Surgical Technique
Acumed® Acu-Loc® 2 Wrist Plating System

The Acu-Loc 2 Wrist Plating System offers various plate families and screw technologies to treat multiple fracture patterns of the distal radius and distal ulna regions. Included are the Volar Distal Ulna Plates and the Volar, Dorsal, and Fragment Specific Distal Radius Plates.

Acumed has introduced the Acu-Loc 2 Volar Distal Radius (VDR) Plating System as the next generation in plating fixation. The system presents several new plate options, a unique two-piece locking compression screw, innovative instrumentation for fracture management, and new plate placement tools.

Some products shown and/or described may not be available in your distribution area. Please contact your local authorized Acumed distributor for any further information.

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Warning</td>
<td>Indicates critical information about a potential serious outcome to the patient or the user.</td>
</tr>
<tr>
<td>Caution</td>
<td>Indicates instructions that must be followed in order to ensure the proper use of the device.</td>
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System Features

Acu-Loc 2 Volar Distal Radius (VDR) Plates

The standard Acu-Loc 2 Plate is designed to closely replicate the anatomical contours of the distal radius and may assist in restoring the original geometry.
System Features [continued]

**Acu-Loc 2 Volar Distal Radius (VDR) Proximal Plates**

VDR Proximal Plates are designed to sit approximately 2 mm more proximal than the VDR Standard Plates. 2.3 mm locking variable angle screws may be used in the distal row of the Acu-Loc 2 VDR Proximal Plates. These screws are provided to aid in the capture of specific fragments or to accommodate variations in patient anatomy. Please note that 2.3 mm locking variable angle screws are designed to be used with Acu-Loc 2 VDR Proximal Plates and Acu-Loc EX Plates only and not with any other plates.

- **K-wire holes to assess distal screw positioning relative to radiocarpal joint**
- **Suture holes aid in fixation of small articular fragments**
- **Targeted radial styloid screws angled at 49° and 41°**
- **K-wire hole to assess ulnar screw positioning relative to DRUJ**
- **2.3 mm subchondral lunate facet support screw**
- **K-wire holes for provisional stability**
- **Accepts 2.3 mm variable angle locking screws**

**Acu-Loc 2 VDR Proximal Plate Options**

- **Standard Left and Right Specific**
  - 24 mm, 49 mm
- **Narrow Left and Right Specific**
  - 21 mm, 49 mm
- **Wide, Left and Right Specific**
  - 27 mm, 57 mm
- **Standard Long, Left and Right Specific**
  - 24 mm, 65 mm
- **Narrow Long, Left and Right Specific**
  - 21 mm, 65 mm
System Features [continued]

**Acu-Loc 2 VDR Extension Plates**

The Acu-Loc 2 VDR Plating System includes the ability to extend the Acu-Loc 2 VDR Proximal Plates. The Acu-Loc 2 VDR Extension Plates are rigidly locked with a Acu-Loc 2 VDR Plate (hex) Extension Link Screw (30-0093) or Acu-Loc 2 VDR Hexalobe Extension Link Screw (30-0100) to the following Acu-Loc 2 VDR Proximal Plates:

- Acu-Loc 2 VDR Proximal Standard Long Plates
- Acu-Loc 2 VDR Proximal Narrow Long Plates
- Acu-Loc 2 VDR Proximal Wide Plates

**Long Extension Plates**

Modular plate attachments allow surgeons to extend any of the long and wide proximal plates by an additional 110 mm. This option has both left and right plates to accommodate the radial bow. Plates are connected by a hex or hexalobe link screw.

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**Acu-Loc 2 VDR Extension Plates Options**

The proximal plate end is tapered

Locking and nonlocking screws are designed to sit level with the extension plates

Extend any of the long and wide proximal plates by an additional 110 mm

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**Available Plate Length Combinations**

<table>
<thead>
<tr>
<th>Plate Lengths with Extension</th>
<th>Wide</th>
<th>Narrow Long</th>
<th>Standard Long</th>
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<tbody>
<tr>
<td>Neutral Extension</td>
<td>100 mm</td>
<td>108 mm</td>
<td>108 mm</td>
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<tr>
<td>Long Extension</td>
<td>167 mm</td>
<td>176 mm</td>
<td>176 mm</td>
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</tbody>
</table>
System Features [continued]

**Distal Radius Fragment Specific (DRFS) Plates**

The Distal Radius Fragment Specific (DRFS) Plates are designed to independently address the inherent challenges of complex fractures. Fragment-specific plating is based on the three-column model that separates the ulnar and radial sides of the distal radius from the distal ulna. The three-column theory corresponds with the most common distal radius fracture patterns and enables anatomic reconstruction of intra-articular fracture fragments.

**Volar Lunate Suture Plate**
The Volar Lunate Suture Plate (70-0334) supports the volar ulnar corner of the radius. Sutures may be placed through the volar capsule and suture holes in the plate for fixation of these very small, but clinically important, bone fragments.

**Radial Styloid Plate**
The Divergent Radial Styloid Plate (70-0331) buttresses the radial column. Two unicortical distal screws diverge to provide subchondral bone support, with one screw targeting the dorsal rim of the sigmoid notch and the other targeting the volar rim.

**Dorsal Lunate and Dorsal Rim Buttress**
Used for stabilizing fracture patterns that involve the dorsal lunate facet of the distal radius and the sigmoid notch, the Dorsal Lunate Plate (70-0337 or 70-0338) provides support to the lunate facet. The Dorsal Rim Buttress Plate (70-0335 or 70-0336) is positioned on the dorsal ulnar side of the radius and extends radially to support dorsal rim comminution and the radial styloid. A screw can be inserted ulnar-to-radial for further radial styloid support.

**Note:** If the long ulnar-to-radial styloid screw is desired in the dorsal rim buttress plate, it is recommended to use the 2.0 mm Locking Drill Guide 6–46 mm (80-0592).

**Distal Radius Fragment Specific (DRFS) Plates Options**

<table>
<thead>
<tr>
<th>Plate Type</th>
<th>Length</th>
<th>Width</th>
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<tr>
<td>Dorsal Rim Butress, Left and Right Specific</td>
<td>33 mm</td>
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<td>Dorsal Lunate, Left and Right Specific</td>
<td>44 mm</td>
<td>43 mm</td>
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<td>Radial Styloid</td>
<td>6 mm</td>
<td>47 mm</td>
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<tr>
<td>Volar Lunate Suture</td>
<td>14 mm</td>
<td>44 mm</td>
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</table>

**DRFS Plate Reference Chart**

<table>
<thead>
<tr>
<th>Color</th>
<th>Left/Right Specific</th>
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<tbody>
<tr>
<td>Gold</td>
<td>Neutral</td>
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<tr>
<td>Blue</td>
<td>Left-specific</td>
</tr>
<tr>
<td>Green</td>
<td>Right-specific</td>
</tr>
</tbody>
</table>
Acumed® Acu-Loc® 2 Wrist Plating System Surgical Technique

System Features [continued]

Distal Radius Fragment Specific (DRFS) Plates

Acu-Loc Dorsal Plates
The locking Acu-Loc Dorsal Plates offer a solution to treat distal radius fractures that need to be addressed from the dorsal side.

