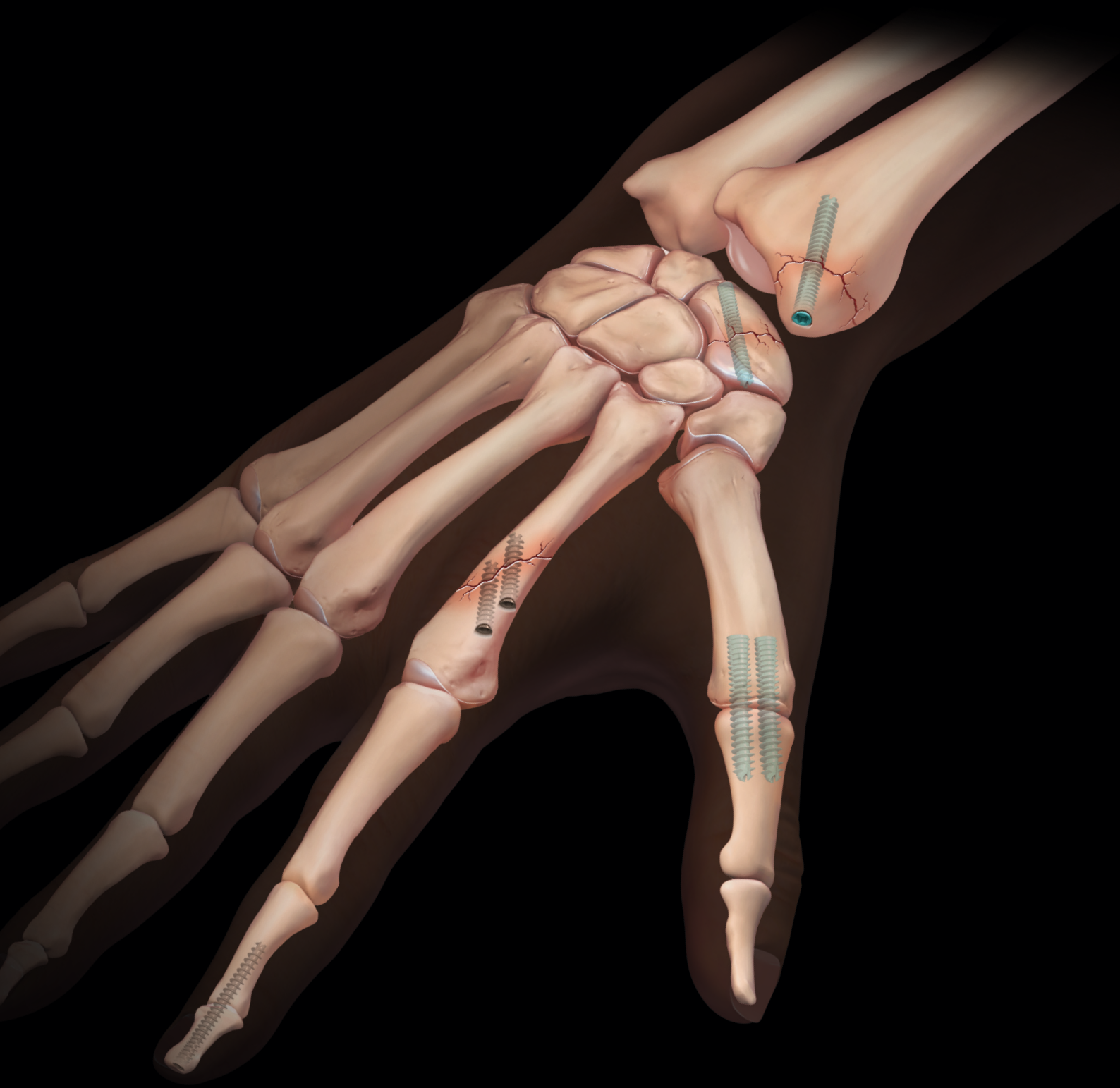
Compression FT Screw System

Hand, Wrist, and Elbow

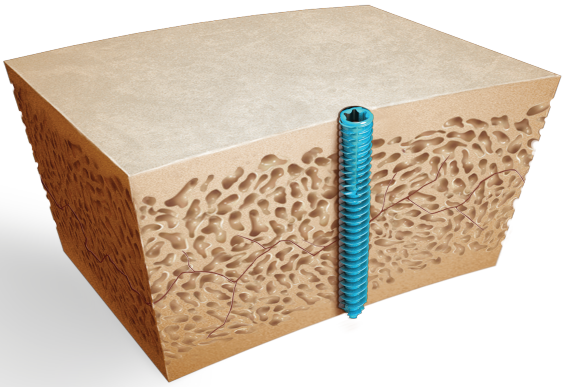


Arthrex®

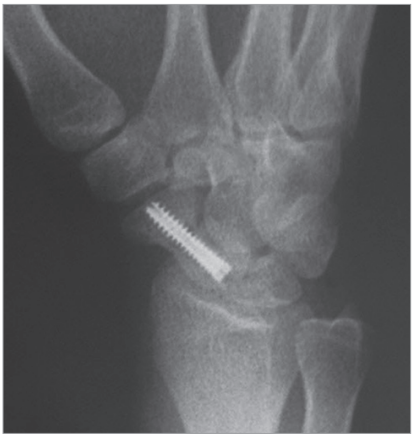
Compression FT Screw System

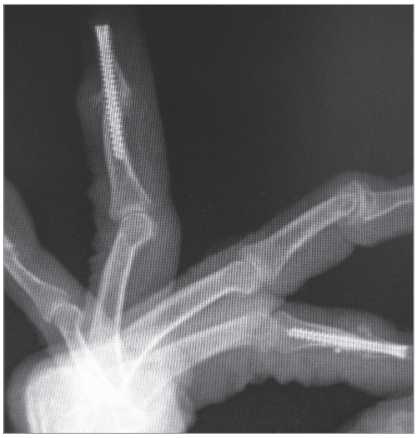
The headless titanium 2.5 Micro, 3.5 Mini, and 4.0 Standard Compression FT screws can be used for a wide range of indications in the upper and lower extremities. They are intended for repairing intra-articular and extra-articular fractures and nonunions of small bones and small bone fragments, arthrodesis, and osteotomies. The variable-stepped thread pitch, headless design provides compression, and allows for simplified insertion. Using these screws, surgeons can now achieve zero-profile stable fixation.

