

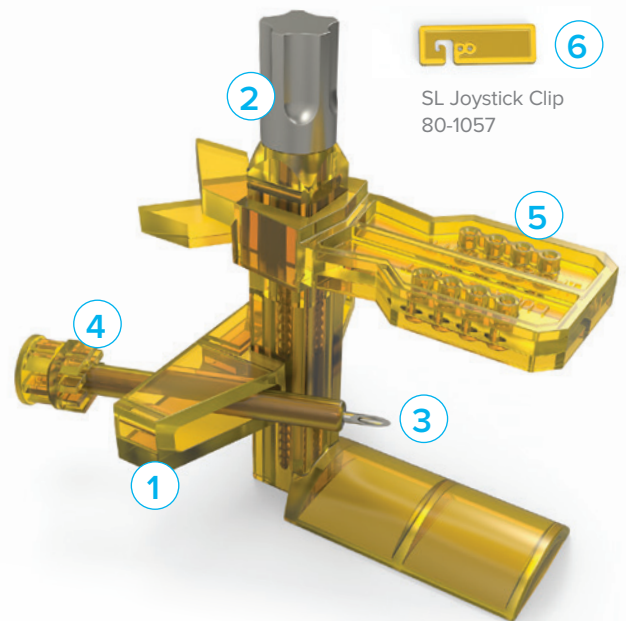
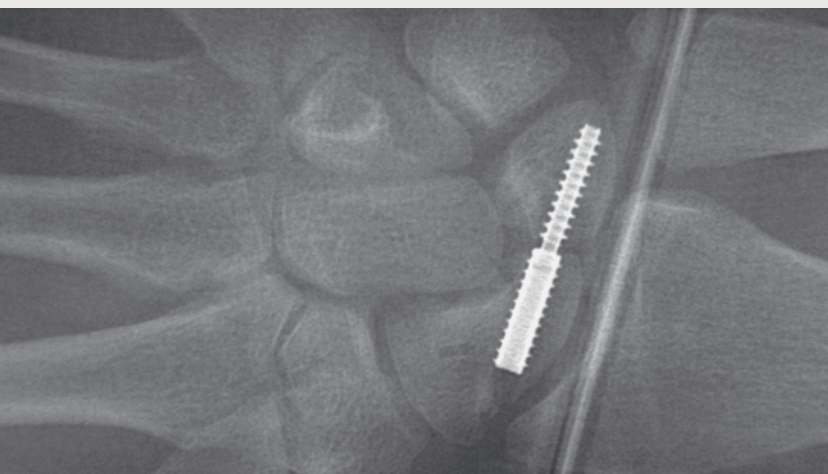
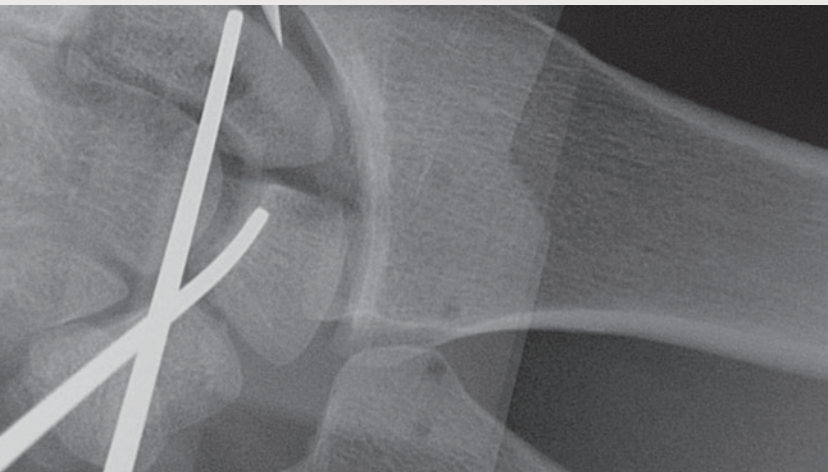




## Current Methods for Scapholunate Instability

Scapholunate Instability remains an unsolved indication in Orthopaedics. Current treatment options range from K-wires, screws, transosseous tendon transfers, thermal shrinkage, and suture anchors. While there are different options with varying success rates, all have a goal of stabilization of the carpals and aiding in preventing further joint degeneration. Until recently, there has not been a system specifically designed to provide a solution for this problem.

