

LOCTEC[®]

Distal Tibia & Fibula Plates 3.5 Surgical Technique



Disclaimer

This surgical technique is exclusively intended for medical professionals, especially physicians, and therefore may not be regarded as a source of information for non-medical persons. The description of this surgical technique does not constitute medical advice or medical recommendations nor does it convey any diagnostic or therapeutic information on individual cases. Therefore, the attending physician is fully responsible for providing medical advice to the patient and obtaining the informed consent of the patient which this surgical technique does not supersede.

The description of this surgical technique has been compiled by medical experts and trained staff of aap Implantate AG with utmost diligence and to the best of their knowledge. However, aap Implantate AG excludes any liability for the completeness, accuracy, currentness, and quality of the information as well as for material or immaterial damages arising from the use of this information.

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The system LOQTEQ® Distal Tibia and Fibula Plates 3.5 comprises bone plates and screws for application at the distal tibia or fibula as well as the necessary accessories for insertion. The flexibility of the system allows for safe reduction and stable fixation of various fracture patterns with respect to the indications mentioned in this technical guide. The design features of the implants in combination with standard surgical techniques and proven stability result in reliable constructs to support the bone during the healing process and allow for early mobilization of the patient.

Material

The LOQTEQ® implants and instruments are manufactured using high-quality materials, which have been proven to be successful in medical technology for decades. The anatomical plates and bone screws are made of titanium alloy. All materials employed comply with national and international standards. They are characterized by good biocompatibility, a high degree of safety against allergic reactions and good mechanical properties. LOQTEQ® implants show an excellent, highly polished surface.

Intended Use

LOQTEQ® Distal Tibia Plates 3.5

The plate and screw implants of the LOQTEQ® Distal Tibia Plates 3.5 system are intended for the temporary fixation, correction or stabilization of the distal tibia. The implants are intended for single use in human bone.

LOQTEQ® Distal Fibula Plate 3.5

The plate and screw implants of the LOQTEQ® Distal Fibula Plate 3.5 system are intended for the temporary fixation, correction or stabilization of the distal fibula. The implants are intended for single use in human bone.

Indications/Contraindications

Indications for Use

LOQTEQ® Distal Medial Tibia Plate 3.5

- Fixation of complex intra-articular and extra-articular fractures of the distal tibia
- Osteotomies of the distal tibia

LOQTEQ® Distal Anterolateral Tibia Plate 3.5

- Fractures, osteotomies and non-unions of the distal tibia, particularly in osteopenic bone

LOQTEQ® Distal Fibula Plate 3.5

- Fractures, osteotomies and non-unions of the distal fibula, particularly in osteopenic bone

Absolute Contraindications

- Infection or inflammation (local or systemic)
- Allergies to the implant material
- Acute or chronic osteomyelitis at or close to the surgical field
- Unacceptably high anesthesia risk
- Severe soft tissue swelling compromising normal wound healing
- Insufficient soft tissue coverage
- Fractures in children and adolescents with epiphyseal plates that are not yet ossified

Caution:

aap products are not approved for the spine.

Detailed information on indications, contraindications and a complete list of adverse effects is included in the instructions for use.

Processing (Sterilization & Cleaning)

aap markets unsterilized products which are appropriately labeled and must be appropriately processed before use (see Instructions for Use, chapter "Processing of products").

Never use damaged implants or implants from damaged packaging.

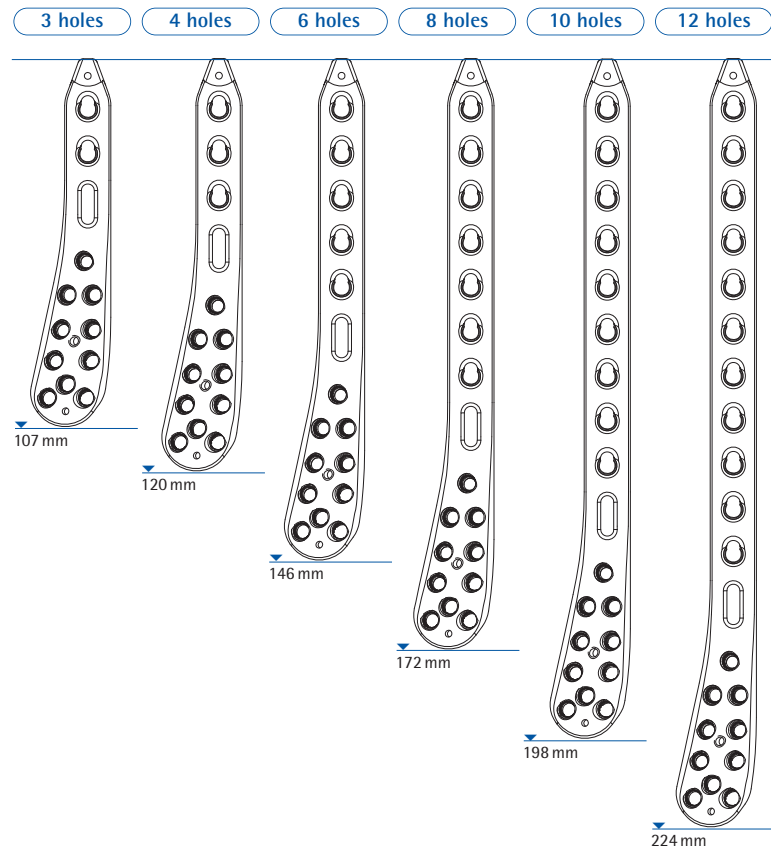
MRI Safety Information

Non-clinical testing has demonstrated that the LOQTEQ® Distal Tibia and Fibula Plates 3.5 system is **MR Conditional**. Further information is included in the Instructions for Use that are enclosed with the products.



Preoperative planning

- Evaluate the fracture situation and select the appropriate plate size and position with an X-ray. Consider the use of independent lag screws, if necessary.
- Preoperatively assess the fracture situation using CT imaging where necessary.



Patient positioning

- Place the patient in the supine position on a radiolucent operating table. For a neutral position, place the leg elevated on a bolster with the knee slightly bent. Visualization under fluoroscopy in both AP and lateral views is necessary.



Approach

- Open or percutaneous, depending on the fracture situation
- Open or percutaneous, depending on the fracture situation. In the case of percutaneous approach: incision for approach to the medial malleolus.



Preparing the plate



INSTRUMENTS

Aiming device LOQTEQ® Distal Medial Tibia Plate 3.5, R
 Aiming device LOQTEQ® Distal Medial Tibia Plate 3.5, L
 Fixing screw aiming device LOQTEQ® SFI T15
 Screwdriver Duo, T15, quick coupling
 Large handle, cannulated, quick coupling

ART.-NO.

IU 8174-01
 IU 8174-02
 IU 8176-03
 IU 7825-56
 IU 7706-00

- Select the plate that fits the fracture pattern and patient's anatomy.
- Position the aiming device on the plate and secure it with the fixing screw to facilitate correct alignment of the drill guides.

◆ NOTE:

The fixing screw is connected to the aiming device in such a way that it is self-retaining. It can be removed for cleaning by applying gentle pressure to the tip of the screw from below.

◆ NOTE:

Anatomically pre-contoured plates minimize the need for intra-operative bending. If necessary, the plates may be contoured.