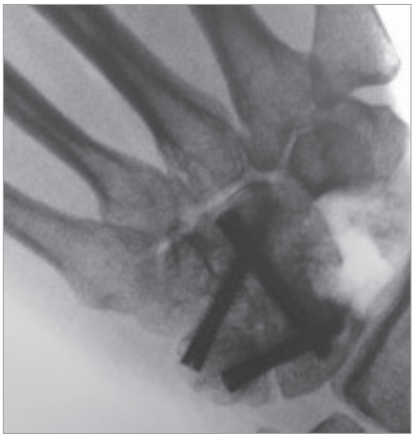
For upper extremity surgery, the Compression FT screw is an excellent solution to eliminate hardware prominence. The ability to achieve significant compression with zero prominence is also a great benefit during fixation of the small bones of the hand and wrist. For upper extremity surgery, the Compression FT screw may be inserted either percutaneously or in an open procedure. Accurate placement of the screw can be ensured by using the cannulated instrumentation and screws provided in the set.



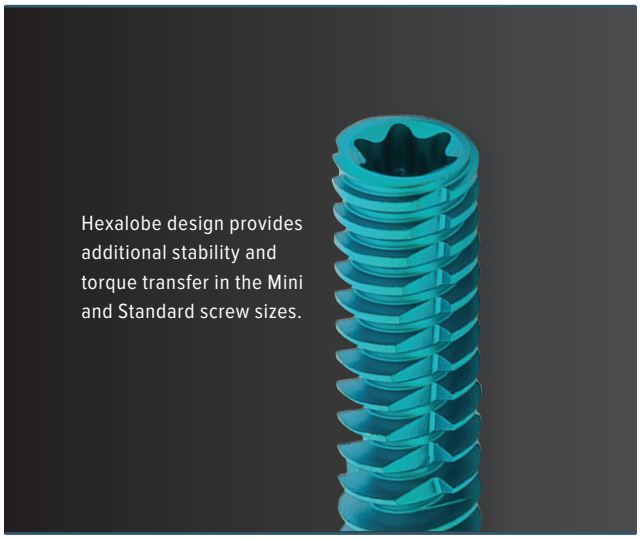
Cannulated 3.5 Headless Mini Compression FT™ Screw



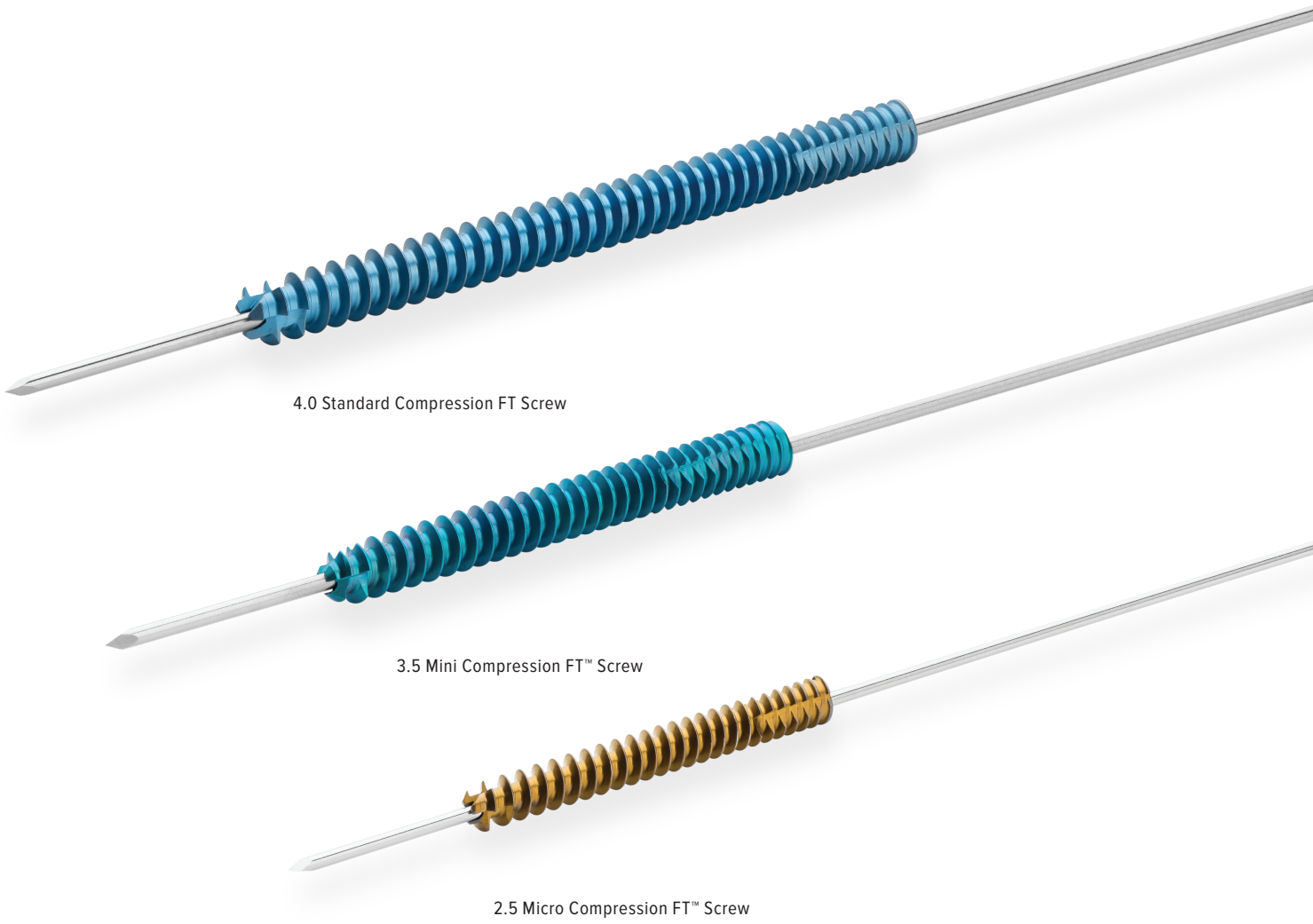




Features and Benefits



- Variable-Stepped Thread Pitch – Wider thread pitch at the tip of the screw enters the bone faster than each trailing thread, compressing the fragments progressively as the screw is advanced.
- Headless Titanium Screws – Can be implanted intra-articularly and extra-articularly with minimal risk of impingement or soft-tissue irritation.
- Self-tapping Flutes – Two sets of cutting flutes ease insertion after drilling and facilitate efficient OR time.
- Multiple Screw Options Including 2.5, 3.5, and 4.0 Cannulated – Assists accurate placement for both percutaneous and open procedures.
- Improved Torque Transmission – Hexalobe recess in 3.5 and 4.0 Compression FT screws and hex drive for 2.5 screw.

