Ankle Fixation System™

System Brochure
<table>
<thead>
<tr>
<th>Anatomy</th>
<th>Fracture</th>
<th>Implant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fibula</strong></td>
<td>Transverse</td>
<td>Ankle Hook Plate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Semi-Tubular Plate</td>
</tr>
<tr>
<td></td>
<td>Oblique</td>
<td>Sidewinder Plate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Semi-Tubular Plate</td>
</tr>
<tr>
<td></td>
<td>Comminuted</td>
<td>Semi-Tubular Plate</td>
</tr>
<tr>
<td><strong>Tibia</strong></td>
<td>Transverse</td>
<td>Medial Malleolar Sled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ankle Hook Plate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medial Malleolar Pin Plate</td>
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<tr>
<td></td>
<td></td>
<td>4.0mm Cannulated Compression Screw</td>
</tr>
<tr>
<td></td>
<td>Vertical</td>
<td>Ankle Hook Plate</td>
</tr>
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<td>Medial Malleolar Pin Plate</td>
</tr>
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<td>4.0mm Cannulated Compression Screw</td>
</tr>
<tr>
<td><strong>Tibia/Fibula</strong></td>
<td>Syndesmosis Injury</td>
<td>4.0mm Cortical Screw</td>
</tr>
</tbody>
</table>

★ Recommended
**Sidewinder Plate™**

Double antiglide plate with opposing compression tabs eliminate need for lag screws

**Typical uses:**
- Short oblique fibula fractures

**Sizes:**

<table>
<thead>
<tr>
<th>Hole</th>
<th>Lengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Hole</td>
<td>69 mm</td>
</tr>
<tr>
<td>7 Hole</td>
<td>76 mm</td>
</tr>
</tbody>
</table>

Left & Right Plates
Narrow, Medium & Wide tab widths
Locking option available

Compression tab for compression and anti-glide effect

Slotted hole for use with Xpander to distract or compress

Screw holes accommodate:
- Locking/non-locking cortical screws
- Cancellous screws
- Syndesmosis screws
- Bioabsorbable syndesmosis screw

Triple lead locking threads for ease of insertion

Position plate
Insert screws
Crimp tabs
Final fixation
Ankle Hook Plate™
Contoured plate with intramedullary tines for enhanced rotational stability

**Typical uses:**
- Lateral and medial malleolus fractures

**Sizes:**

<table>
<thead>
<tr>
<th>Sizes</th>
<th>Lengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Hole</td>
<td>57 mm</td>
</tr>
<tr>
<td>6 Hole</td>
<td>73 mm</td>
</tr>
<tr>
<td>8 Hole</td>
<td>88 mm</td>
</tr>
<tr>
<td>10 Hole*</td>
<td>118 mm</td>
</tr>
<tr>
<td>12 Hole*</td>
<td>136 mm</td>
</tr>
</tbody>
</table>

*Locking option available  
*Special Order

Screw holes accommodate:
- Locking/non-locking cortical screws
- Cancellous Screws
- Syndesmosis Screws
- Bioabsorbable Syndesmosis Screws

Drill  
Seat hooks  
Compress fracture  
Final fixation
**Medial Malleolar Sled™**
Simple one-piece tension band combines surface and intramedullary fixation

**Typical uses:**
- Medial malleolus fractures
- Fixation of medial malleolar osteotomies

**Lengths (L):**
- MMSLED-35 (30 mm)
- MMSLED-42 (37 mm)
- MMSLED-60 (51 mm) *

*Special Order

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*Drill*  
*Seat Sled*  
*Apply washer*  
*Final fixation*
Medial Malleolar Pin Plate™
Locking pin plate provides buttressing support with intramedullary fixation

Typical uses:
- Transverse and vertical shear fractures of the distal tibia

Sizes:  
3 Hole*  47 mm
4 Hole*  53 mm

* Special Order

Drill  Impact  Compress  Final fixation

Slotted hole for use with Xpander to distract or compress

U-Pin locks into slightly undersized holes on plate

Intramedullary 1.6mm U-wire reduces iatrogenic fractures on small distal fragments
Semi-Tubular Plate
Contoured plate with offset screw holes for greater load support