Acu-Loc® Dorsal Plate Options

Standard, Left and Right Specific
Narrow, Left and Right Specific

Acu-Loc® Volar Distal Ulna (VDU) Plates
The Acu-Loc VDU Plates are designed specifically for periarticular fractures of the distal ulna. The screw positioning and angulation targets distal fragments of the ulnar head and neck.

Acu-Loc VDU Plate Options

Standard, Left and Right Specific
Long, Left and Right Specific
System Features [continued]

Wrist Spanning Plates

Designed to address complex distal radius fractures, these temporary fixators hold the wrist in distraction and provide ligamentotaxis while the distal radius heals.

Acu-Loc Wrist Spanning Plate Options

Note: The Acumed Acu-Loc Wrist Spanning Plate and 2.7 mm screws come sterile-packed. 2.7 mm instrumentation may be placed in the Acu-Loc 2 utility bin. The Acumed Acu-Loc 2 Wrist Plating System includes the 3.5 mm screws and instrumentation not included in the sterile procedure packs.

Acu-Loc Extra-articular (EX) Plates

2.3 mm locking variable angle screws may be used in the distal row of the Acu-Loc EX Plates. These screws are provided to aid in the capture of specific fragments or to accommodate variations in patient anatomy. Please note that 2.3 mm locking variable angle screws are designed to be used with Acu-Loc 2 VDR Proximal Plates and Acu-Loc EX Plates only, and not with any other plates.

Acu-Loc EX Plate Options
2.3 mm Locking Variable Angle Screw

The Acumed 2.3 mm Locking Variable Angle Screws (30-23XX) can be used in any distal hole of any of the gold-colored Acu-Loc 2 VDR Proximal Plates and Acu-Loc EX Plates only. The 2.3 mm locking variable angle screw size options are 14–28 mm in 2 mm increments. The locking variable angle screws allow for a total variance of 5 mm or 15°. Locking variable angle screws are designed to aid in the capture of specific fragments or to accommodate variations in patient anatomy.

Note: The locking variable angle screw technology should not be used to compensate for suboptimal plate positioning and fracture reduction.

A conical 2.3 mm Variable Angle Drill Guide (80-0762) enables the surgeon to drill within the suggested 15° boundary (Figure 1). Fixed-angle radiolucent targeting guides come standard.

The locking variable angle screw instrumentation is color-coded orange to allow for quick identification of the proper drill, drill guide, and driver handle in the system.

2.3 mm Screw Head Geometry

Reduced head geometry is designed to be level with the thinner plate design of the Acu-Loc 2 Volar Distal Radius Plates.
The Frag-Loc Compression Screw is a two-part cannulated compression screw designed to reduce dorsal fragments to the Acu-Loc 2 VDR Plates, Distal Radius Fragment Specific (DRFS) Plates, Volar Lunate Suture Plate, Acu-Loc VDR Plates, and Acu-Loc EX Plates.

**Note:** The Frag-Loc Compression Screw may only be used for screw lengths of 16–24 mm, and the long Frag-Loc Compression Screw may be used for lengths of 20–28 mm. A second 2.3 mm screw may be placed in an adjacent screw hole to prevent rotation of the dorsal bone fragment.
System Features [continued]

**Key Instruments**

**Acu-Loc 2 KickStand Posts**

With the introduction of the next generation of distal radius fixation, the Acu-Loc 2 System offers a variety of innovative instrumentation. The KickStand Posts (80-07XX) are threaded plate posts designed to assist with distal radius volar tilt correction by lifting the proximal end of the plate away from the radial shaft to form a stable platform with which to achieve distal screw fixation.

Six different KickStand post angles are offered to assist with corrective osteotomies and dorsally displaced fractures. Five of the KickStand posts are offered in fixed increments of 5°, 10°, 15°, 20°, and 25° osteotomy angles. A fully threaded option for fractures allows for volar tilt correction between 5 and 30 degrees.

During an osteotomy, the desired angular correction of the volar aspect of the distal radius determines which KickStand post is selected. A 10° KickStand post will lift the plate approximately 7.5 mm. The chosen KickStand post is threaded into the locking hole just proximal of the adjustment slot of the Acu-Loc 2 VDR Plate prior to plate placement.
System Features [continued]

Key Instruments

Cannulated Locking Bolt and Targeting Guide

Cannulated locking bolt accepts the 2.0 mm Quick Release Drill, which is available across multiple Acumed product lines.

Radiopaque Positioning Posts (Distal Row) are designed to allow visualization of the distal row screws, trajectory without K-wire placement.

Multiple locking bolt positions provide the ability to insert the locking bolt into any of the distal 2.3 mm screw holes of the plate.

Radiopaque Positioning Post (Radial Styloid) is designed to assist with positioning of the plate prior to K-wire and screw fixation. Under fluoroscopy, shows the trajectory of the distal radial styloid screw prior to plate placement without drilling or K-wire placement.

The fracture visualization window is designed to allow access to the fracture through the targeting guide.

A styloid K-wire guide allows insertion of a K-wire into the radial styloid to check plate positioning before final radial styloid screw placement.
Plate Placement Instrumentation

Acu-Loc® 2 Volar Distal Radius (VDR) Targeting Guides

The low-profile radiolucent targeting guides allow the surgeon to target and insert all distal screws. Radiopaque positioning posts have been integrated into the targeting guides to assist with plate placement under fluoroscopy.

Styloid Positioning Post (figures 1A and 1B):
To verify plate placement, a radiopaque styloid post is utilized in an anteroposterior (A/P) view to project the trajectory of the most distal styloid screw. To align styloid screw placement, position the wrist under fluoroscopy in an A/P view and adjust the plate so that the positioning post targets the styloid tip. This verifies correct trajectory of the styloid screw prior to drilling.

Note: The .054” x 6” K-wire (WS-1406ST) can also be used to verify styloid screw trajectory by inserting the .054” K-Wire into the .054” K-Wire Guide (80-0688) through the targeting guide screw holes.

Distal Screw Placement (figures 2A and 2B):
To verify plate placement from a lateral view, line up the two parallel radiopaque posts. A single plane is created by the goal posts beneath the subchondral bone, showing trajectory of the distal screw row. If the posts do not target into the joint, then the distal screw row will not either. The correct trajectory can be achieved by lifting the hand in neutral rotation so that the forearm is 20 degrees to the surgical table.

The distal K-wire holes in the targeting guides and Acu-Loc 2 VDR plates allow placement of K-wires to also verify plate placement. The K-wire holes are in line with the distal screws of all Acu-Loc 2 VDR plates, allowing the surgeon to verify screw placement.

