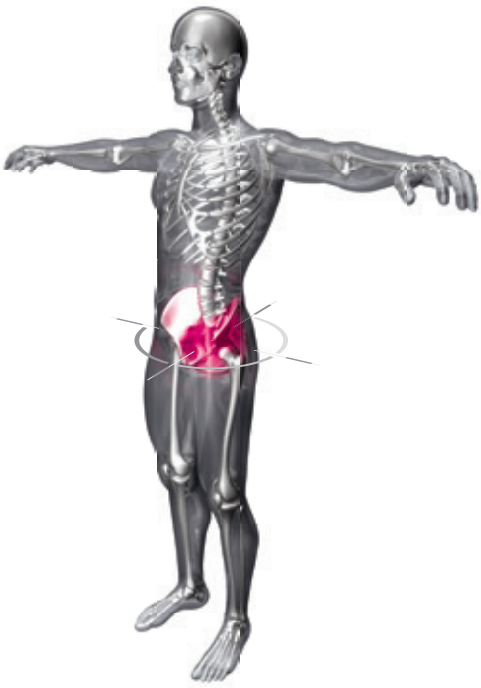
MEDIN
ORTHOPAEDIC
IMPLANTS

PLATE
PELVIC OMEGA

STEEL

→ IMPLANT SYSTEM



MEDIN®

The OMEGA Multifunctional Pelvic Plate facilitates stabilization of complicated fractures of the superior pubic ramus, anterior column of the acetabulum, quadrilateral plate, fractures in the area above the linea arcuata and uncomplicated fractures of the posterior column. Stabilization of all fragments in the region of the anterior column and quadrilateral plate is very firm, the plate is remarkably resistant to redisplacement of fragments.

The OMEGA pelvic plate makes it possible to stabilize most acetabular fractures. Through fixation to the solid sections of the pelvic ring, it temporarily replaces the unstable part of the ring in the area of the injured acetabulum. By its relatively large surface area and rigidity it perfects repositioning and prevents further protrusion of fragments into the small pelvis.

The OMEGA pelvic plate system offers four types of plates - BASIC, ILIAC, LONG and MAXI in either straight or shaped variants. Each type of plate is made for either the left or right side of the pelvis. A total of sixteen plate variations make it possible to cover a wide range of pelvic fractures.

The low profile and rounded edges of the plate minimize soft tissue irritation. These features, together with correct plate placement, reduce the risk of irritation and subsequent flexor tendon rupture.

The design and mechanical properties of the plate material allow its additional individual modelling for each patient, despite the anatomical variability of the female and male pelvis.

The individualized preoperative contouring of the OMEGA plate facilitates its placement in the correct position, and by pressing the plate to the bone, a precise repositioning is completed. This accelerates the surgery.

The shaped OMEGA pelvic plates require only minimal shape adjustments, which can be easily managed in the operating room before the surgery.

The special shape of the elongated holes allows the screws to be fixed outside the axis of the hole. The maximum deflection of the screw from the axis is limited to 45° in the horizontal direction and 15° in the vertical direction.

PERSISTENT QUALITY OF OUR IMPLANTS GRANTS OSTEOSYNTHESES WITH PERSISTENT OUTCOMES

MEDIN IMPLANTS
FOR PRECISE CARE

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IMPLANT SYSTEM FEATURES

- 16 plate variants.
- Two variants for the right and left side of the pelvis.
- The system is made of implant steel (ISO 5832-1).
- Plate thickness: approx. 3 mm.
- Plate lengths: 130 mm and 144 mm.
- Plate widths: 48 mm and 55 mm.

INDICATIONS

- Transverse acetabular fractures.
- T-shaped acetabular fractures.
- Fractures of the acetabulum anterior wall and anterior column.
- Combined fractures of the acetabulum.
- Fractures of the acetabulum posterior column.
- Iliac wing fractures.
- Superior pubis ramus fractures.
- Superior to the arcuate line fractures.
- Quadrilateral surface fractures.

CAUTION

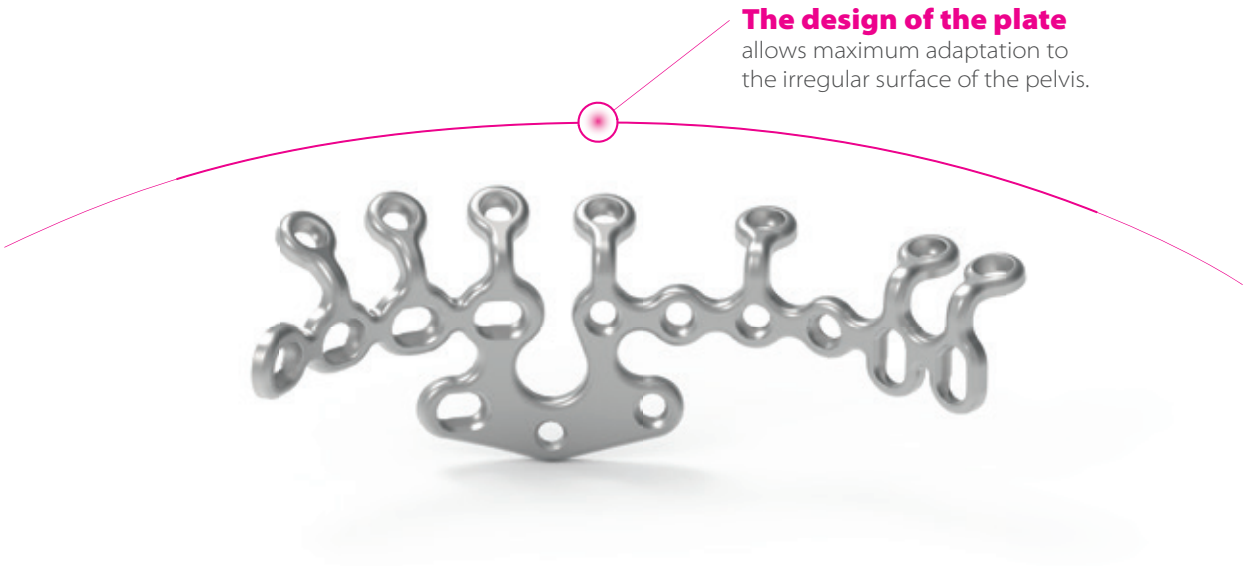
1. This Surgical Technique Manual does not contain enough information necessary for immediate use of the implant!

   Always familiarize yourself with all information provided by the manufacturer in this surgical technique, on the product label and in the instructions for use before using any MEDIN, a. s. product.

2. The use of this device is intended exclusively for physicians specialized in traumatology, orthopedy, and surgery, who went through the professional training for the device provided by MEDIN, a. s.
3. The OMEGA Pelvic Plate Implant System contains an instrumentarium for the insertion, contouring and extraction of plates. A complete list of all implants and instruments intended for use with the plate is provided in the corresponding section of this surgical technique. The compatibility of the individual implants and instruments of the system has been tested and verified. The use of the plate in combination with other implants or instruments is not allowed as this may result in damage to the implants or the patient.

   MEDIN, a. s. is not responsible for possible complications resulting from non-compliance with this instruction.
4. The individual screws may only be tightened by hand using appropriate force.
5. Intraoperative checking with an X-ray intensifier is required.

   Note
   Wherever the X-ray radiation symbol ☢ is shown , perform the X-ray check in several projections.
6. Implants are supplied non-sterile and are intended to be sterilized before use. Instructions necessary for the preparation of the implants can be found in the Instructions for Use manual.
7. Before using the drills, always check the number of previous uses, the maximum number of which is set at 30. If this number is exceeded, do not use the drill, dispose of it or send it to the manufacturer for sharpening. Failing that creates a risk of prolonging the surgery or making it impossible to insert the screws.
8. Make sure that the surface of the tools is not damaged and that they are functional and properly adjusted. Do not use damaged instruments that have illegible markings, show signs of corrosion or have dull blades. Dispose of such instruments. Your MEDIN, a. s. sales representative will provide you with further detailed instructions regarding functionality testing. Only the manufacturer is authorized to carry out service maintenance.



FUNCTIONAL PARTS OF THE PLATE

CENTRAL HOLE

The central hole is designed to support the ball spike during reduction and plate fixation.

FIXING ARMS

The fixing arms with circular holes allow the plate to be secured at the second level after it has been shaped.