◆ CAUTION:

Contouring the metaphyseal part of a plate is not permitted when using a targeting device.

◆ CAUTION:

Anatomically preformed plates should not be bent where possible. If plates are adapted to anatomical bone structures, the implants should not be bent back and forth repeatedly and excessively as this may result in implant failure. Damage caused by sharp edges should be avoided when bending. Locking plates should in principle be bent in the area between the holes only. Bending plates along locking holes may impair or even abolish their function completely. If angular stability is compromised by bending, a non-locking screw should be used.

Reduction and primary fixation



INSTRUMENTS

K-wire with trocar point, ø1.6, L 150

ART.-NO.

NK 0016-15

- Reduce and temporarily secure the fracture. Care must be taken when positioning K-wires or independent lag screws to ensure that they do not interfere with the later plate position. Ensure the proper length, axial alignment and rotation of the injured limb.
- Confirm anatomic reduction using fluoroscopy.
- Insert and position the plate on the bone. The plate is fixed to the bone with K-wires.
- Using a cortical screw in the oblong hole for primary fixation allows for corrections in plate positioning.
- Confirm plate position using fluoroscopy.

Insertion of cortical screws (gold)



INSTRUMENTS

Double drill guide	IU 8116-50	IU 8116-60
Twist drill, quick coupling	IU 7425-18	IU 7427-15
Twist drill ø3.5, L 110, coil 50, quick coupling	IU 7435-00	IU 7435-00
Depth gauge for screws ø3.5-4.0	IS 7904-20	IS 7904-20
Screwdriver	IU 7825-00	IU 7825-56
Large handle, cannulated, quick coupling	IU 7706-00	IU 7706-00



◆ NOTE:

If a combination of locking and non-locking screws is used, non-locking screws must be inserted first.

- To insert a cortical screw ø3.5 mm (gold) in the oblong hole, place the double drill guide in the center of the oblong hole and press it down. Drill to the desired depth with an appropriate drill. Determine the length of the screw using the depth gauge and insert a screw of appropriate length using the screwdriver.

◆ NOTE:

Ensure proper alignment of the screwdriver and that the screwdriver tip is fully seated in the screw head.

- This screw can push the plate to the bone, if necessary.
- Check the plate position using fluoroscopy and adjust if required.
- Use this technique for inserting non-locking screws without compression into any other plate hole.
- When using a cortical screw as a lag screw, start with the drill ø3.5 mm for the gliding hole and the appropriate side of the double drill guide. Drill through the near cortex or perforating the fracture line, center the other side of the drill guide in the gliding hole and drill the core hole with an appropriate diameter drill through the far cortex. Determine the screw length using the depth gauge and insert a non-locking cortical screw of the appropriate length.



Insertion of locking screws
(blue)



INSTRUMENTS

- Drill guide for round hole LOQTEQ® 3.5, I-ø 2.8, blue
- Reduction sleeve for K-wire ø1.6
- K-wire with trocar point, ø1.6, L 150
- Twist drill ø2.7, L 150, coil 50, quick coupling
- Twist drill ø2.7, L 150, coil 50, quick coupling, scaled
- Stop ring for depth measurement, SF
- Depth gauge for screws ø3.5 - 4.0, up to L 90

ART.-NO.

- IU 8166-20
- IU 8166-16
- NK 0016-15
- IU 7427-15
- IU 7427-16
- IU 8166-06
- IS 7904-20



◆ **NOTE:**

If a combination of non-locking and locking screws is used, non-locking screws must be inserted first.

- Close to a joint, it is recommended to check the position of the later inserted screws with a K-wire. Insert a drill guide (blue) with reduction sleeve into a distal plate hole for insertion of a K-wire ø1.6 mm and confirm later screw alignment using fluoroscopy. Adjust plate position if required. Remove K-wire and reduction sleeve for drilling.
- Drill to the desired depth using a drill ø2.7 mm (blue/red).

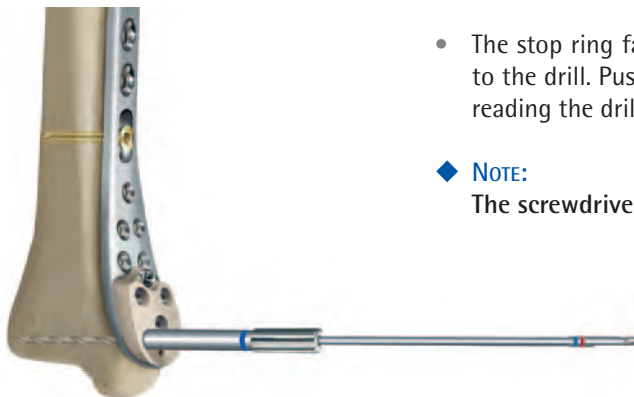
◆ **CAUTION:**

The screwdriver duo is not intended for screwing the drill guide into the plate.

- The screw length can be read off the calibration of the drill or determined using the depth gauge, after the drill guide has been removed.
- The stop ring facilitates reading off the calibration when attached to the drill. Push it down to the drill guide and remove the drill for reading the drilling depth in the gap of the ring.

◆ **NOTE:**

The screwdriver duo facilitates manual removal of the drill guide.



INSTRUMENTS

Screwdriver Duo, T15, quick coupling
 Handle with quick coupling, with torque limiter, 2.0Nm
 Large handle, cannulated, quick coupling

ART.-NO.

IU 7825-56
 IU 7707-20
 IU 7706-00

- Select a locking screw (blue) of the proper length. Loosely insert the screw using the screwdriver T15 manually or under power with a low speed. Stop insertion when the screw head approaches the plate surface.

◆ **NOTE:**

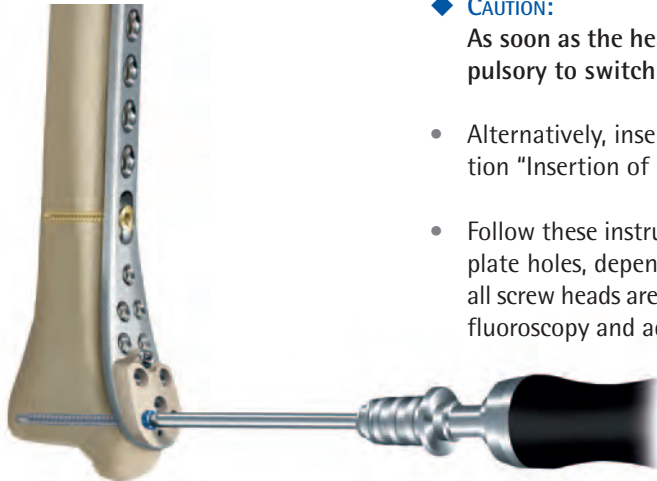
Ensure proper alignment of the screwdriver and that the screwdriver tip is fully seated in the screw head.

- Finish the screw manually using the screwdriver bit T15 with the torque limiting handle 2.0 Nm. Optimal locking should be achieved with an audible and tactile click of the torque limiter.

