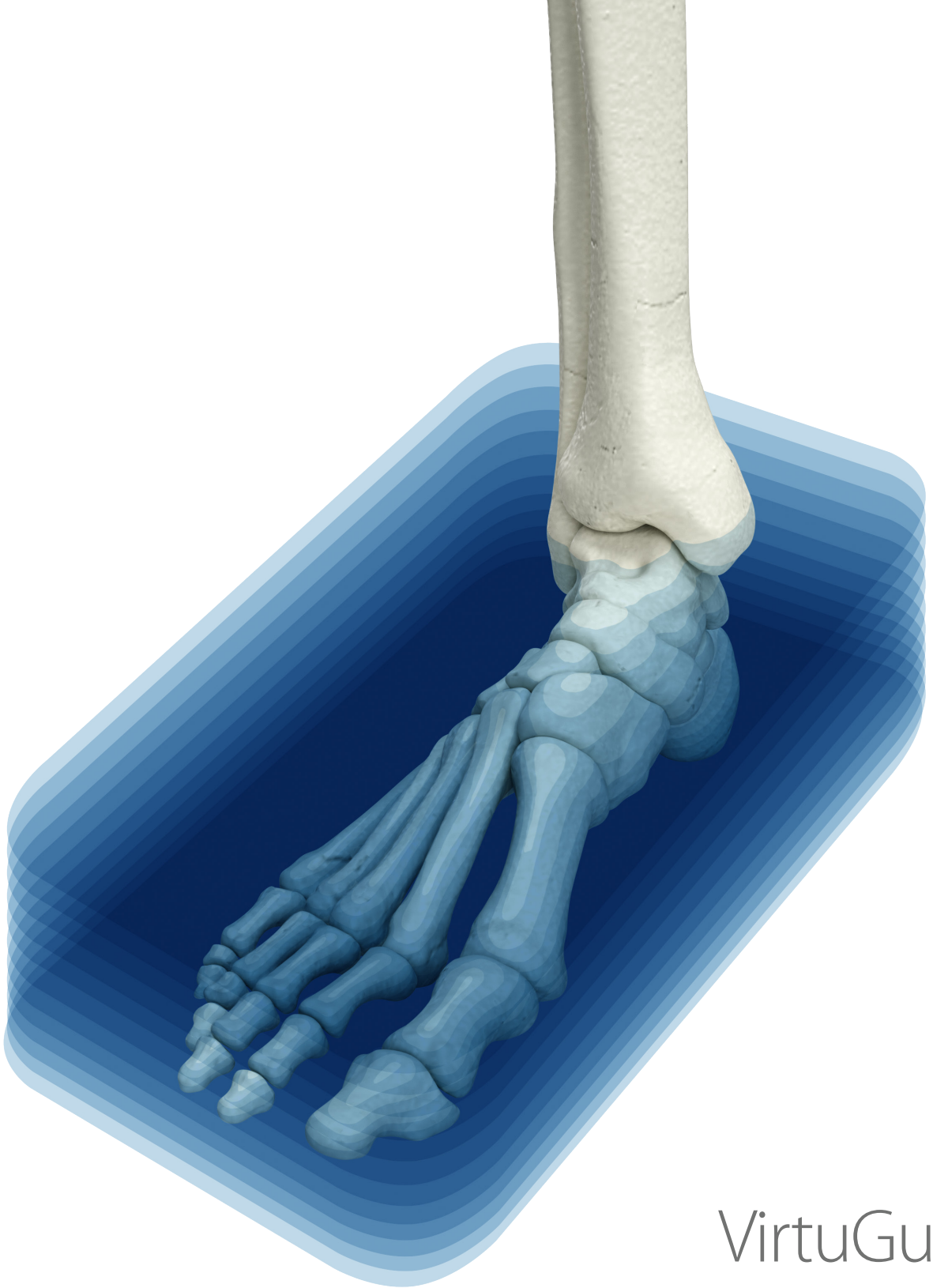


VirtuGuide™

Surgical Technique

CrossRoads® Extremity Systems

Breakthroughs for Faster Healing

Instrument Selection

Reamer Wire Guide

40mm Saw Blade

3D Correction Pin Guide

3D Correction Pin Guide Distal Insert

Cut Guide

2.0mm Short Wires

2.0mm Long Wires

2.5mm Reamer Wire

Universal Handle

0 RAC Block 0°

1 RAC Block 0°

2 RAC Block 0°

Twisted 0 RAC Block 5°

Twisted 1 RAC Block 5°

Twisted 2 RAC Block 5°

Twisted 0 RAC Block 10°

Twisted 1 RAC Block 10°

Twisted 2 RAC Block 10°

Perform a dorsomedial incision that is 20 degrees from direct dorsal over surgical site. Incision should be approximately 3-4cm in length. Create a stab incision into capsule for reamer wire placement. Mobilization of joint is not recommended.