ELONGATED HOLES

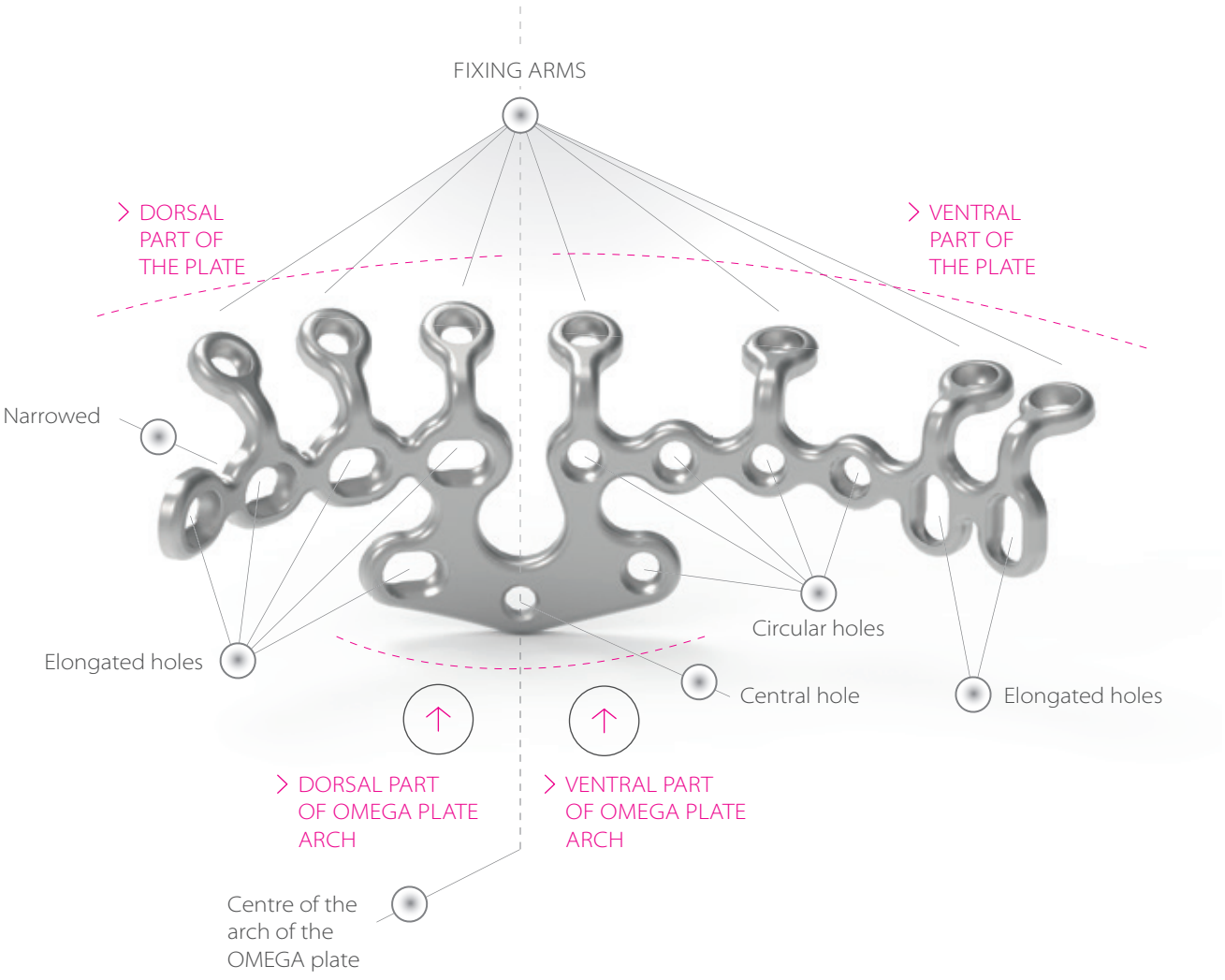
The elongated holes allow screws to be inserted off the axis of the hole at an angle of up to 45° depending on the positioning of the individual fragments.

CIRCULAR HOLES

The circular holes are designed to fix the plate to the bone by inserting cortical screws.

LIGHTWEIGHT SHAPE

The lightweight shape of the plate allows easier contouring of the plate.

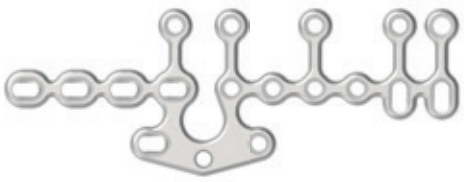


TYPES OF PLATES

DEPENDING ON THE LOCATION OF INDIVIDUAL FRACTURE TYPES, YOU CAN CHOOSE FROM BASIC, ILIAC, LONG AND MAXI VARIANTS. ALL VARIANTS OF THE PLATE ARE AVAILABLE IN TWO VERSIONS: STRAIGHT OR SHAPED.

BASIC

The plate is intended for most fractures of the anterior column of the acetabulum, the quadrilateral plate, fractures above the linia arcuata and lateral fractures of the superior pubic ramus.

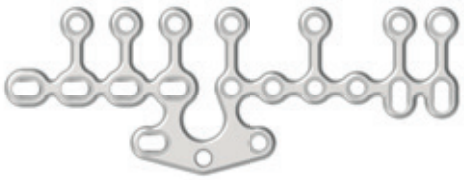


LONG

The plate is designed for patients with wider pelvises where the basic OMEGA pelvic plate design is not sufficient. The construction of the LONG plate is derived from the basic design of the OMEGA plate. In the dorsal part it is extended by one elongated hole.

ILIAC

The plate is intended for fractures of the acetabulum affecting the posterior column. By means of the iliac approach (iliac window), a long screw can be introduced through one of the dorsal arms, and non-complicated fractures in the region of the posterior column of the acetabulum can be stabilized. The construction of the ILIAC plate is derived from the basic design of the OMEGA plate. At the dorsal end it is extended by two more arms.



MAXI

This plate type is intended for fractures with the most damage on the quadrilateral plate. Using a modified Stopp approach only, in suitable cases a posterior column stabilization can be achieved with the implant, when 2 screws are inserted into both holes of the posterior arch of the plate. The construction of the MAXI plate is derived from the design of the OMEGA plate ILIAC. The omega-shaped extension is enlarged to allow insertion of screws into the two posterior holes of the arch of the plate, with the lowermost hole positioned obliquely.

AREA OF APPLICATION

THE OMEGA PELVIC PLATE IS DESIGNED FOR TEMPORARY FIXATION, CORRECTION OR STABILIZATION OF BONE FRAGMENTS IN THE PELVIS.

→ FRACTURES IN SYMPHYSIS REGION

- OMEGA Pelvic Plate – BASIC
- OMEGA Pelvic Plate – ILIAC
- OMEGA Pelvic Plate – LONG
- OMEGA Pelvic Plate – MAXI

→ FRACTURES IN POSTERIOR COLUMN REGIONE

- OMEGA Pelvic Plate – ILIAC
- OMEGA Pelvic Plate – MAXI

→ FRACTURES OF PELVIC BRIM

- OMEGA Pelvic Plate – BASIC
- OMEGA Pelvic Plate – ILIAC
- OMEGA Pelvic Plate – LONG
- OMEGA Pelvic Plate – MAXI

→ FRACTURES OF ACETABULUM

- OMEGA Pelvic Plate – ILIAC
- OMEGA Pelvic Plate – MAXI

PREOPERATIVE PLANNING

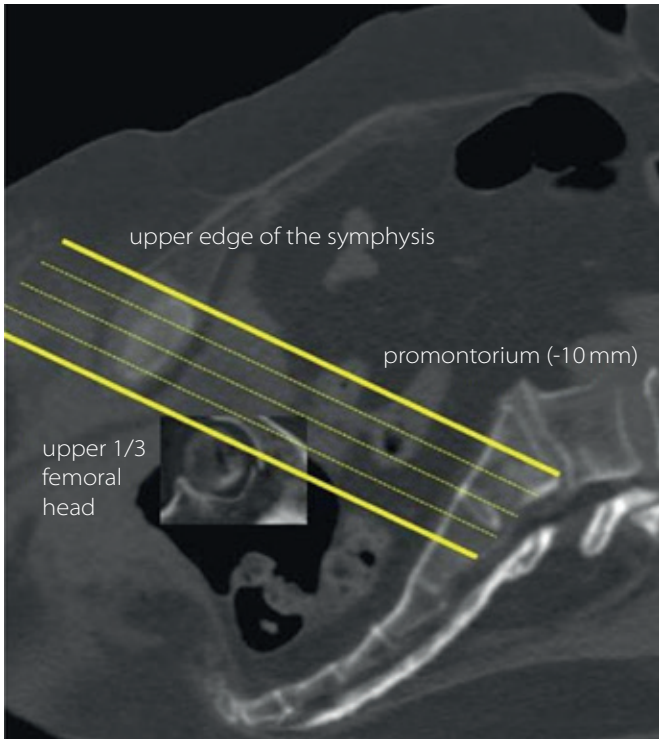
The pelvic bone exhibits great variability. In order to achieve precise fixation, the plates must be contoured to fit individually. To select the right type of plate and its accurate modelling, perform a CT inlet projection of the superior aperture of the pelvis Create a slice image of the pelvis corresponding to the placement of the plate by gradually inclining the plane so that it passes through the upper margin of the symphysis and about 10 mm below the edge of the promontory. The slice plane is then shifted caudally in 5 mm increments until the upper quarter of the femoral head is reached [Fig. A]. The slice image, reffered to as a "CT-defined" projection (CTD), shows the exact anatomical proportions of the patient. The CTD projection must be converted to real size (using the scale on the CT scan).