The plate’s position can then be secured proximally with a .054” x 6” K-wire or Plate Tack (PL-PTACK) and distally with a .054” x 6” K-wire.

VDR Plate Positioning Handle

The VDR Plate Positioning Handle (80-0729) (Figure 3) assists with Acu-Loc 2 VDR plate placement while keeping the surgeon’s hands out of the fluoroscopy beam. Under fluoroscopy, the handle should line up with the center of the plate and radial shaft to show a true A/P view. This is used to help accurately place the proximal shaft of the plate in alignment with the center axis of the radial diaphysis.

Note: The design of the Acu-Loc 2 Plate Positioning Handle maintains access to the K-wire holes and 3.5 mm screw slot on the proximal end of the Acu-Loc 2 VDR plate.

VDR Plate Positioning Handle Assembly
- The Locking Bolt 10–32 (80-0738) is threaded into the left side of the keyhole of the plate positioning handle base.
- Once engaged, the locking bolt toggles to fit left and right plates.
- Thread the locking bolt into the most distal 3.5 mm locking hole on the shaft of any Acu-Loc 2 VDR plate.
Instrument Overview

**Frag-Loc® Instrumentation**

- Frag-Loc 2.5 mm Drill Guide (80-0730)
- Frag-Loc 1.5 mm Cannulated Driver (80-0758)
- Frag-Loc 2.5 mm Drill (80-0724)
- Frag-Loc Depth Gauge (80-0726)
- Fragment Compression Sleeve (30-0370)
- Frag-Loc Compression Screw (30-0371)
- Frag-Loc Compression Screw, Long (30-0372)
- Heiss Retractor (80-0756)

- .035” x 5.75” ST Guide Wire (WS-0906ST)

**Variable Angle Instrumentation**

- 1.7 mm Quick Coupler Semi-fluted Drill (80-0868)
- 2.3 mm Variable Angle Drill Guide (80-0762)
- Mini-AO Torque Limiting Driver, 10 in-lb (80-1008)
- 2.3 mm Variable Angle Drill Guide Driver (80-0763)

- 2.3 mm Screw Depth Gauge 6–46 mm (80-1356)
Instrument Overview [continued]
Instrument Overview [continued]

- Acu-Loc 2 VDR Proximal Targeting Guide Wide, Left (80-0705)
- Acu-Loc 2 VDR Proximal Targeting Guide Wide, Right (80-0704)
- Acu-Loc 2 VDR Proximal Targeting Guide Standard, Right (80-0700)
- Acu-Loc 2 VDR Proximal Targeting Guide Narrow, Right (80-0702)
- Acu-Loc Dorsal Plate Targeting Guide Narrow, Left (80-0154)
- Acu-Loc Dorsal Plate Targeting Guide Standard, Left (80-0150)
- Acu-Loc Dorsal Targeting Guide Standard, Right (80-0151)
- Acu-Loc Dorsal Targeting Guide Narrow, Right (80-0155)
- Acu-Loc EX Targeting Guide Standard (80-0166)
- Acu-Loc EX Targeting Guide Narrow (80-0274)
- 2.8 mm Quick Release Drill (80-0387)
- 2.0 mm Locking Drill Guide 6–46 mm (80-0592)
- 2.3 mm Bone Tap (80-0362)
- 2.8 mm Hexalobe Locking Drill Guide 6–65 mm (80-0668)
- T15 Stick Fit Hexalobe Driver (80-0760)
- 2.3 mm Screw Sleeve, Locking Tab (80-0727)
- 1.5 mm Hex Driver Tip, Locking Groove (80-0728)
- 2.0 mm Locking Drill Guide 4–32 mm (80-0249)
- .054" K-wire Guide (80-0688)
- Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23)
- Distal Radius Probe (MS-DRPB)
- 2.0 mm Quick Release Drill (80-0318)
- Small Plate Bender (80-0363)

Optional

- 2.8 mm x 5" Quick Release Drill (80-2008)
- 2.8 mm Locking Drill Guide 6–26 mm (80-2006)
- 3.5 mm Locking Screw Bone Tap (80-2126)
Surgical Technique Overview

Acumed® Acu-Loc® 2 Wrist Plating System Surgical Technique

Incision and Dissection

Exposure

Fracture Reduction

Plate Selection and Placement

Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique

Plate Placement

Minimally Invasive Technique

Radial Styloid Plate Surgical Technique

Volar Lunate Suture Plate Surgical Technique

Dorsal Lunate Plate and Dorsal Rim Buttress Plate Surgical Technique
Proximal Screw Placement

Distal Screw Holes

Proximal Screw Placement

Closure and Postoperative Protocol
Acumed® Acu-Loc® 2 Wrist Plating System Surgical Technique

Surgical Technique Overview

Incision and Dissection

Provisional Fixation and Plate Placement

Nonlocking Proximal Screw Placement

Drill Distal Screw Holes

Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique

Acu-Loc Dorsal Plate Surgical Technique

Acu-Loc Extra-Articular (EX) Plate Surgical Technique

Drilling Bicortically

Measuring to Determine Screw Type

Drilling Unicortically

Frag-Loc Sleeve Insertion

Frag-Loc® Compression Screw Surgical Technique

Conical Drill Guide Placement

Drilling Distal Screws

Measuring Distal Screws

Distal Screw Insertion

2.3 mm Locking Variable Angle Screw Surgical Technique
Acumed® Acu-Loc® 2 Wrist Plating System Surgical Technique

Distal Screw Placement

Guide Wire (K-wire) Insertion

Proximal Screw Placement

Frag-Loc® Wire Insertion

Closure and Postoperative Protocol

Final Confirmation
Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique

William B. Geissler, MD
David S. Ruch, MD
Mr. Daniel J. Brown, FRCS

1 **Exposure**

Supinate the patient’s forearm to expose the surgical site. To maximize exposure, place a towel under the wrist, supporting it in extension. Make a longitudinal incision approximately 6 cm in length just radial to the flexor carpi radialis (FCR) tendon to protect against injury to the palmar cutaneous branch of the median nerve.

Open the sheath and retract the FCR tendon radially to protect the radial artery. Identify the flexor pollicis longus (FPL) muscle by passive flexion / extension of the thumb interphalangeal joint and retract ulnarly to protect the median nerve. Next, identify the pronator quadratus by its transverse fibers and release radially to ulnarily to expose the fracture site.

2 **Fracture Reduction**

The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization of the fracture. Reduce the fracture using manual techniques. Provisional stability can be achieved with K-wires and evaluated under fluoroscopy.

**Fragment Reduction Tool (80-0725):**

Use this tool for articular reconstruction. A broad mallet (Figure 4) and narrow thin tip (Figure 5) provide some ability to lift and position articular fracture fragments through the plate window.