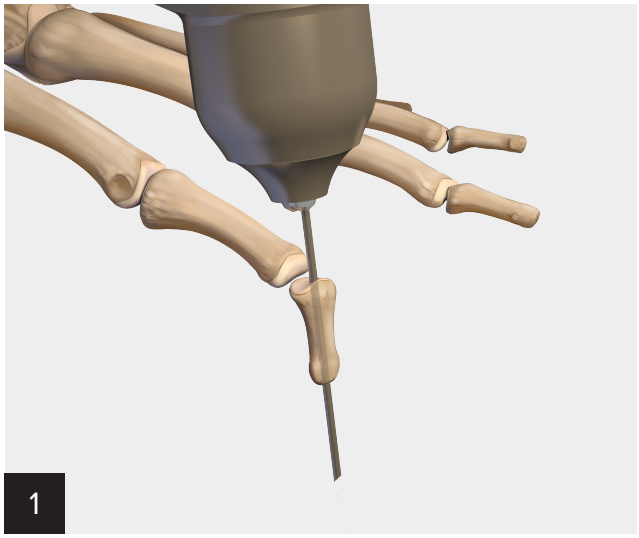


4.0 Standard Compression FT Screw

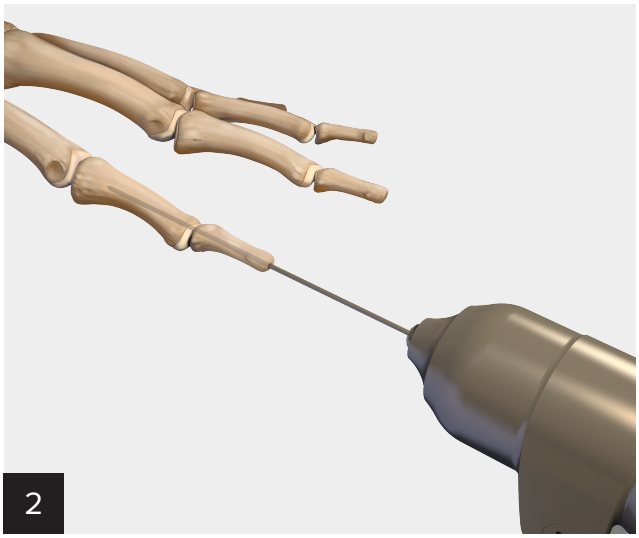
3.5 Mini Compression FT™ Screw

2.5 Micro Compression FT™ Screw

DIP Fusion

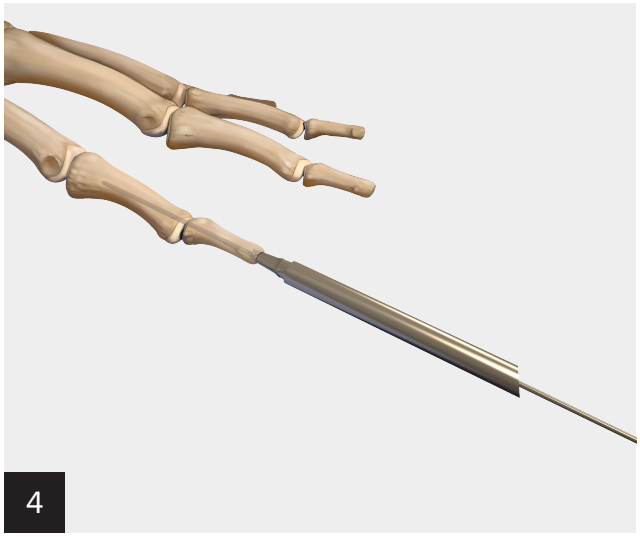


For optimal exposure of the distal interphalangeal joint, use a transverse or H-shaped incision centered over the distal interphalangeal joint. While avoiding injury to the germinal nail matrix, sharply divide the extensor tendon and joint capsule in a transverse orientation. Divide the collateral ligaments while being mindful of the volar neurovascular bundles. Flex the joint to expose the articular surfaces of the distal and intermediate phalanges. Resect the bone on both surfaces to prepare for fusion. Advance a double-ended K-wire through the central portion of the distal phalanx.



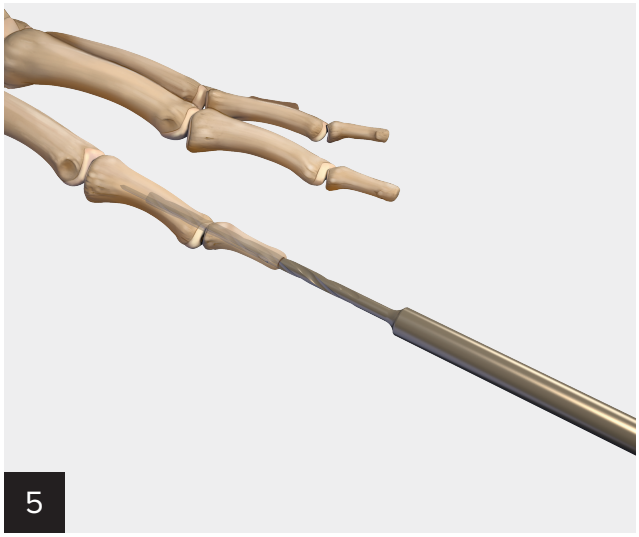
Change the position of the drill and pull the K-wire out far enough distally so that the K-wire does not cross the DIP joint. Once the joint is reduced, advance the guidewire through the joint and into the middle phalanx. Stop insertion of the guidewire once the far cortex is met.

Measure the depth of the K-wire with the appropriate depth guide. Subtract 2 mm to countersink the screw head and an additional 2 mm to account for compression, for a total of 4 mm.

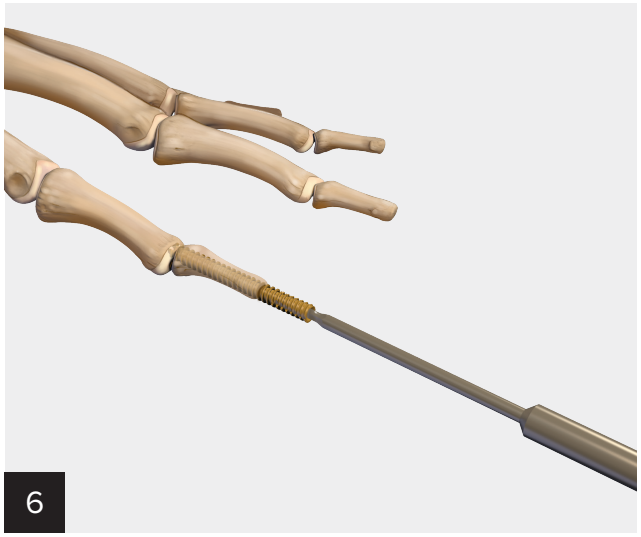


Use the profile drill to break the cortical bone layer. Advance the profile drill until the hard stop to countersink the screw 2 mm.

