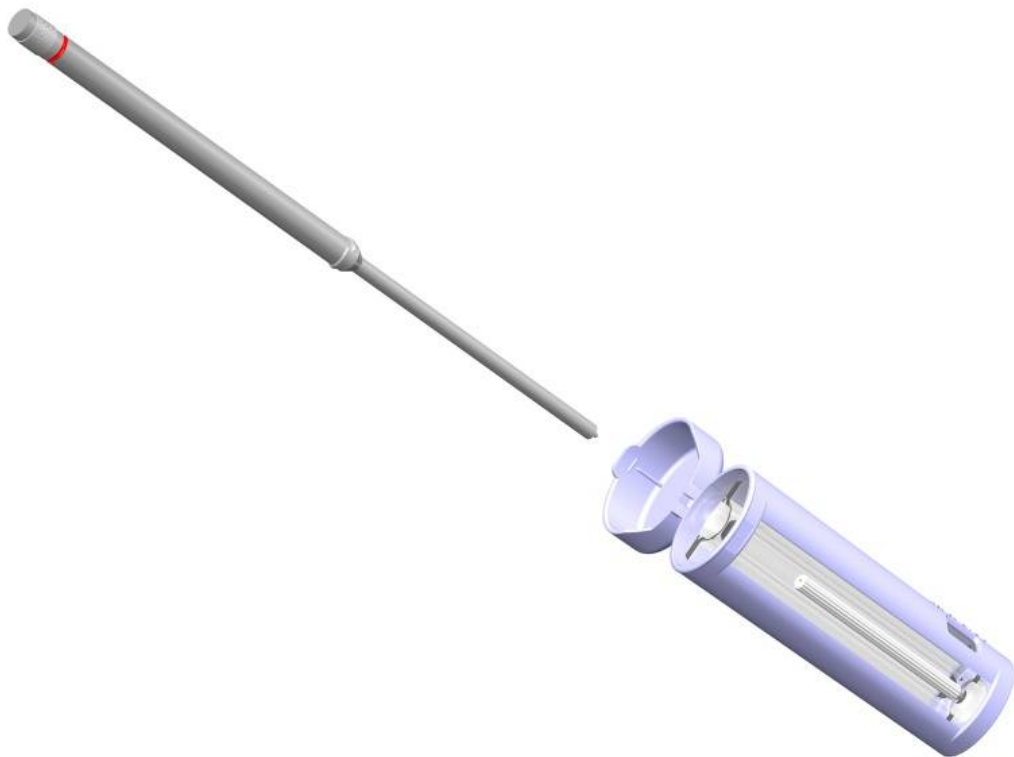
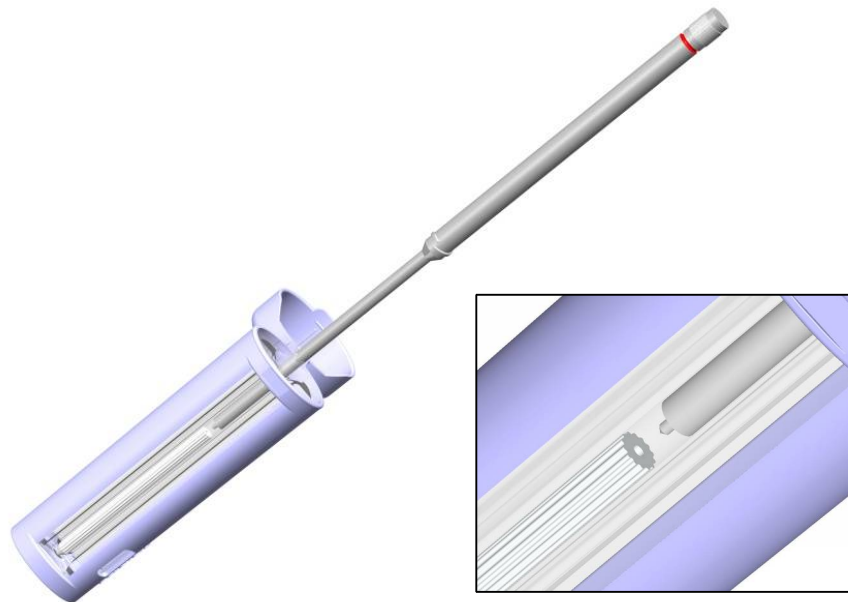


