

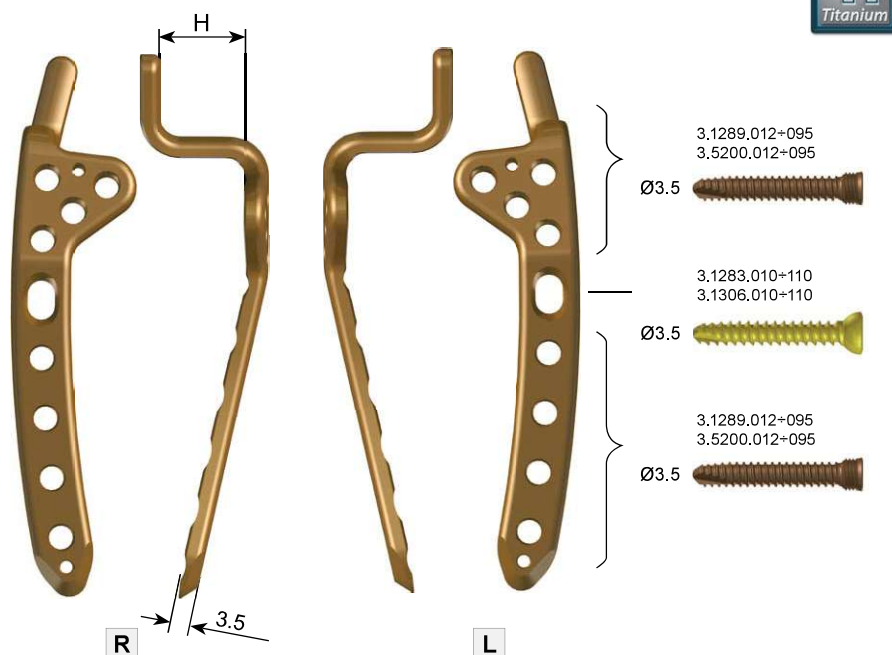
III. CATALOGUE PAGES

III.1. PLATES

5.0ChLP clavicular hook plate

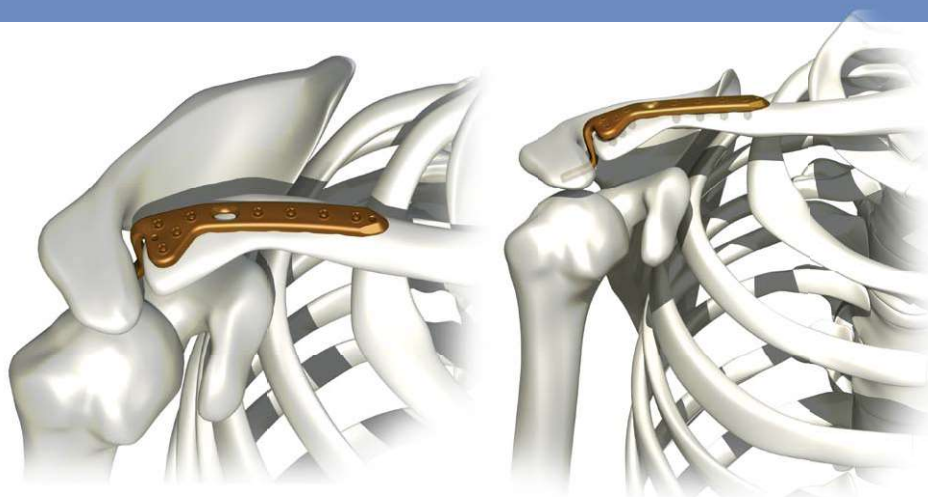
		Catalogue no.	
H	O	Left	Right
12	5	3.4025.505	3.4026.505
	6	3.4025.506	3.4026.506
	7	3.4025.507	3.4026.507
	8	3.4025.508	3.4026.508
15	5	3.4027.505	3.4028.505
	6	3.4027.506	3.4028.506
	7	3.4027.507	3.4028.507
18	5	3.4029.505	3.4030.505
	6	3.4029.506	3.4030.506
	7	3.4029.507	3.4030.507
	8	3.4029.508	3.4030.508

O - all threaded holes number in the plate



Clavicular plate template

		Catalogue no.	
H	Left	Right	
12	40.5997.112	40.5997.212	
15	40.5997.115	40.5997.215	
18	40.5997.118	40.5997.218	



Palette for 5.0ChLP plates - 3.4025+3.4030

No.	Catalogue no.	Name	Pcs	40.5758.650
1	40.5758.150	Palette	1	
2	12.0751.100	Container solid bottom 1/2 306x272x85 mm	1	
3	12.0751.200	Perforated aluminum lid 1/2 306x272x55 mm Gray	1	

implants not included



Indications

- The clavicle shoulder end fractures.
- Acute and inveterate dislocation of the acromioclavicular joint.