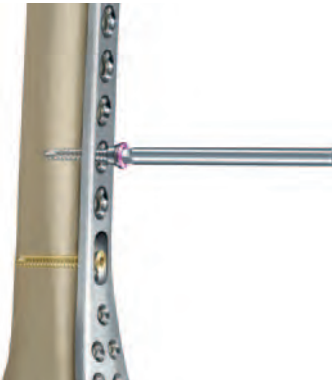
◆ **CAUTION:**

As soon as the head of the screw reaches the plate hole, it is compulsory to switch to the torque limiter.

- Alternatively, insert a non-locking cortical screw $\varnothing 3.5$ mm (see section "Insertion of cortical screws (gold)").
- Follow these instructions to insert further screws in the metaphyseal plate holes, depending on the fracture pattern. Finally, confirm that all screw heads are flush with the plate surface. Check the result using fluoroscopy and adjust screw positioning or length as necessary.



Insertion of locking compression screws (red) without compression



INSTRUMENTS

- Drill guide for gliding hole LOQTEQ® 3.5, I-ø 2.8, red
- Twist drill ø2.7, L 150, coil 50, quick coupling
- Twist drill ø2.7, L 150, coil 50, quick coupling, scaled
- Stop ring for depth measurement, SF
- Depth gauge for screws ø3.5 - 4.0, up to L 90
- Screwdriver Duo, T15, quick coupling
- Handle with quick coupling, with torque limiter, 2.0Nm
- Large handle, cannulated, quick coupling

ART.-NO.

- IU 8166-10
- IU 7427-15
- IU 7427-16
- IU 8166-06
- IS 7904-20
- IU 8166-06
- IU 7825-56
- IU 7707-20
- IU 7706-00

◆ NOTE:

If a combination of non-locking and locking screws is used, non-locking screws must be inserted first.

- Insert a drill guide (red) into any chosen gliding hole and drill to the desired depth using a drill ø2.7 mm (blue/red).

◆ CAUTION:

The screwdriver duo is not intended for screwing the drill guide into the plate.

- The screw length can be read off the calibration of the drill or determined using the depth gauge, after the drill guide has been removed.
- The stop ring facilitates reading off the calibration when attached to the drill. Push it down to the drill guide and remove the drill for reading the drilling depth in the gap of the ring.

◆ NOTE:

The screwdriver duo facilitates manual removal of the drill guide.

- Select a locking screw (red) of the proper length. Loosely insert the screw using the screwdriver T15 manually or under power with a low speed. Stop insertion when the screw head approaches the plate surface.

◆ NOTE:

Ensure proper alignment of the screwdriver and that the screwdriver tip is fully seated in the screw head.

- Finish the screw manually using the screwdriver bit T15 with the torque limiting handle 2.0 Nm. Optimal locking should be achieved with an audible and tactile click of the torque limiter.

◆ CAUTION:

As soon as the head of the screw reaches the plate hole, it is compulsory to switch to the torque limiter. In cases of uncommonly hard bone, it may be necessary to finish the screw without the torque limiter to ensure the screw head is flush with the plate and the screw is locked.

- Alternatively, insert a non-locking cortical screw ø3.5 mm (see section "Insertion of cortical screws (gold)").

Insertion of locking compression screws (red) with compression



INSTRUMENTS

Basic insert for load drill guide LOQTEQ® 3.5
 Load drill guide LOQTEQ® 3.5, compression 1mm
 Load drill guide LOQTEQ® 3.5, compression 2mm
 Twist drill ø2.7, L 150, coil 50, quick coupling
 Twist drill ø2.7, L 150, coil 50, quick coupling, scaled
 Depth gauge for screws ø3.5 - 4.0, up to L 90
 Screwdriver Duo, T15, quick coupling
 Handle with quick coupling, with torque limiter, 2.0Nm
 Large handle, cannulated, quick coupling

ART.-NO.

IU 8166-05
 IU 8166-01
 IU 8166-02
 IU 7427-15
 IU 7427-16
 IS 7904-20
 IU 7825-56
 IU 7707-20
 IU 7706-00

OPTIONAL

Load drill guide LOQTEQ® 3.5, adjustable up to 2mm

IU 8166-03



- LOQTEQ® gliding holes allow for fracture compression with subsequent locking fixation in one step. Load drill guides enable compressing fracture gaps of up to 2 mm.
- Screw the basic insert for load drill guides into a shaft hole near the fracture line or, if necessary, above the fracture line. Choose a load drill guide in accordance with the compression distance (1 mm or 2 mm), slide it on the basic insert and place the drill guide in the next plate hole, away from the fracture gap. Avoid pressure on the drill guide.

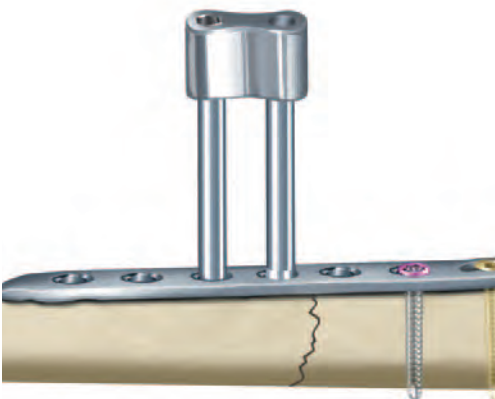
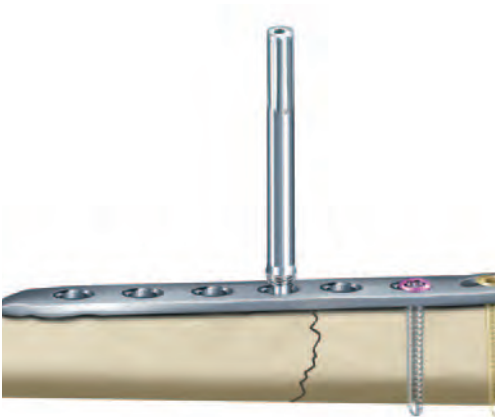
◆ CAUTION:

The screwdriver duo is not intended for screwing the basic insert into the plate.

- If available, use the adjustable load drill guide. The fracture gap serves as orientation in setting the compression distance (max. 2 mm) by turning the wheel of the load drill guide until an appropriate gap opens in the upper part of the instrument.

◆ NOTE:

Care should be taken when selecting the proper compression distance (1 mm or 2 mm). Avoid overcompression to ensure full locking of the screw, especially in hard bone.





- Drill to the desired depth using a drill $\varnothing 2.7$ mm (blue/red) and remove the basic insert. The screw length can be read off the calibration of the drill or determined using the depth gauge, after the drill guide has been removed.

◆ NOTE:

The screwdriver duo facilitates manual removal of the basic insert.

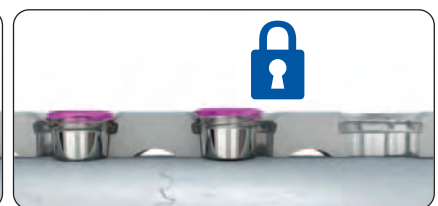
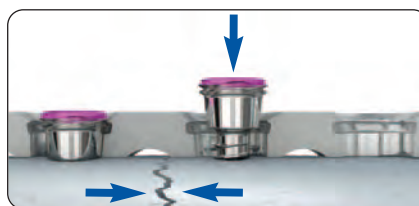
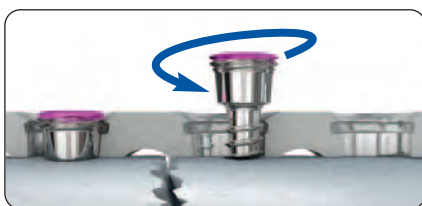
- Select a locking screw (red) of the proper length. Loosely insert the screw using the screwdriver T15 manually or under power with a low speed. Stop insertion when the screw head approaches the plate surface. Finish the screw manually using the screwdriver bit T15 with the torque limiting handle 2.0 Nm. Optimal locking should be achieved with an audible and tactile click of the torque limiter.