**Fixating Small Volar Ulnar Corner Fragments:**

This technique uses the DRFS Volar Lunate Suture Plate (70-0334) or Acu-Loc 2 VDR Plate (70-03XX). The volar ulnar fragment is typically rotated with its capsular attachment and de-rotated under direct visualization. Multiple sutures are placed in the capsule, rotating the fragment back anatomically.

Once the fragment is de-rotated, the sutures are passed through the suture holes in the volar ulnar corner of the plate. A plate-specific nonlocking screw is placed through the oblong slot in the plate. The plate is positioned onto the distal radius, with the preferred placement confirmed using fluoroscopy. The sutures are tied, securing the volar ulnar fragment with the plate, and the remaining screws are placed.¹

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¹ Fragment Reduction Tool (80-0725)
DRFS Volar Lunate Suture Plate (70-0334)
Acu-Loc 2 VDR Plate (70-03XX)
Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique

Plate Selection and Placement

The Acu-Loc 2 VDR Plate (70-03XX) is made to sit along the distal aspect of the radius to support articular fracture fragments. There are two volar plate families to select from: the Acu-Loc 2 VDR Standard Plates and the Acu-Loc 2 VDR Proximal Plates, which are designed to sit 2 mm more proximal than the standard plates. If a longer plate is needed, choose the appropriate Acu-Loc 2 VDR Extension Plate (70-0364, 70-0365, 70-0366) and assemble as described below.

Once the appropriate-size plate is selected, attach the corresponding Acu-Loc 2 VDR Targeting Guide (80-06XX or 80-07XX) using the Acu-Loc 2 VDR Targeting Guide Locking Bolt (80-0682). Thread the cannulated locking bolt into the proximal ulnar 2.3 mm screw hole. The plate should be placed parallel to the radial shaft.

For styloid and distal screw placement using the patented markers in the targeting guides, refer to Plate Placement Instrumentation on page 12.

Extension Plate Assembly Steps

Slide the desired Acu-Loc 2 Extension Plate (70-0364, 70-0365, 70-0366) onto the shaft of the Acu-Loc 2 Proximal Plate.

Using a 2.5 mm Quick Release Hex Driver (HPC-0025) or a T15 Stick Fit Hexalobe Driver (80-0760), insert and tighten the Hex or Hexalobe Acu-Loc 2 VDR Extension Link Screw (30-0XXX) into the distal hole of the extension plate, and lock into both plates.

Assembly can be done prior to plate placement or intraoperatively.

Note: The VDR Plate Positioning Handle (80-0729) can be used at this time for plate placement. Refer to Plate Placement Instrumentation on page 12 for assembly and technique.

Available Plate-Length Combinations

<table>
<thead>
<tr>
<th>Plate Lengths with Extension</th>
<th>Wide</th>
<th>Narrow Long</th>
<th>Standard Long</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutral Extension</td>
<td>100 mm</td>
<td>108 mm</td>
<td>108 mm</td>
</tr>
<tr>
<td>Long Extension</td>
<td>167 mm</td>
<td>176 mm</td>
<td>176 mm</td>
</tr>
</tbody>
</table>
Proximal Screw Placement

The first screw to be placed is a 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX or CO-31XX) through the slot in the plate. Using the 2.8 mm Quick Release Drill (80-0387) and the 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex. Then measure the drill depth with the Depth Gauge 6–65 mm (80-0623). Insert a 3.5 mm nonlocking hex or hexalobe screw. The screw may need to be downsized after the plate has been reduced down to the bone.

Note: An optional 3.5 mm Locking Screw Bone Tap (80-2126) may be necessary if encountering hard cortical bone.

Distal Screw Holes

Utilizing the radiopaque positioning posts in the targeting guide, the position of the plate relative to the radiocarpal articular surface can be fine-tuned by sliding the plate proximally or distally, under fluoroscopy. If the radiopaque posts don't target the joint, the distal K-wires and 2.3 mm screws will not either. To further assess the position of the distal 2.3 mm screws relative to the radio-carpal articular surface, place a .054" x 6" K-wire (WS-1406ST) through one of the K-wire holes in the targeting guide closest to the joint and assess its location under fluoroscopy.

Upon satisfactory reduction and anatomic fit, insert the 2.0 mm Drill Guide / Depth Gauge (MS-DG23) into one of the distal screw holes and drill using the 2.0 mm Quick Release Drill (80-0318). Measure screw length by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the drill guide.

Note: Screw insertion into the proximal ulnar 2.3 mm hole should be performed after all other distal 2.3 mm screws are placed. Drilling can be performed through the Acu-Loc 2 VDR Targeting Guide Locking Bolt (80-0682). To measure screw length, remove the locking bolt and use the drill guide and depth probe, or the orange-and-blue-banded 2.3 mm Screw Depth Gauge 6-46 mm (80-1356).
Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

**Distal Screw Options:** The four options of 2.3 mm screws that can be used distally are fully threaded Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), Nontoggling Cortical Screws (silver) (CO-N23XX), and the Frag-Loc® Compression Screw (30-037X). All 2.3 mm screws are inserted using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

**Variable Angle Screw:** 2.3 mm Locking Variable Angle Screws (30-23XX) may be used with the VDR Proximal Plates only. Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 45.

**Styloid Screw Placement:** The radial styloid screws are designed to specifically target and support the radial styloid. Insert the drill guide into either styloid hole located in the dual slot on the radial side of the targeting guide and continue the same screw measurement and placement process for both styloid screws.

**Note:** It is recommended that the entire distal row and the two radial styloid holes be filled with screws.

**Note:** An individual 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or Screw Depth Gauge 6–46 mm (80-1356).
Acu-Loc 2 Volar Distal Radius (VDR) Surgical Technique [continued]

6 Proximal Screw Placement
Insert the threaded 2.8 mm Locking Drill Guide (80-0384 or 80-0668) into the screw hole distal to the slot, drill with the 2.8 mm Quick Release Drill (80-0387), and measure with the Depth Gauge 6–65 mm (80-0623). Insert the proper-length 3.5 mm Locking Hex or Hexalobe Screw (30-023X or COL-30XX). Take care that the screw does not exit the bone dorsally. Using the same process, drill and place the final locking screw.

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes. Depending on the bone quality of the patient and at the surgeon’s discretion, 3.5 mm nonlocking hex or hexalobe screws may be preferred for use in the round locking holes.

An optional 3.5 mm Locking Screw Bone Tap (80-2126) may be necessary if encountering hard cortical bone.

7 Closing and Postoperative Protocol
Perform a thorough radiographic evaluation, checking fragment reduction, alignment, and screw placement. Verify that there is no gap between the bone and the plate in the lateral view and that the distal screws have not penetrated the radiocarpal joint. Close the wound and support the wrist according to bone quality and stability.