Contraindications

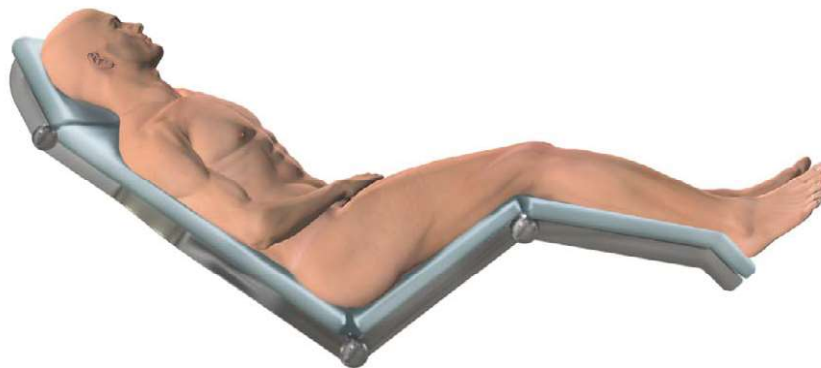
Absolute:

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

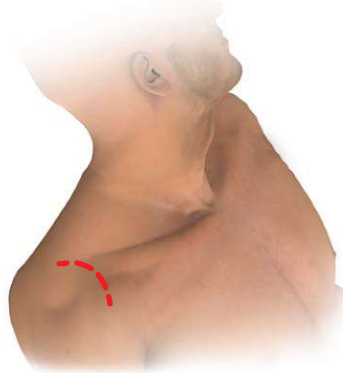
Relative:

- Stable lateral clavicle fractures.
- Significant weakening of the bone making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area or surgical site.
- 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



Surgical approach



Anterior-upper approach of the sabre cut type.

Procedure stages

The fracture of the end of the clavicle connecting to the shoulder

- Uncovering the fracture.
- The choice of implants – determining the length and depth of the hook and the position of the implant.
- Installing the plate and adjusting the fracture „to the plate.“
- The installation of locking and/or compression screws.

Dislocation of the acromioclavicular joint

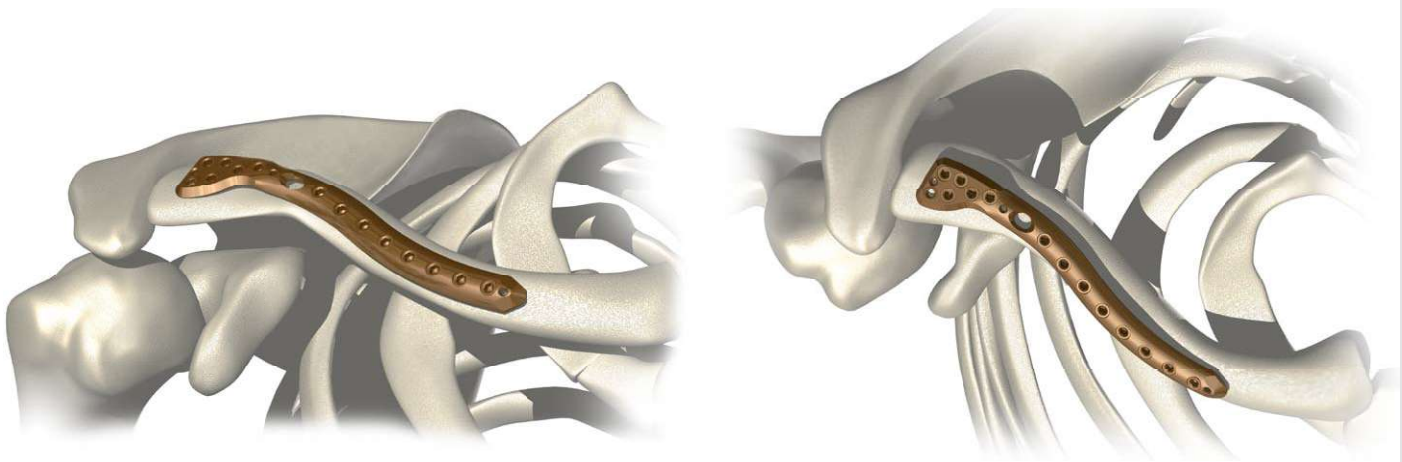
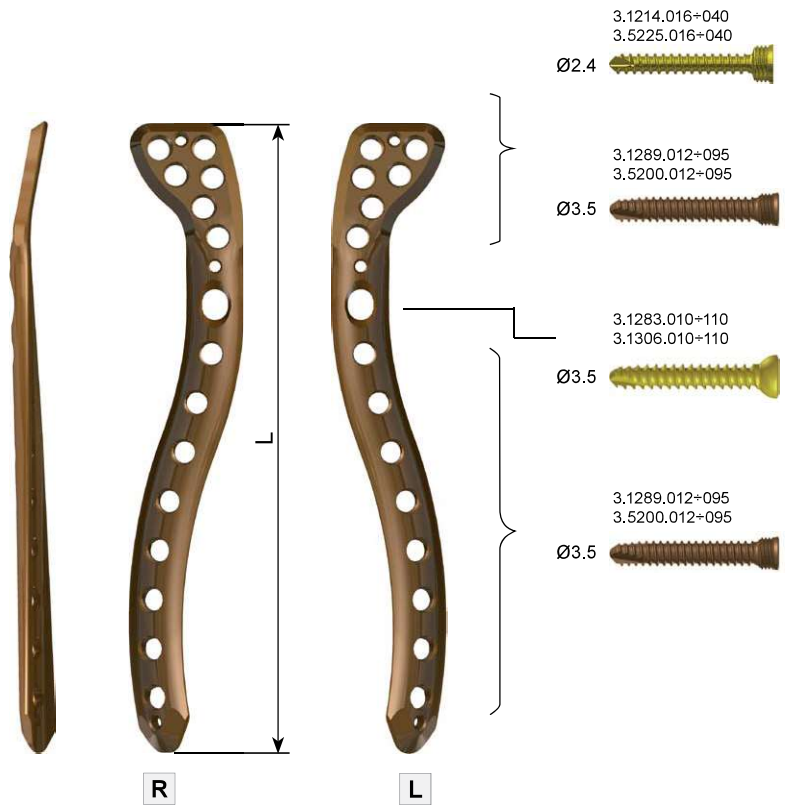
- Covering and “cleansing” of the joint - the possibility of the meniscus damage.
- The choice of implants – determining the length and depth of the hook and the position of the implant.
- Initial positioning and installing of the chosen plate. Ligamentous-capsularis reconstruction indicated.
- The installation of locking and/or compression screws.

