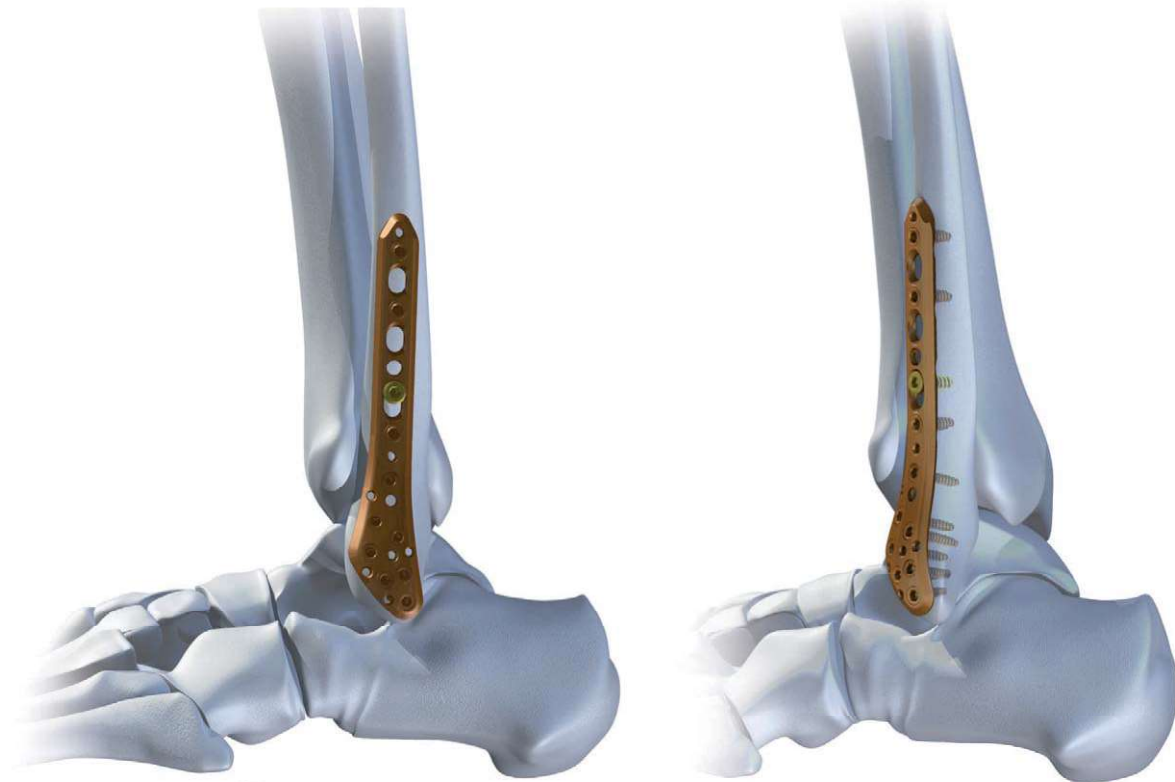
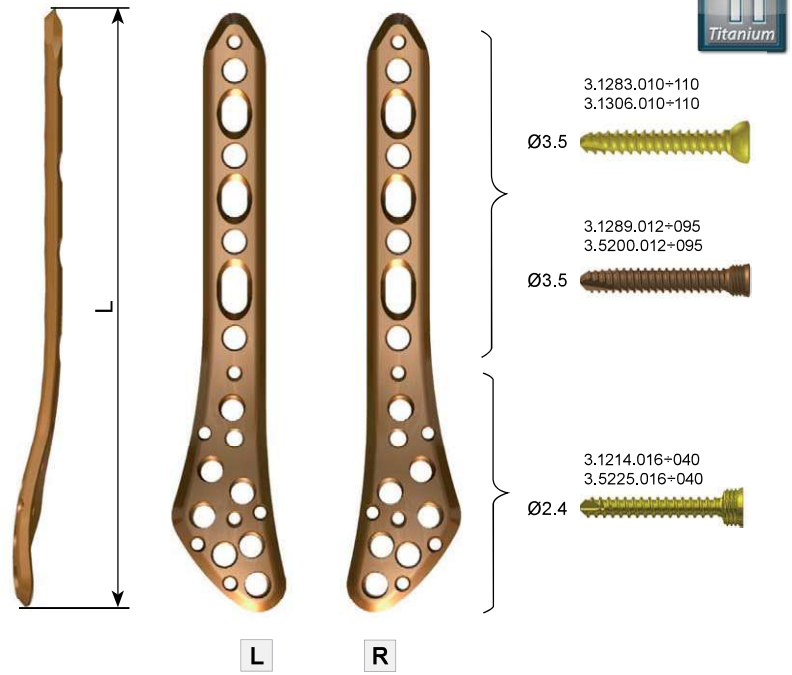


**5.0ChLP distal lateral fibula plate**

		Catalogue no.	
O	L [mm]	Left	Right
3	90	3.7029.503	3.7030.503
4	105	3.7029.504	3.7030.504
5	120	3.7029.505	3.7030.505
6	135	3.7029.506	3.7030.506
8	165	3.7029.508	3.7030.508

O - all threaded holes number in the plate

<b>available</b>	<b>2 - 10 holes</b> (75 mm - 195 mm)
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## Indications

- Comminuted fractures of fibula in its distal part with or without the damage to tibiofibular syndesmosis.
- Non-union or malunions of fractured bone.

## Contraindications

### Absolute:

- Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- Active infection.

### Relative:

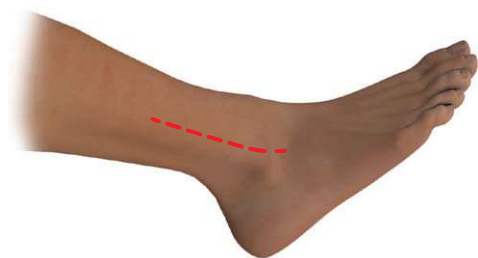
- Weakened bone (*by disease, infection or prior implantation*) making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area.
- Excessive obesity.
- Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

## The patient's position

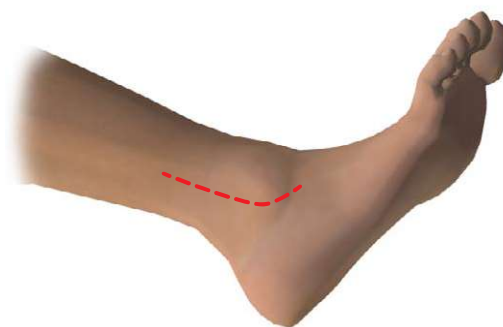


Lying on the back position.

## Surgical approach



Lateral approach.



Postero-lateral approach.

## Procedure stages

- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants - determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- Closing the wound.