Allow for early functional use of the hand and start immediate finger range of motion and forearm rotation postoperatively.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions
To extract an Acu-Loc 2 VDR Plate, use the 2.5 mm Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
Distal Radius Fragment Specific (DRFS) Surgical Technique

William B. Geissler, MD

General Technique

Once a DRFS plate is positioned, an initial 2.3 mm Nontoggling Cortical Screw (CO-N23XX) is placed into the slot on the proximal end of the plate utilizing a 2.0 mm Quick Release Drill (80-0318) and 1.5 mm Hex Driver Tip, Locking Groove (80-0728). Screw length is determined for the plate slot by utilizing the 2.3 mm Screw Depth Gauge 6–46 mm (80-1356). The plate position is evaluated under fluoroscopy.

There are three types of 2.3 mm screws that can be used in any of the threaded screw holes of the DRFS plates (see page 23 under Distal Screw Options). Screw length can be measured by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the locking drill guide, or 2.3 mm screw depth gauge.

Due to the multi-plate approach, screws from one DRFS plate may collide with screws from another DRFS plate. Use the longest screw possible where appropriate.

Note:

1. The 2.3 mm Bone Tap (80-0362) should be used on the proximal holes of the DRFS plates where more cortical bone is present, making screw insertion difficult and increasing the risk of screw breakage. This is especially important in younger patients who may have thicker cortical bone in this region.
2. The 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) from the 2.3 mm screw caddy can be used for all locking holes on the plates EXCEPT for the ulnar-to-radial styloid screw on the dorsal rim buttress plate, which may require screws greater than 32 mm in length (see Dorsal Rim Buttress Plate Placement for drill guide information, page 28).
Radial Styloid Plate Surgical Technique

William B. Geissler, MD

1 Incision and Dissection

The Divergent Radial Styloid Plate (70-0331) may be inserted by one of two approaches. The plate may be placed on the dorsal radial aspect of the radial styloid, utilizing the standard dorsal approach.

Alternatively, the plate may be inserted through an incision between the first and second extensor compartments.

Perform blunt dissection to protect the terminal branches of the dorsal sensory branch of the radial nerve. After the branch is identified and protected, open the interval between the first and second compartments and elevate the tendons.

2 Plate Placement

The plate is designed to sit under the first dorsal compartment tendons.

Note: To find the screw angles more easily, place the 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) in line with the laser band next to the hole (Figure 3).
Volar Lunate Suture Plate Surgical Technique

William B. Geissler, MD

1 Incision and Dissection

The Volar Lunate Suture Plate (70-0334) may be inserted through a standard volar flexor carpi radialis approach. (Refer to Acu-Loc 2 VDR Surgical Technique on page 20.) Alternatively, the volar ulnar corner of the distal radius may be approached through an incision placed between the flexor tendons and the ulnar neurovascular bundle. Make an incision in line with the ring finger starting at the distal volar crease and extending proximally. Dissect down to the level of the fascia that is open in line with the incision. Identify the ulnar neurovascular bundle along the ulnar aspect of the approach and retract ulnarly. Retract the flexor tendons radially to expose the volar ulnar corner.

2 Plate Placement

Align the Volar Lunate Suture Plate with the medial border of the radial shaft. If suture is needed to address small distal fragments, pass a suture through the capsule supporting the small articular fragments and through the distal suture holes in the plate. If necessary, a .054" x 6" K-wire (WS-1406ST) can be used to drill through the bone in order to pass the suture through the articular fragment.
Dorsal Lunate Plate and Dorsal Rim Buttress Plate Surgical Technique

William B. Geissler, MD

1 Incision and Dissection

Make a 6 cm incision in line with the middle finger starting just distal to Lister’s tubercle and extending proximally. Carry down blunt dissection to protect the dorsal sensory branch of the radial nerve. Identify the extensor pollicis longus tendon distal in the wound and release through the third dorsal compartment. The tendon may be retracted radially or ulnarily depending on the fracture pattern.

Then subperiosteally elevate the second and fourth dorsal compartments to expose the dorsum. Ulnarly elevate the fourth dorsal compartment to the border of the distal radial ulnar joint.

Additional dissection is needed proximal to the distal radial ulnar joint (DRUJ) to accommodate the Dorsal Rim Buttress Plate (70-0335 or 70-0336) ulnar-to-radial styloid screw which extends from just proximal to the DRUJ to the radial styloid.

Elevate the second dorsal compartment from the ulnar to radial to the level of the brachioradialis.

2 Dorsal Rim Buttress Plate Placement

If it is determined that the long ulnar-to-radial styloid screw is needed, the 2.0 mm Locking Drill Guide 6 mm—46 mm (80-0592) should be threaded into the plate prior to plate placement on bone. The ulnar-to-radial styloid screw hole is located on the angled plate tab next to the slot on the plate shaft.

Initially position the plate on the dorsal ulnar side of the radius. The buttress portion of the plate should be parallel to the radial inclination.
Dorsal Lunate Plate and Dorsal Rim Buttress Plate Surgical Technique [continued]

3 Minimally Invasive Technique

Alternatively, the Dorsal Lunate Plate (70-0337 or 70-0338) may be inserted through a small incision directly over the fifth compartment. Make an incision in line with the ring finger centered over the distal radius.

The interval between the fourth and fifth dorsal compartment is then elevated to expose the dorsal ulnar corner of the radius.

Note: Keep in mind that the distal holes on the dorsal plates that support the lunate facet are not perpendicular to the plate, but are angled toward the volar ulnar corner of the distal radius.
Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique

William B. Geissler, MD

1 Incision and Dissection

The Volar Distal Ulna Plate (70-004X) was designed for fractures involving the ulnar head, ulnar neck, and fractures of the distal ulna. Usually, these injuries are associated with fractures of the distal radius. Make the incision along the distal ulnar border of the forearm between the flexor carpi ulnaris and extensor carpi ulnaris. Carry down blunt dissection to protect the dorsal sensory branch of the ulnar nerve, which may be seen on the volar distal portion of the incision. Retract the flexor carpi ulnaris radially and dissect the pronator quadratus off the anterior distal surface of the ulna. Identify the fracture site and clear fracture debris, then provisionally reduce.

2 Provisional Fixation and Plate Placement

Place the VDU plate on the volar surface of the distal ulna so that the four distal locking screws will be positioned to go into the ulnar head.

Caution: It is vital that the plate is placed just proximal to the lesser sigmoid notch of the distal radial ulnar joint. In this manner, the plate should not impinge with pronation and supination of the forearm.

Place a .054" x 6" K-wire (WS-1406ST) in the proximal portion of the plate. Place a second K-wire in the distal portion of the plate to provisionally hold the plate to the bone.
Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique

[continued]

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX) in the center of the proximal slot in the plate.

The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally. Using the 2.8 mm Quick Release Drill (80-0387) and 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex. Drill depth is measured with the Depth Gauge 6–65 mm (80-0623). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length.

4 Drill Distal Screw Holes

Place the individual 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) in the most distal ulnar hole in the plate. Drill using the 2.0 mm Quick Release Drill (80-0318), then measure screw length by using the laser mark on the drill or Distal Radius Probe (MS-DRPB) against the scale on the drill guide.

