# INnate™ Frequently Asked Questions

## GENERAL PRODUCT QUESTIONS

**How many lengths of INnate are offered?**
Seven lengths offered: 35, 40, 45, 50, 55, 65, & 75mm.

**Are multiple diameters available?**
No. One diameter is currently offered: 4.0 / 4.5mm. The screw is a dual diameter screw with a 4.0mm portion distally and a 4.5mm portion proximally. It has been designed to fill the bone canal while being able to pass through the narrowest portion of the isthmus.

**What items are provided with the INnate system?**
INnate Implant – sterile packed separately by length
1 implant per sterile implant kit
The INnate System disposable instrument kit:
(2) 0.045" Guide Wires
(1) 3.4mm Cannulated Drill Bit
(1) T10 Hexalobe Cannulated Driver
Non-sterile sizing guide (optional)
Must be sterilized prior to case

**Is the INnate System provided sterile?**
The implant & instrument kits are sterile. The sizing guide must be sterilized. No trays are required.

**Does the INnate provide compression?**
No. The implant was intentionally designed to have no compression to act as an intramedullary nail instead of a screw. This avoids over-compression (or shortening) of comminuted fractures.

**What is the INnate Elevator Pitch?**
INnate is a minimally invasive intramedullary threaded nail for reliable fixation of metacarpal fractures of all varieties.

**Is the INnate implant conical?**
No, INnate is not a conical (cone-shaped) screw. It is a 2-diameter, straight nail with no tapering. The threaded nail does not have reverse cutting flutes.

**What is the material of INnate?**
316L stainless steel.

## PROCEDURE QUESTIONS

**What happens to the articular surface of the metacarpal at the MCP joint?**
INnate is implanted through the dorsal third of the metacarpal head which is only used if the finger is in hyperextension (-15°--30° from neutral). This is considered the "non-working" part of the joint. The functional range of motion is from 19°-71° degrees of flexion at the MCP joint, and the dorsal third entry point does not usually contact the countersunk hole.

**When is the sizing tool used?**
Depending on fracture pattern, consider reducing and stabilizing the fracture with the guide wire prior to sizing (for more complex fractures).

**How far is the guide wire inserted?**
To avoid the guide wire backing out post-drilling, insert the guide wire into the base of the metacarpal.

**How far should the surgeon drill the pilot hole?**
It is recommended to drill at least 5mm past the fracture site, or to the desired depth of the implant.

**Is fluoroscopy needed?**
Yes. Fluoroscopy is highly recommended to ensure appropriate placement of the INnate implant.

**Is the INnate implant cannulated?**
Yes.

**How far should the INnate implant be inserted?**
Confirm the head of the implant is 2-3mm below the surface of the bone.

**Does the INnate need to be explanted?**
No, the implant is designed to be permanently inserted into the bone. If removal is necessary, standard techniques can be used to back the screw out.

**If it does, how does the surgeon explant?**
To remove INnate, the guide wire can be re-inserted into the implant. The implant can then be backed out with the T-10 cannulated driver. Due to its fully threaded design, the implant should thread out with relative ease compared to a partially threaded screw which needs to cut its way through the bone.

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