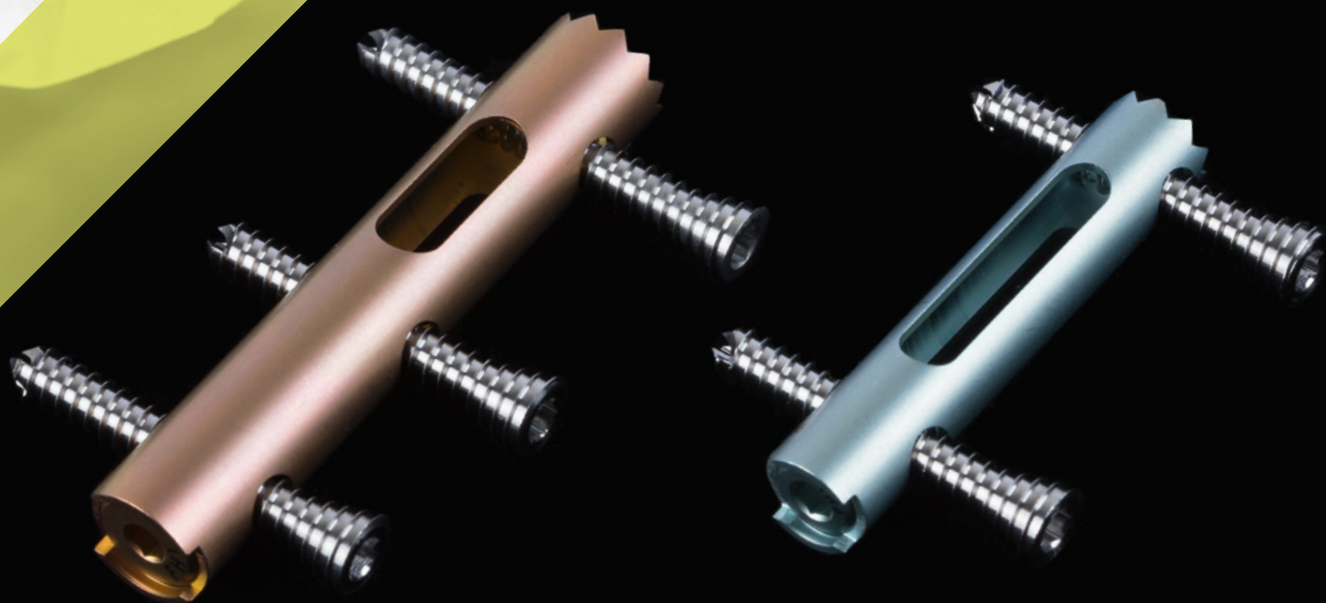


FOOT

HINDFOOT SURGERY

CALCANail

NAIL FOR FRACTURE
AND SUBTALAR ARTHRODESIS



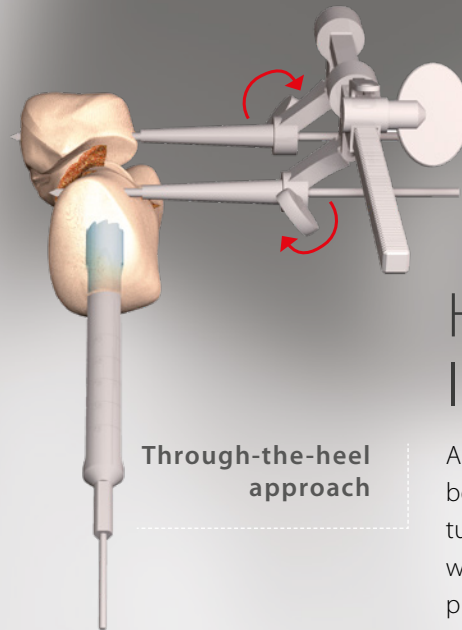
CALCANail

Indications

- Displaced intra-articular fractures of the calcaneus;
- Subtalar arthrodesis following intra-articular fracture of the calcaneus (subtalar osteoarthritis and malunion);
- Degeneration of the subtalar joint.

