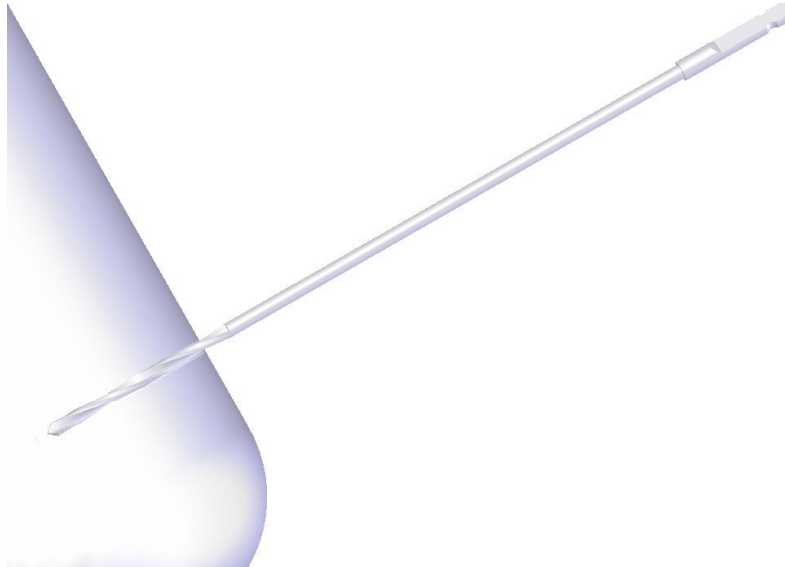
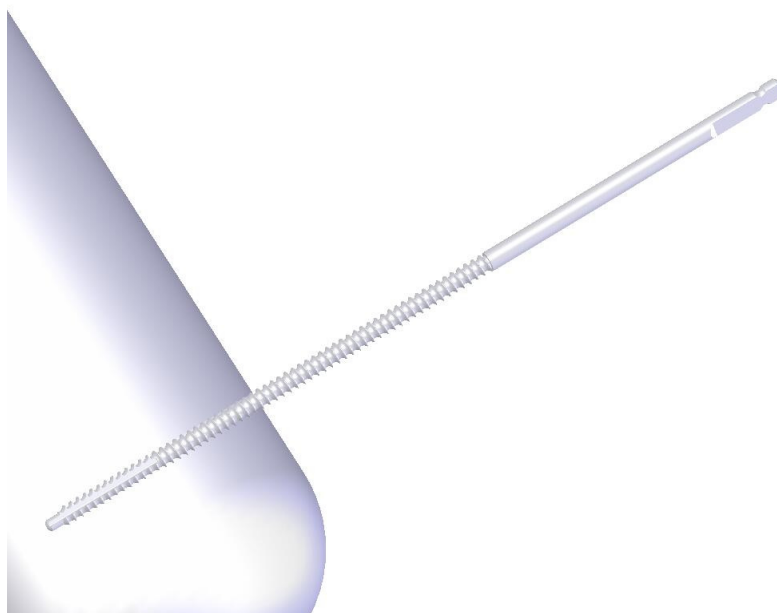


SURGICAL TECHNIQUE FOR ActivaScrew™

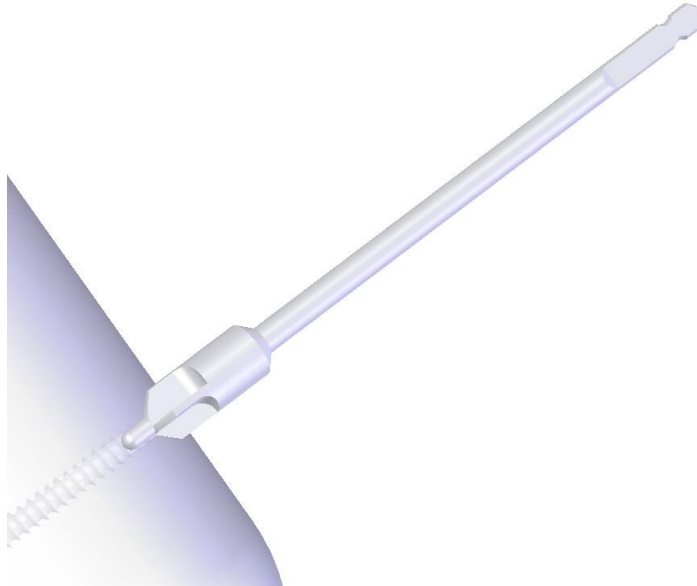
1. Select the appropriate ActivaScrew™ for the indication.
2. Drill a screw channel through the fracture plane using appropriate drill bit. Use irrigation.



