extremities solutions

SURGICAL TECHNIQUE



CHARLOTTE[™]

Quick Staple

CHARLOTTE™ guick staple

surgical technique

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Proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience. Prior to use of the system, the surgeon should refer to the product package insert for complete warnings, precautions, indications, contraindications and adverse effects. Package inserts are also available by contacting Wright Medical Technology, Inc.

CHARLOTTE™ QUICK STAPLE as described by

Robert Anderson, MD; Bruce Cohen, MD; and W. Hodges Davis, MD

INTRODUCTION

The CHARLOTTE^{**} Quick Staple is a fast, simple implant frequently used for fixation of closing wedge osteotomies in the forefoot. It is particularly useful for Akin and Moberg osteotomies of the 1st proximal phalanx. This low-profile staple has barbed teeth to resist back-out, and the instrumentation allows for quick, accurate placement.

SURGICAL GOALS

- To maintain the closed position of a closing wedge osteotomy.
- To utilize a stable, stiff device with a low, smooth surface profile.
- To utilize a device highly resistant to back-out.

SYSTEM BASICS

- The implant component is manufactured from surgical grade stainless steel for maximum strength and stiffness.
- The CHARLOTTE™ Quick Staple is available in one size- 9mm Leg Length, and 9mm Interaxis Distance between the legs.
- The device is designed for unicortical fixation.
- The instrument set is designed to prepare the holes for the staple legs and insert the staple in two easy steps.

SURGICAL TECHNIQUE - PROXIMAL PHALANX OSTEOTOMY EXPOSURE AND OSTEOTOMY

The Hallux proximal phalanx is exposed through a medial incision.

Using a sagittal saw, a frontal-plane cut is made at the base of the proximal metaphyseal flare of the phalanx. Start the cut on the medial surface of the phalanx and penetrate up to (but not through) the lateral cortex. A second saw cut is started 1-3mm distal to the first cut depending on the amount of correction required, and extended to the same point on the plantar cortex to create a wedge. The wedge is removed. The gap is closed with manual pressure to place the phalanx in the corrected position.





FIGURE 1 |



HOLE PREPARATION

Attach the 1.1mm CHARLOTTE™ Drill (P/N 42112003) to a powered driver with a Jacobs chuck. While holding the osteotomy in the closed position, place the tips of the drill guide (P/N 42112002) on either side of the cut line. Use the drill to penetrate the first cortex of the phalanx through both holes of the drill guide. | FIGURE 1 Maintain the position of the drill guide.

STAPLE PLACEMENT

Use the CHARLOTTE™ Holder/ Impactor (P/N 42112001) to grasp the $\mathrm{CHARLOTTE}^{\scriptscriptstyle{\mathrm{M}}}$ Quick Staple. \mid FIGURE 2 Tighten the thumbscrew on the CHARLOTTE™ Holder/Impactor to secure the staple. | FIGURE 3



FIGURE 2 |



FIGURE 3 |

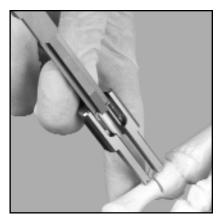


FIGURE 4 |

Using the CHARLOTTE™ Holder/ Impactor, insert the staple through the CHARLOTTE™ Drill Guide and introduce the staple legs into the drilled holes. | FIGURE 4 & 5

STAPLE IMPACTION

If necessary, use the CHARLOTTE" Staple Impactor (P/N 42112004) and a small mallet to drive the staple flush with the underlying bone. Surgical closure is performed in the normal fashion.



FIGURE 5 |





CHARLOTTE™ QUICK STAPLE

PART NUMBER DESCRIPTION

42110001 QUICK STAPLE 9MM INTERAXIS

INSTRUMENTS

| 42112001 | QUICK STAPLE HOLDER/ IMPACTOR |
|----------|-------------------------------|
| 42112002 | QUICK STAPLE DRILL GUIDE ASSY |
| 42112003 | QUICK STAPLE DRILL 1.1MM |
| 42112004 | CTADLE IMPACTOD |

SURGICAL TRAY

42110002 QUICK STAPLE SURGICAL TRAY



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