Contraindications

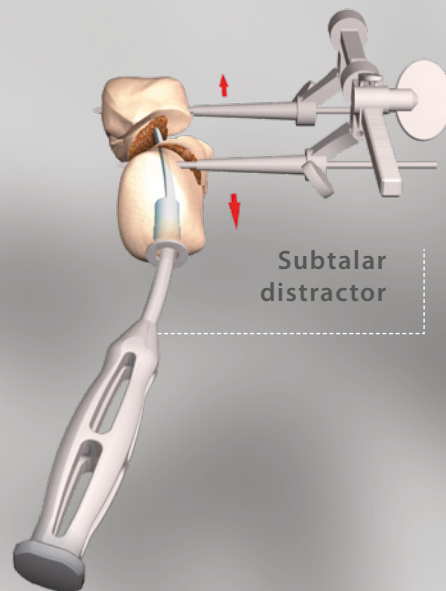
- Infection or latent infection: diagnosed in patients showing one or more of the following symptoms: fever, local inflammation;
- Unexplained high erythrocyte sedimentation rate;
- High white blood cell count or changes observed in tests carried out to monitor the patient;
- Any mental or neuromuscular condition that might create an unacceptable risk of instability, fixation failure, or complications after surgery;
- Bone tissue weakened by illness or infection and unable to provide sufficient support for fixation;
- Obesity that might put stress on the implant and compromise either fixation of the device or the device itself;
- Known allergy to any of the components of the device mentioned on the product label;
- Metabolic disease that might compromise bone consolidation;
- Drug addiction.



Through-the-heel approach

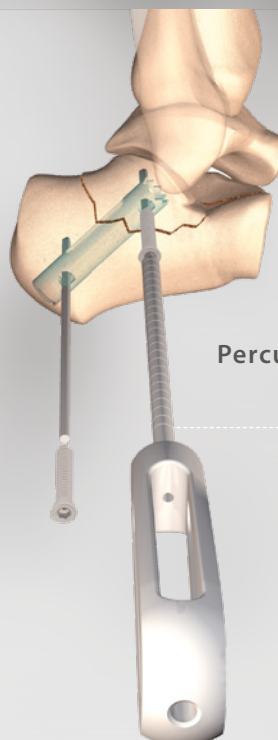
HOW DOES IT WORK?

A through-the-heel approach should be used, using a hollow reamer to tunnel into the calcaneus. When used with a subtalar distractor, this method provides direct intrafocal access to the articular fragments.



