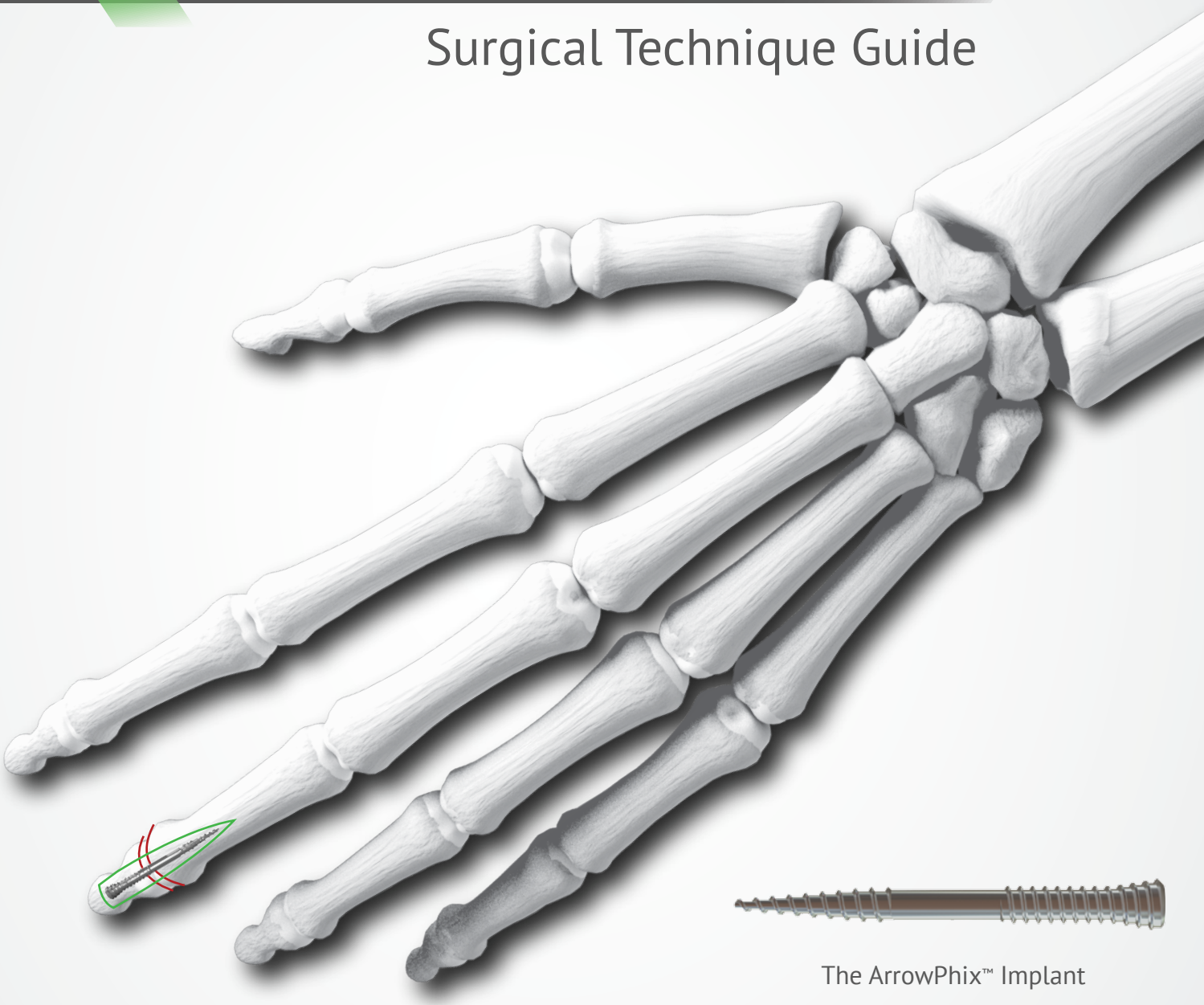
ArrowPhix™

Surgical Technique Guide



The ArrowPhix™ Implant

Targeted Technology for Anatomic Fusion

ExsoMed™

Minimally Invasive Extremity Solutions

www.exsomed.com

INDICATIONS FOR USE

The ArrowPhix™ 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 arrow-shaped screw for functional variable angle phalangeal fusions: ArrowPhix.

Small diameter for small joint arthrodesis with maximum bone-on-bone contact

Tapered design facilitates both a functional fusion angle and compression across the joint

Self-tapping screws for easy insertion

Stainless steel biocompatible material

T7 hexalobe reduces the risk of stripping screw

Functional Fusion

- Arrow shaped screw allows for variable angle fusion of the distal interphalangeal joint in a functional position

Stable Fixation

- Secure compression across a joint or fracture 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

Guide Wire

1 INSERT GUIDE WIRE TO CREATE PILOT HOLE

Prepare the joint.

Note: *Prepare the bones in a manner that allows for good apposition at the desired fusion angle.*

Insert guide wire into the distal phalanx up to the distal interphalangeal joint.

Manipulate the distal and middle phalanx to the desired flexion at the distal interphalangeal joint.