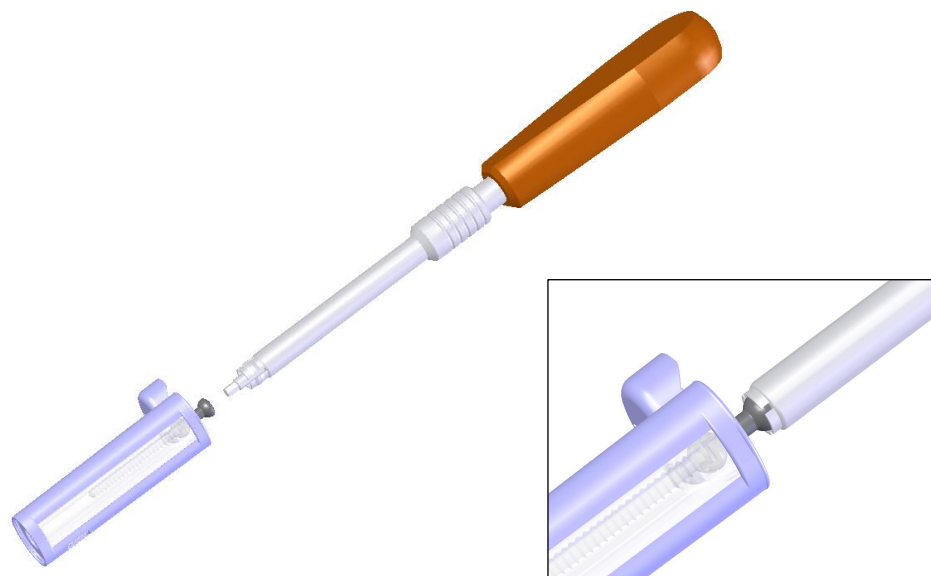
3. Tap the screw hole manually to a sufficient depth using the appropriate AO-compatible bone tap (corresponding to the screw diameter) before screw insertion. Make sure to tap the drill canal all the way.



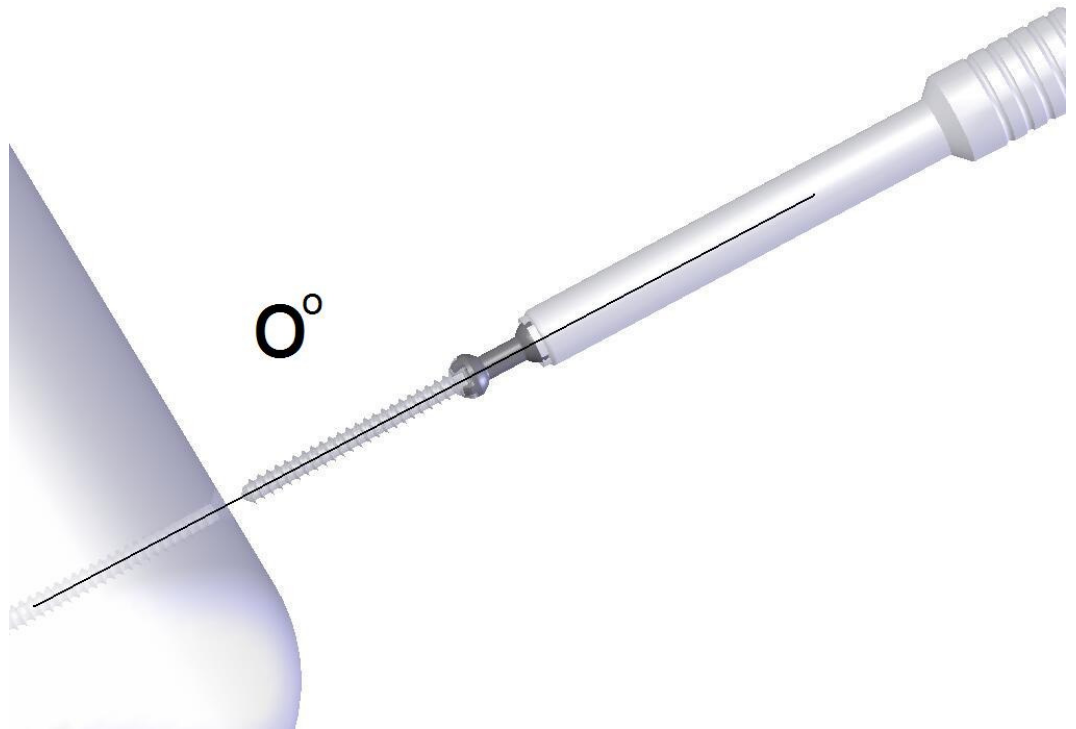
4. When the head of the fully threaded screw is needed as additional support, appropriate countersink can be used in order to make space for the screw head and to avoid soft issue irritation by the protruding screw head.