**Typical uses:**
- Distal / proximal long bone fixation

**Sizes:**

<table>
<thead>
<tr>
<th></th>
<th>Lengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Hole</td>
<td>67 mm</td>
</tr>
<tr>
<td>8 Hole</td>
<td>85 mm</td>
</tr>
<tr>
<td>10 Hole</td>
<td>103 mm</td>
</tr>
<tr>
<td>12 Hole*</td>
<td>150 mm</td>
</tr>
<tr>
<td>15 Hole*</td>
<td>178 mm</td>
</tr>
</tbody>
</table>

*Locking option available
* Special Order

4.0 Cortical Screw
Low-profile, self-tapping screw for enhanced bone purchase

**Typical uses:**
- Syndesmosis fixation
- Posterior malleolar fixation

**Lengths:**

35, 40, 45, 50, 55, 60 mm

4.0 Cannulated Compression Screw
Low-profile, self-drilling, self-tapping screw for fracture fixation

**Typical uses:**
- Distal tibial metaphyseal fractures

**Lengths:**

35, 40, 45, 50, 55, 60 mm
<table>
<thead>
<tr>
<th>Lengths</th>
<th>08-24 mm (2mm increments)</th>
<th>08-24 mm (2mm increments)</th>
<th>10-40 mm (2mm increments)</th>
<th>35-60mm (5mm increments)</th>
<th>35-60mm (5mm increments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drill Bits</td>
<td>2.3 mm</td>
<td>2.3 mm</td>
<td>2.3 mm</td>
<td>3.2 mm (4.0mm overdrill)</td>
<td>3.2CL mm (Cannulated Long)</td>
</tr>
<tr>
<td>Guides</td>
<td>GUIDE-2.30/3.20</td>
<td>GUIDE-LCBS2.3</td>
<td>GUIDE-2.30/3.20</td>
<td>MGUIDE-4.0</td>
<td>MGUIDE-4.0</td>
</tr>
<tr>
<td>Taps</td>
<td>3.2 mm</td>
<td>3.2 mm</td>
<td>n/a</td>
<td>4.0 mm</td>
<td>n/a</td>
</tr>
<tr>
<td>Countersink</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>AFS-CSINK</td>
<td>AFS-CSINK</td>
</tr>
<tr>
<td>Drivers</td>
<td>2.5 mm HEX</td>
<td>2.5 mm HEX</td>
<td>2.5 mm HEX</td>
<td>2.5 mm HEX</td>
<td>2.5 mm HEX CANNULATED</td>
</tr>
<tr>
<td>Washer</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>AFSW</td>
</tr>
</tbody>
</table>

**Note:** The 1.6mm k-wires are used with the CCS4.0-XX.
General Tools

- Plate Bender BNDR
- Modular Handle MODHNDL
- Quick Handle QUICK-HNDL
- Ratchet Handle RATCH-HNDL
- Expander XPANDER
- Impactor SLED-IMPACTR
- Countersink AFS-CSINK
- Peg Guide Extender PEG-XTNDR

Guides

- Drill Guide 2.30/3.20 mm GUIDE-2.30/3.20
- Drill Guide for 3.2 mm Locking Screw GUIDE-LCBS2.3
- Hook Plate Drill Guide HOOK-GUIDE
- Medial Malleolar Sled Guide MMSLED-GUIDE
- Medial Malleolar Sled Washer Guide MMSLEDW-GUIDE
- Medial Malleolar Pin Plate Guide MPP-GUIDE
- Drill Guide for 4.0mm Screw MGUIDE-4.0

Gauges

- Large Depth Gauge GAUGE-L
- Wire Gauge WIRE-GAUGE
Insert hook in hole away from fracture

Squeeze handle; tighten screw

Final fixation
1. Insert hook in hole close to fracture
2. Squeeze handle; tighten screw
3. Final fixation
The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.