◆ CAUTION:

As soon as the head of the screw reaches the plate hole, it is compulsory to switch to the torque limiter. In cases of uncommonly hard bone, it may be necessary to finish the screw without the torque limiter to ensure the screw head is flush with the plate and the screw is locked.

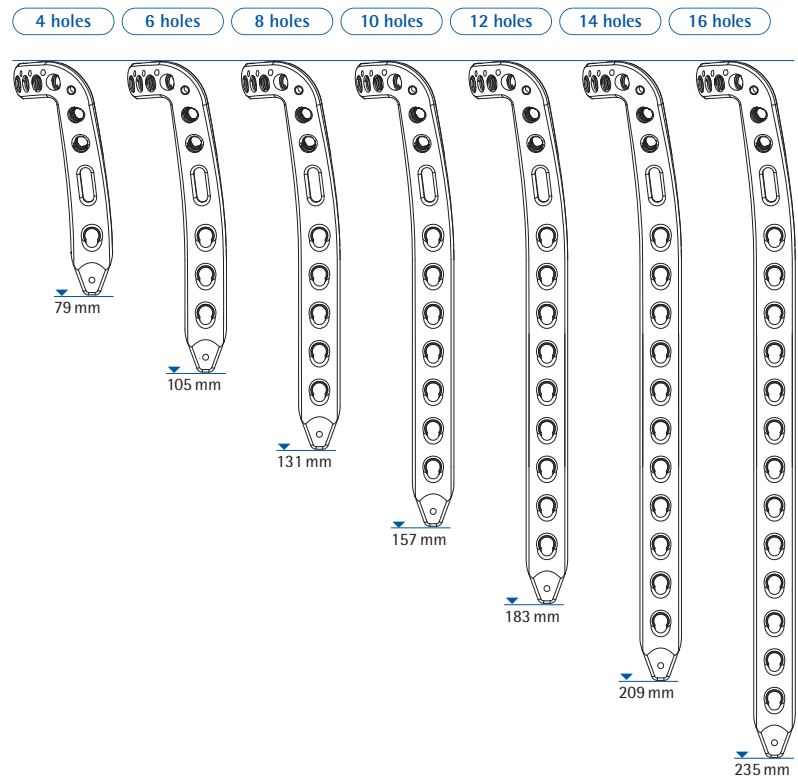


- Alternatively, insert a non-locking cortical screw (gold) as a compression screw by placing the double drill guide without pressure in an off-center position in the plate hole. For insertion of the screw, follow the instructions on page 6.
- Follow these instructions to insert further screws in the plate holes depending on the fracture pattern. Finally, confirm that all screw heads are flush with the plate surface. Check the result using fluoroscopy and adjust screw positioning or length as necessary.



Preoperative planning

- Evaluate the fracture situation and select the appropriate plate size and position with an X-ray. Consider the use of independent lag screws, if necessary.
- Preoperatively assess the fracture situation using CT imaging where necessary.



Patient positioning

- Place the patient in the supine position on a radiolucent operating table. For a neutral position, place the leg elevated on a bolster with the knee slightly bent. Visualization under fluoroscopy in both AP and lateral views is necessary.



Approach

- Perform an anterior incision centrally above the ankle joint and as long as necessary. It should end proximally between the fibula and tibia.

- ◆ **NOTE:**
The superficial peroneal nerve traverses the incision and should be protected for the duration of the operation.



Preparing the plate



INSTRUMENTS

- Aiming device LOQTEQ® Distal Anterolateral Tibia Plate 3.5, R
- Aiming device LOQTEQ® Distal Anterolateral Tibia Plate 3.5, L
- Fixing screw aiming device LOQTEQ® SFI T15
- Screwdriver Duo, T15, quick coupling
- Large handle, cannulated, quick coupling

ART.-NO.

- IU 8186-01
- IU 8186-02
- IU 8176-03
- IU 7825-56
- IU 7706-00

- Select the plate that fits the fracture pattern and patient's anatomy.
- Position the aiming device on the plate and secure it with the fixing screw to facilitate correct alignment of the drill guides.

◆ NOTE:

The fixing screw is connected to the aiming device in such a way that it is self-retaining. It can be removed for cleaning by applying gentle pressure to the tip of the screw from below.

◆ NOTE:

Anatomically pre-contoured plates minimize the need for intra-operative bending. If necessary, the plates may be contoured.

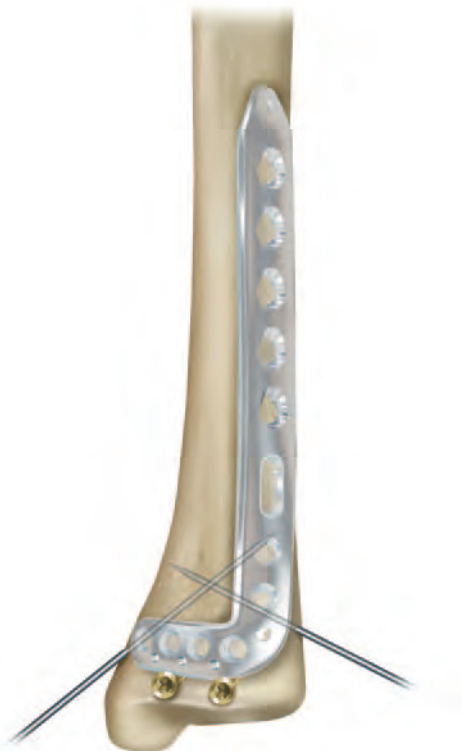
◆ CAUTION:

Contouring the metaphyseal part of a plate is not permitted when using a targeting device.

◆ CAUTION:

Pay attention to the detailed information on bending locking plates on page 5!