OR Tip: *Flexion angle is determined by operating physician depending on patient needs. Angles between 0° and 25° of flexion can be achieved.*

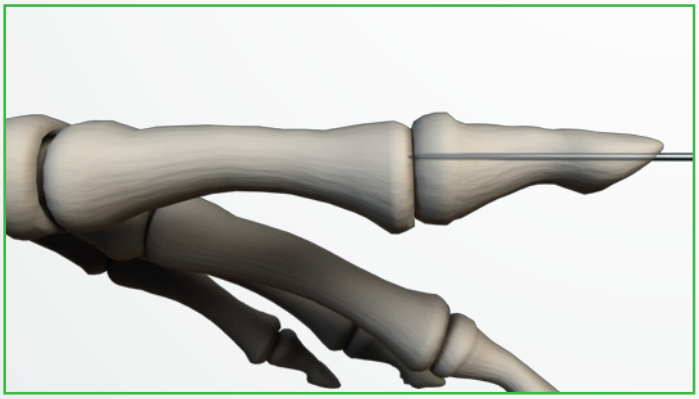
Advance the guide wire into the distal third of the middle phalanx.

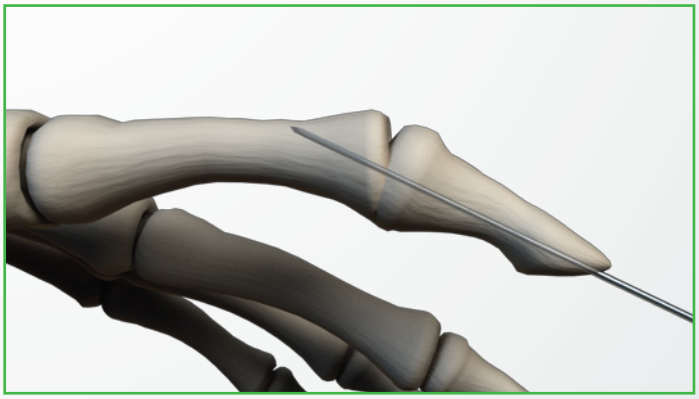
Note: *Do not pierce the dorsal cortex of the middle phalanx.*

Confirm the guide wire lies along the appropriate axis of both phalanges in the A/P and lateral planes.

Make an incision at the entry site of the guide wire for screw insertion.

Remove guide wire and maintain flexion angle.





SURGICAL TECHNIQUE

2 INSERT SCREW AND CONFIRM PLACEMENT

While maintaining flexion angle position, place the tip of the screw into the pilot hole created by the guide wire.

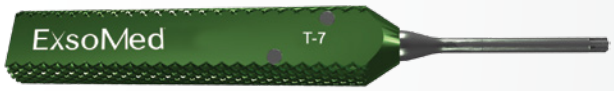
Advance the screw down the distal phalanx and into the middle phalanx.

Note: *Do not pierce the dorsal cortex of the middle phalanx.*

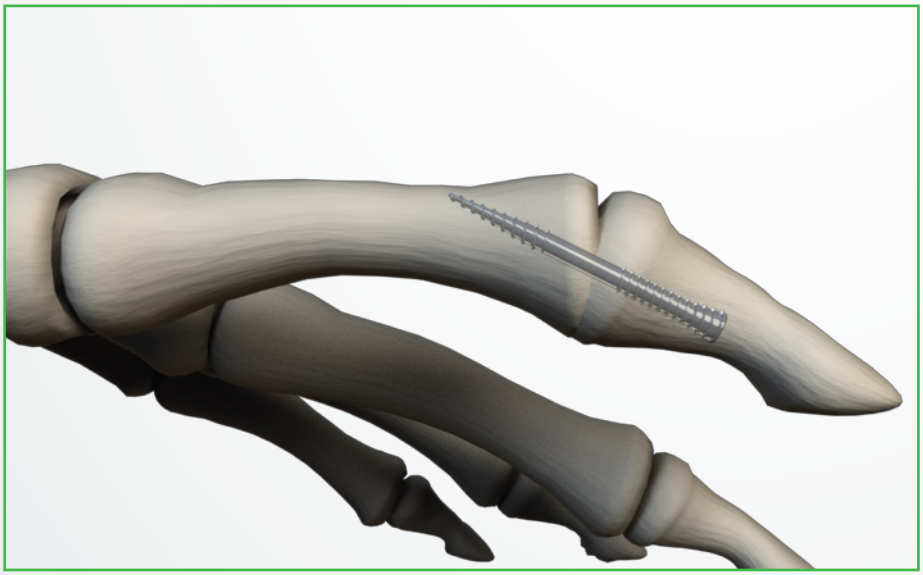
Confirm proper placement radiographically.

OR Tip: *Ensure the screw is inserted so the non-threaded portion spans the fusion site.*

ArrowPhix Implant



T-7 Driver



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

ORDERING INFORMATION

The ArrowPhix™ System Disposable Kit

EXARR902526 2.5mm x 26mm Implant

Accessories Included in Kit

1 ArrowPhix Implant, 2.5mm x 26mm

1 Guide Wire, Single Trocar, 0.045” x 6”

1 Guide Wire, Single Trocar, 0.062” x 6”

1 Driver, T-7

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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Check product specific instructions for use. For complete product information, including indications, contraindications, warnings, precautions, and potential adverse effects, see the package insert and ExsoMed's website.

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