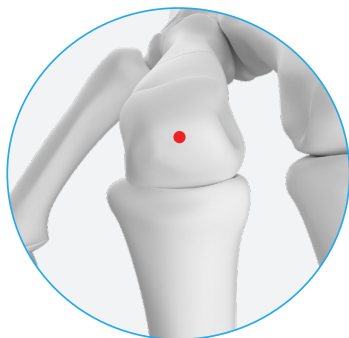
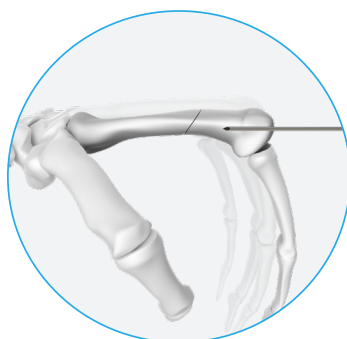


## SURGICAL TECHNIQUE FOR METACARPAL FRACTURES



### 1. IDENTIFY APPROACH

With the metacarpophalangeal joint in flexion, identify the dorsal third of the metacarpal head for insertion of the K-wire.



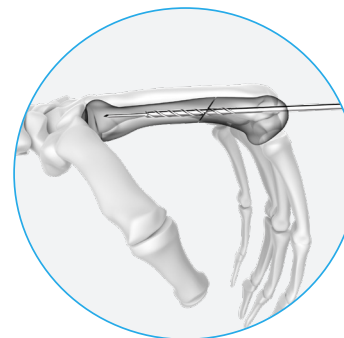
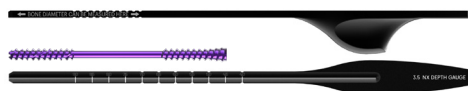
### 2. REDUCE THE FRACTURE

Using distraction and indirect pressure, reduce the shaft of the metacarpal.



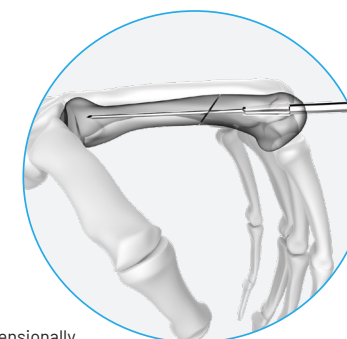
### 4. SELECT THE IMPLANT

Use the FO depth gauge to confirm the diameter and length of the implant.



### 5a. PREPARE THE METACARPAL

Once temporary fixation has been achieved, drill your insertion tunnel.



### 5b. PROXIMAL OVERDRILLING

Overdrill the distal metacarpal with either the standard\* or extended\*\* Metaphyseal Hand Drills to prepare the bone for the head of the implant.

\***Standard**: identified by epoxy band matching the anodisation of the nail, dimensionally matches internal diameter of nail head, will decrease hoop stress without altering pull out performance.

\*\***Extended**: identified by red epoxy band, has an extended taper coloured by laser marking, on full insertion this decreases bone engagement by up to 20% and should only be used with brittle bone.



### 6. NAIL INSERTION

Insert the implant over the K-wire. During insertion, pay attention to the bone while seating the head of the nail.

If you experience high resistance or are concerned with hoop stresses propagating a fracture, stop immediately and choose a nail slightly longer from the set of the next smallest diameter.