Reduction and primary fixation



INSTRUMENTS

- K-wire with trocar point, ø1.6, L 150

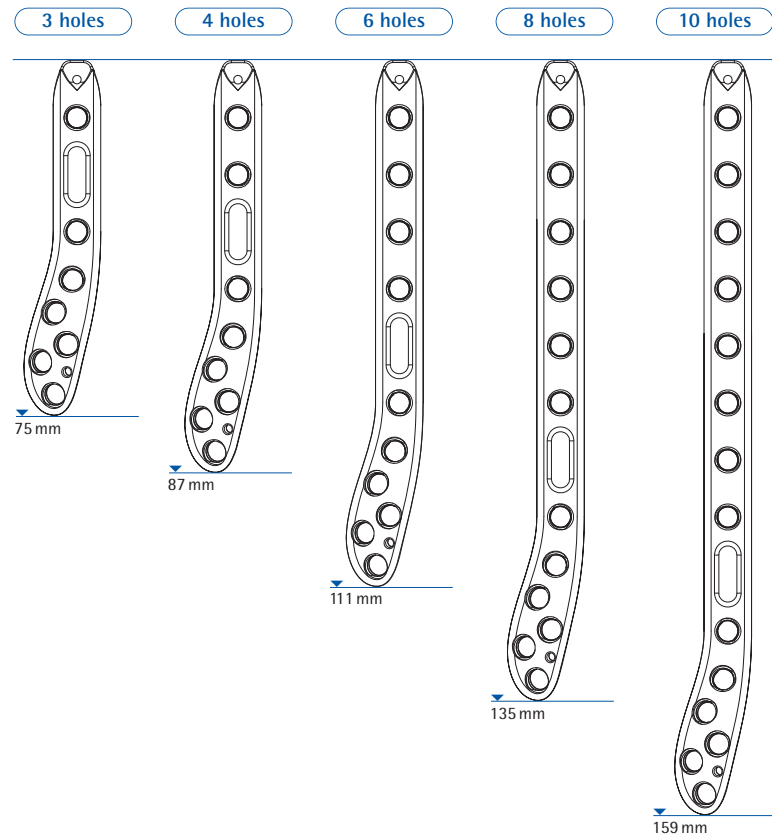
ART.-NO.

- NK 0016-15

- Reduce and temporarily secure the fracture. Care must be taken when positioning K-wires or independent lag screws to ensure that they do not interfere with the later plate position. Ensure the proper length, axial alignment and rotation of the injured limb. Confirm anatomic reduction using fluoroscopy.
- Insert and position the plate on the bone. The plate is fixed to the bone with K-wires. Using a cortical screw in the oblong hole for primary fixation allows for corrections in plate positioning. Confirm plate position using fluoroscopy.
- Secure the plate to the bone by inserting screws. Follow the instructions for screw insertion in the relevant sections for non-locking screws (gold) and locking screws (blue and red).
- Finally, confirm that all screw heads are flush with the plate surface. Check the result using fluoroscopy and adjust screw positioning or length as necessary.

Preoperative planning

- Evaluate the fracture situation and select the appropriate plate size and position with an X-ray. Consider the use of independent lag screws, if necessary.
- Preoperatively assess the fracture situation using CT imaging where necessary.



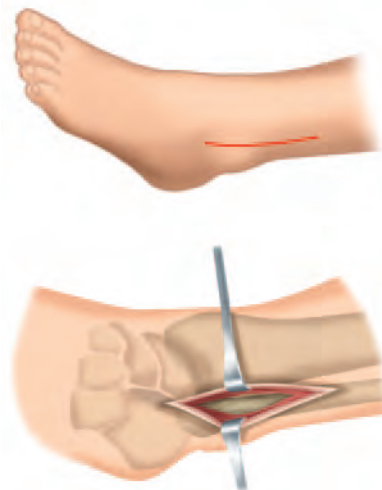
Patient positioning

- Place the patient in the supine position on a radiolucent operating table. For a neutral position, place the leg elevated on a bolster with the knee slightly bent. Visualization under fluoroscopy in both AP and lateral views is necessary.



Approach

- The access is influenced by the type of fracture and its treatment.
 - In case of simple fractures (e.g. Danis-Weber Type A or B), a straight lateral or posterolateral incision is recommended. For supra-syndesmosis fractures, the incision can be proximally extended.
 - When treating complex fractures (e.g. AO 43-C3), the anterolateral access allows for treating both the fibula and the tibia through the same access.



Preparing the plate



INSTRUMENTS

Aiming device LOQTEQ® Distal Fibula Plate 3.5, R
 Aiming device LOQTEQ® Distal Fibula Plate 3.5, L
 Fixing screw aiming device LOQTEQ® Fibula 3.5
 Screwdriver Duo, T15, quick coupling
 Large handle, cannulated, quick coupling
 Drill guide for round hole LOQTEQ® 3.5, blue

ART.-NO.

IU 8191-01
 IU 8191-02
 IU 8191-03
 IU 7825-56
 IU 7706-00
 IU 8166-20

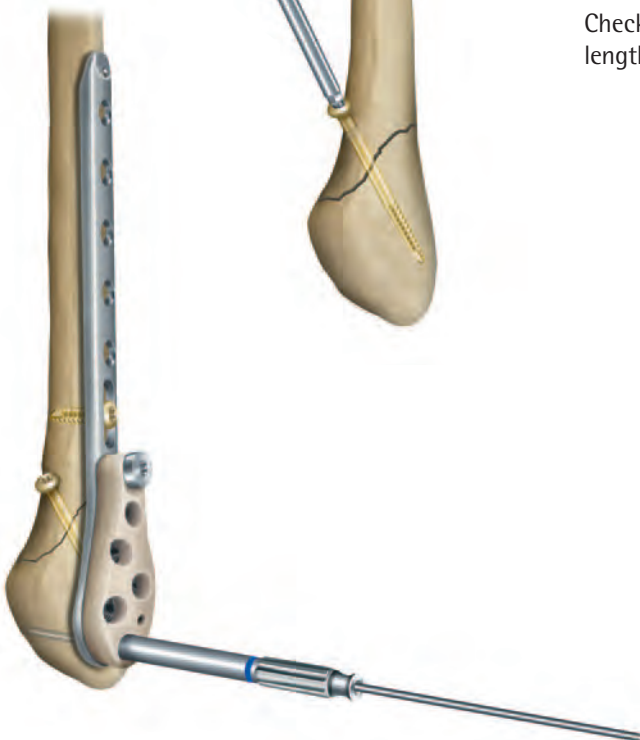
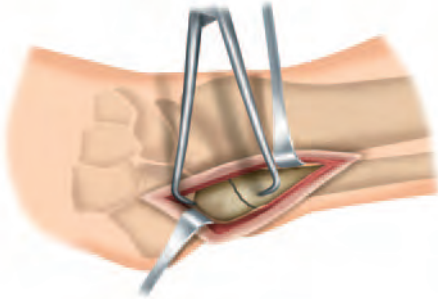
- Select the plate that fits the fracture pattern and patient's anatomy.
- Position the aiming device on the plate and secure it with the fixing screw to facilitate correct alignment of the drill guides. Additional stabilization of the aiming block is achieved by inserting a drill guide (blue) in the most distal plate hole.
- ◆ **CAUTION:**
The screwdriver duo is not intended for screwing the basic insert into the plate.
- ◆ **NOTE:**
The fixing screw is held in the aiming device. For cleaning, the screw is pulled out sideways and pushed in again later.
- ◆ **NOTE:**
Anatomically pre-contoured plates minimize the need for intra-operative bending. If necessary, the plates may be contoured.
- ◆ **CAUTION:**
Contouring the metaphyseal part of a plate is not permitted when using a targeting device.
- ◆ **CAUTION:**
Anatomically preformed plates should not be bent where possible. If plates are adapted to anatomical bone structures, the implants should not be bent back and forth repeatedly and excessively as this may result in implant failure. Damage caused by sharp edges should be avoided when bending. Locking plates should in principle be bent in the area between the holes only. Bending plates along locking holes may impair or even abolish their function completely. If angular stability is compromised by bending, a non-locking screw should be used.