DIP Fusion

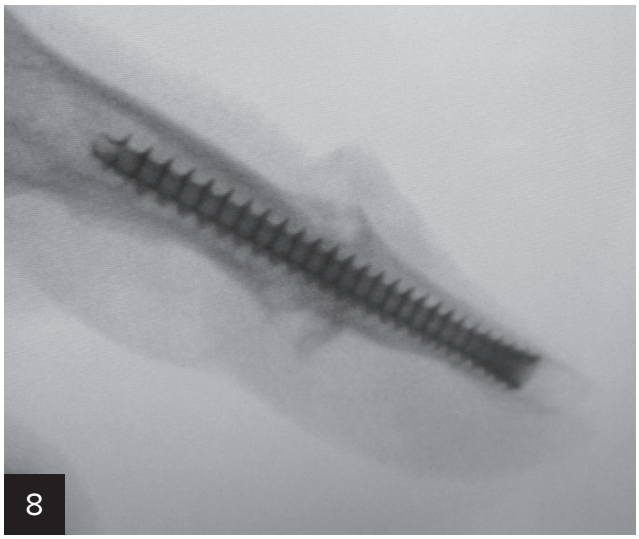


Overdrill the guidewire to the desired depth. If unusually hard bone is encountered, use the 2.2 mm drill from the Mini Compression FT™ screw caddy.



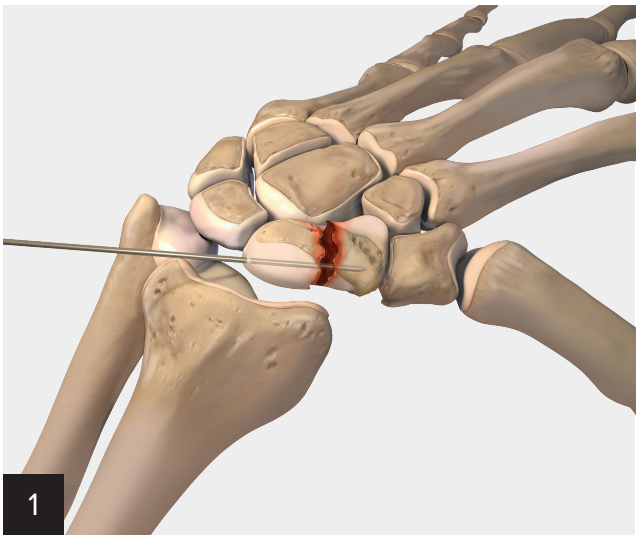
Using the appropriate driver, insert and advance the screw until it is completely seated and compression occurs. If resistance is met or distraction occurs, stop, remove the screw, redrill the entire length, and reinsert the screw.

Confirm placement and length of screw on imaging. If satisfied with the compression, remove the K-wire.

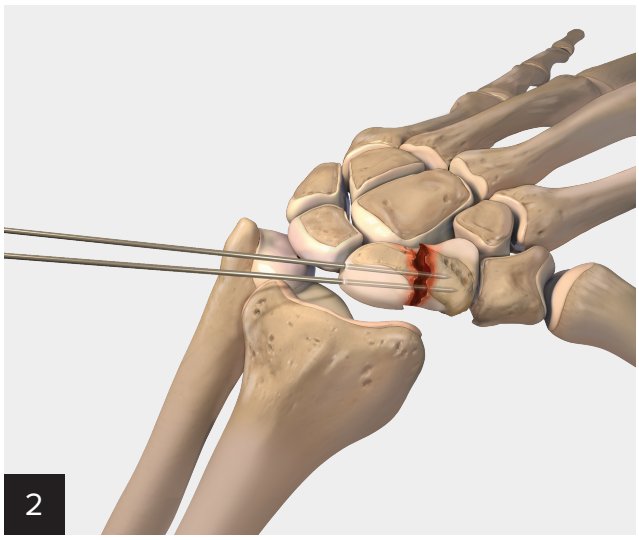


Final fixation.

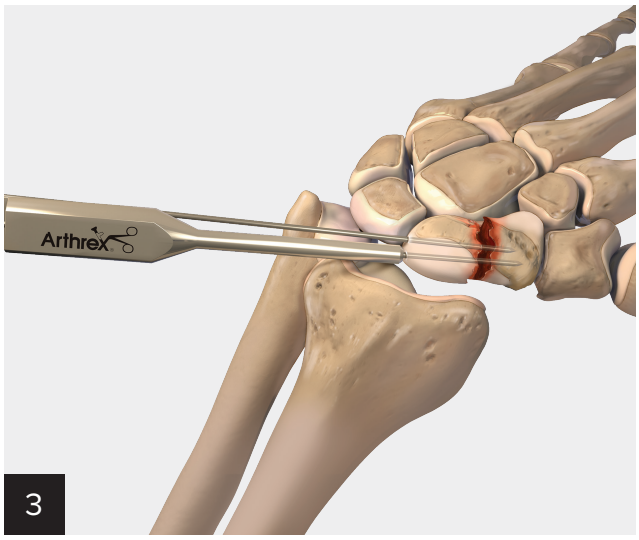
Dorsal Scaphoid



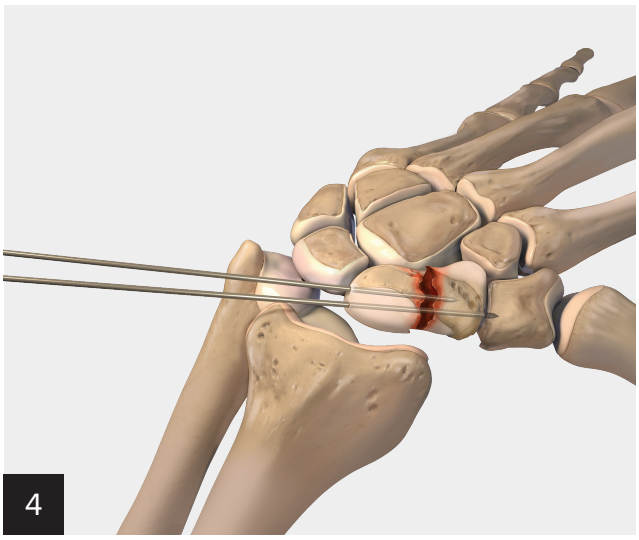
To access the proximal pole of the scaphoid from a dorsal position, create a 4 cm straight dorsal skin incision over Lister's tubercle. Take care to identify the superficial branch of the radial nerve and to retract the extensor pollicis longus (EPL) and second extensor compartment tendons before opening the capsule over the scaphoid. Flex the wrist to expose the proximal pole of the scaphoid. Use reduction forceps or K-wires to reduce the fracture and verify that there is no rotational deformity. Insert a K-wire to temporarily fix both fragments and to hold the reduction in place.