SURGICAL TECHNIQUE FOR ActivaPin™

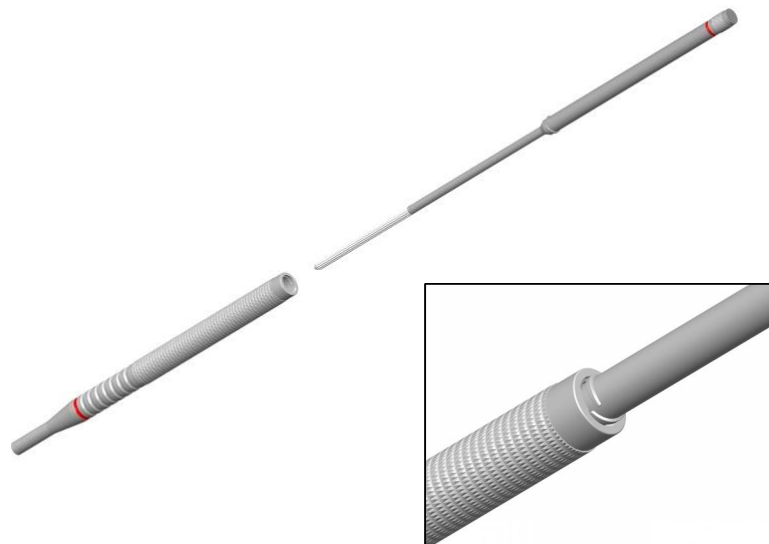
1. Select the appropriate **ActivaPin™** for the indication.
2. Drill a hole which corresponds to the pin diameter through the fracture/osteotomy plane. To prevent overdrilling, multiple reaming with drill bit should be avoided.
3. Open **ActivaPin™ HOLDER** cap.



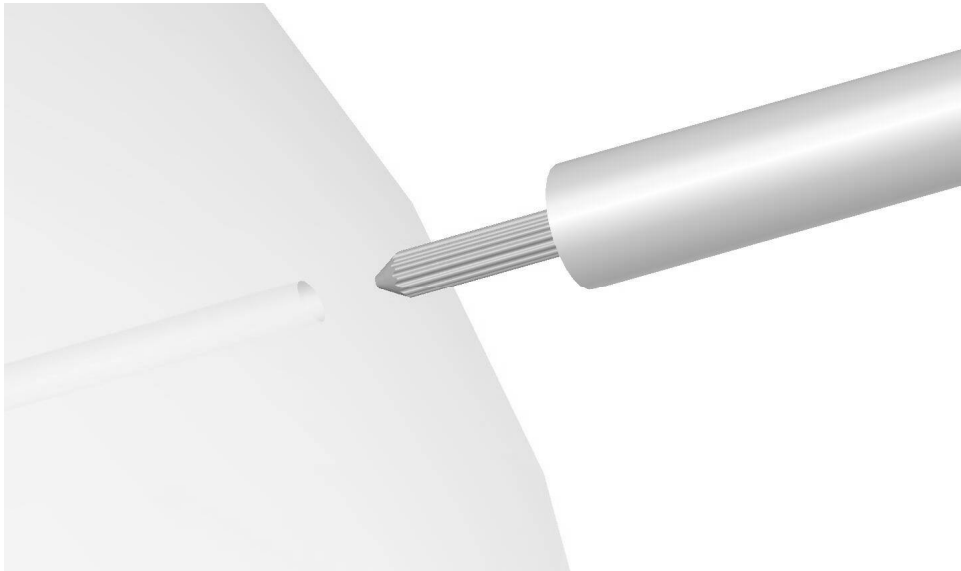
4. Pick the pin by pushing the **ActivaPin™ APPLICATOR PISTON / ARTHROSCOPIC PISTON** distal head into the **ActivaPin™ HOLDER** until it is attached to the pin.



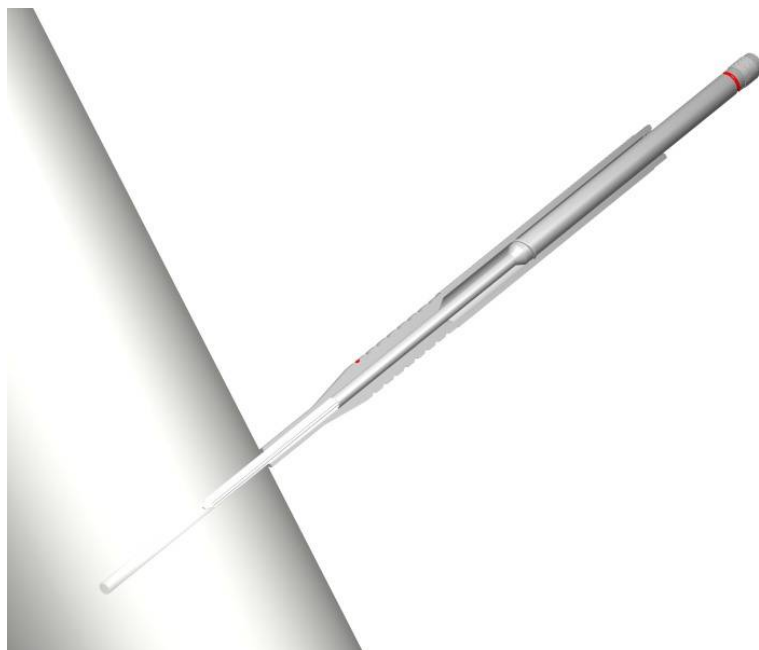
5. Slide attached pin and piston inside to the **ActivaPin™ APPLICATOR SLEEVE** through the twist lock by twisting the **piston** clockwise.



