

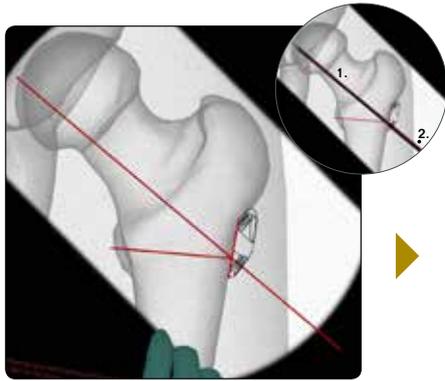
SURGICAL TECHNIQUE

Dynaloc[®]
Solid

Femoral Neck Fracture System

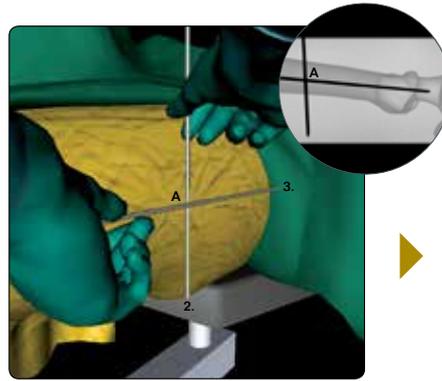


Swemac

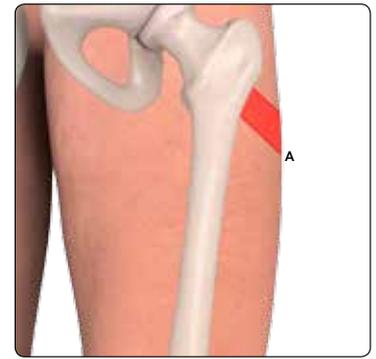


1. Locate the optimal point for skin incision

The Dynaloc positioning template is placed onto the monitor of the image intensifier. The horizontal line should be at the level, but not below the lesser trochanter. It is essential to have the 120° line close to the inner inferior cortex.

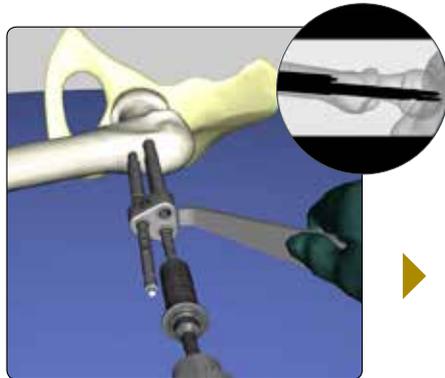


A Guide Wire is placed along the 120° line (1) under image intensification. A second Guide Wire (2), is held in a vertical position and a third Guide Wire (3) (the first Guide Wire can be used) is placed along the midline axis of the femoral shaft. The point where the second and the third Guide Wires cross (A), is the optimal starting point for the skin incision.



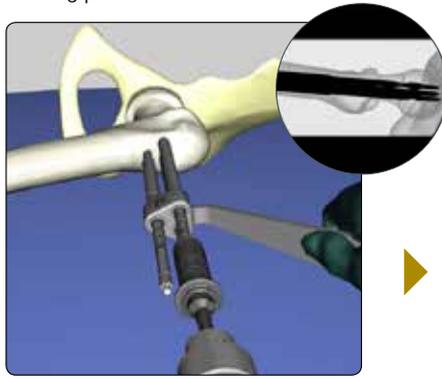
2. Make incision

A 40 mm longitudinal incision is made. The deep fascia is divided in the direction of the fibres. The area of the femur where the plate is to be positioned is cleared with a raspatorium.



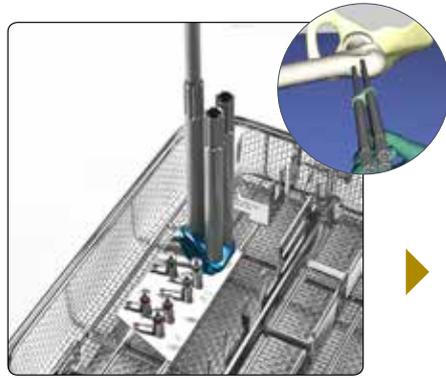
6. Drill the posterior canal

The posterior solid conical Drill is introduced through the selected Parallel Guide for Solid Drill. The Parallel Guide for Solid Drill is rotated, to ensure that the posterior Drill will be situated as close as possible to the inner posterior cortex. The Drill is advanced to the subchondral bone of the femoral head.



