



1 Indication

For fixation in osteotomies, arthrodeses and fractures of small and large bones.

2 Description

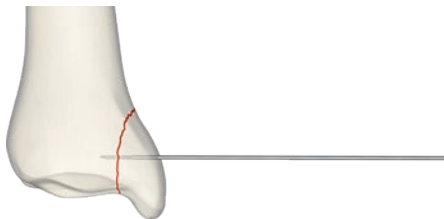
This surgical technique is for general handling of the cannulated compression screw.

3 Reposition

Reposition of the fracture, if necessary temporary fixation with Kirschner wire.

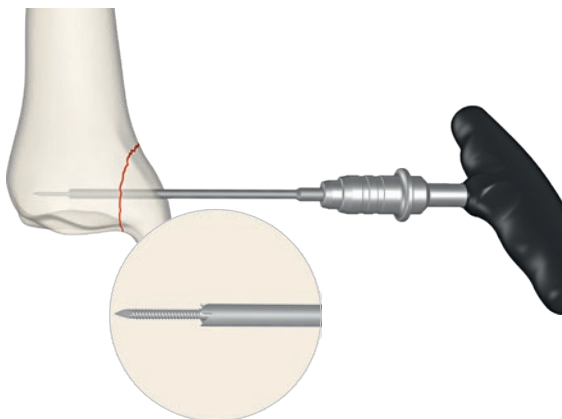
4 Entry point

Determine the optimal entry point for the intramedullary guide wire, make a stab incision and insert the guide wire to the required depth using the image converter.



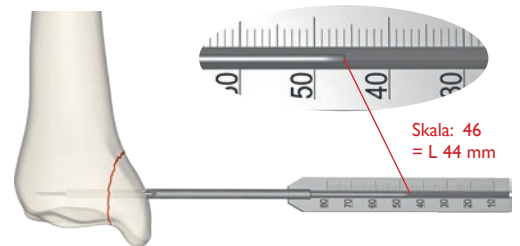
5 Reaming the cortex

The screws are usually self-drilling and self-tapping. However, if the cortical bone is particularly hard, we recommend drilling it out over the guide wire using a cannulated drill bit. If necessary, the bone must be reamed over the complete threadless length of the guide wire.



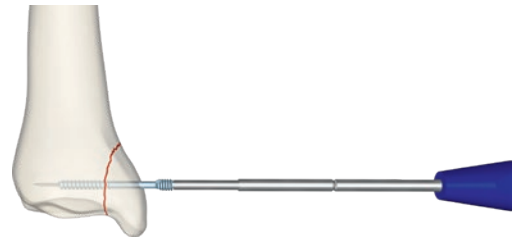
6 Determine the screw length

The gauge is pushed over the guide wire until it touches the cortex. The screw length shown includes the screw head. To avoid penetration of the countercortical bone, the next smaller screw length should be selected.



7 Insertion of the screw

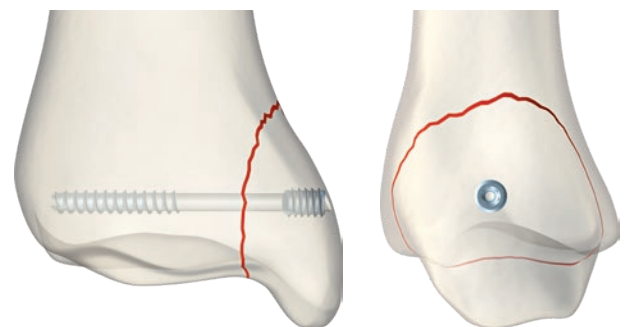
The screw is inserted with the cannulated screwdriver over the guide wire.



8 Position control

Before removing the guide wire, a check is made in both planes.

Unscrewing the guide wire.



This surgical technique is based on the author's many years of experience as a surgeon. Its content has been carefully considered and verified by the author. However, it cannot take into account all the specifics of the individual case and is therefore only a suggestion. All information in this surgical technique is therefore provided without any guarantee on the part of the author. No liability is assumed by the author for damages of any kind.