PREOPERATIVE PLATE CONTOURING

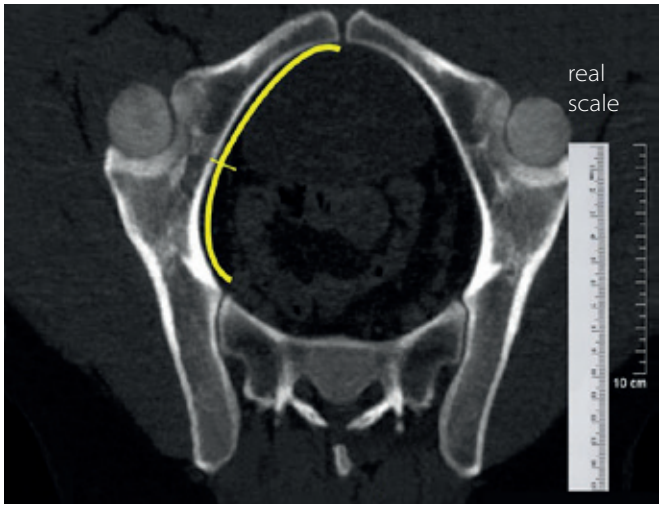
INSTRUCTIONS FOR PHYSICIAN REQUESTING PLATE CONTOURING AT MEDIN, A. S.

MEDIN, a. s. provides individual contouring of the plate and fixing arms grips according to the anatomy of the individual patient for all types of straight OMEGA plates. Please send the CTD projection of the pelvic inlet to MEDIN, a. s. for contouring.

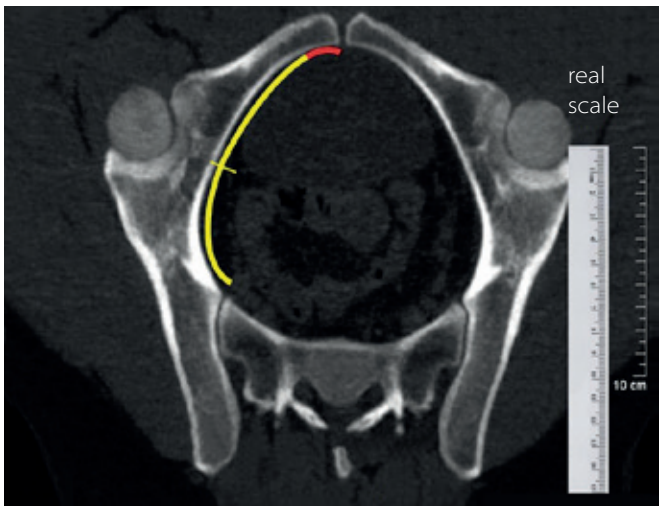
- Perform an accurate CTD inlet projection in real scale [Fig. B].
- Check the correctness of the side markings (modelling is usually done according to the unwounded side of the pelvis).
- Using the real size of the pelvic inlet, determine the centre of the acetabulum (the point of greatest bone weakening), then determine the symphysis and sacroiliac joint.
- Optimal position of the plate: the centre of the arch of the OMEGA plate should be at the centre of the acetabulum, the ventral part of the plate starts just next to the symphysis.
- Correction of the plate position: the centre of the OMEGA plate arch can be shifted in relation to the centre of the acetabulum approximately 5 mm ventrally and 10 mm dorsally to achieve a position of the plate just next to the symphysis.
- In case of abnormal anatomical proportions, it is necessary to respect the requirement that the centre of the OMEGA plate arc is at the centre of the acetabulum. It is then necessary to determine exactly how many mm the ventral part of the plate is distant from the symphysis (marked in red [Fig. C]).
- The fixing arms are normally bent on the ventral part of the plate at an angle of approx. 80°, the arms in the area above the acetabulum at an angle of approx. 70° and the grips in the dorsal part of the plate (ILIAC variant) at an angle of approx. 55°.
- The length of the dorsal section is critical for whether the OMEGA LONG variant is used. Unless there are compelling



CTD projection of the pelvic → Fig. A



Preoperative plate contouring → Fig. B



Preoperative plate contouring → Fig. C

reasons, the dorsal end of the plate should not cross the sacroiliac joint.

- If the fracture extends into the acetabulum, consider using the OMEGA version of the ILIAC or MAXI plate, which are better suited to fixing fragments in this area.
- Contact a sales representative of MEDIN, a. s. The typical time to return the plate to the hospital is 48 hours.

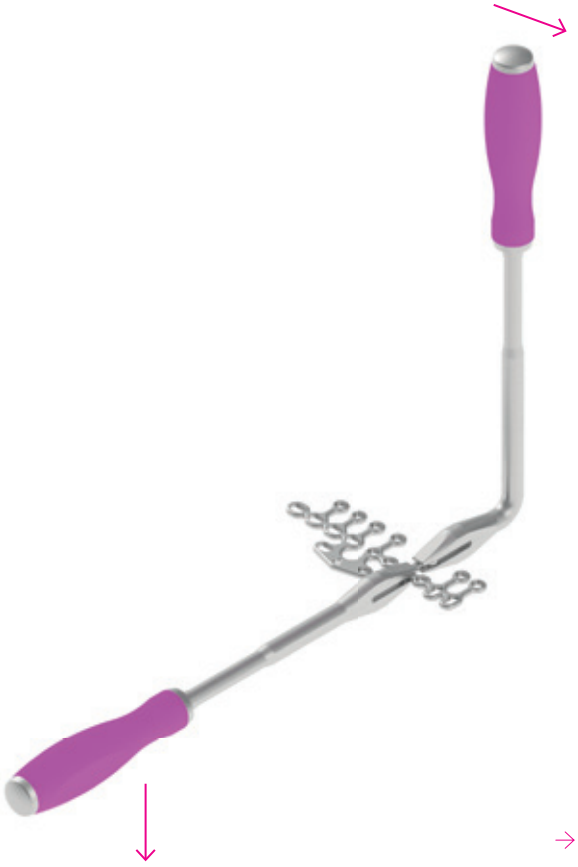
PLATE CONTOURING BY PHYSICIAN

Preoperatively, perform an accurate contouring of the plate according to the CTD projection of the pelvic inlet [Fig. B]. If the anatomical proportions of the right and left sides are assumed to be identical, it is possible to use the uninjured side as a model for preoperative plate contouring.

- To facilitate the contouring of the pelvic plates during surgery, it is possible to use the bending template included in the instrumentarium. However, the fracture must first be accurately reduced and temporarily fixed with K-wires before using the template. The template can be easily moulded to adapt to the anatomical situation and the plate can then be contoured according to this pattern. When utilizing the CTD projection preoperative contouring, the use of a template is not necessary.
- A fissure-type bender is used to bend the fixing arm. Insert the fixing arm into the fissure in the bender, place the second fissure-type bender perpendicular to the plate itself and manipulate both tools to bend the fixing arm to the desired angle [Fig. D]. This creates a sharp bend that is advantageous for placing the plate just below the linea arcuata and allows it to sit precisely on the bone surface.
- Bend the fixing arms on the ventral part of the plate at an angle of approx. 80°, the arms in the area above the acetabulum at an angle of approx. 70° and the grips in the dorsal part of the plate (ILIAC and MAXI variants) at an angle of approx. 55°.
- A pin-type bender is used to bend the plate into an arc according to the curvature of the pelvis. Insert the pin at the end of the bender into the hole in the plate in front of the intended bend point, insert the other bender with the pin into the hole in the plate behind the intended bend point, and make successive bends to create a plate shape that corresponds to the pelvic ring [Fig. E].

Caution
Avoid reverse bending when contouring the plate. Perform the bends in as large an arc as possible.

Caution
The bending template must never be used as an implant!



→ Fig. D

→ Fig. E

→ INSTRUMENTS

REF	Name
397 129 69 8620	Template; for bending
397 129 69 6270	Bender; pin-type, straight
397 129 69 9070	Bender; pin-type, 40°
397 129 69 8440	Bender; fissure-type, straight
397 129 69 8630	Bender; fissure-type, 90°

Note
The colour illustration of the implants in the surgical procedure does not correspond to the real appearance and serves only for better clarity.

01
PATIENT POSITIONING

› Position the patient on the X-ray transparent operating table according to the chosen surgical approach. Wrap the lower extremity of the injured side to allow free movement during the operation.

02
SURGICAL APPROACH

› Choose the surgical approach according to the type of fracture and the surgeon's preference. Most often the modified Stopp approach is chosen.