Reduction and primary fixation

INSTRUMENTS

K-wire with trocar point, ø1.6, L 150
Drill guide for round hole LOQTEQ® 3.5, blue
Reduction sleeve for K-wire ø1.6

ART.-NO.
NK 0016-15
IU 8166-20
IU 8166-16



- Reduce and temporarily secure the fracture. Care must be taken when positioning K-wires or independent lag screws to ensure that they do not interfere with the later plate position. Ensure the proper length, axial alignment and rotation of the injured limb.
- Confirm anatomic reduction using fluoroscopy.
- Insert and position the plate on the bone. The plate is fixed to the bone with K-wires.
- Using a cortical screw in the oblong hole for primary fixation allows for corrections in plate positioning.
- Confirm plate position using fluoroscopy.
- Secure the plate to the bone by inserting screws. Follow the instructions for screw insertion in the relevant sections for non-locking screws (gold) and locking screws (blue).
- Finally, confirm that all screw heads are flush with the plate surface. Check the result using fluoroscopy and adjust screw positioning or length as necessary.

INSTRUMENTS

Explantation screwdriver, T15, round handle

ART.-NO.

IU 7811-15

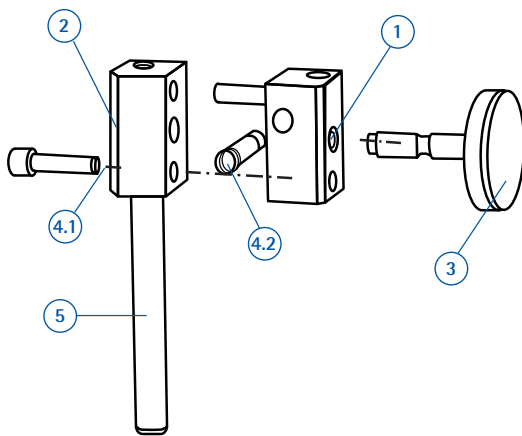


◆ **NOTE:**

The screwdriver T15 (IU 7825-56) in the set are self-retaining and should not be used for screw removal.

- Use the appropriate explantation screwdriver for safe removal of a screw. Explantation screwdrivers are not self-retaining, penetrate further into the screw head and thus permit a higher torque when removing screws. They are not included in the set as standard and must be ordered separately.
- Place an incision on the old scar. Manually undo all screws and sequentially remove them. After manually unlocking all screws, removal may be performed using a power tool.

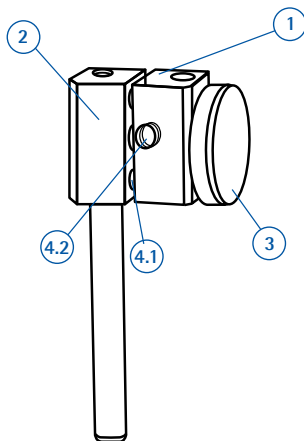
Disassembly



Adjustable load drill guide (IU 8166-03)

- Remove screws (item 4.1 and 4.2) using a hexagonal screwdriver 2.5
- Unscrew the set screw (item 3)
- Pull the compression block apart (items 1 and 2)

Assembly



- Fit together the compression block (items 1 and 2)
- Insert the set screw (item 3) into the compression block, middle hole
- Insert the retaining screws (items 4.1 and 4.2) using a hexagonal screwdriver 2.5





LOQTEQ® Distal Medial Tibia Plate 3.5

HOLES	LENGTH (mm)	LEFT	RIGHT
3	107	PA 3532-03-2	PA 3531-03-2
4	120	PA 3532-04-2	PA 3531-04-2
6	146	PA 3532-06-2	PA 3531-06-2
8	172	PA 3532-08-2	PA 3531-08-2
10	198	PA 3532-10-2	PA 3531-10-2
12	224	PA 3532-12-2	PA 3531-12-2
14	250	PA 3532-14-2	PA 3531-14-2



LOQTEQ® Distal Anterolateral Tibia Plate 3.5

HOLES	LENGTH (mm)	LEFT	RIGHT
4	79	PA 3522-04-2	PA 3521-04-2
6	105	PA 3522-06-2	PA 3521-06-2
8	131	PA 3522-08-2	PA 3521-08-2
10	157	PA 3522-10-2	PA 3521-10-2
12	183	PA 3522-12-2	PA 3521-12-2
14	209	PA 3522-14-2	PA 3521-14-2
16	235	PA 3522-16-2	PA 3521-16-2



LOQTEQ® Distal Fibula Plate 3.5

HOLES	LENGTH (mm)	LEFT	RIGHT
3	75	PA 3562-03-2	PA 3561-03-2
4	87	PA 3562-04-2	PA 3561-04-2
6	111	PA 3562-06-2	PA 3561-06-2
8	135	PA 3562-08-2	PA 3561-08-2
10	159	PA 3562-10-2	PA 3561-10-2

LOQTEQ® Cortical Screw 3.5, T15, self-tapping



L 12	SK 3525-12-2
L 14	SK 3525-14-2
L 16	SK 3525-16-2
L 18	SK 3525-18-2
L 20	SK 3525-20-2
L 22	SK 3525-22-2
L 24	SK 3525-24-2
L 26	SK 3525-26-2
L 28	SK 3525-28-2
L 30	SK 3525-30-2
L 32	SK 3525-32-2
L 34	SK 3525-34-2
L 36	SK 3525-36-2
L 38	SK 3525-38-2
L 40	SK 3525-40-2
L 42	SK 3525-42-2
L 44	SK 3525-44-2
L 45	SK 3525-45-2
L 50	SK 3525-50-2
L 55	SK 3525-55-2
L 60	SK 3525-60-2
L 65	SK 3525-65-2
L 70	SK 3525-70-2

LOQTEQ® Cortical Screw 3.5, small head, T15, self-tapping



L 10	SK 3526-10-2
L 12	SK 3526-12-2
L 14	SK 3526-14-2
L 16	SK 3526-16-2
L 18	SK 3526-18-2
L 20	SK 3526-20-2
L 22	SK 3526-22-2
L 24	SK 3526-24-2
L 26	SK 3526-26-2
L 28	SK 3526-28-2
L 30	SK 3526-30-2
L 32	SK 3526-32-2
L 34	SK 3526-34-2
L 36	SK 3526-36-2
L 38	SK 3526-38-2
L 40	SK 3526-40-2
L 42	SK 3526-42-2
L 45	SK 3526-45-2
L 50	SK 3526-50-2
L 55	SK 3526-55-2
L 60	SK 3526-60-2
L 65	SK 3526-65-2
L 70	SK 3526-70-2
L 75	SK 3526-75-2
L 80	SK 3526-80-2
L 85	SK 3526-85-2
L 90	SK 3526-90-2