5.0ChLP clavicle S plate

		Catalogue no.	
O	L [mm]	Left	Right
3	71	3.7015.503	3.7014.503
4	80	3.7015.504	3.7014.504
5	90	3.7015.505	3.7014.505
6	99	3.7015.506	3.7014.506
8	116	3.7015.508	3.7014.508

O - all threaded holes number in the plate

available	3 - 11 holes (71 mm - 143 mm)
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Palette for 5.0ChLP plates - 3.7014/3.7015

No.	Catalogue no.	Name	Pcs	40.5758.630
1	40.5758.130	Palette	1	
2	12.0751.100	Container solid bottom 1/2 306x272x85 mm	1	
3	12.0751.200	Perforated aluminum lid 1/2 306x272x55 mm Gray	1	



implants not included

Indications

- The clavicle fractures.
- Non-union or malunions of clavicle.

Contraindications

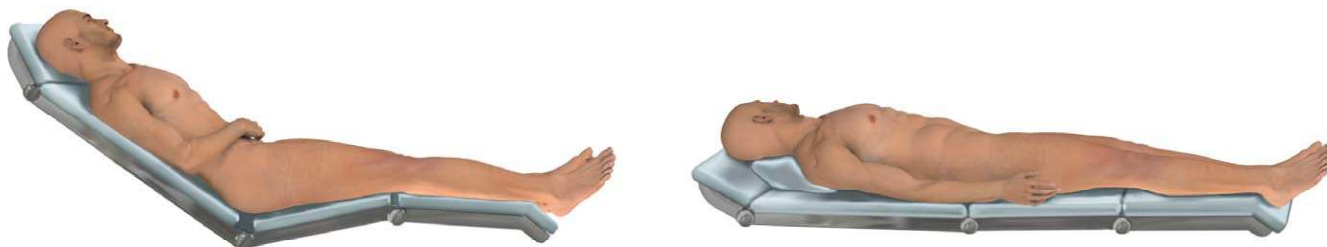
Absolute:

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

Relative:

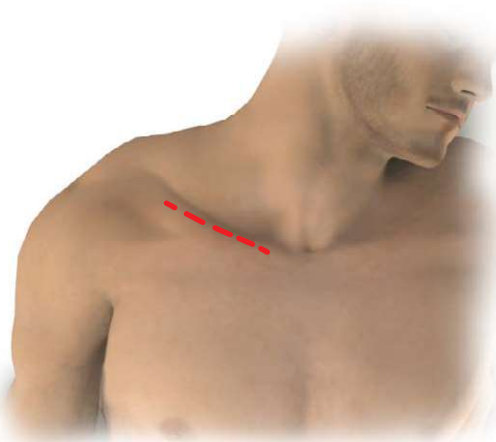
- Significant weakening of the bone making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area or surgical site.
- Excessive obesity.
- Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create 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



Beach-chair or lying on the back position.

Surgical approach



Horizontal incision parallel to the clavicle in the supraclavicular fossae or above the clavicular area.

Procedure stages

- Surgical approach and revealing the fracture.
- The initial reduction of fracture.
- The choice of implants – determining the length and position of the implant.
- Initial stabilization of the plate using bone forceps or compression screws.
- Insertion of the screws.