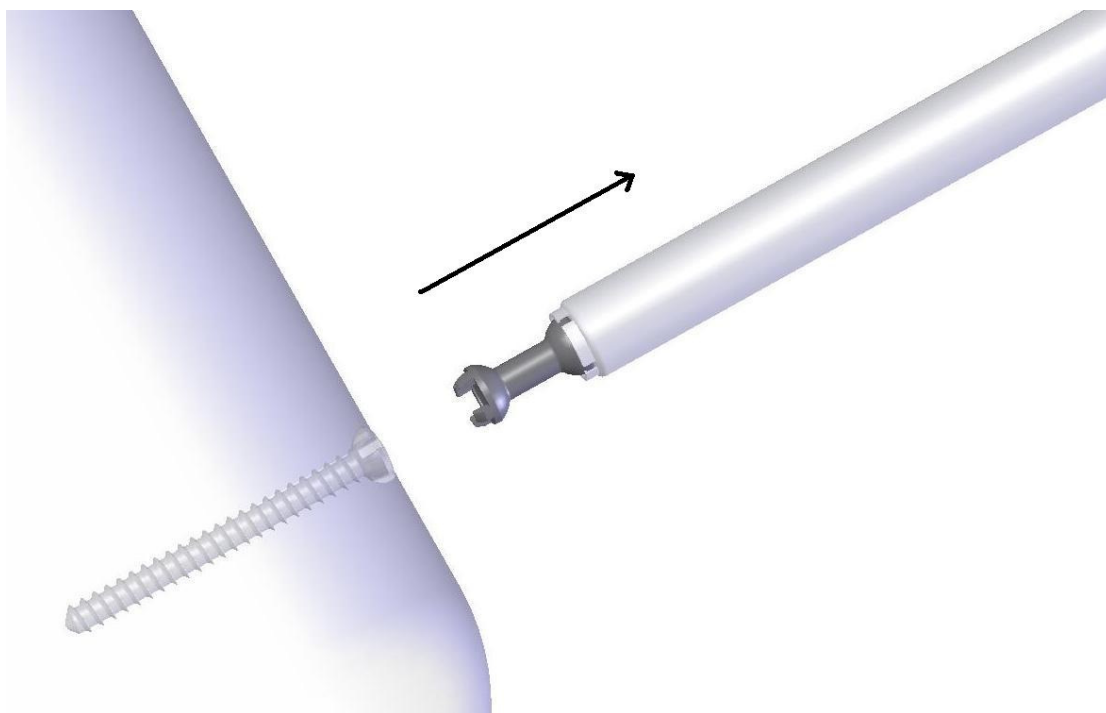
5. The prepared hole should be irrigated prior to screw insertion to flush out bone debris.
6. Open ActivaScrew™ HOLDER cap.
7. Pick the screw out of the ActivaScrew™ HOLDER by appropriate AO-compatible screwdriver



8. Hold the screwdriver and the screw parallel to the long axis of the drill hole and insert the screw fully into the drill hole.
 - NOTE: When the reduction is good and drilling and tapping are done properly, the insertion should be easy with two finger technique. In case the friction increases too much during insertion, screw must be removed and the hole must be rinsed and/or retapped.



9. After the screw is fully inserted, the INSERTION ADAPTER must be detached from the screw by pulling and slightly bending the adapter with the screwdriver. Do NOT try to twist the adapter loose. After this the INSERTION ADAPTER is to be disposed.



10. After insertion in cases where the screw head is not needed (e.g. in the case of the syndesmosis screw), the screw is cut along the bone or plate surface after insertion to avoid soft tissue irritation by the protruding screw head. Scissors, reciprocating saw or a hot wire can be used to cut the ActivaScrew™. DO NOT cut the head of a LAG-screw.
11. On the basis of surgeon's decision radiographs are taken before wound closure.
12. After fixation, the wound is closed in layers applying standard principles of orthopaedics and traumatology.
13. Meticulous hemostasis and complete primary skin closure over the implant are essential.