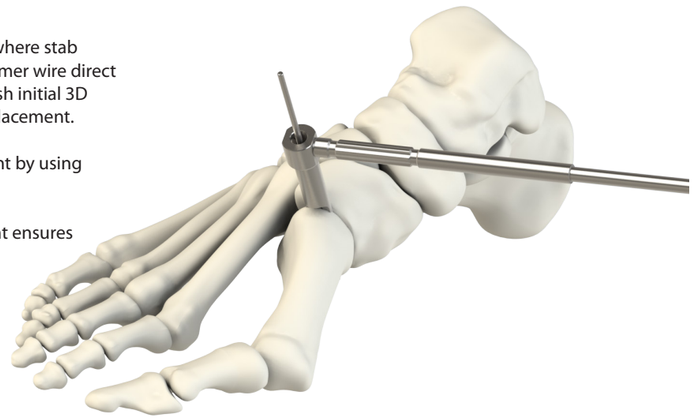
STEP 1: Reamer Wire Placement

Connect reamer wire guide to universal handle.

Place reamer wire guide into Tarsometatarsal (TMT) joint where stab incision was made. Drive reamer wire direct dorsal into capsule to establish initial 3D Correction Pin Guide (CPG) placement.

Confirm wire is parallel to joint by using lateral fluoroscopy.

Placing wire in parallel to joint ensures coplanar resections.

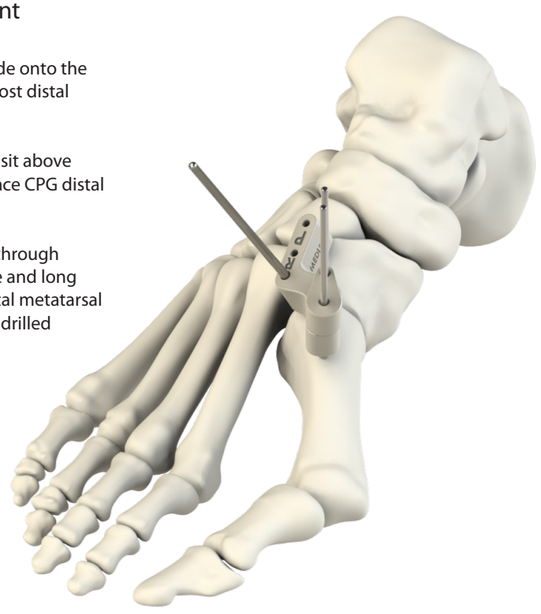


STEP 2: TPG Alignment

The selected CPG will slide onto the reamer wire using the most distal vertical aligned hole.

CPG c-shape slot should sit above surface of metatarsal. Place CPG distal insert into c-shaped slot.

Place short 2.0mm wire through proximal metatarsal hole and long 2.0mm wire through distal metatarsal hole. These wires can be drilled bicortical.

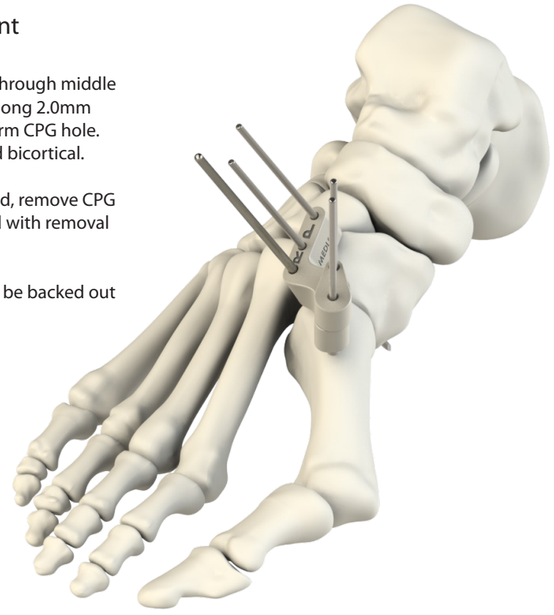


STEP 3: Wire Placement

Insert short 2.0mm wire through middle cuneiform CPG hole and long 2.0mm wire through top cuneiform CPG hole. These wires can be drilled bicortical.

