

III. CATALOGUE PAGES

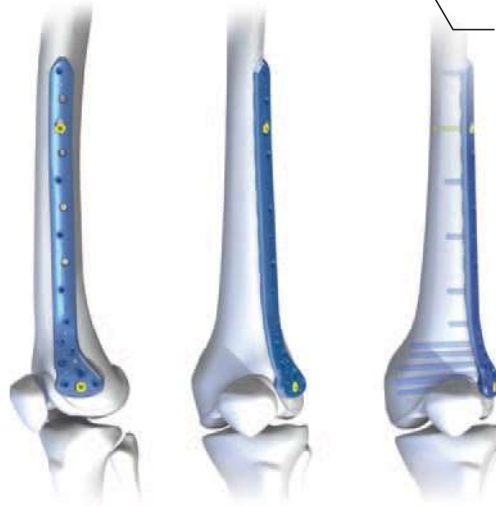
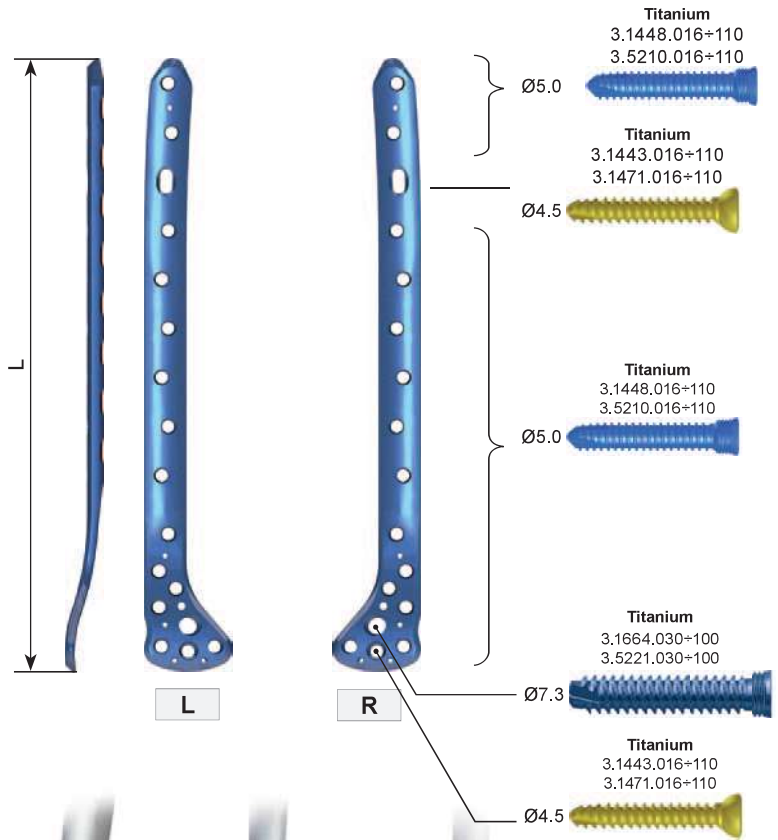
III.1. PLATES

7.0ChLP condylar femoral plate

Left		
O	L [mm]	Catalogue no.
TITANIUM		
4	138	3.4023.604
6	180	3.4023.606
8	221	3.4023.608
10	263	3.4023.610
12	305	3.4023.612
14	346	3.4023.614
16	387	3.4023.616

Right		
O	L [mm]	Catalogue no.
TITANIUM		
4	138	3.4024.604
6	180	3.4024.606
8	221	3.4024.608
10	263	3.4024.610
12	305	3.4024.612
14	346	3.4024.614
16	387	3.4024.616

O - holes number in shaft part of the plate



Palette for 7.0ChLP plates - 3.4023/3.4024

No.	Catalogue no.	Name	Pcs	40.5704.310 40.5704.510
1	40.5725.100	Aiming block [3.4023]	1	
2	40.5725.200	Aiming block [3.4024]	1	
3	40.5708.000	Protective guide 9.0/7.0	2	
4	40.5704.410	Palette	1	
5	12.0750.100	Container solid bottom 1/1 595x275x86mm	1	
6	12.0750.200	Perforated aluminum lid 1/1 595x275x15mm Gray	1	



implants not included; with additional instruments

Indications

- Comminuted fractures of the distal part of the femoral bone and fractures extending to the shaft of the femur.
- Supracondylar fractures.
- Articular and extra-articular condylar fractures.
- 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.

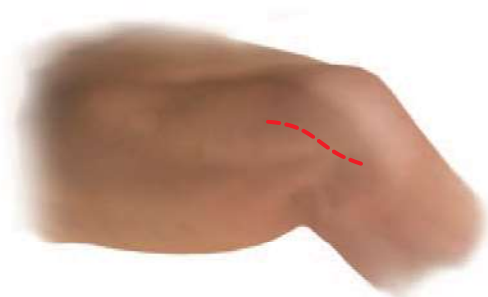
Relative

- Weakened bone (*by disease, infection or prior implantation*) making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area 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.

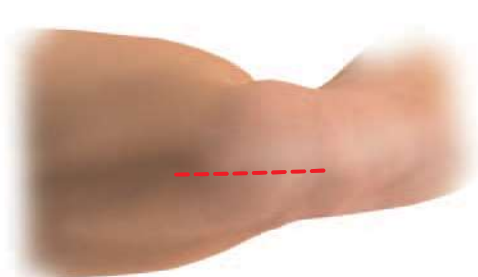
The patient's position



Surgical approach



LATERAL APPROACH: the lateral incision of about 80 mm in the proximal direction shall begin from Gerdy's tubercle. If necessary, the incision may be lengthened. The incision is recommended for extra-articular fractures and simple articular and metaphyseal fractures without displacement.



ANTERIOR-LATERAL APPROACH: perform the parapatellar incision. Perform the arthrotomy as to expose the articulation and reduce the fragments of the fractured bone; pull the patella medially and widen the cut adequately to expose the femoral condyle. The parapatellar incision is recommended for more complex articular comminuted fractures.

Procedure stages

- Reduction of fracture and stabilization of the fracture fragments with 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 to the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.