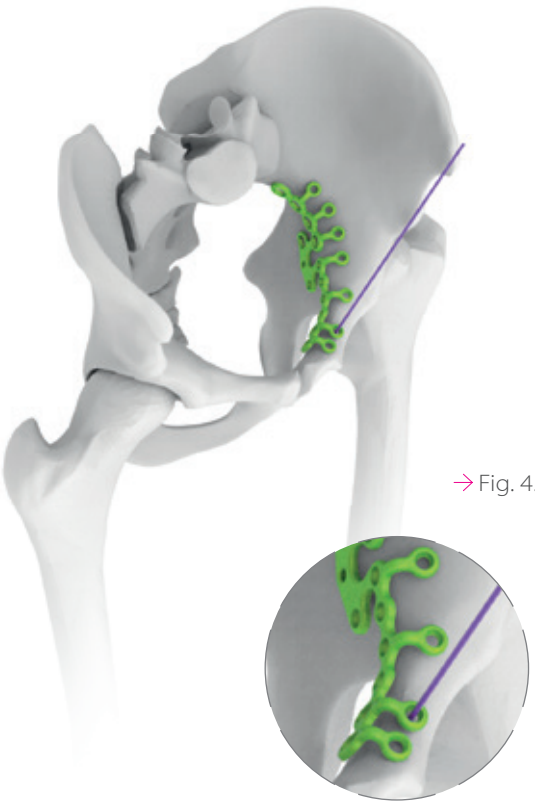
Caution
It is necessary to carefully protect the nervus obturatorius during the entire operation.

03
REDUCTION

› Precise anatomical reduction is required prior to insertion of the OMEGA plate. K-wires can be used to temporarily fix the pelvis in the correct position and should be removed after the plate is inserted. Increased attention should be paid to the reduction of the articular surface. If the plate is preoperatively contoured according to the undamaged side of the pelvis (using CTD projection), the pelvic reduction can be advantageously performed according to the anatomically shaped plate, which will then act as a reduction device.

04
PLATE PLACEMENT

› Before inserting the plate, insert a tissue protector in front of the bladder to pull the bladder wall away and prevent injury. Then mark the symphysis with a needle inserted into the cartilaginous part. Apply the contoured plate to the pelvic bone. Place the extreme fixing arm grip on the ventral part of the plate just next to the symphysis. Insert the K-wire into the pubic ramus through the hole in the second fixing arm to temporarily fix the plate position [Fig. 4.1, Detail 4.1]. Check the fit of the plate to the bone and correct the shape of the plate and fixing arms if necessary. The precise bending of the fixing arms facilitates correct placement of the plate just below the linea terminalis.



→ Fig. 4.1

Detail 4.1

→ INSTRUMENTS

REF	Name
397 129 69 8610	Protection sleeve; tissue

› If the plate conforms to the desired shape, press the plate against the quadrilateral surface using the ball spike located in the central hole of the plate [Fig. 4.2, Detail 4.2] and at the same time, using the second ball spike, press the bent fixing arms against the upper edge of the linea arcuata. Fixate with another K-wire in the dorsal part of the plate [Fig. 4.3, Fig. 4.4].

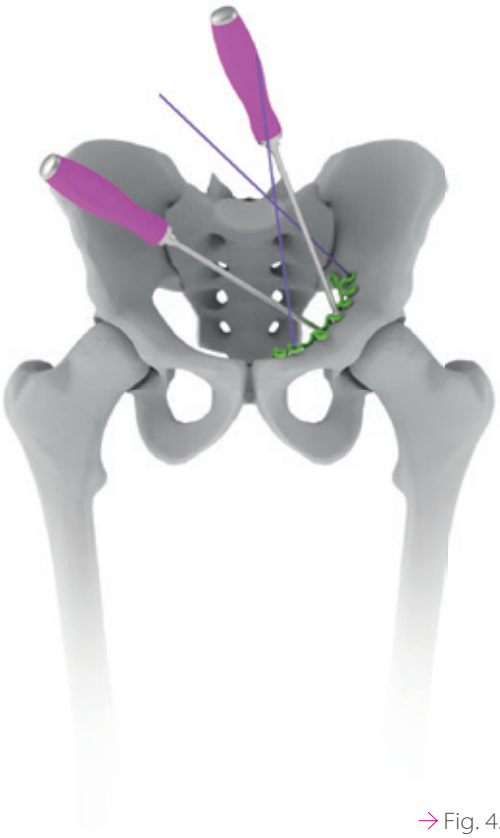
Note
The central hole for the ball spike is located in the centre of the support surface of the plate. Insert the ball spike primarily into this hole.

Detail 4.1

→ Fig. 4.2

→ INSTRUMENTS

REF	Name
397 129 69 8450	Spike; D 6.8 mm – 197 mm



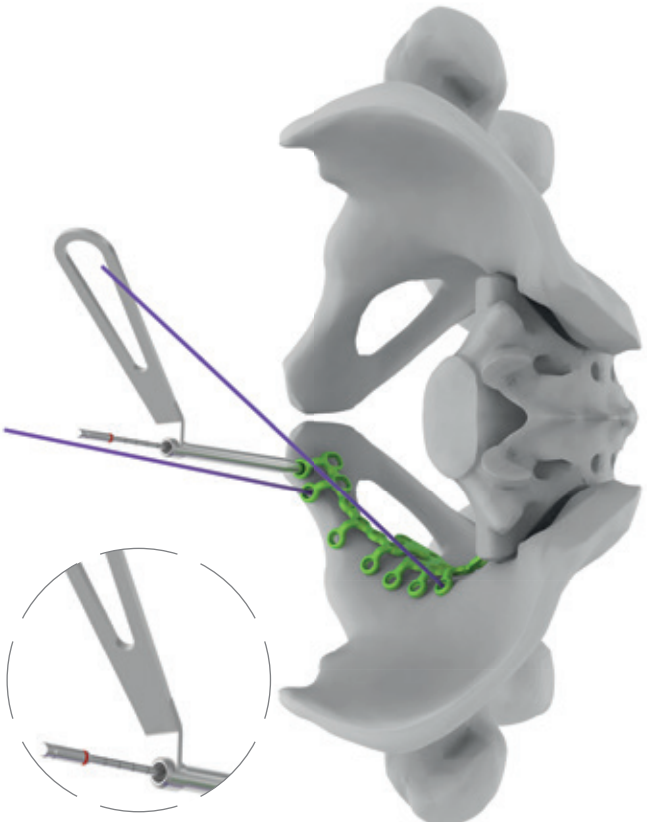
→ Fig. 4.3

→ Fig. 4.4

05

PRIMARY FIXATION OF PLATE

- We recommend to start fitting the plate in the symphysis area first. Using a drill sleeve and a drill bit Ø2.7×230 mm (red), drill a hole for the screw through the first fixing arm, which is located next to the symphysis [Fig. 5.1]. Alternatively, a drill bit Ø2.7×110 mm can be used to drill the pubic ramus. Drill the holes in the dorsal part of the plate using only a Ø2.7×230 mm drill bit guided through the drill sleeve.
- You can estimate the length of the locking screw either by using the drill scale [Detail 5.1] or by using a depth gauge. Insert the depth gauge into the drilled hole [Fig. 5.2] and estimate the depth on the depth gauge scale [Detail 5.2].



Detail 5.1

→ Fig. 5.1

Caution

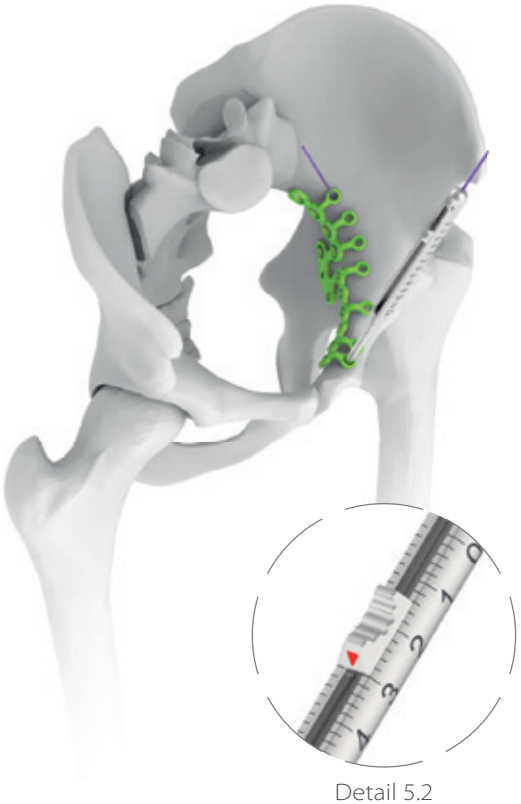
In order to make the measurement as accurate as possible, when drilling through two cortices, the depth gauge hook must be caught on the opposite cortical and the depth gauge sleeve must be tight against the plate.

Note

Due to the anatomical curvature of the plate, inaccuracies in the measurement may arise, so it is recommended to use a screw 2 mm shorter than measured.

Note

Cancellous screws can be used for compression in the porotic bone.