Once all k-wires are fixated, remove CPG distal insert then proceed with removal of TPG.

The reamer wire can now be backed out of the TMT joint space.

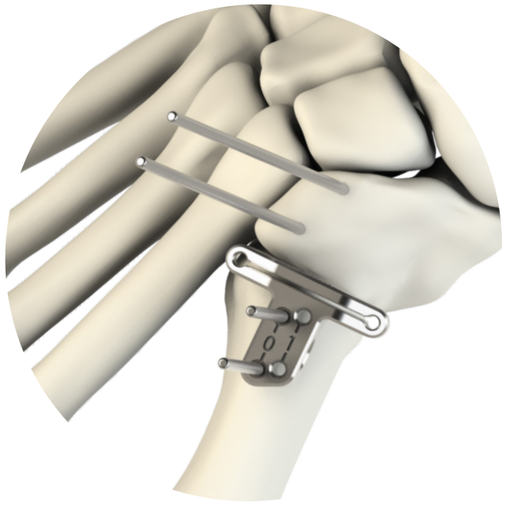


STEP 4: TMT Joint Resections

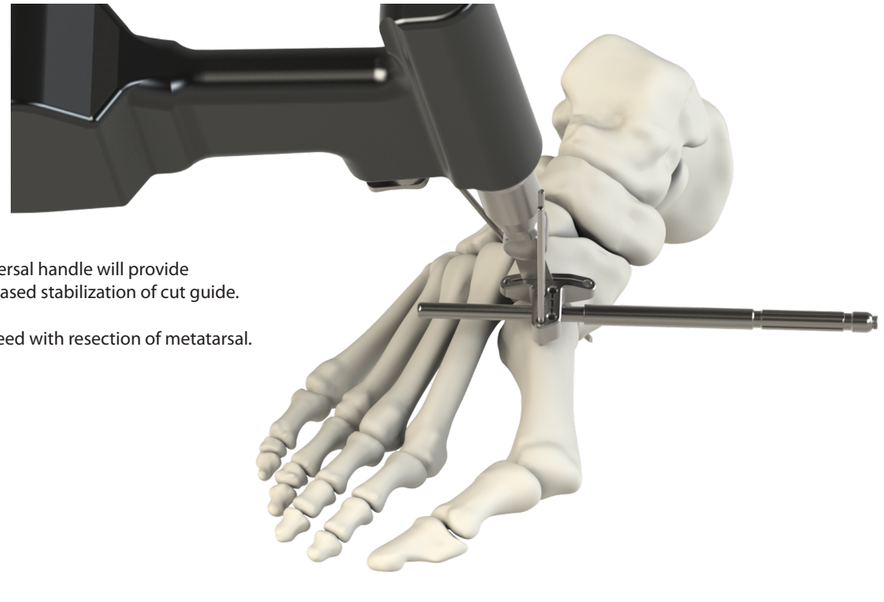
Slide cut guide over metatarsal wires using "0" set of holes. Cut can be taken with 40mm saw blade. Theoretical thickness of resection is 1.6mm.

It is recommended to not remove bone sliver after metatarsal resection to prevent bending the k-wires.

If re-cut is needed, shift cut guide over k-wires using "1" set of holes for additional 1.5mm.

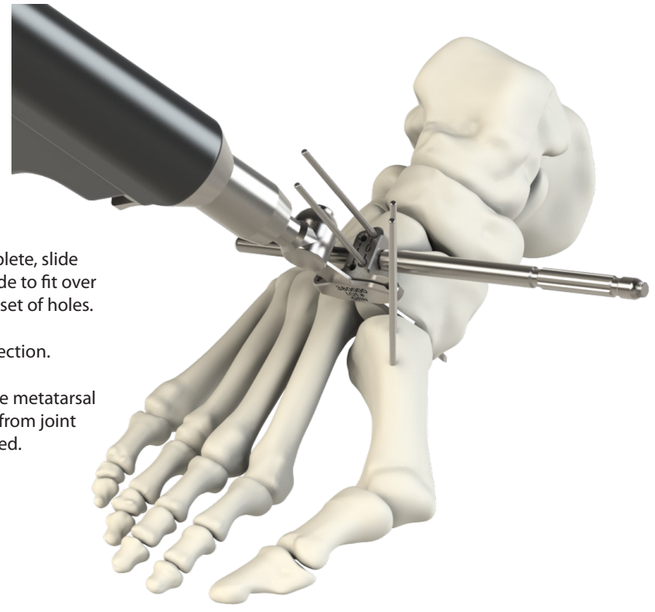


STEP 4: TMT Joint Resections *(continued)*



Universal handle will provide increased stabilization of cut guide.