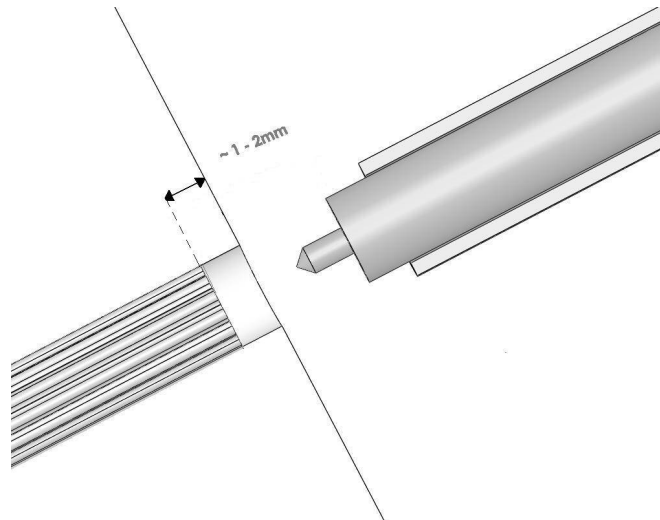
6. Introduce the pin into the hole by sliding the PISTON.



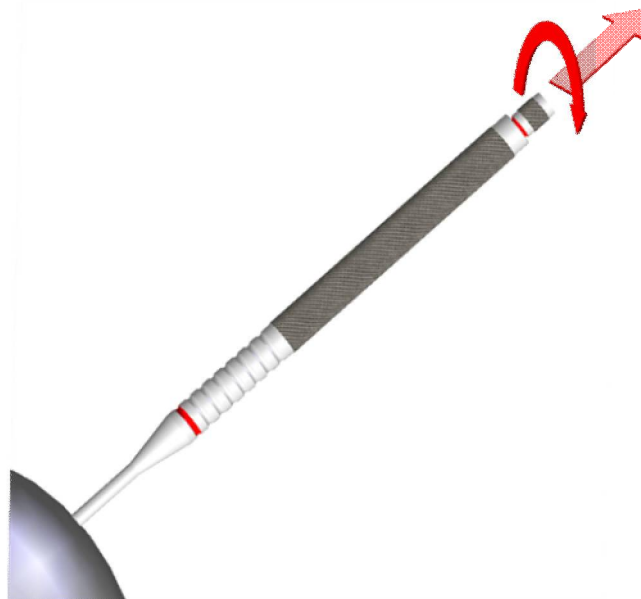
7. During insertion of the pin, hold the applicator and the pin parallel to the long axis of the drill hole so that it slides easily to the drill hole. Insert the pin by lightly tapping the PISTON with a mallet.



8. Tap the PISTON until entire pin is forced fully into the drill hole. **ActivaPin™** applicator is designed so that it sinks the pin 1-2 mm when piston is tapped to the end of the sleeve. This prevents the head of the pin protruding which could cause soft tissue irritation.



9. In order to remove the applicator from the pin, rotate and pull the PISTON from the proximal end. Do NOT bend the applicator.



10. After insertion, if the pin is too long, scissors, reciprocating saw, or a hot wire can be used to cut the **ActivaPin™**. In such a case, proximal end of the pin must be pushed 1-2 mm below the cortical surface or smoothed at least to the cortical level, to avoid soft tissue irritation.
11. Two or more pin fixations can be applied if necessary (depending on the nature and size of the fracture). In such case it is recommended that pins are inserted at divergent angles to one another rather than parallel, for best results.
12. On the basis of surgeon's decision radiographs are taken before wound closure.
13. After fixation, the wound is closed in layers applying standard principles of orthopaedics and traumatology.
14. Meticulous hemostasis and complete primary skin closure over the implant are essential.