Place a second K-wire along the same axis to control for rotation and to maintain the reduction in case the central axis K-wire is removed after drilling. Confirm the placement of both guidewires under fluoroscopic imaging.

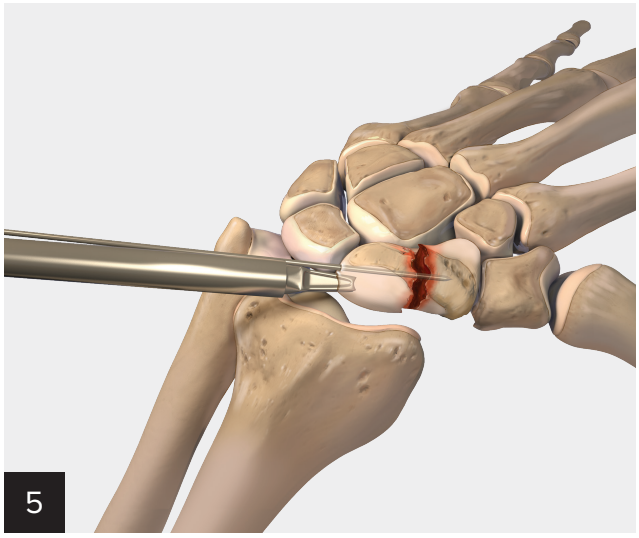


Slide the depth device over the guidewire and make sure that it is firmly seated on the tubercle. The laser marking on the K-wire will indicate the screw length needed. To account for compression achieved and to countersink the screw, subtract 4 mm from the indicated length.

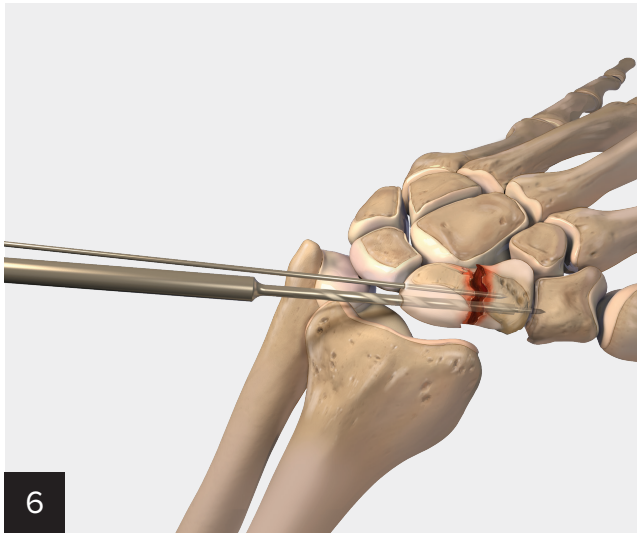


Advance the central guidewire through the far cortex to ensure that it stays in place after it has been overdrilled.

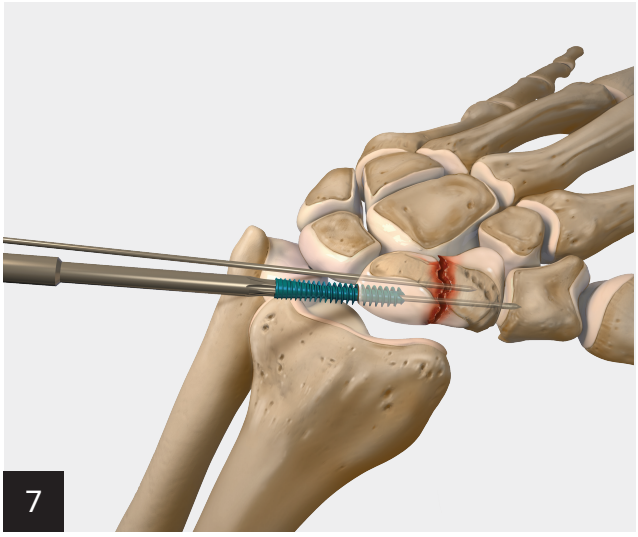
Dorsal Scaphoid



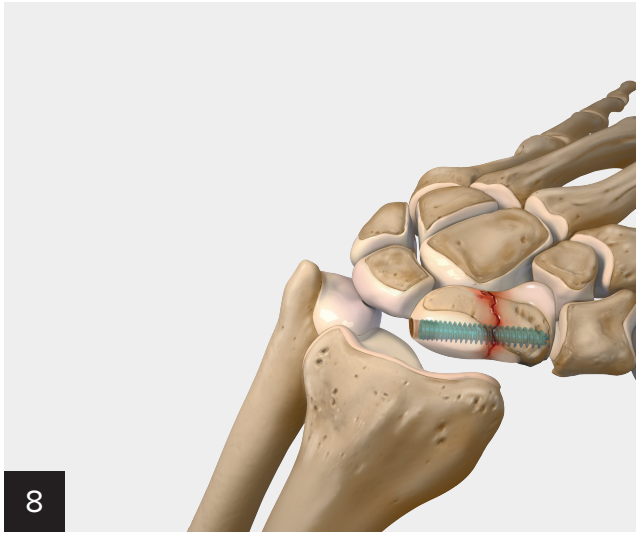
Use the profile drill to break the cortical bone layer. Advance the profile drill until the hard stop to countersink the screw 2 mm.



Overdrill the central guidewire until it reaches the far cortex.

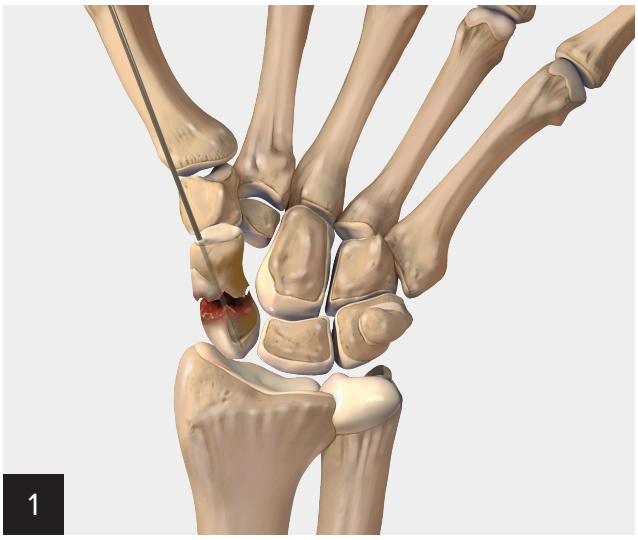


Using the appropriate driver, insert and advance the screw until it is completely seated and compression occurs. If resistance is met or distraction occurs, stop, remove the screw, redrill the entire length, and reinsert the screw.