Proceed with resection of metatarsal.



Once metatarsal cut is complete, slide off cut guide and rotate guide to fit over cuneiform k-wires using "0" set of holes.

Proceed with cuneiform resection.

Slide off cut guide to retrieve metatarsal and cuneiform bone slivers from joint space. Keep all k-wires fixated.

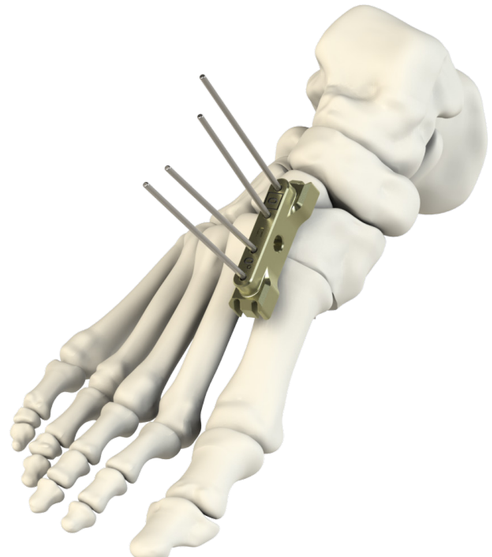
STEP 5: TMT Alignment

Starting with 0 RAC Block 0°, align the four dorsal holes of block over the four dorsal wires.

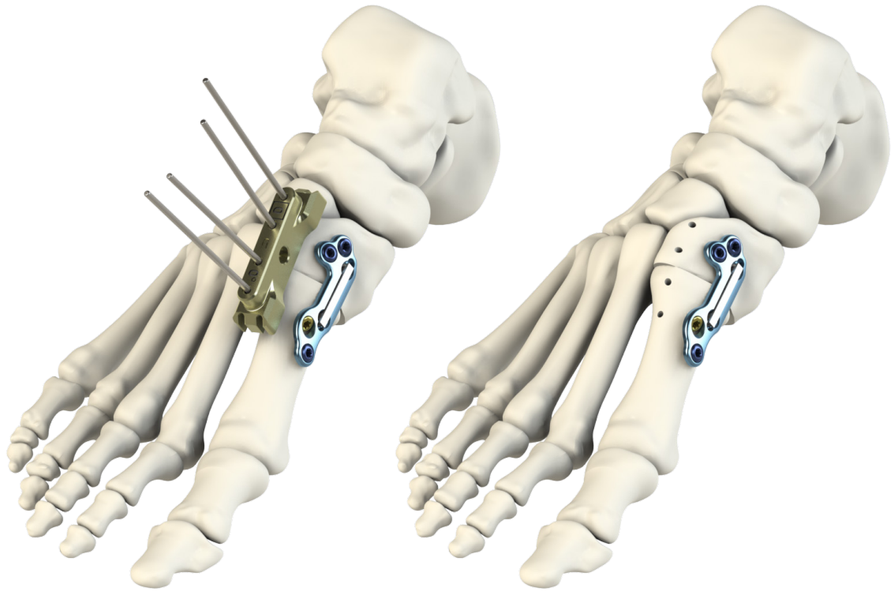
Slide down RAC block over all 4 k-wires to compress joint space. If additional compression is needed, replace with 1 RAC Block 0°. Increasing number corresponds with increased compression.

Final position of joint with RAC block can be assessed under fluoroscopy in axial and saggital plane.

If additional frontal plane correction is needed, the Twisted RAC Block (5° or 10°) may be used to add correction.



Once satisfactory correction is achieved, implant of preference is used for final fixation



Indications & Risks
The MotoBAND® CP Implant System is indicated for stabilization and fixation of fresh fractures, revision procedures, joint fusion and reconstruction of small bones of the hand, feet, wrist, ankles, fingers and toes. When used for these indications, the MotoBAND® CP Implant System with the exception of the 2-hole plate may be used with the MotoCLIP®/HiMAX® Implant System. There are potential risks associated with the use of these devices some of which include: allergic reaction to the implant material, fracture of the implant, soft-tissue complication (e.g., infection at the implant site, prolonged healing), and revision surgery. Refer to IFU for all contraindications, warnings, and risks.
US Patents: D870,284 & 10,492,841
Data on File for All Information & Data Listed

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