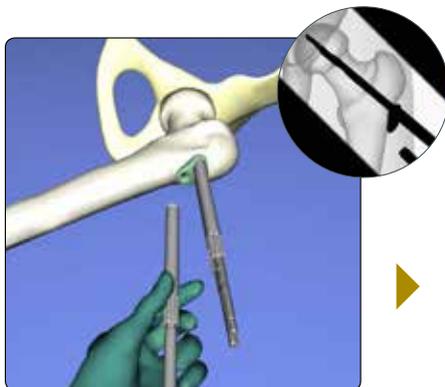
7. Drill the anterior canal

The anterior solid conical Drill is introduced through the Parallel Guide for Solid Drill and advanced to the subchondral bone of the femoral head.



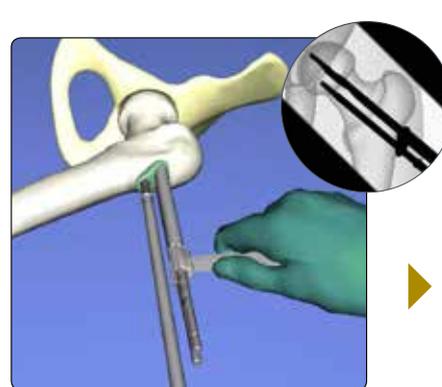
8. Assemble the Plate and the Drill Sleeves

Place the chosen Plate in the corresponding plate holder (inside the instrument tray), introduce the three Drill Sleeves over the pegs into the threaded holes of the selected Plate. The Screwdriver Hex 6.0 is used to tighten the Drill Sleeves. The assembled Plate is introduced over the three Drills.



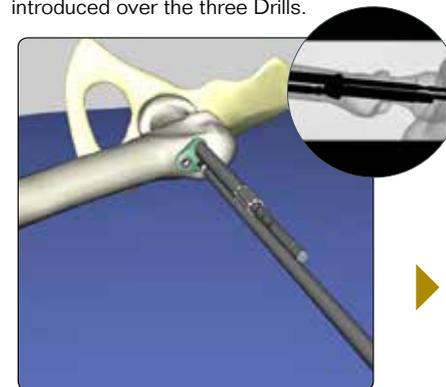
12. Remove the inferior Drill, Guide Wire and Drill Sleeve

The inferior Drill, Guide Wire and the Drill Sleeve are removed prior to the insertion of the inferior Screw.



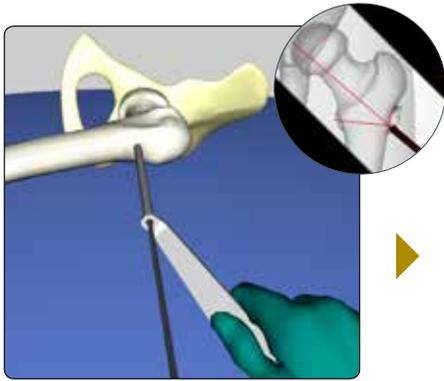
13. Introduce the inferior Screw

The Plate Pusher is inserted over the anterior Drill Sleeve and pushed forward. The chosen Screw is inserted through the Plate and slid through the predrilled canal. The Screwdriver Hex is then turned clock-wise as far as it will go. This will lock the Screw in the Plate. To remove the Screwdriver Hex, the screwholder is unscrewed by turning it counterclockwise.



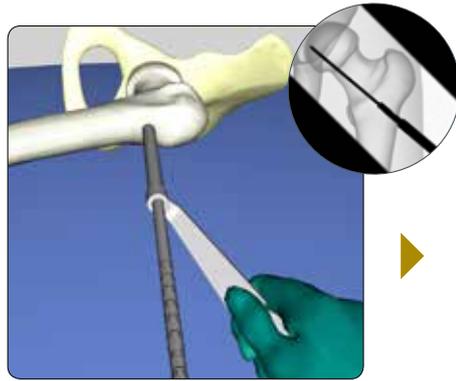
14. Introduce the posterior Screw

The same procedure (12-13) as used when introducing the inferior Screw is repeated when introducing the posterior Screw.



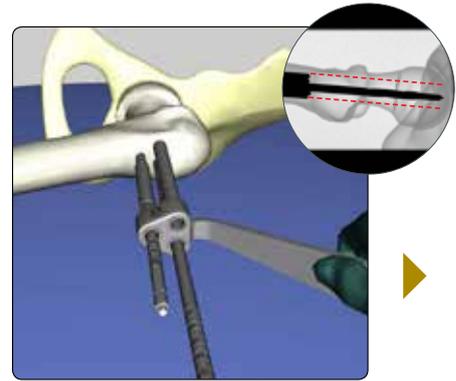
3. Introduce the inferior Guide Wire

Once the Guide Wire is aligned with the 120° line of the Dynaloc Positioning Template, the Guide Wire is advanced to the subchondral bone of the femoral head. In the lateral view, it should be central in relation to the femoral head and neck.