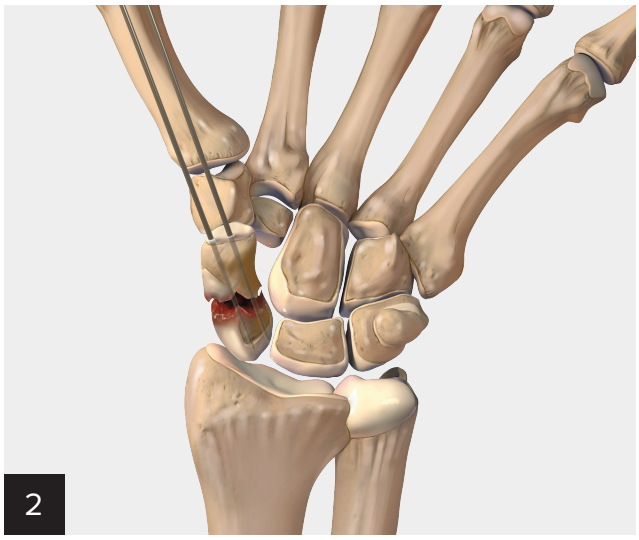


Confirm placement and length of screw on imaging, ensuring that both leading and trailing edges of the screw are not protruding out of the scaphoid. If satisfied with the stability of the scaphoid, remove both guidewires.

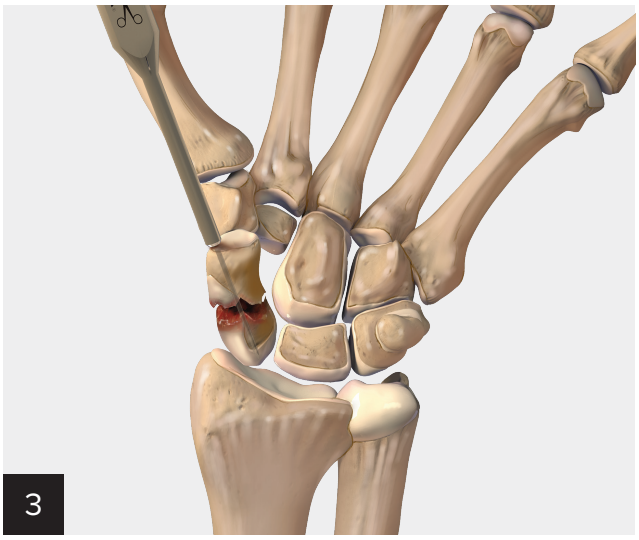
Volar Scaphoid



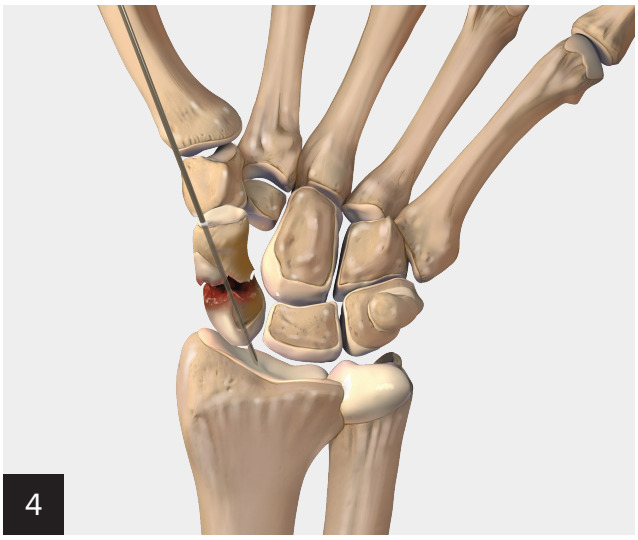
To access the distal pole of the scaphoid, create a slightly curved incision on the radial border of the flexor carpi radialis (FCR) tendon. Take care to identify and protect the radial artery. Incise the fascia and the sheath of the FCR to expose the deep capsule; then incise the deep capsule to reveal the distal pole of the scaphoid. Place a Freer elevator along the proximal-radial aspect of the scaphoid to increase visualization of the lateral side of the scaphoid. Deviate the wrist ulnarly and insert a K-wire into the distal tuberosity of the scaphoid and advance past the fracture site to the far cortex. Check under fluoroscopy.



Place a second K-wire along the same axis to control for rotation and to maintain the reduction in case the central axis K-wire is removed after drilling. Confirm the placement of both guidewires under fluoroscopic imaging.

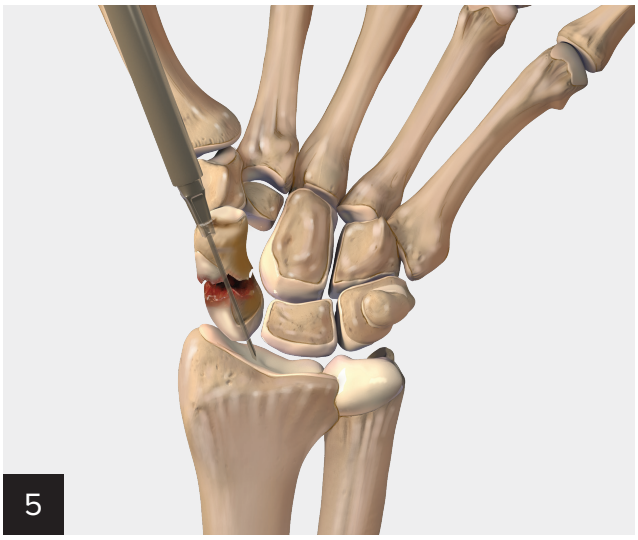


Slide the depth device over the guidewire and make sure that it is firmly seated on the tubercle. The laser marking on the K-wire will indicate the screw length needed. To account for compression achieved and to countersink the screw, subtract 4 mm from the indicated length.

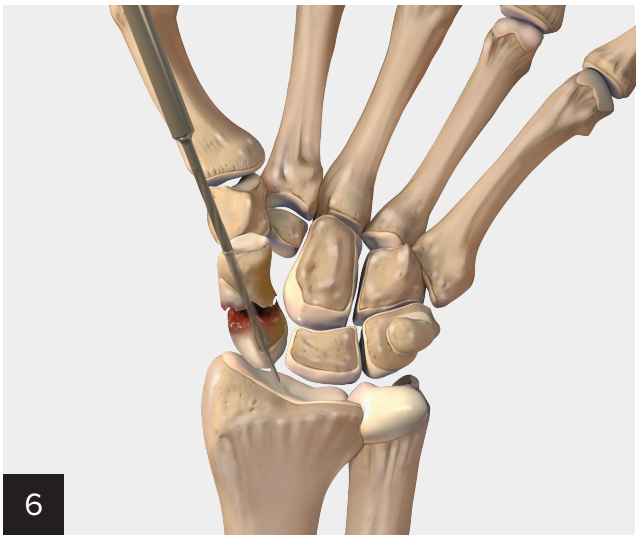


Advance the central guidewire through the far cortex to ensure that it stays in place after it has been overdrilled.