Detail 5.2

→ Fig. 5.2

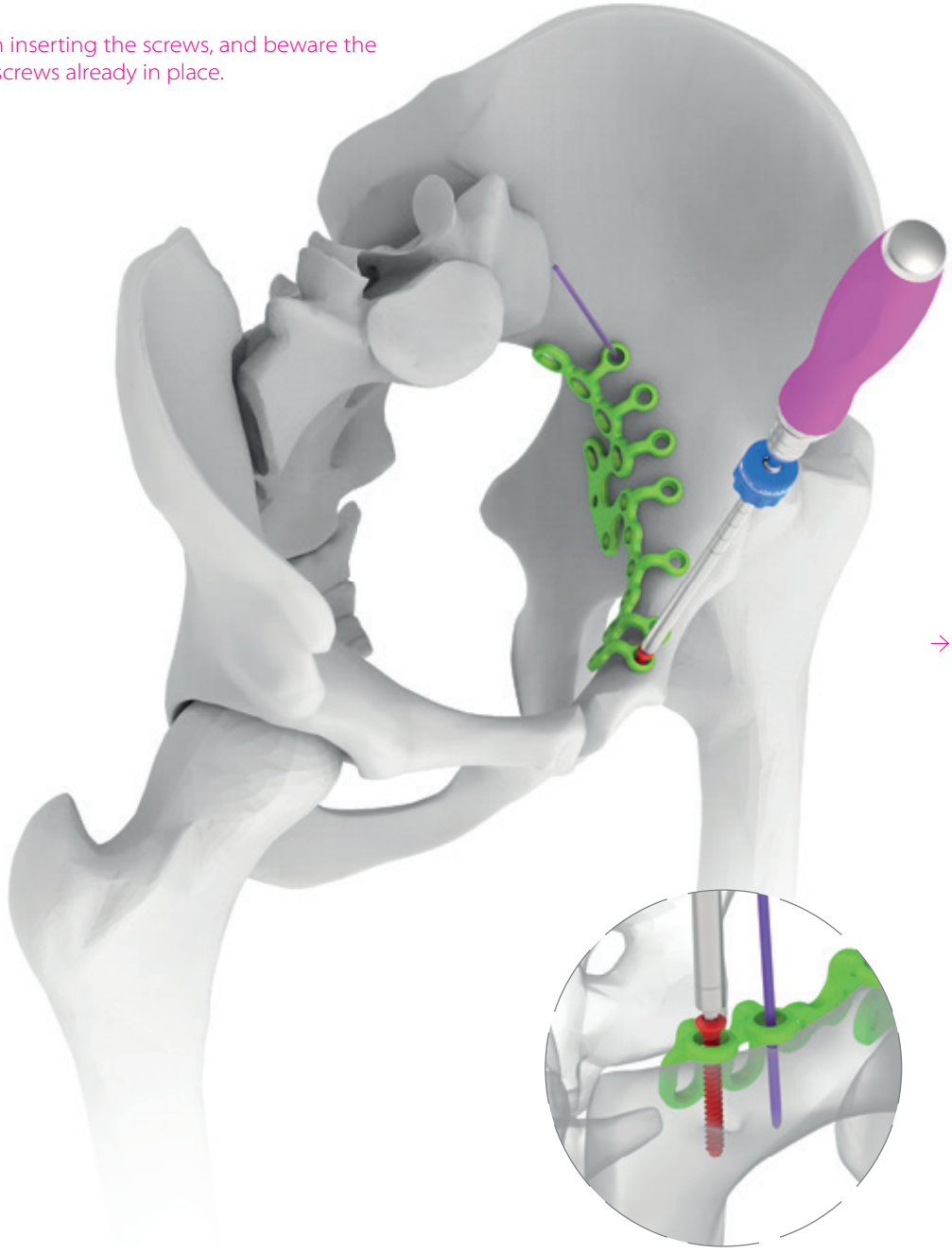
→ INSTRUMENTS

REF	Name
397 129 69 6291	Drill; 2.7×230 mm, AO coupling
397 129 69 8910	Drill; 2.7×110 mm, AO coupling
397 129 69 8640	Drill sleeve; 7.8/2.75×128 mm
397 129 69 8890	Depth gauge; 3×120 mm, type 2

› Insert the selected screw using a hand screwdriver, but do not tighten it [Fig. 5.3, Detail 5.3]. In the next stage of the surgery, the untightened screw serves as a pin around which the plate can be manipulated and the position of the plate can be slightly corrected. This screw is inserted in the axis of the symphysis (following the inclination of the symphysis). After inserting the bolt, remove the K-wire from the second fixing arm.

Caution
Never use a drill to insert in the screws!

Caution
Take extra care when inserting the screws, and beware the risk of collision with screws already in place.



→ Fig. 5.3

Detail 5.3

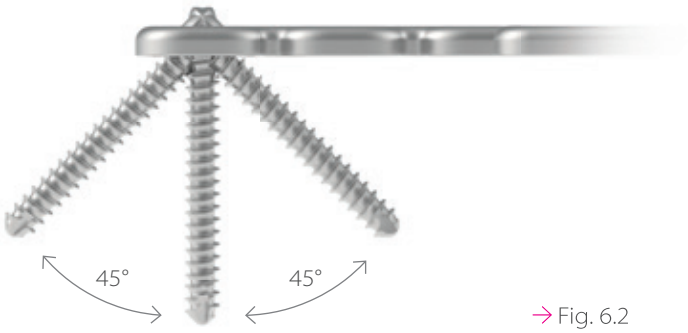
→ INSTRUMENTS

REF	Name
BD23-110-AO	Handle AO, 30×151 mm
397 129 68 1730	Locking screwdriver; AO, hex, 2.5×160 mm
397 129 69 5231	Screwdriver; AO, hex, 2.5×160 mm, conical

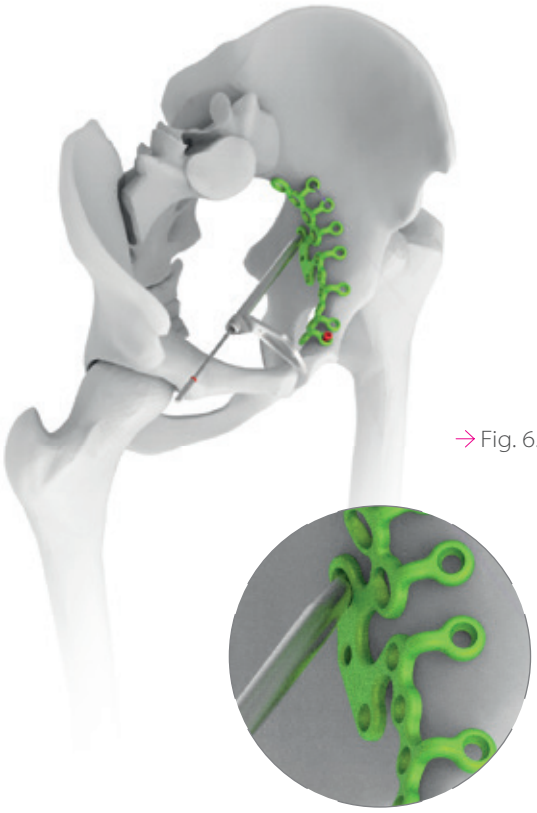
06

DORSAL PLATE FIXATION

› Using the ball spike, press the plate against the bone again. Make sure the plate is in the correct position. Drill another hole in the dorsal part of the Omega plate arch [Fig. 6.1, Detail 6.1]. The special shape of the elongated holes allows the screws to be fixed outside the axis of the hole. The maximum deflection of the screw from the axis is limited to 45° in the horizontal direction and 15° in the vertical direction [Fig. 6.2]. The greater the deviation, the lower is the stability of the fixation of the screw to the plate!



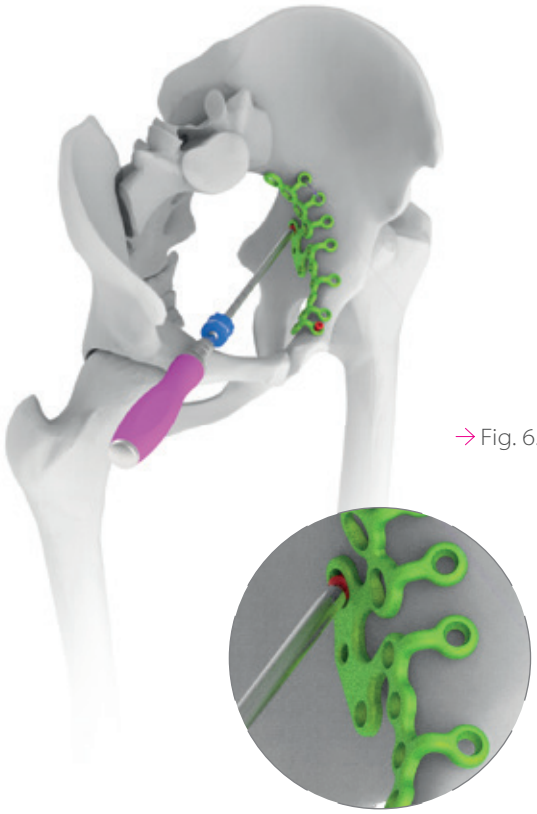
→ Fig. 6.2



→ Fig. 6.1

Detail 6.1

› Measure the depth of the drilled hole and insert a screw of the corresponding length [Fig. 6.3, Detail 6.2]. The screw pushes the plate firmly against the posterior pillar of the acetabulum and at the same time the fixing arms stabilize the fragments above the linea arcuata. In the dorsal part, fix the plate to the bone that is firmly connected to the intact sacroiliac joint to fix to.