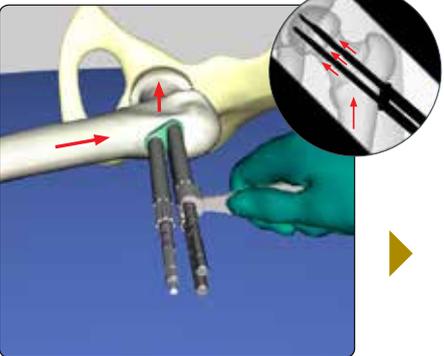
4. Drill the inferior Canal

Introduce the Cannulated Drill over the Guide Wire and through the Drill Sleeve with handle. A Drill Adapter should be used to facilitate the insertion of the Drill.



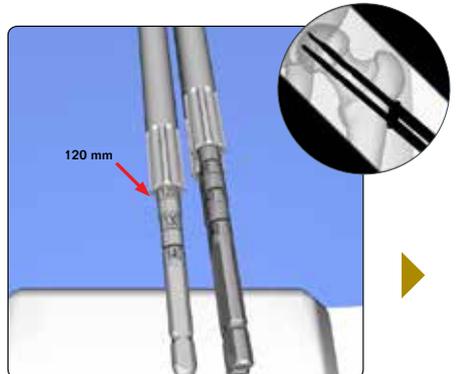
5. Select and introduce the Parallel Guide for Solid Drill

There are four Parallel Guide for Solid Drills (6, 8, 10, 12 mm). Select the Parallel Guide for Solid Drill which gives the widest possible separation of the Screws without cutting through the posterior or anterior cortex.



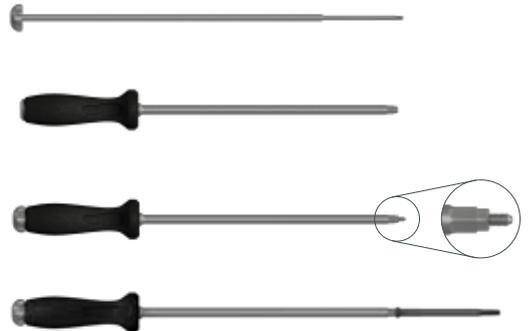
9. Reduce traction on the operating table

By reducing traction on the operating table, it is possible for the fracture to compress in the axis of the femoral neck. The three 6.7 mm Drills will maintain the fracture reduction. This step will minimize unnecessary post-operative lateralisation of the Plate.



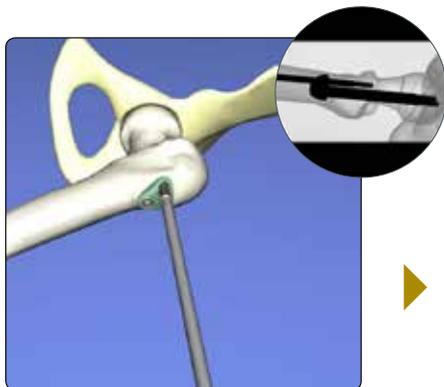
10. Measure

The Drill is advanced until the subchondral bone of the femoral head and the selected screw length is read off the scale on the Drill at the end of the Drill Sleeve.



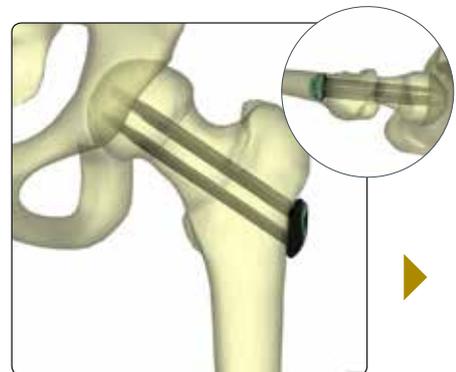
11. Assemble the Screw Holder, Screwdriver Hex 6.0 and the chosen Screw

The Screw Holder is introduced into the back of the Screwdriver Hex 6.0. The chosen Screw is mounted on the hex of the screwdriver. The rosette knob of the Screw Holder is then turned clockwise until it stops. The Screw is now ready to be inserted.



15. Introduce the anterior Screw

The same procedure (12-13) as used when introducing the inferior Screw is repeated when introducing the anterior Screw.



Check the position of the Screws

Before closing the skin incisions, it is important to make sure that none of the Screws have penetrated the joint.



Implant removal

If implant removal is necessary, the implants are removed by following the surgical technique in reverse order.

Swemac develops and promotes innovative solutions for fracture treatment and joint replacement. We create outstanding value for our clients and their patients by being a very competent and reliable partner.

Swemac

Dynaloc Solid

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