Note: The locking drill guide may also be attached to the selected plate on the back table prior to insertion.
5 Distal Screw Placement

Three types of 2.3 mm screws can be used in any of the four distal holes: Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). All 2.3 mm screws are inserted using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

6 Proximal Screw Placement

Thread the threaded 2.8 mm Locking Drill Guide 6–65 mm (80-0384) or 2.8 mm Hexalobe Locking Drill Guide 6–65 mm (80-0668) in the hole just proximal to the slotted hole in the shaft of the plate. Drill with the 2.8 mm Quick Release Drill (80-0387) and measure with the Depth Gauge 6–65 mm (80-0623). Insert the proper-length 3.5 mm Locking Hex or Hexalobe Screw (30-023X or COL-30XX) using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663), taking care that the screw does not exit the bone dorsally.

Using the same process, drill and place the final locking screw in the remaining locking hole. Remove the proximal K-wire.

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.
Acu-Loc Volar Distal Ulna (VDU) Plate Surgical Technique [continued]

7 Closure and Postoperative Protocol

Following thorough radiographic evaluation, check alignment and rotation, then close. Start immediate finger range of motion and forearm rotation postoperatively. Allow early functional use of the hand for light activities of daily living (ADL). Support the wrist according to bone quality and stability.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions

To extract an Acu-Loc Volar Distal Ulna Plate, use the 2.5 mm Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with the Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
Acu-Loc Dorsal Plate Surgical Technique

William B. Geissler, MD

1. Incision and Dissection

Make the dorsal approach incision in line with Lister’s tubercle and the radial border of the long finger. Carry down blunt dissection to protect the dorsal cutaneous nerve branches. Distally identify the extensor pollicis longus tendon in the wound and released through the third dorsal compartment. Then subperiosteally elevate the second and fourth compartments. Use caution when elevating the second and fourth dorsal compartments as bone fragments may have adhered to their undersurface.

A neurectomy of the posterior interosseous nerve may then be performed at the surgeon’s discretion. Identify the posterior interosseous nerve on the radial aspect of the fourth compartment as it is elevated. A neurectomy is recommended on the proximal aspect of the incision to decrease neuroma pain.

2. Plate Placement and Provisional Fixation

Then anatomically reduce the fracture with traction and volar translation. The Acu-Loc Dorsal Plate (70-005X) can be used as a buttress to help push and volarly reduce the dorsal displaced fracture fragments. The reduction of the fracture and correct plate position are verified under fluoroscopy and the plate is provisionally stabilized with K-wires. Place the proximal shaft of the plate just radial to the most convex position of the radial shaft. The appropriate right or left Acu-Loc 2 Dorsal Targeting Guide (80-015X) may be attached to the appropriate plate using the Acu-Loc Radiolucent Targeting Guide (80-0038) on the back table prior to insertion and then placed on the bone.
Acu-Loc Dorsal Plate Surgical Technique [continued]

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX or CO-31XX) in the center of the proximal slot in the plate. The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally under fluoroscopy. Using the 2.8 mm Quick Release Drill (80-0387) and 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex. Measure drill depth with the Depth Gauge 6–65 mm (80-0623). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length. The screw reduces the plate down to the bone and the length of the screw should be assessed under fluoroscopy following the insertion of the remaining screws. The screw may need to be downsized after the plate has been reduced down to the bone.

4 Drill Distal Screw Holes

To assess the position of the distal screws relative to the articular surface and the dorsum of the radius, a .054" x 6" K-wire (WS-1406ST) may be placed through the distal K-wire holes on the targeting guide and plate. The fracture reduction, plate position, and location of the K-wire relative to the joint are assessed under fluoroscopy. If the distal K-wires do not penetrate the joint, the distal 2.3 mm screws will not, either. Care should be taken not to angle the distal K-wires.

Select one of the four distal screw holes closest to the joint to drill first. Insert the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) into the selected hole, followed by the 2.0 mm Quick Release Drill (80-0318). Measure the depth of the screw using the laser mark on the drill shaft and scale on the drill guide. As an alternative, the Distal Radius Probe (MS-DRPB) may be used by hooking the far cortex and measuring with the laser mark on the probe.
Distal Screw Placement

The three types of 2.3 mm screws that can be used in any of the eight distal holes are Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). Insert all 2.3 mm screws using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

Note: A 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or 2.3 mm Screw Depth Gauge 6–46 mm (80-1356)
Acu-Loc Dorsal Plate Surgical Technique [continued]

6 Proximal Screw Placement
In the second proximal locking hole, thread in the 2.8 mm Locking Drill Guide (80-0384 or 80-0668). Drill using the 2.8 mm Quick Release Drill (80-0387) and measure with the Depth Gauge 6–65 mm (80-0623). Insert the proper-length 3.5 mm Locking Hex or Hexalobe Screw (30-023X or COL-30XX) using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663). Place the final locking screw using the same process.

Note: 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.

7 Closure and Postoperative Protocol
Following thorough radiographic evaluation, the wound is closed in layers. The retinacula of the second and fourth dorsal compartments are repaired. The retinaculum for the third dorsal compartment may be repaired, or the extensor pollicis longus tendon may be left out of its compartment depending on the surgeon’s discretion. Immediate finger range of motion is initiated postoperatively. Forearm rotation and wrist range of motion are progressed at the surgeon’s discretion according to the bone quality, fracture stability, and associated soft-tissue injuries.

Closing and postoperative protocol are at the discretion of the surgeon.

8 Optional: Implant Removal Instructions
To extract an Acu-Loc Dorsal Plate, use the 2.5 mm Hex Driver (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
Acu-Loc® Acu-Loc® 2 Wrist Plating System Surgical Technique

Acu-Loc Extra-Articular (EX) Plate Surgical Technique

William B. Geissler, MD

1 Incision and Dissection

Supinate the patient’s forearm to expose the surgical site. To maximize exposure, place a towel under the wrist, placing it in extension. Make a longitudinal incision approximately 6 cm in length just radial to the flexor carpi radialis (FCR) tendon to protect against potential injury to the palmar cutaneous branch of the median nerve.

Open the tendon sheath and radially retract the tendon to protect the radial artery. Identify the flexor pollicis longus by passive flexion / extension of the thumb interphalangeal joint and retract ulnarly to protect the median nerve. Next identify the pronator quadratus by its transverse fibers and release radial to the ulnar to expose the fracture site.

2 Provisional Fixation and Plate Placement

Reduce the fracture and evaluate under fluoroscopy. The brachioradialis may need to be released from its insertion on the radial styloid to facilitate reduction and visualization.