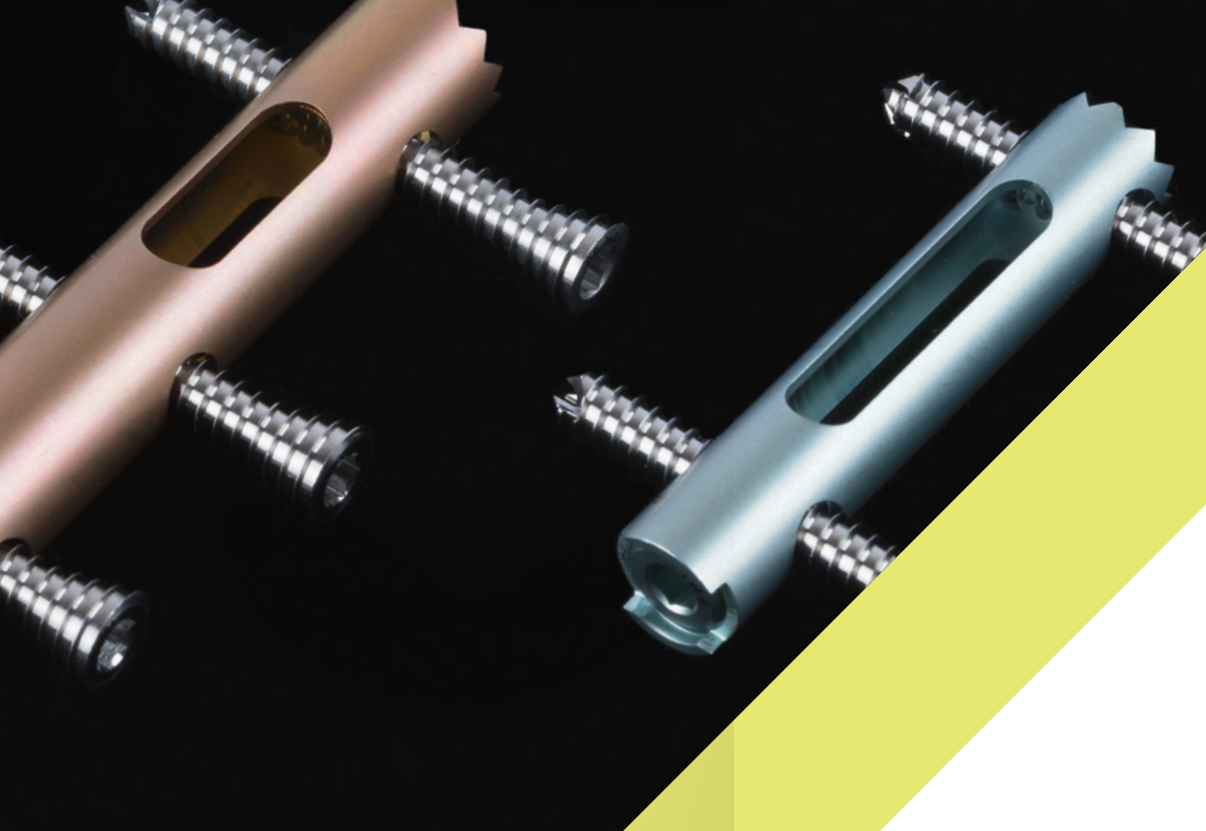
Subtalar distractor

This technique makes it possible to correct calcaneal tuberosity displacements and obtain good reduction of the joint for intra-articular fractures that are composed of large fragments, or to perform arthrodesis right away in cases of more complex intra-articular fractures.

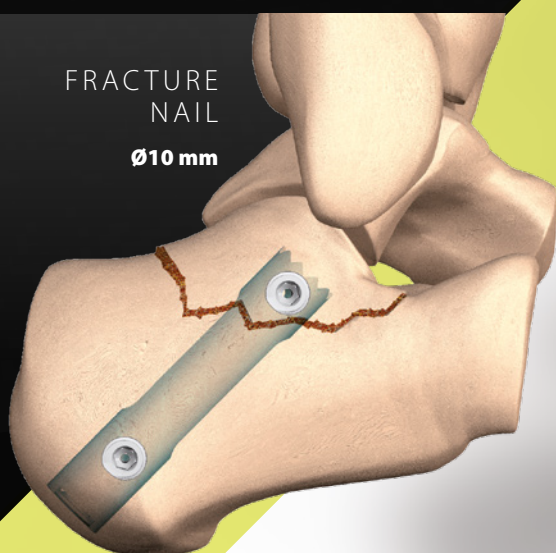


Percutaneous fixation

The reduced joint and calcaneus are held in place by percutaneous fixation with the CALCANAIL® nail.



FRACTURE
NAIL
Ø10 mm



ARTHRODESIS
NAIL
Ø12 mm



ADVANTAGES

- Minimally-invasive technique: closed reconstruction of foot anatomy using a nail and cannulated screws;
- Innovative reduction technique that reduces surgical trauma and the risk of complications;
- Large bone plug removed when work chamber is created which is available for use as autograft;
- Intrafocal reduction of displaced intra-articular fragments is easier when using a Caspar-type subtalar distractor;
- Placement of locking nail under joint surface that is held at the correct height;
- Placement of bone graft into implant windows helps with bone union;
- Option to perform subtalar arthrodesis using same approach and instrumentation (12 mm nail instead of 10 mm).

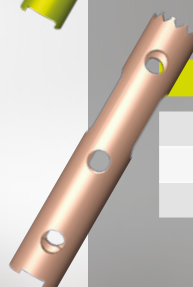


FRACTURE - SUBTALAR ARTHRODESIS

References



REF.	FRACTURE NAIL Ø10
265 546	Calcanail® nail Ø10 Lg 45 + cap
265 547	Calcanail® nail Ø10 Lg 50 + cap
265 548	Calcanail® nail Ø10 Lg 55 + cap

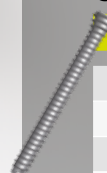


REF.	ARTHRODESIS NAIL Ø12
265 549	Calcanail® nail Ø12 Lg 65 + cap
265 550	Calcanail® nail Ø12 Lg 75 + cap
265 551	Calcanail® nail Ø12 Lg 85 + cap



REF.	SCREW
267 264	Cannulated screw Ø5 Lg 24
267 265	Cannulated screw Ø5 Lg 26
267 266	Cannulated screw Ø5 Lg 28
265 552	Cannulated screw Ø5 Lg 30
265 553	Cannulated screw Ø5 Lg 32
265 554	Cannulated screw Ø5 Lg 34
265 555	Cannulated screw Ø5 Lg 36
265 556	Cannulated screw Ø5 Lg 38
265 557	Cannulated screw Ø5 Lg 40

Complement for Tongue Type fracture



RÉF.	HIGH LENGTH SCREW
265 558	Cannulated screw Ø5 Lg 45
265 559	Cannulated screw Ø5 Lg 50
265 560	Cannulated screw Ø5 Lg 55
265 561	Cannulated screw Ø5 Lg 60
265 562	Cannulated screw Ø5 Lg 65
265 563	Cannulated screw Ø5 Lg 70
265 564	Cannulated screw Ø5 Lg 75
265 565	Cannulated screw Ø5 Lg 80