→ Fig. 6.3

Detail 6.2

→ INSTRUMENTS

REF	Name
397 129 69 8450	Spike; D 6.8 mm – 197 mm
397 129 69 6291	Drill; 2.7 × 230 mm, AO coupling
397 129 69 8640	Drill sleeve; 7.8/2.75 × 128 mm
397 129 69 8890	Depth gauge; 3 × 120 mm, type 2
BD23-110-AO	Handle AO, 30 × 151 mm
397 129 68 1730	Locking screwdriver; AO, hex, 2.5 × 160 mm
397 129 69 5231	Screwdriver; AO, hex, 2.5 × 160 mm, conical

After the insertion of the first two screws, additional pelvic reduction may be necessary. The third screw is inserted into the dorsal end of the plate in the area lateral to the sacroiliac joint [Fig. 6.4]. The technique for drilling the hole and measuring the length of the screw is the same as in "05. Primary fixation of plate". Then insert another screw into the hole in the second fixing arm [Fig. 6.5]. Tighten the two screws in the symphysis area one at a time. Remove the K-wire in the dorsal part. Insert the remaining screws as necessary to gradually fix all the fragments and strengthen the entire pelvis [Detail. 6.3].

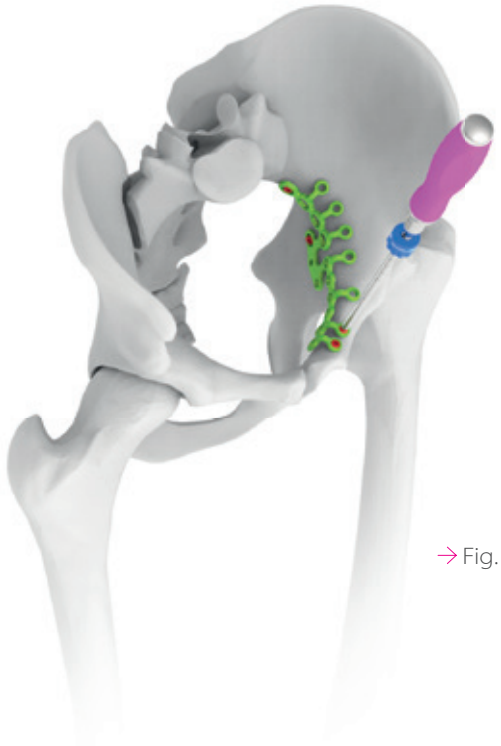
Caution

The OMEGA pelvic plate is not a fully weight-bearing implant. It serves only as a fixation element during the healing period. Full weight bearing of the injured pelvis is possible only after reliable bone healing.

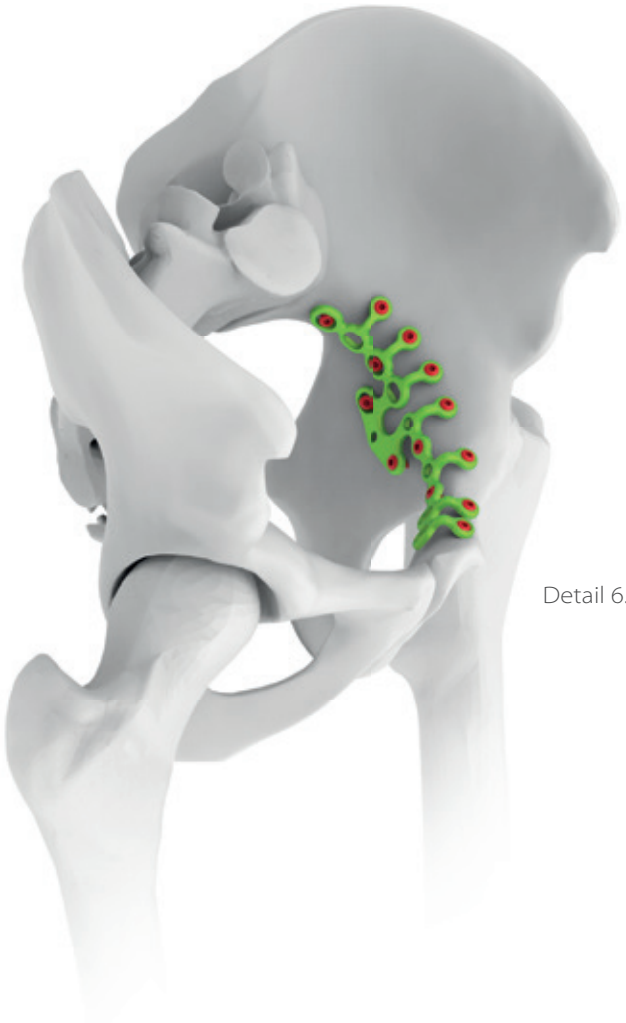
Note

The reduction can be facilitated by a lateral pull on the femoral head.

→ Fig. 6.4



→ Fig. 6.5



Detail 6.3

→ INSTRUMENTS

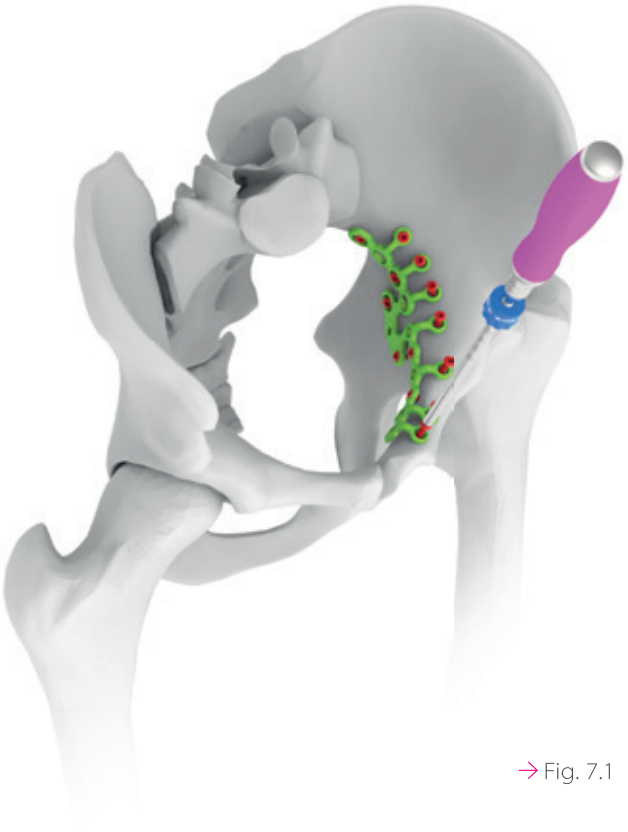
REF	Name
397 129 69 6291	Drill; 2.7 × 230 mm, AO coupling
397 129 69 8640	Drill sleeve; 7.8/2.75 × 128 mm
397 129 69 8890	Depth gauge; 3 × 120 mm, type 2
BD23-110-AO	Handle; AO, 30 × 151 mm
397 129 68 1730	Locking screwdriver; AO, hex, 2.5 × 160 mm
397 129 69 5231	Screwdriver; AO, hex, 2.5 × 160 mm, conical

07

PLATE REMOVAL

- Use the screwdriver with the holder to remove the plate. First, loosen all screws in the fixing arms [Fig. 7.1]. Then unfasten all remaining screws [Fig. 7.2]. When all the screws in the plate have been unfastened you may start removing them.
- In case of a stripped hexagon screw head or any other troubles with the screws' removal use MEDIN instrumentarium for removing screws.

Caution
Use only manual screwdriver for unfastening of the screws!



