ACTIVMOTION

LATERAL OPENING WEDGE DISTAL FEMORAL OSTEOTOMY



● Indication: The implants of the Activmotion range are intended for knee osteotomy in adults.

Contra-indications:

- Serious vascular deterioration, bone devitalization.
- Pregnancy
- · Acute or chronic local or systemic infections.
- · Lack of musculo-cutaneous cover, severe vascular deficiency affecting the concerned area.
- Insufficient bone quality preventing a good fixation of the implants into the bone.
- · Muscular deficit, neurological deficiency or behavioral disorders, which could submit the implant to abnormal mechanical strains.
- Allergy to one of the materials used or sensitivity to foreign bodies.
- · Serious problems of non-compliance, mental or neurological disorders, failure to follow post-operative care recommendations.
- Unstable physical and/or mental condition.

TECHNICAL FEATURES

- Anatomic asymmetrical implant (green anodized for right plate and blue anodized for left plate),
- 2 offset screw holes above the osteotomy site improving the mechanical features of the assembly and preventing loss of angular correction (a),
- ♦ 8 locking screws (Oneclip®),
- 1 polyaxial locking screw (DTS®) allowing to avoid the intercondylar notch, if necessary (b),
 - Possible angulation of the screw before locking (25° locking range) thanks to the DTS® system.



REFERENCES

| ACTIVMOTION INSTRUMENTS | | |
|-------------------------|---|-----|
| Ref. | Description | Qty |
| ANC019 | Metallic wedge for knee osteotomy - 6 mm high | 1 |
| ANC020 | Metallic wedge for knee osteotomy - 8 mm high | 1 |
| ANC021 | Metallic wedge for knee osteotomy - 10 mm high | 1 |
| ANC022 | Metallic wedge for knee osteotomy - 12 mm high | 1 |
| ANC023 | Metallic wedge for knee osteotomy - 14 mm high | 1 |
| ANC024 | Handle for metallic wedge and cutting guide | 2 |
| ANC025 | Metallic wedge for knee osteotomy - 16 mm high | 1 |
| ANC047 | Spacer handling tool | 1 |
| ANC119-SK | 3.0 mm quick coupling hexagonal non prehensor screwdriver | 2 |
| ANC120-US | Ø4.2 mm countersink with US quick coupling system | 1 |
| ANC210 | Length gauge for Ø4.5 mm screws | 1 |
| ANC211 | Ø4.0 mm quick coupling drill bit | 2 |
| ANC212 | Ø4.0 mm DTS Trauma drill guide | 2 |
| ANC235 | HTO Meary pliers | 1 |
| ANC240 | Pliers for bending ACTIV plates | 2 |
| ANC312 | 3.0 mm quick coupling hexagonal screwdriver | 1 |
| ANC352 | Ø6 mm US quick coupling handle | 2 |
| 33.0222.150 | Pin Ø2.2 L150 mm | 3 |

| LATERAL OPENING WEDGE DFO PLATE | | |
|---------------------------------|--|--|
| Ref. | Description | |
| JATDL1-ST | Lateral opening wedge DFO plate - Right - Size 1 - STERILE | |
| JATGL1-ST | Lateral opening wedge DFO plate - Left - Size 1 - STERILE | |

Ref. Description DTS® self-tapping screw - Ø4.5 mm - STERILE From L30 mm to L90 mm (5 mm increments)

REMOVAL SET

If you have to remove ACTIVMOTION implants, make sure to order the **Newclip Technics removal set** which includes the following instruments:

- ANC119-SK: 3.0 mm quick coupling hexagonal non prehensor screwdriver,
- ANC312: 3.0 mm quick coupling hexagonal screwdriver, ANC352: Ø6 mm US quick coupling handle.



SURGICAL TECHNIQUE



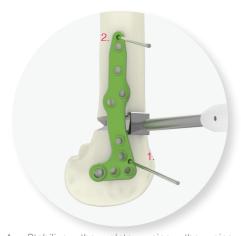
1. Perform the osteotomy using an oscillating saw: the cut starts 30 mm from the insertion of the lateral collateral ligament and ends at around 10 mm from lateral cortex.



2. Insert wedges of increasing size until reaching the appropriate correction while maintaining the lateral surface of the femur. Once the appropriate wedge has been inserted, the angular correction is maintained during osteosynthesis.



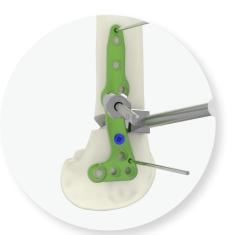
3. Position the plate onto the lateral surface of the distal femur. The polyaxial hole must be positioned at the level of the insertion of the lateral collateral ligament.



4. Stabilize the plate using the pins (33.0222.150). Insert the first pin (33.0222.150) on the distal part (1). Then insert the second pin (33.0222.150) on the proximal part (2) so that the plate is placed alongside the femoral diaphysis.



5. Lock the first \emptyset 4.0 drill guide (ANC212) in the hole under the osteotomy cut, then start drilling using the \emptyset 4.0 mm drill bit (ANC211). To ease the insertion of the \emptyset 4.5 mm screws (ST4.5Lxx), use the countersink (ANC120-US) to widen the first cortex previously drilled. Then, insert the \emptyset 4.5 mm screw (ST4.5Lxx) using the screwdriver (ANC119-SK).



6. Proceed similarly for the insertion of a Ø4.5 mm screw (ST4.5Lxx) into the hole situated above the osteotomy cut. Then remove the 2 pins (33.0222.150).



7. Lock the Ø4.0 mm drill guide (ANC212) in the polyaxial hole. Adjust the drilling direction in order to avoid the intercondylar notch. Start drilling using the Ø4.0 mm drill bit (ANC211). To ease the insertion of the Ø4.5 mm screw (ST4.5Lxx), use the countersink (ANC120-US) to widen the first cortex previously drilled. Then, insert the Ø4.5 mm screw (ST4.5Lxx) using the screwdriver (ANC119-SK).



8. Repeat previous steps to insert the remaining Ø4.5 mm screws (ST4.5Lxx).

The construct is complete when the metallic wedge is removed.



If necessary, fusion cages (TBSxx) and wedges (FCPxx) are available.

Brochure EN - Activmotion ostéotomie fémorale - Ed1 - 10/2016 - Medical device cla ss IIb - CE 0120 SGS UK - Read labeling and instructions before use