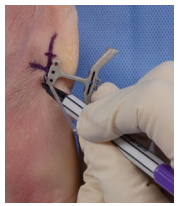
Tailorplasty™ Key Steps Guide

TREACE
A Step Ahead.™

1. Incision Placement

Insert a 1.4mm K-wire under AP fluoroscopy into the lateral aspect of the 5th metatarsal at the metadiaphyseal junction such that the implant will sit proximal to the eminence. Ensure on lateral fluoroscopy that the wire is centrally located in the metatarsal.



Mark the longitudinal incision by engaging the proximal groove of the Cut Guide to the K-wire and designating proximal and distal endpoints. Perform the longitudinal incision and utilize an elevator to elevate the soft tissue.







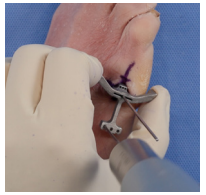
2. Cut Guide Placement



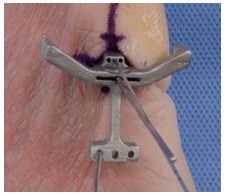
Slide the Cut Guide over the K-wire and rotate to align with the long axis of the metatarsal.

After confirming position, pin the proximal dorsal hole of the Cut Guide with a 1.4mm K-wire and use the 0.9mm K-wire to pin the distal hole option that is located closest to the center of the metatarsal on lateral imaging. In the event dorsal translation is desired, select a more plantar distal hole option.



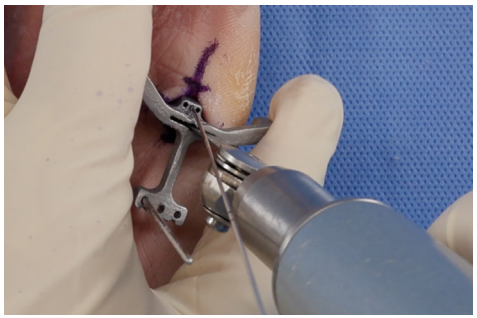






3. Guided Osteotomy

Remove the K-wire from the Cut Guide slot and perform a transverse osteotomy with the sagittal saw. After completion of the osteotomy, remove the proximal K-wire and slide the Cut Guide over the 0.9mm K-wire. Ensure the 0.9mm K-wire remains securely placed as this will guide the position of the capital fragment throughout the procedure.



4. Broaching and Sizing

Attach the small broach to an AO driver handle and insert the broach into the medullary canal until it bottoms out on the lateral stop. Assess the size of the medullary canal and projected implant placement, proceeding to the medium and large broach sizes if necessary and reference for implant size selection.





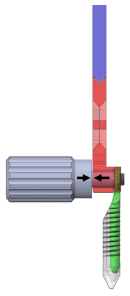


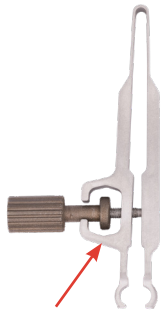
Caution: Avoid excessive force or impaction when inserting the broach and implant into the intramedullary canal.

5. Implant Loading

With the Inserter in the free, unclamped state, ensure the knob flange is centered in the oval window to facilitate implant attachment. Load the implant by aligning both arrows on the Inserter and Loading Rod to face each other and tighten the knob on the Inserter to hold the plate securely. Remove the Loading Rod from the Inserter.

Note: The implant is reversible. If a smaller shift is desired, unthread the Loading Rod and thread it onto the other side of the implant locking hole prior to attaching to Inserter.









Caution: TMC intramedullary implants are not designed to be cut or bent.

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6. Implant Insertion

Slide the slot of the implant over the 0.9mm K-wire and insert the implant straight down into the intramedullary canal.

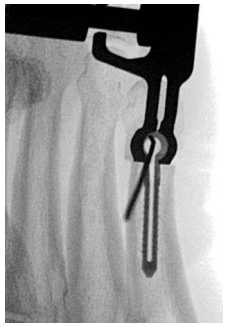
The Inserter will sit flush on the lateral cortex, signifying the implant is fully inserted in the correct position. Confirm position of the implant and capital fragment on AP and lateral fluoroscopy.











7. Head Stabilization

Insert the threaded anti-rotation pin through the Inserter into the capital fragment (and if necessary pull laterally to abut capital fragment against distal portion of implant). Confirm position of the implant and capital fragment on AP and lateral fluoroscopy.

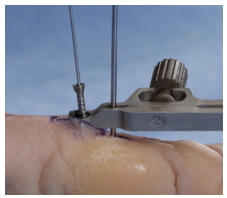


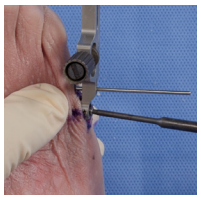




8. Fixation

Place the cannulated locking screw over the 0.9mm K-wire and lock in the plate using the cannulated driver. Confirm the screw is fully seated under fluoroscopy.





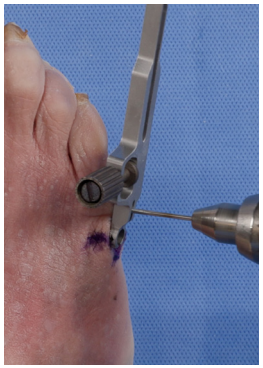


Caution: Use care to not cross threads while inserting the screw head into the plate.

Caution: Use care to not overtighten once the screw head locks into the plate, as this can result in stripping of the screw head or deforming the driver tip.

9. Inserter Removal

Remove all pins and K-wires and loosen the Inserter to detach from the implant and remove from the incision. Perform final fluoroscopy checks.









See surgical technique (LBL 1405-9001) & instructions for use (LBL 1405-9005 & LBL 1405-9010) on www.treace.com for complete indications, contraindications, warnings, and precautions.

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