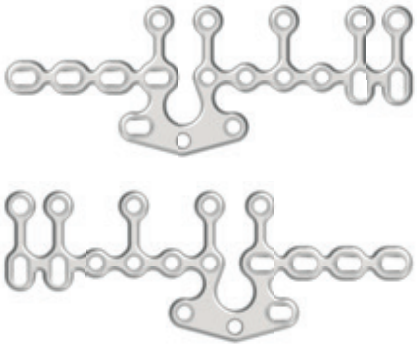
→ Fig. 7.1

→ Fig. 7.2

→ INSTRUMENTS

REF	Název
BD23-110-AO	Handle AO, 30×151 mm
397 129 68 1730	Locking screwdriver; AO, hex, 2.5×160 mm
397 129 69 5231	Screwdriver; AO, hex, 2.5×160 mm, conical

→ OMEGA PELVIC PLATE

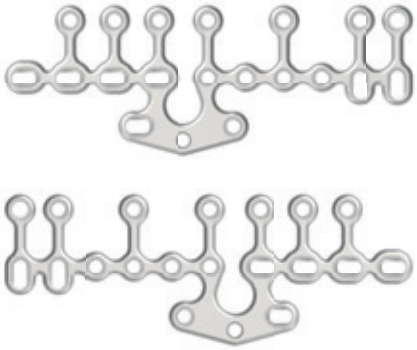


OMEGA pelvic plate; basic, left

REF	Size [mm]
397 129 70 4160	130×48

OMEGA pelvic plate; basic, right

REF	Size [mm]
397 129 70 4170	130×48

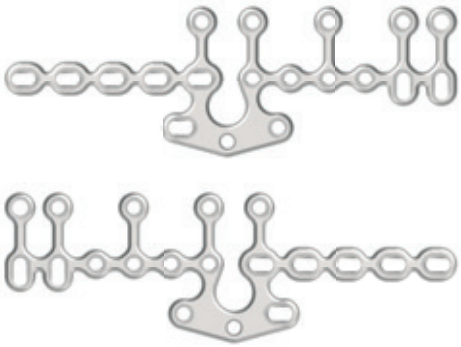


OMEGA pelvic plate; ILIAC, left

REF	Size [mm]
397 129 70 4190	130×48

OMEGA pelvic plate; ILIAC, right

REF	Size [mm]
397 129 70 4200	130×48

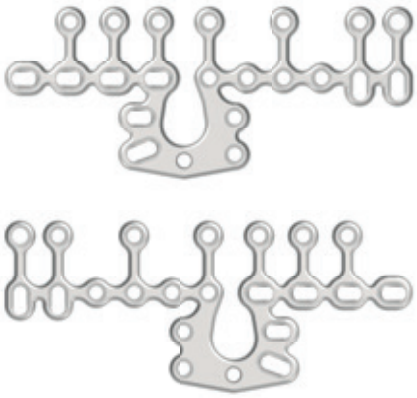


OMEGA pelvic plate; LONG, left

REF	Size [mm]
397 129 70 4220	144×48

OMEGA pelvic plate; LONG, right

REF	Size [mm]
397 129 70 4230	144×48



OMEGA pelvic plate; MAXI, left

REF	Size [mm]
397 129 70 4250	130×55

OMEGA pelvic plate; MAXI, right

REF	Size [mm]
397 129 70 4260	130×55

→ OMEGA PELVIC PLATE – SHAPED

OMEGA pelvic plate; basic shaped, left

REF	Size [mm]
397 129 71 5240	130×48

OMEGA pelvic plate; basic shaped, right

REF	Size [mm]
397 129 71 5250	130×48

OMEGA pelvic plate; ILIAC shaped, left

REF	Size [mm]
397 129 71 5260	130×48

OMEGA pelvic plate; ILIAC shaped, right

REF	Size [mm]
397 129 71 5270	130×48

OMEGA pelvic plate; LONG shaped, left

REF	Size [mm]
397 129 71 5420	144×48

OMEGA pelvic plate; LONG shaped, right

REF	Size [mm]
397 129 71 5430	144×48

MEGA pelvic plate; MAXI shaped, left

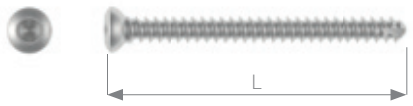
REF	Size [mm]
397 129 71 5440	130×55

OMEGA pelvic plate; MAXI shaped, right

REF	Size [mm]
397 129 71 5450	130×55

→ IIMPLANTS FOR OMEGA PELVIC PLATE

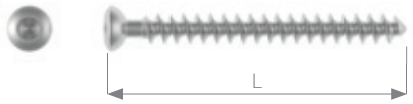
Cortical screw; self-tapping, HA 3.5×L mm



Technical data	Size [mm]
Screw thread	Ø3.5
Screw core	Ø2.4
Screw head	Ø6.0
Drill for thread	Ø2.7
Screwdriver	⬡ 2.5

REF	L [mm]
397 129 79 5241	16
397 129 79 5251	18
397 129 79 5261	20
397 129 79 5271	22
397 129 79 5281	24
397 129 79 5291	26
397 129 79 5301	28
397 129 79 5311	30
397 129 79 5321	32
397 129 79 5331	34
397 129 79 5341	36
397 129 79 5351	38
397 129 79 5361	40
397 129 79 5371	42
397 129 79 5441	44
397 129 79 5451	46
397 129 79 5461	48
397 129 79 5391	50
397 129 79 5401	55
397 129 79 5411	60
397 129 79 5421	65
397 129 79 5431	70

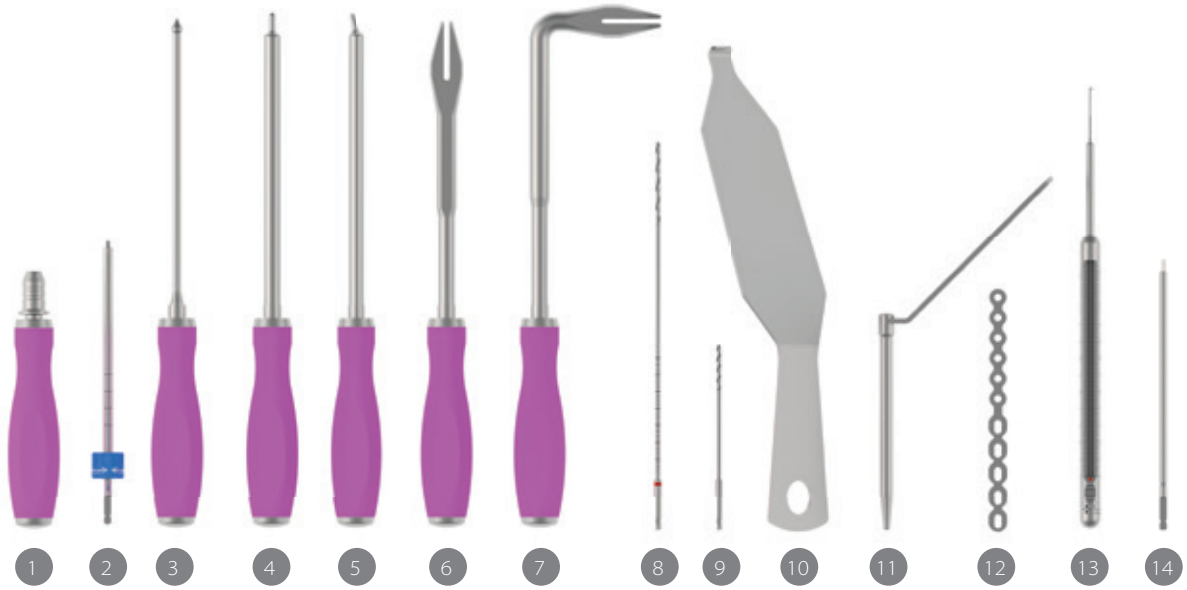
Cancellous screw; HB 4×L mm



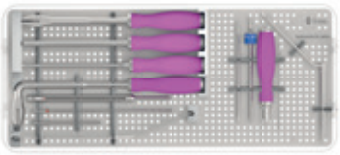
Technical data	Size [mm]
Screw thread	Ø4.0
Screw core	Ø1.9
Screw head	Ø0.6
Drill for thread	Ø2.7
Screwdriver	⬡ 2.5

REF	L [mm]
397 129 79 6010	16
397 129 79 6020	18
397 129 79 6030	20
397 129 79 6040	22
397 129 79 6050	24
397 129 79 6060	26
397 129 79 6070	28
397 129 79 6080	30
397 129 79 6090	32
397 129 79 6630	34
397 129 79 6640	36
397 129 79 6650	38
397 129 79 6110	40
397 129 79 6660	42
397 129 79 6670	44
397 129 79 6680	46
397 129 79 6690	48
397 129 79 6130	50
397 129 79 6140	55
397 129 79 6150	60

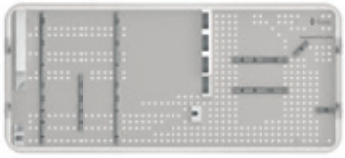
→ INSTRUMENTS FOR OMEGA PELVIC PLATE



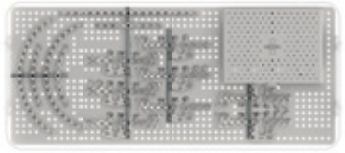
	397 139 09 0690	Set of instruments for pelvic plates	
No.	**REF**	**Name**	**pcs**
1	BD23-110-AO	Handle; AO, 30 × 151 mm	1
2	397 129 68 1730	Locking screwdriver; AO, hex, 2.5 × 160 mm	1
3	397 129 69 8450	Spike; D 6.8 mm – 197 mm	2
4	397 129 69 6270	Bender; pin-type, straight	1
5	397 129 69 9070	Bender; pin-type, 40°	1
6	397 129 69 8440	Bender; fissure-type, straight	2
7	397 129 69 8630	Bender; fissure-type, 90°	1
8	397 129 69 6291	Drill; 2.7 × 230 mm, AO coupling	2
9	397 129 69 8910	Drill; 2.7 × 110 mm, AO coupling	2
10	397 129 69 8610	Protection sleeve; tissue	1
11	397 129 69 8640	Drill sleeve; 7.8/2.75 × 128 mm	1
12	397 129 69 8620	Template; for bending	1
13	397 129 69 8890	Depth gauge; 3 × 120 mm, type 2	1
14	397 129 69 5231	Screwdriver; AO, hex, 2.5 × 160 mm, conical	1