Make the Acu-Loc EX Standard or Narrow Plate (70-006X) sit along the flat metaphyseal portion of the distal radius. The appropriate targeting guide may be attached to the selected plate using the Acu-Loc Radiolucent Targeting Guide (80-0038). This may be done on the back table prior to insertion. Secure the plate’s position proximally and distally with a .054” x 6” K-wire (WS-1406ST). If the guide is not already attached to the plate, slide the guide over the distal K-wire and into position.
Acu-Loc Extra-Articular (EX) Plate Surgical Technique
[continued]

3 Nonlocking Proximal Screw Placement

Place the first 3.5 mm Nonlocking Hex or Hexalobe Screw (30-02XX) in the center of the proximal slot in the plate.

The position of the plate relative to the articular surface can then be fine-tuned by sliding the plate proximally or distally under fluoroscopy. Using the 2.8 mm Quick Release Drill (80-0387) and the 2.0 mm / 2.8 mm Thin Drill Guide (PL-2118), drill through the far cortex. Measure drill depth with the Depth Gauge 6–65 mm (80-0623). Insert the appropriate 3.5 mm nonlocking hex or hexalobe screw, taking care that the screw is the proper length. The screw reduces the plate down to the bone and the length of the screw should be assessed under fluoroscopy following the insertion of the remaining screws. The screw may need to be downsized after the plate has been reduced down to the bone.

4 Drill Distal Screw Holes

To assess the position of the distal locking screws relative to the articular surface and the dorsum of the radius, a .054" x 6" K-wire (WS-1406ST) may be placed through the distal K-wire holes on the targeting guide and plate. Under fluoroscopy, assess the fracture reduction, the plate position, and the location of the K-wire relative to the joint.

If the distal K-wires do not penetrate the joint, the distal 2.3 mm screws will not either. Insert the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23) into one of the five distal holes, followed by the 2.0 mm Quick Release Drill (80-0318). The depth of the screw is measured using the laser mark on the drill shaft and scale on the drill guide. As an alternative, the Distal Radius Probe (MS-DRPB) may be used by hooking the far cortex and measuring with the laser mark on the probe.

Note: Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 45.
5 Distal Screw Placement

The three types of 2.3 mm screws that can be used in any of the five distal holes are Locking Cortical Screws (gold) (CO-T23XX), Locking Cortical Pegs (bronze) (CO-S23XX), and Nontoggling Cortical Screws (silver) (CO-N23XX). Insert all 2.3 mm screws using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), the 2.3 mm Screw Sleeve, Locking Tab (80-0727), and the silver Cruciform Driver Handle (MS-2210).

Variable Angle Screw: 2.3 mm Locking Variable Angle Screws (30-23XX) may be used with the Acu-Loc EX Plates. Refer to the 2.3 mm Locking Variable Angle Screw Reference Information on page 8 and the Surgical Technique on page 45.

Note: An individual 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) is available in the system as an alternative for drilling the distal holes. Screw length can be read using the Distal Radius Probe (MS-DRPB) or 2.3 mm Screw Depth Gauge, 6–46 mm (80-1356).
Acu-Loc Extra-Articular (EX) Plate Surgical Technique [continued]

6 **Proximal Screw Placement**

Select one of the two remaining proximal holes and insert the threaded 2.8 mm Locking Drill Guide (80-0384 or 80-0668). Drill with the 2.8 mm Quick Release Drill (80-0387) and measure with the depth gauge. Insert the proper-length 3.5 mm locking hex or hexalobe screw using the 2.5 mm Quick Release Hex Driver (HPC-0025) or the T15 Stick Fit Hexalobe Driver (80-0760), the 3.5 mm Screw Driver Sleeve (MS-SS35), and the Medium Ratcheting Driver Handle (80-0663).

Using the same process, drill and place the final locking screw.

**Note:** 3.5 mm locking or nonlocking hex or hexalobe screws can be used in the proximal round locking holes.

**Caution:** Take care to ensure that the screw does not exit the bone dorsally.

7 **Closure and Postoperative Protocol**

Following thorough radiographic evaluation, check alignment and rotation, then close. Start immediate finger range of motion and forearm rotation postoperatively. Allow early functional use of the hand for light activities of daily living (ADL). Support the wrist according to bone quality and stability.

Closing and postoperative protocol are at the discretion of the surgeon.

8 **Optional: Implant Removal Instructions**

To extract an Acu-Loc EX Plate, use the 2.5 mm Hex Driver Tip (HPC-0025) or T15 Stick Fit Hexalobe Driver (80-0760) and Medium Ratcheting Driver Handle (80-0663) to remove all the 3.5 mm screws in the plate. Use the 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210) for the 2.3 mm screws.

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
Drilling Bicortically

With the targeting guide attached, drill bicortically, using the 2.0 mm Quick Release Drill (80-0318) through the 2.0 mm Locking Drill Guide 4 mm–32 mm (80-0249) or the Drill Guide / Depth Gauge for 2.0 mm Drill (MS-DG23).

Measuring to Determine Screw Type

Measure screw length using the Distal Radius Probe (MS-DRPB).

Probe Guidelines:

16–24 mm—acceptable to use with the Frag-Loc Compression Sleeve (30-0370) and the Frag-Loc Compression Screw (30-0371).

20–28 mm—acceptable to use with the Frag-Loc Compression Sleeve (30-0370) and the Frag-Loc Compression Screw, Long (30-0372).

Caution:

› Do not use the Frag-Loc Compression Screw outside of 16–24 mm range.
› Do not use the Frag-Loc Compression Screw, Long outside of 20–28 mm range.

Drilling Unicortically

Drill using the Frag-Loc 2.5 mm Drill (80-0724) and Frag-Loc 2.5 mm Drill Guide (80-0730). The shoulder of the drill must stop against the top of the drill guide.
Frag-Loc® Compression Screw Surgical Technique
[continued]

4  Frag-Loc Sleeve Insertion
Insert the Frag-Loc Compression Sleeve (30-0370) into the plate using the silver Cruciform Driver Handle (MS-2210) with the 1.5 mm Hex Driver Tip, Locking Groove (80-0728).

5  K-wire Insertion
Insert the .035" x 5.75" K-wire (WS-0906ST) through the Frag-Loc Compression Sleeve and dorsal skin.
**Frag-Loc® Compression Screw Surgical Technique [continued]**

### 6 Frag-Loc Wire Insertion

Make a small incision dorsally over the K-wire and use the Heiss Retractor (80-0756) to maintain clearance of soft tissue and tendons.

Drive the Frag-Loc Compression Screw (30-0371) or the Frag-Loc Compression Screw, Long (30-0372) over the .035” x 5.75” K-wire (WS-0906ST) using the Frag-Loc 1.5 mm Cannulated Driver (80-0758).

Tighten the Frag-Loc Compression Screw into the Frag-Loc Compression Sleeve (30-0370) until the desired compression is achieved.

Ensure the Frag-Loc Compression Screw head is fully seated on the bone and that tendons are clear of screw head.

### 7 Final Confirmation

Remove the targeting guide.