Cortical Screw 3.5, T15, self-tapping



L 10	SK 3514-10-2
L 12	SK 3514-12-2
L 14	SK 3514-14-2
L 16	SK 3514-16-2
L 18	SK 3514-18-2
L 20	SK 3514-20-2
L 22	SK 3514-22-2
L 24	SK 3514-24-2
L 26	SK 3514-26-2
L 28	SK 3514-28-2
L 30	SK 3514-30-2
L 32	SK 3514-32-2
L 34	SK 3514-34-2
L 36	SK 3514-36-2
L 38	SK 3514-38-2
L 40	SK 3514-40-2
L 42	SK 3514-42-2
L 45	SK 3514-45-2
L 50	SK 3514-50-2
L 55	SK 3514-55-2
L 60	SK 3514-60-2
L 65	SK 3514-65-2
L 70	SK 3514-70-2
L 75	SK 3514-75-2
L 80	SK 3514-80-2
L 85	SK 3514-85-2
L 90	SK 3514-90-2

Cortical Screw 3.5, self-tapping



L 10	SK 3510-10-2
L 12	SK 3510-12-2
L 14	SK 3510-14-2
L 16	SK 3510-16-2
L 18	SK 3510-18-2
L 20	SK 3510-20-2
L 22	SK 3510-22-2
L 24	SK 3510-24-2
L 26	SK 3510-26-2
L 28	SK 3510-28-2
L 30	SK 3510-30-2
L 32	SK 3510-32-2
L 34	SK 3510-34-2
L 36	SK 3510-36-2
L 38	SK 3510-38-2
L 40	SK 3510-40-2
L 45	SK 3510-45-2
L 50	SK 3510-50-2
L 55	SK 3510-55-2
L 60	SK 3510-60-2
L 65	SK 3510-65-2
L 70	SK 3510-70-2

Cortical Screw 3.5, small head, self-tapping



L 12	SK 3512-12-2
L 14	SK 3512-14-2
L 16	SK 3512-16-2
L 18	SK 3512-18-2
L 20	SK 3512-20-2
L 22	SK 3512-22-2
L 24	SK 3512-24-2
L 26	SK 3512-26-2
L 28	SK 3512-28-2
L 30	SK 3512-30-2
L 32	SK 3512-32-2
L 34	SK 3512-34-2
L 36	SK 3512-36-2
L 38	SK 3512-38-2
L 40	SK 3512-40-2
L 45	SK 3512-45-2
L 50	SK 3512-50-2
L 55	SK 3512-55-2
L 60	SK 3512-60-2
L 65	SK 3512-65-2
L 70	SK 3512-70-2
L 75	SK 3512-75-2
L 80	SK 3512-80-2
L 85	SK 3512-85-2
L 90	SK 3512-90-2

CAUTION:

SK 3510-xx-2 **NOT** for use in round locking holes!

SK 3512-xx-2 **NOT** for use in gliding-locking holes!

Caution:

Current tray contents do no longer include these screws. Use the part numbers on the screw racks for your order or ask your local sales agent.

**Cancellous Screw 4.0,
small head, T15**



L 10	TL 5	SP 4030-10-2
L 12	TL 5	SP 4030-12-2
L 14	TL 5	SP 4030-14-2
L 16	TL 6	SP 4030-16-2
L 18	TL 7	SP 4030-18-2
L 20	TL 8	SP 4030-20-2
L 22	TL 9	SP 4030-22-2
L 24	TL 10	SP 4030-24-2
L 26	TL 12	SP 4030-26-2
L 28	TL 14	SP 4030-28-2
L 30	TL 14	SP 4030-30-2
L 32	TL 14	SP 4030-32-2
L 34	TL 14	SP 4030-34-2
L 36	TL 14	SP 4030-36-2
L 38	TL 14	SP 4030-38-2
L 40	TL 14	SP 4030-40-2
L 42	TL 15	SP 4030-42-2
L 45	TL 15	SP 4030-45-2
L 50	TL 15	SP 4030-50-2
L 55	TL 16	SP 4030-55-2
L 60	TL 16	SP 4030-60-2
L 65	TL 16	SP 4030-65-2
L 70	TL 16	SP 4030-70-2
L 75	TL 16	SP 4030-75-2
L 80	TL 16	SP 4030-80-2
L 85	TL 16	SP 4030-85-2
L 90	TL 16	SP 4030-90-2

**Cancellous Screw 4.0,
kl. Kopf, T15, full thread**

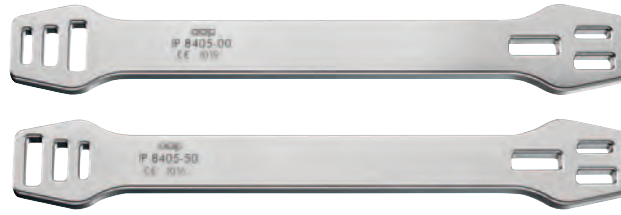


L 10	SP 4035-10-2
L 12	SP 4035-12-2
L 14	SP 4035-14-2
L 16	SP 4035-16-2
L 18	SP 4035-18-2
L 20	SP 4035-20-2
L 22	SP 4035-22-2
L 24	SP 4035-24-2
L 26	SP 4035-26-2
L 28	SP 4035-28-2
L 30	SP 4035-30-2
L 32	SP 4035-32-2
L 34	SP 4035-34-2
L 36	SP 4035-36-2
L 38	SP 4035-38-2
L 40	SP 4035-40-2
L 42	SP 4035-42-2
L 45	SP 4035-45-2
L 50	SP 4035-50-2
L 55	SP 4035-55-2
L 60	SP 4035-60-2
L 65	SP 4035-65-2
L 70	SP 4035-70-2
L 75	SP 4035-75-2
L 80	SP 4035-80-2
L 85	SP 4035-85-2

**Washer
I-ø 4.4 mm, A-ø 8.0 mm, Titanium**



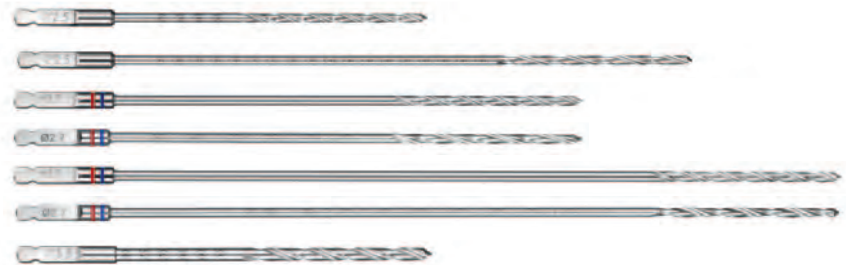
SU 0448-00-2



Bending iron 1 for small fragment plates, closed IP 8405-00
 Bending iron 2 for small fragment plates, closed IP 8405-50



Depth gauge for screws \varnothing 3.5 - 4.0, up to L 90 IS 7904-20



Twist drill \varnothing 2.5, L 110, coil 50, quick coupling IU 7425-00
 Twist drill \varnothing 2.5, L 180, coil 50, quick coupling IU 7425-18
 Twist drill \varnothing 2.7, L 150, coil 50, quick coupling IU 7427-15
 Twist drill \varnothing 2.7, L 150, coil 50, quick coupling, scaled IU 7427-16
 Twist drill \varnothing 2.7, L 220, coil 50, quick coupling IU 7427-22
 Twist drill \varnothing 2.7, L 220, coil 50, quick coupling, scaled IU 7427-23
 Twist drill \varnothing 3.5, L 110, coil 50, quick coupling IU 7435-00