The SL Targeting Guide is an alignment device to be used prior to implantation of the SLIC Screw and in correspondence with K-Wire use for anatomical reduction of the scaphoid and lunate carpals, especially if Dorsal Intercalated Segment Instability (DISI) is present. In the lateral view, the SL Targeting Guide targets the central third of scaphoid and lunate for 0.045" guide wire insertion which is used in conjunction with the SLIC Screw.



# Acumed® SL Targeting Guide

The SL Targeting Guide allows for targeting different patient anatomy and preparing the carpals for screw insertion.

## Radiolucent Body

The SL Targeting Guide is mostly radiolucent to not obstruct the visibility of the carpals during fluoroscopy. The only metal components are the Scaphoid Needle and the Elevator Screw, which are both positioned on the radial side of the wrist until the K-wire has been inserted across the SL interval.

## SL Instability Instrumentation

The SL Targeting Guide provides specialized instrumentation designed to anatomically align the scaphoid and lunate carpals and target the scapholunate interval.

- 1 **Targeting Wing**—Designed to hold the Soft Tissue Protector Cannula in place in order for the Scaphoid Needle to target the location of guide wire insertion.
- 2 **Elevator Screw**—Allows adjustment of Targeting Wing to line up with the lateral position of the scaphoid for future 0.045" guide wire insertion
- 3 **Scaphoid Needle**—Aids in preventing the 0.045" guide wire from skiving off the scaphoid during insertion and in both the PA and lateral view shows the projection of the guide wire path.
- 4 **Soft Tissue Protector Cannula**—Designed with a flat side feature to be used with the Targeting Wing to target the scaphoid and lunate for 0.045" guide wire placement. When the correct trajectory is located, it is locked into place by turning it clockwise.
- 5 **Dorsal Plate**—Stabilizes the SL Targeting Guide construct for potential movement during fluoroscopy imaging as well as aid in maintaining placement of the lunate joystick guide wire.
- 6 **Joystick Clip**—Aids in anatomical reduction of the scaphoid and lunate by holding the lunate and scaphoid joystick guide wires in reduced position.

# Acumed® SLIC Screw System

The SLIC Screw is an adjunct to the biological healing of soft tissue repair or reconstructions utilized to treat scapholunate instability. The SLIC Screw is utilized to hold the reduction of the scapholunate (SL) interval while the soft tissue repair heals. The jointed screw allows relative rotation and anatomic toggle between the scaphoid and lunate while holding reduction. Use of this device should be limited to surgeons well versed in the treatment of intercarpal instability. The SLIC Screw is contraindicated in the presence of active or latent infection, sepsis, osteoporosis, insufficient quantity, and/or quality of bone, presence of cartilage degeneration on the bones, absence of potential for soft tissue healing or soft tissue reconstruction spanning the bones, or with patients who are unwilling or unable to follow postoperative care instructions.

To accommodate varying patient anatomy and aiding in soft tissue healing, SLIC Screw is available in multiples sizes with instrumentation specific to each size.

## Multiple Screw Size Options

The SLIC Screw System includes three different length screws: 22 mm, 25 mm and 28 mm. The joint of the screw is designed to sit at the SL interval in order to allow maximum relative rotation between the bones. The scaphoid portion of the screw varies in length while the lunate portion is consistent across all three screws. This allows the back end of the screw to sit just below the articular cartilage of the radial side of the scaphoid to aid in screw removal.

## Specific Instrumentation

The SLIC Screw System provides instrumentation specific to each screw size.

- **Measurement grooves** on the SLIC Screw Stepped Drill corresponds with the measurement of the screw length.
- **Hex drivers** are designed with a step feature to capture both portions of a screw and insert the screw as one piece.
- **Three different size easyouts** are included in the set to aid in removal of the screw after 6-9 months.





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