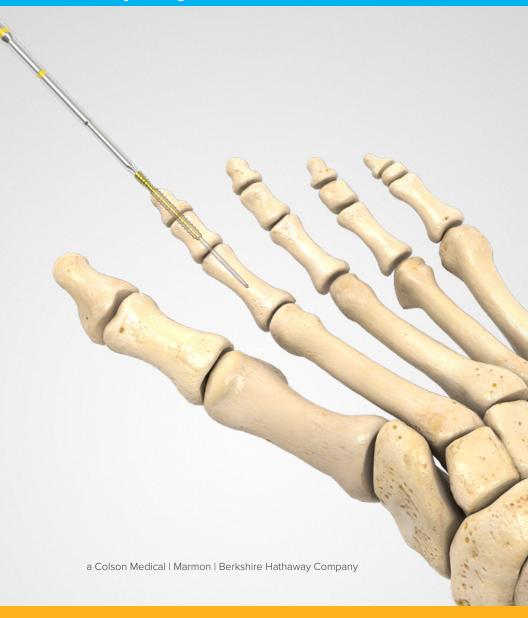


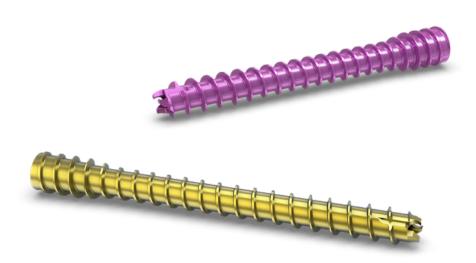
#### Acutrak® 3 Headless Compression System

2.0 Nano and 2.5 Micro

### Supplemental Use Guide—Hammertoe—Proximal Interphalangeal (PIP) Fusion



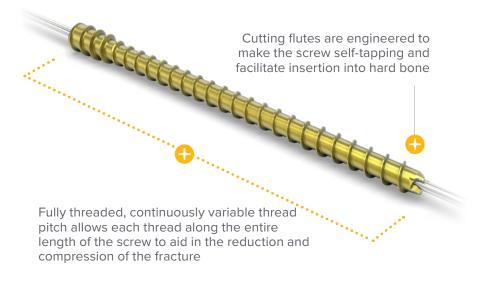




#### Acutrak® 3 Headless Compression System— Supplemental Use Guide

Acutrak Headless Compression Screw technology has been providing surgeons with operational efficiency and excellent patient outcomes through its ease of use and stable fixation. Since 1994, Acutrak has been trusted over three million times and continues to be refined based on surgeon feedback.

#### System Features



Screw	Diameter	Length	Guide Wire
2.0 Nano	Tip: 2.0 mm Tail: 2.4 mm	1 mm increments 8–14 mm	Ø0.7 x 150 mm Guide Wire, Single Trocar (35-0025)
		2 mm increments 14-40 mm	Ø0.7 x 150 mm Guide Wire, Double Trocar (35-0026)
2.5 Micro	Tip: 2.5 mm	1 mm increments 8-14 mm	Ø0.9 x 150 mm Guide Wire, Single Trocar (35-0027)
	Tail: 3.0 mm	2 mm increments 14-50 mm	Ø0.9 x 150 mm Guide Wire, Double Trocar (35-0028)

### Hammertoe—Proximal Interphalangeal (PIP) Fusion Surgical Technique: Acutrak 3–Nano/ Micro



### Approach and Needle Insertion

The recommended procedure includes a longitudinal incision with resection of the distal end of the proximal phalanx and removal of the middle phalanx cartilage with a curette. Care should be taken not to remove excessive bone from the middle phalanx, as this bone is typically very short and over-resection will compromise fixation.



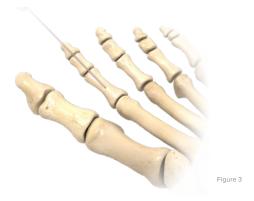
Figure 2

Advance Guide Wire

A double-ended guide wire 35-0026 or 35-0028 is advanced into the distal phalanx through a transverse incision over the distal interphalangeal joint.

**Note:** Guide wires are marked with bands to aid in identifying diameter: 1 for Ø0.7 mm, 2 for Ø0.9 mm, and 3 for Ø1.1 mm.

### Hammertoe—Proximal Interphalangeal (PIP) Fusion Surgical Technique: Acutrak 3–Nano/Micro [continued]



### Proximal Middle Phalanx Reduction The joint is then reduced and the guide wire 35-0026 or 35-0028 is driven proximally into the middle phalanx.



Figure 5

### Determine Screw Length

Make a short transverse (fish-mouth) incision in the tip of the distal phalanx and spread using a small (snap) clip. Measure the guide wire length either by using the percutaneous screw sizer 4—64mm (80-4164), or by placing a second wire at the entry point and subtracting the difference. If intending to drive the screw below the surface of the distal phalanx, this must be accounted for in sizing the screw.

# Hammertoe—Proximal Interphalangeal (PIP) Fusion Surgical Technique: Acutrak 3–Nano/Micro [continued]

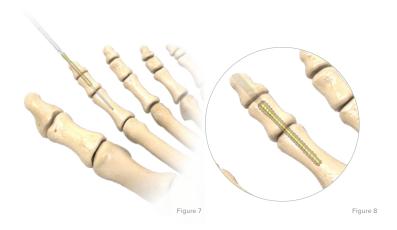


Advance the guide wire (35-0025, 35-0027) through the far cortex so that it lies in the subcutaneous tissues. This minimizes the risk of accidental withdrawal of the guide wire while drilling and facilitates wire removal if it should break. Select the Nano or Micro Acutrak 3 Drill (80-4136 or 80-4139) and place over the wire. Drill using either a power drill or hand reamer across the joint into the middle phalanx to the desired depth. If it is intended to drive the screw below the surface of the distal phalanx, this must be accounted for in the depth of the prepared hole.

Warning: The shoulder of the profile drill will bottom out on the near cortex.

Drill

# Hammertoe—Proximal Interphalangeal (PIP) Fusion Surgical Technique: Acutrak 3–Nano/Micro [continued]



### Screw Insertion

Confirm the placement and length of the screw under fluoroscopy, ensuring that both the leading and the trailing threads of the screw are within the bone. Lastly, remove the guide wire.

**OR Tip:** If resistance is met upon insertion or if distraction occurs: Stop, remove the screw, re-drill with the extended long drill, and re-insert the screw. Confirm placement under fluoroscopy.

Note: Driver tips have two colored marking bands.



Acumed Texas Campus 3885 Arapaho Road Addison, TX 75001 +1.800.456.7779

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