

ArcPhix™

Surgical Technique Guide



The ArcPhix™ Implant

Bending Towards an Anatomic Repair

INDICATIONS FOR USE

The ArcPhix™ compression screw is indicated for use in the surgical fixation of small bones, bone fragments and osteotomies. The devices are not indicated for soft tissue fixation.

The sterile, single use system includes a stainless steel implant with all necessary instrumentation to perform the case.

DESIGN RATIONALE

Late stage arthritis in phalangeal joints presents a variety of challenges for physicians. Although current treatment methods provide suitable outcomes, there is likelihood of producing a straight distal interphalangeal joint fusion. These outcomes are not optimal.

Research has shown that when a patient's distal interphalangeal joint is fused in a functional position, finger dexterity and grip strength improve over that of a patient with a straight, strength fusion.¹ Physicians can achieve angled fusions by using K-wire fixation, however the immobilization protocol can lead to several complications and varied results. While the utilization of compression screws provides reliable, strong repairs, it does not offer the additional benefit of functional flexion.

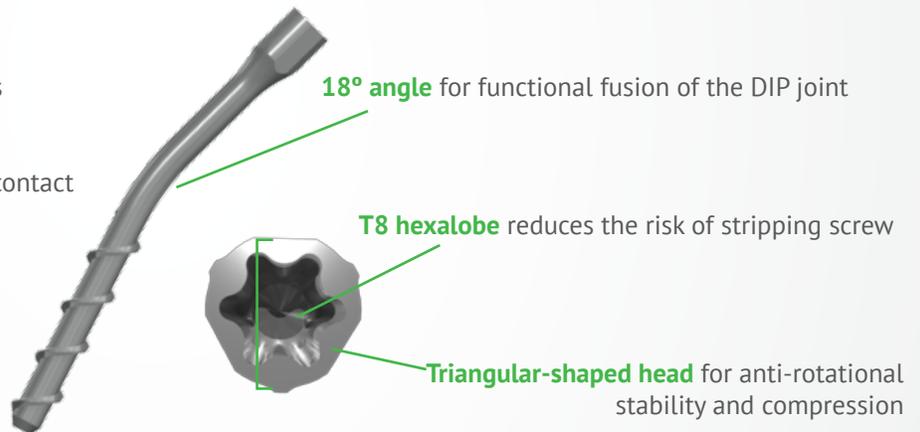
To address this unmet need, ExsoMed introduces an innovative angled screw for strong, functional angle phalangeal fusions: ArcPhix.

28mm length to fit hand distal interphalangeal joints

Small screw diameter for maximum bone-on-bone contact

Self-tapping screws for easy insertion

Stainless steel biocompatible material



18° angle for functional fusion of the DIP joint

T8 hexalobe reduces the risk of stripping screw

Triangular-shaped head for anti-rotational stability and compression

Functional Fusion

- Angled screw allows for fusion of the distal interphalangeal joint in a functional position

Stable Fixation

- Secure compression across the joint creates stability during bone fusion

Less Traumatic

- Percutaneous insertion method minimizes surrounding tissue damage upon installation and avoids screw prominence on fingertip

Early, Active Mobilization

- Designed to facilitate early, active mobilization post operative protocols for accelerated healing and earlier return to work

SURGICAL TECHNIQUE

1 INSERT GUIDE WIRE

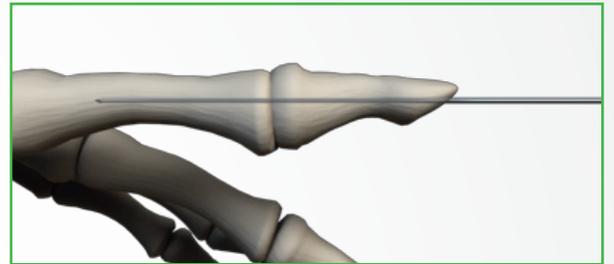
Prepare the joint.

Note: Prepare the bones in a manner that allows for good apposition at the desired fusion angle. For ArcPhix™, this is typically about 15°.

Insert the guide wire into the distal phalanx.

Note: Confirm the distal and middle phalanges are aligned straight during this step.

Advance guide wire through the distal and middle phalanx.



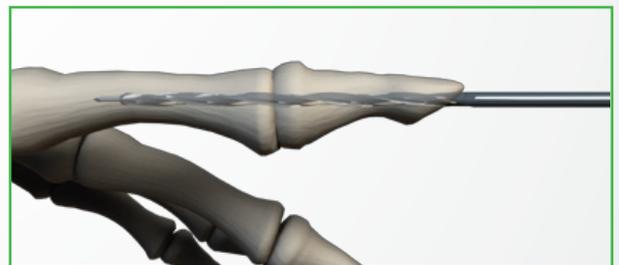
Guide Wire

2 DRILL

Drill by passing the cannulated drill over the guide wire to the required depth. The drill hole should be at least 16mm into the middle phalanx.

Do not drill past the proximal cortex of the middle phalanx.

Remove drill and guide wire.



Cannulated Drill

SURGICAL TECHNIQUE

3 INSERT SCREW AND CONFIRM PLACEMENT

Place the tip of the screw into the pilot hole.

Advance the screw until the apex of the bend is “clocked down” across the distal interphalangeal joint with the convex side of the screw facing dorsally.

Note: While inserting the screw prior to the bend, the driver will rotate in a cone fashion when entering the distal phalanx. After the bend enters the distal phalanx, the distal and middle phalanges will go through flexion and extension movements, this is normal.

Confirm proper placement radiographically.



ArcPhix Angled Implant



T-8 Driver



Introducing DIP Joint Fusion with **Functional Flexion™**

ORDERING INFORMATION

The ArcPhix™ System Disposable Kit

EXARC903028

3.0mm x 28mm Implant

Accessories Included in Kit

- 1 ArcPhix Implant
- 2 Guide Wires, Single Trocar, 0.035" x 6"
- 1 Cannulated Drill, 2.0mm
- 1 Driver, T-8





References

1. Eitan Melamed, MD, Daniel B. Polatsch, MD, Steven Beldner, MD, Charles P. Melone, Jr, MD Scientific Article. Simulated Distal Interphalangeal Joint Fusion of the Index and Middle Fingers in 0 degree and 20 degrees of Flexion: A Comparison of Grip Strength and Dexterity. J Hand Surg Am. 2014;39(10): 1986-1991.
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