	REF	**Basket type**	**pcs**
	397 139 09 0695	Set of instruments for pelvic plates; with sieve – including instruments – 540 × 240 × 90 mm	1



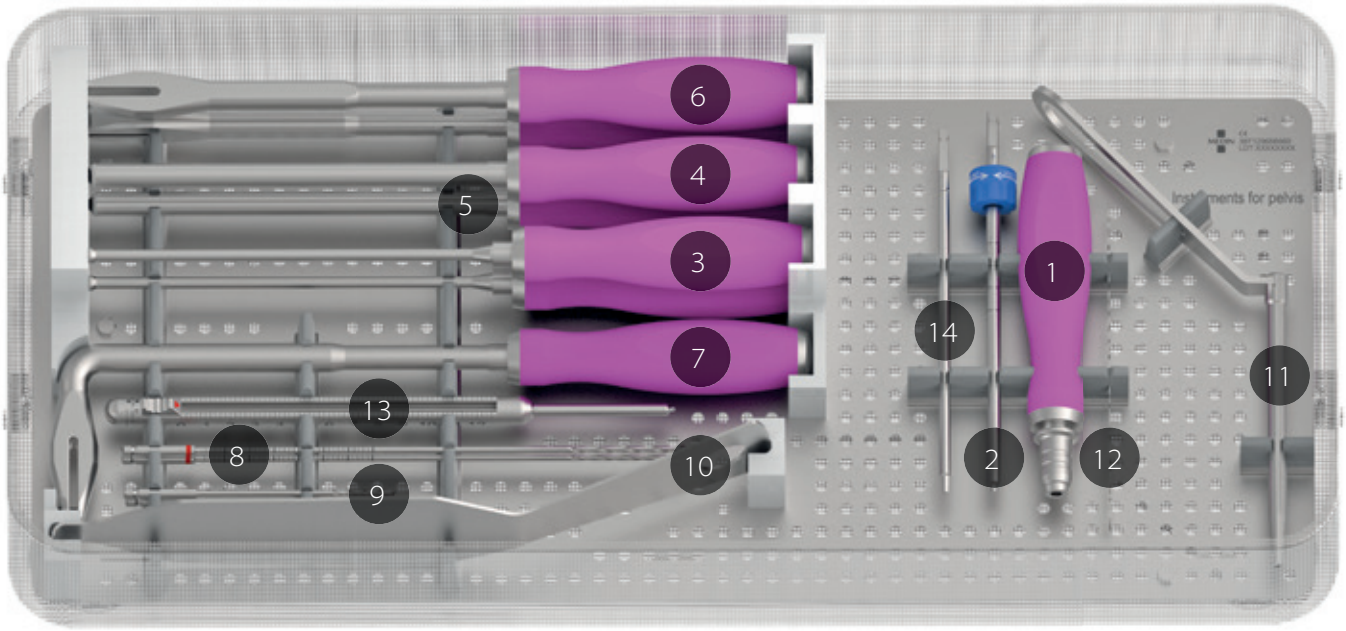
	REF	**Basket type**	**pcs**
	397 129 69 8660	Sieve; for instruments for pelvic plates – without instruments – 540 × 240 × 90 mm	1



	REF	**Basket type**	**pcs**
	397 139 09 1305	Set for pelvic plates II – including implants – 540 × 240 × 90 mm	1

→ INSTRUMENTS DIAGRAM

BASKET 1



→ INSTRUMENTS

No.	Name
1	Handle; AO, 30×151 mm
2	Locking screwdriver; AO, hex, 2.5×160 mm
3	Spike; D 6.8 mm – 197 mm
4	Bender; pin-type, straight
5	Bender; pin-type, 40°
6	Bender; fissure-type, straight
7	Bender; fissure-type, 90°
8	Drill; 2.7×230 mm, AO coupling
9	Drill; 2.7×110 mm, AO coupling
10	Protection sleeve; tissue
11	Drill sleeve; 7.8/2.75×128 mm
12	Template; for bending
13	Depth gauge; 3×120 mm, type 2
14	Screwdriver; AO, hex, 2.5×160 mm, conical

REF	UDI-DI	Name
OMEGA Pelvic Plate		
397 129 70 4160	8591712274268	basic, left
397 129 70 4170	8591712274275	basic, right
397 129 70 4190	8591712274282	ILIAC, left
397 129 70 4200	8591712274299	ILIAC, right
397 129 70 4220	8591712274305	LONG, left
397 129 70 4230	8591712274312	LONG, right
397 129 70 4250	8591712274329	MAXI, left
397 129 70 4260	8591712274336	MAXI, right
397 129 71 5240	8591712338182	basic shaped, left
397 129 71 5250	8591712338199	basic shaped, right
397 129 71 5260	8591712338205	ILIAC shaped, left
397 129 71 5270	8591712338212	ILIAC shaped, right
397 129 71 5420	8591712342172	LONG shaped, left
397 129 71 5430	8591712342189	LONG shaped, right
397 129 71 5440	8591712342196	MAXI shaped, left
397 129 71 5450	8591712358203	MAXI shaped, right
Cortical screw		
397 129 79 5241	8591712035685	self-tapping, HA 3.5×16 mm
397 129 79 5251	8591712035708	self-tapping, HA 3.5×18 mm
397 129 79 5261	8591712035722	self-tapping, HA 3.5×20 mm
397 129 79 5271	8591712035746	self-tapping, HA 3.5×22 mm
397 129 79 5281	8591712035760	self-tapping, HA 3.5×24 mm
397 129 79 5291	8591712035791	self-tapping, HA 3.5×26 mm
397 129 79 5301	8591712035814	self-tapping, HA 3.5×28 mm
397 129 79 5311	8591712035838	self-tapping, HA 3.5×30 mm
397 129 79 5321	8591712035852	self-tapping, HA 3.5×32 mm
397 129 79 5331	8591712035883	self-tapping, HA 3.5×34 mm
397 129 79 5341	8591712035906	self-tapping, HA 3.5×36 mm
397 129 79 5351	8591712035920	self-tapping, HA 3.5×38 mm
397 129 79 5361	8591712035944	self-tapping, HA 3.5×40 mm
397 129 79 5371	8591712035968	self-tapping, HA 3.5×42 mm
397 129 79 5441	8591712138492	self-tapping, HA 3.5×44 mm
397 129 79 5451	8591712138508	self-tapping, HA 3.5×46 mm
397 129 79 5461	8591712138515	self-tapping, HA 3.5×48 mm
397 129 79 5391	8591712036002	self-tapping, HA 3.5×50 mm
397 129 79 5401	8591712036026	self-tapping, HA 3.5×55 mm
397 129 79 5411	8591712036040	self-tapping, HA 3.5×60 mm
397 129 79 5421	8591712036064	self-tapping, HA 3.5×65 mm
397 129 79 5431	8591712036088	self-tapping, HA 3.5×70 mm

REF	UDI-DI	Name
Cancellous screw		
397 129 79 6010	8591712036613	HB 4×16 mm
397 129 79 6020	8591712036620	HB 4×18 mm
397 129 79 6030	8591712036637	HB 4×20 mm
397 129 79 6040	8591712036644	HB 4×22 mm
397 129 79 6050	8591712036651	HB 4×24 mm
397 129 79 6060	8591712036668	HB 4×26 mm
397 129 79 6070	8591712036675	HB 4×28 mm
397 129 79 6080	8591712036682	HB 4×30 mm
397 129 79 6090	8591712036699	HB 4×32 mm
397 129 79 6630	8591712141577	HB 4×34 mm
397 129 79 6640	8591712141584	HB 4×36 mm
397 129 79 6650	8591712141591	HB 4×38 mm
397 129 79 6110	8591712036712	HB 4×40 mm
397 129 79 6660	8591712141607	HB 4×42 mm
397 129 79 6670	8591712141614	HB 4×44 mm
397 129 79 6680	8591712141621	HB 4×46 mm
397 129 79 6690	8591712141638	HB 4×48 mm
397 129 79 6130	8591712036736	HB 4×50 mm
397 129 79 6140	8591712036743	HB 4×55 mm
397 129 79 6150	8591712036750	HB 4×60 mm

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- TALLER S., ŠRÁM J., LUKÁŠ R., KRIVOHLÁVEK M.: Surgical Treatment of Pelvic Ring and Acetabular Fractures Using the Stoppa Approach. Acta chirurgiae orthopaedicae et traumatologiae Cechoslovaca, 77, 2010, 93-98.

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