Large handle, cannulated, quick coupling IU 7706-00



Handle with quick coupling, with torque limiter 2.0Nm IU 7707-20



Screwdriver hexagonal, \varnothing 2.5, quick coupling IU 7825-00



Screwdriver Duo, T15, quick coupling

IU 7825-56



Double drill guide ø2.7/3.5, with spring aided centering
Double drill guide ø2.5/3.5, with spring aided centering

IU 8116-60 ✱
IU 8116-50 ●



Load drill guide LOQTEQ® 3.5, compression 1mm
Load drill guide LOQTEQ® 3.5, compression 2mm
Load drill guide LOQTEQ® 3.5, adjustable up to 2mm
Basic insert for load drill guide LOQTEQ® 3.5

IU 8166-01
IU 8166-02
IU 8166-03
IU 8166-05



Stop ring for depth measurement, SF

IU 8166-06



Drill guide for gliding hole LOQTEQ® 3.5, l-ø 2.8, red

IU 8166-10



Reduction sleeve for K-wire ø1.6

IU 8166-16



Drill guide for round hole LOQTEQ® 3.5, l-ø 2.8, blue

IU 8166-20



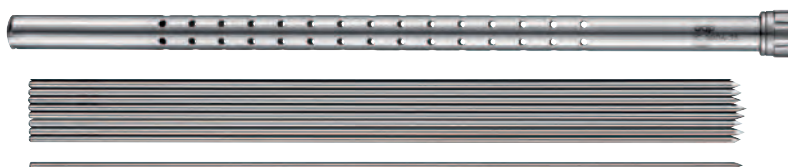
Aiming device LOQTEQ® Distal Medial Tibia Plate 3.5, R	IU 8174-01
Aiming device LOQTEQ® Distal Medial Tibia Plate 3.5, L	IU 8174-02
Fixing screw aiming device LOQTEQ® SFI T15	IU 8176-03



Aiming device LOQTEQ® Distal Anterolateral Tibia Plate 3.5, R	IU 8188-01
Aiming device LOQTEQ® Distal Anterolateral Tibia Plate 3.5, L	IU 8188-02
Fixing screw aiming device LOQTEQ® SFI T15	IU 8176-03



Aiming device LOQTEQ® Distal Fibula Plate 3.5, R	IU 8191-01
Aiming device LOQTEQ® Distal Fibula Plate 3.5, L	IU 8191-02
Fixing screw aiming device LOQTEQ® Fibula 3.5	IU 8191-03

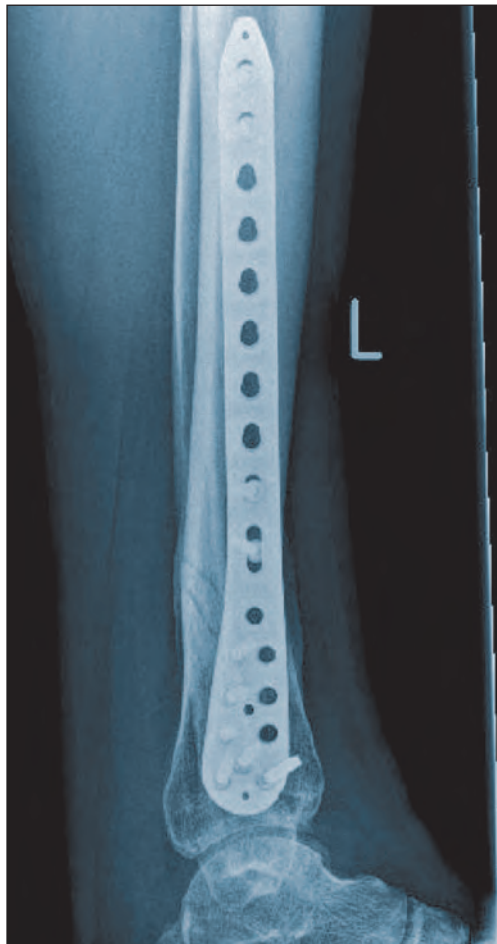


Caddy for K-wire L 150	IC 0006-15
K-wire with trocar point, ø1.6, L 150	NK 0016-15

Preoperative



Postoperative

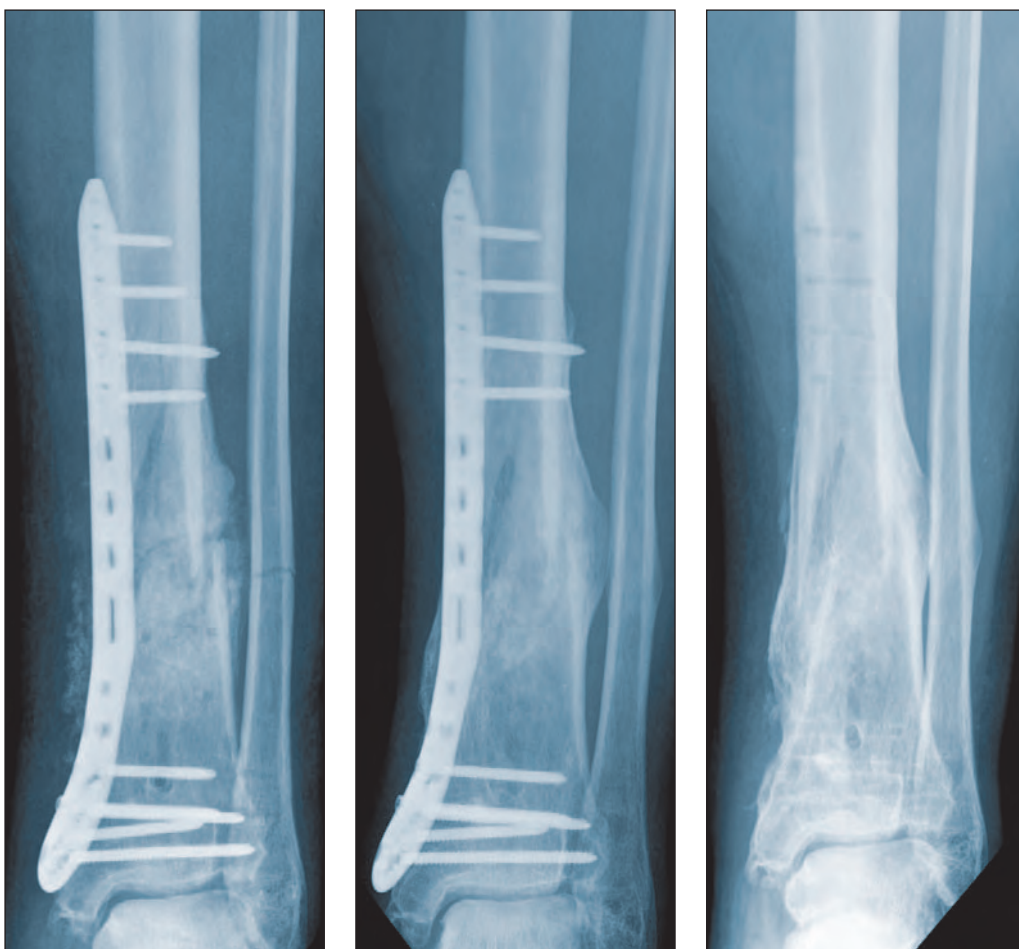


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Preoperative



Postoperative



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