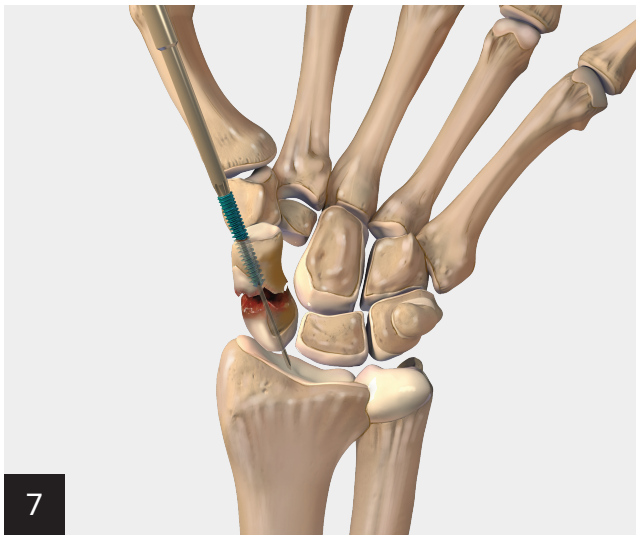
Volar Scaphoid



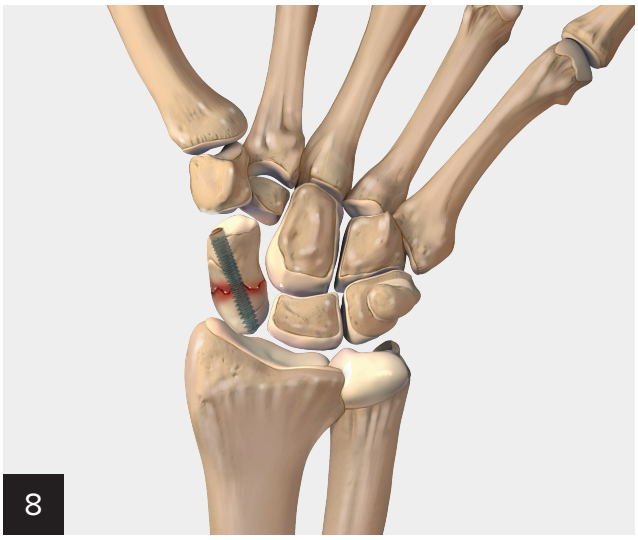
Use the profile drill to break the cortical bone layer. Advance the profile drill until the hard stop to countersink the screw 2 mm.



Overdrill the central guidewire until it reaches the far cortex.



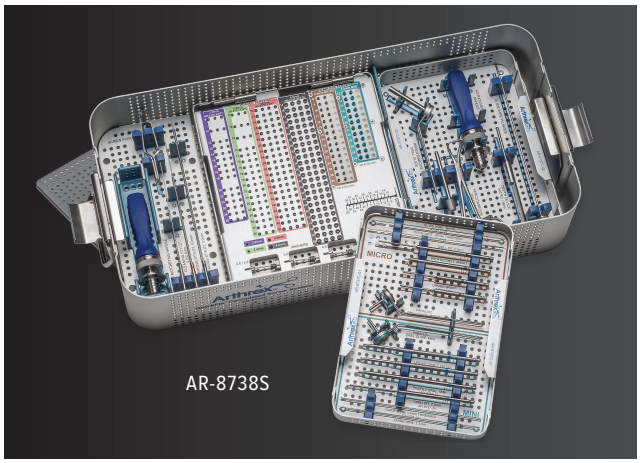
Using the appropriate driver, insert and advance the screw until it is completely seated and compression occurs. If resistance is met or distraction occurs, stop, remove the screw, redrill the entire length, and reinsert the screw.



Final fixation.

Note: If postoperative screw removal is necessary, use the appropriate solid driver for removal.

Ordering Information



AR-8738S

Product Description	Item Number
Compression FT Screw System	AR-**8738S**
Instruments	
Depth Device	AR-**8737-51**
Obturator for Drill Guide	AR-**8737-44**
Percutaneous Drill Guide	AR-**8737-43**
Screwdriver Handle, ratcheting	AR-**8950RH**
Guidewire Plunger	AR-**8737-56**
Screw Holding Forceps	AR-**8941F**
Percutaneous Pin Clamp	AR-**8737-57**
Compression FT Screw System Instrument Case	AR-**8738C**
2.5 Micro Compression FT™ Screw Instruments	
Driver, cannulated, 1.5 mm hex	AR-**8737-37**
Driver, solid, 1.5 mm hex	AR-**8737-45**
Profile Drill, Micro	AR-**8737-46**
Parallel Drill Guide	AR-**8737-48**
Screw Extractor/Trephine	AR-**8737-59**
3.5 Mini Compression FT™ Screw Instruments	
Driver, T10 hexalobe, cannulated	AR-**8737-38**
Driver, T10 hexalobe, solid	AR-**8950SD-10**
Profile Drill, Mini	AR-**8737-47**
Parallel Drill Guide	AR-**8737-49**
Screw Extractor/Trephine	AR-**8737-59**
4.0 Standard Compression FT Screw Instruments	
Driver, T10 hexalobe, cannulated	AR-**8737-38**
Driver, T10 hexalobe, solid	AR-**8950SD-10**
Profile Drill, standard	AR-**8737-54**
Parallel Drill Guide	AR-**8737-55**
Screw Extractor/Trephine	AR-**8737-60**
Implants	
2.5 Micro Compression FT Screws* 8 mm-14 mm (1 mm increments) 16 mm-50 mm (2 mm increments)	 AR-**8725-08H – 14H** AR-**8725-16H – 50H**
3.5 Mini Compression FT™ Screws* 12 mm-60 mm (2 mm increments)	AR-**8730-12H – 60H**
4.0 Standard Compression FT Screws 16 mm-60 mm (2 mm increments)	AR-**8740-16H – 60H**