Check Frag-Loc thread engagement using the Frag-Loc Depth Gauge (80-0726). The depth gauge ensures that the minimum number of threads are engaged into the Frag-Loc Compression Sleeve (30-0370).

**Note:** A visible laser band on the depth gauge ensures acceptable Frag-Loc thread engagement.

If the depth gauge laser band is not visible, tighten the Frag-Loc Compression Screw one revolution and recheck. Repeat until the laser band is visible.

### 8 Optional: Implant Removal Instructions

To extract the Frag-Loc Compression Screw, use 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210).

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
2.3 mm Locking Variable Angle Screw Surgical Technique

1 Conical Drill Guide Placement

If it is determined that a 2.3 mm Locking Variable Angle Screw (30-23XX) is needed, remove the radiolucent targeting guide from the plate and insert the conical 2.3 mm Variable Angle Drill Guide (80-0762), utilizing the 2.3 mm Variable Angle Drill Guide Driver (80-0763).

Disconnect the drill guide driver once the drill guide is fully engaged into the plate.

Note: The drill guide driver allows for ease of insertion of the conical drill guide. It is not needed to remove the conical drill guide.

The Acumed 2.3 mm Locking Variable Angle Screws (30-23XX) can be used in any distal hole of any of the gold colored Acu-Loc 2 VDR Proximal Plates (70-0XXX) and Acu-Loc EX Plates (70-006X) only.

2 Drilling Distal Screws

Drill using the orange-banded 1.7 mm Quick Coupler Semi-Fluted Drill (80-0868) in the desired trajectory within the conical drill guide. Remove the conical drill guide.
3 Measuring Distal Screws
Determine the screw length with the 2.3 mm Screw Depth Gauge 6–46 mm (80-1356).

4 Distal Screw Insertion
Select and insert the corresponding 2.3 mm Locking Variable Angle Screw (30-23XX) using the 1.5 mm Hex Driver Tip, Locking Groove (80-0728), and the orange Mini-AO Torque Limiting Driver, 10in-lb (80-1008). Insert the screw until the torque limiting driver clicks once, indicating that the optimum insertion torque has been achieved.

Caution: Once the locking variable angle screw is fully inserted, inspect for and clear any debris from the perimeter of the screw head.

Caution: Locking variable angle screws are one-time use only.

Once the screw is engaged into the plate, it cannot be removed and reinserted into its original hole or any other hole of the Acu-Loc 2 VDR Proximal Plate or Acu-Loc EX Plate. If this screw is removed, it must be discarded to prevent reuse. A 2.3 mm Nontoggling Cortical Screw (CO-N23XX) must be used to replace a locking variable angle screw.

Caution: Torque Limiting Driver (TLD) usage information
Use beyond six months may lead to TLD failures that may cause the screw to not seat fully (when inserted within the conical drill guide boundaries) or cause the threads to strip.
2.3 mm Locking Variable Angle Screw Surgical Technique

5 Optional: Implant Removal Instructions

To extract the Variable Angle Screw, use 1.5 mm Hex Driver Tip, Locking Groove (80-0728) with Cruciform Driver Handle (MS-2210).

Referencing the Screw Removal Brochure (SPF10-00) may aid in implant extraction if difficulty is experienced.
### Ordering Information

#### Tray Components

**Instrumentation**

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For information about the Acu-Loc® Wrist Spanning Plate, please contact your local authorized Acumed distributor, call 888.627.9957, or visit acumed.net.
## Tray Components

### Acu-Loc 2 Volar Distal Radius (VDR) Plates

1. Acu-Loc 2 VDR Plate Narrow, Left 70-0358
2. Acu-Loc 2 VDR Plate Narrow Long, Left 70-0370
3. Acu-Loc 2 VDR Plate Standard, Left 70-0356
4. Acu-Loc 2 VDR Plate Standard Long, Left 70-0368
5. Acu-Loc 2 VDR Plate Wide, Left 70-0360
6. Acu-Loc 2 VDR Plate Wide, Right 70-0361
7. Acu-Loc 2 VDR Plate Narrow, Right 70-0359
8. Acu-Loc 2 VDR Plate Standard, Right 70-0357
9. Acu-Loc 2 VDR Plate Narrow Long, Right 70-0371
10. Acu-Loc 2 VDR Plate Standard Long, Right 70-0369

### Variable Angle Plates

11. Acu-Loc 2 VDR Proximal Plate Narrow, Left 70-0352
12. Acu-Loc 2 VDR Proximal Plate Narrow Long, Left 70-0382
13. Acu-Loc 2 VDR Proximal Plate Standard, Left 70-0350
15. Acu-Loc 2 VDR Proximal Plate Wide, Left 70-0354
16. Acu-Loc 2 VDR Proximal Plate Wide, Right 70-0355
17. Acu-Loc 2 VDR Proximal Plate Standard Long, Right 70-0373
18. Acu-Loc 2 VDR Proximal Plate Standard, Right 70-0351
19. Acu-Loc 2 VDR Proximal Plate Narrow Long, Right 70-0383
20. Acu-Loc 2 VDR Proximal Plate Narrow, Right 70-0353
21. Acu-Loc 2 VDR Extension Plate, Neutral 70-0364
22. Acu-Loc 2 VDR Extension Link Screw 30-0100

### Optional Plates

23. Acu-Loc 2 VDR Extension Plate Long, Left 70-0365

### Frag-Loc® Screws

38. Frag-Loc Compression Sleeve 30-0370
39. Frag-Loc Compression Screw, Long 30-0372
40. Frag-Loc Compression Screw 30-0371

### Frag-Loc® Instrumentation

41. Frag-Loc 2.5 mm Drill Guide 80-0730
42. Frag-Loc 1.5 mm Cannulated Driver Assembly 80-0758
43. .035" X 5.75" ST Guide Wire WS-0906ST
44. Frag-Loc 2.5 mm Drill 80-0724
45. Frag-Loc Depth Gauge 80-0726

### Instrumentation

31. Acu-Loc 2 VDR Targeting Guide Narrow, Right 80-0696
32. Acu-Loc 2 VDR Proximal Targeting Guide Narrow, Left 80-0703
34. Acu-Loc 2 VDR Proximal Targeting Guide Wide, Left 80-0705
35. Acu-Loc 2 VDR Proximal Targeting Guide Wide, Right 80-0704
37. Acu-Loc 2 VDR Proximal Targeting Guide Narrow, Right 80-0702

### Frag-Loc® Screws

38. Frag-Loc Compression Sleeve 30-0370
39. Frag-Loc Compression Screw, Long 30-0372
40. Frag-Loc Compression Screw 30-0371
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### 2.3 mm Screws

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These implants are available non-sterile or sterile-packed. Add -S to product number for sterile products. To order, contact your local authorized Acumed distributor.

### Sterile 3.5 mm Screws

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|  |
| Acu-Loc 2 VDR Plate Extension Link Screw | 30-0093 |
References

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