Product Description	Item Number
Disposables (not included in set)	
2.5 Micro Compression FT™ Screws	
Drill Bit, straight, cannulated, 2 mm	AR-**8737-34**
Drill Bit, straight, cannulated, 2.2 mm (hard bone option)	AR-**8737-58**
Guidewire w/ Trocar Tip, 0.034 in (0.86 mm), laser-marked	AR-**8737-39**
Guidewire w/ Double Trocar Tip, 0.034 in (0.86 mm), laser-marked	AR-**8737-39KD**
Guidewire w/ Trocar Tip, threaded, 0.034 in (0.86 mm), laser-marked	AR-**8737-40**
3.5 Mini Compression FT Screws	
Drill Bit, straight, cannulated, 2.7 mm	AR-**8737-35**
Guidewire w/ Trocar Tip, 0.045 in (1.1 mm), laser-marked	AR-**8737-41**
Guidewire w/ Double Trocar Tip 0.045 in (1.1 mm), laser-marked	AR-**8737-41KD**
Guidewire w/ Trocar Tip, threaded, 0.045 in (1.1 mm), laser-marked	AR-**8737-42**
4.0 Standard Compression FT Screws	
Drill Bit, straight, cannulated, 3.2 mm	AR-**8737-50**
Guidewire w/ Trocar Tip, 0.045 in (1.1 mm), laser-marked	AR-**8737-41**
Guidewire w/ Double Trocar Tip 0.045 in (1.1 mm), laser-marked	AR-**8737-41KD**
Guidewire w/ Trocar Tip, threaded, 0.045 in (1.1 mm), laser-marked	AR-**8737-42**

Optional

Product Description	Item Number
Compression FT Screw System Caddy, common instruments	AR-**8738C-01**
Compression FT Screw System Caddy, Micro	AR-**8738C-02**
Compression FT Screw System Caddy, Mini	AR-**8738C-03**
Compression FT Screw System Caddy, Standard	AR-**8738C-04**

Literature

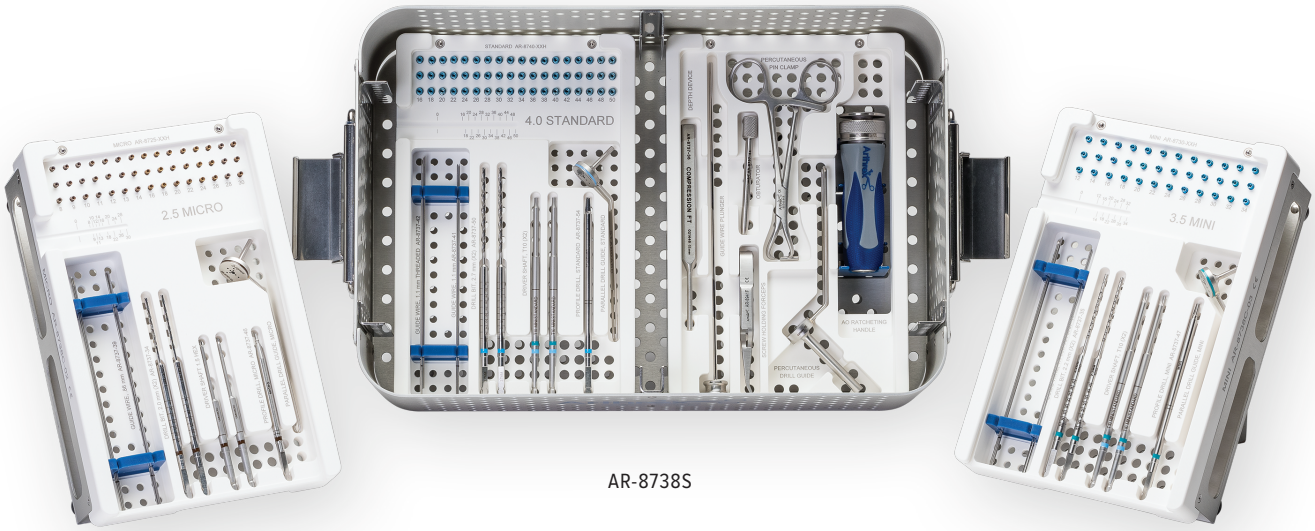
Product Description	Item Number
Arthrex Compression FT Screw System Brochure	LB**1-0487-EN**
The Arthrex Compression FT Screw Product and Technique Highlights	LS**1-0487-EN**

Multimedia

Product Description	Item Number
Compression FT Screw - Chevron, animation	AN**1-00030-EN**
Triple Arthrodesis for Cavus Foot Utilizing 6.7 mm LPS Cannulated Screws, StimuBlast, 4.0 Standard Compression FT Screws and Double Compression Plate, Presented by Anand Vora, MD, video	VID**1-00265-EN**

Note: 2.5 Micro Compression FT and 3.5 Mini Compression FT screws and instrumentation are also available in the QuickFix™ cannulated screw set (AR-8737S).

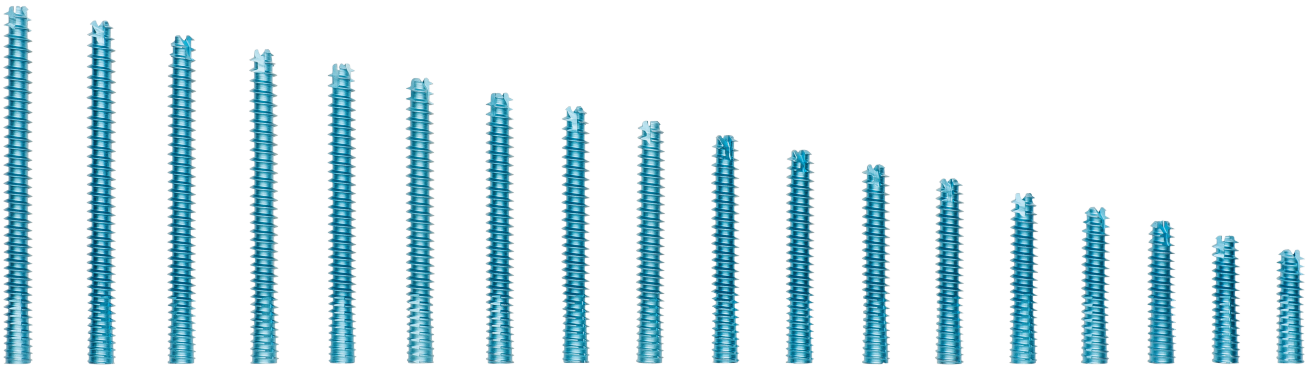
Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.



AR-8738S

2.5 Micro Compression FT™ Screws, Cannulated – 8 mm-50 mm

3.5 Mini Compression FT™ Screws, Cannulated – 12 mm-60 mm



4.0 Standard Compression FT Screws, Cannulated – 16 mm-60 mm

View U.S. Patent information at
www.arthrex.com/corporate/virtual-patent-marking