SURGICAL TECHNIQUE GUIDE

IJS®-ELBOW

elbow stabilization system





As described by:

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IJS®-ELBOW elbow stabilization system

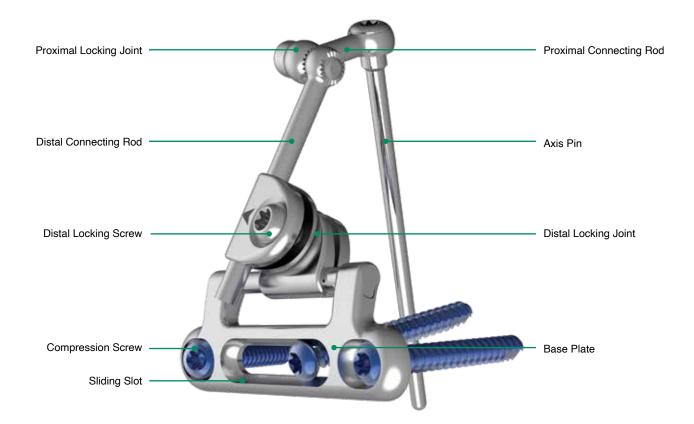
Description

The IJS-E® System is designed to address elbow joint. The Internal Joint Stabilizer - Elbow is intended to provide instability procedures through a standard open lateral approach and should only be used by surgeons who have chronic elbow dislocation. experience with the IJS-E® System.

Each surgeon must evaluate the appropriateness for the use of the IJS-E® System prior to and during these procedures. These guidelines are furnished for information purposes only and are not intended to replace comprehensive training. Prior to use of the IJS-E® System, the surgeon should become familiar with all information contained in this technique guide.

Indications for Use

temporary stabilization of the elbow joint after trauma or



SUPERFICIAL EXPOSURE

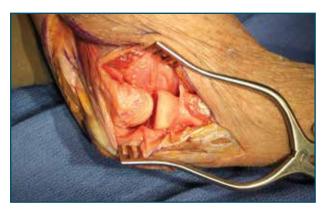


Make an incision midway between the lateral epicondyle and the olecranon.

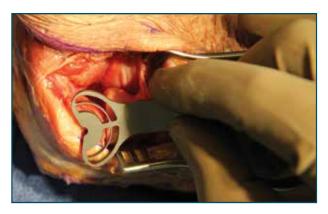
Note:

Place the tourniquet proximal on the arm to allow for free elbow motion.

2 DEEP EXPOSURE



Perform a lateral approach to the elbow joint through the surgeon's preferred muscle interval.





Locate and mark the anatomic center on the lateral capitellum.

Note:

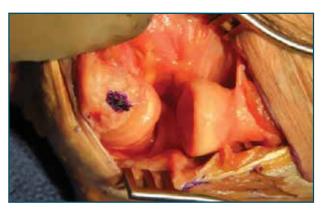
This is identified as the center of a circle that fits the curvature of the capitellum on the lateral view.

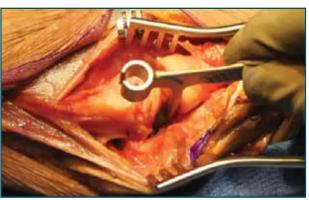
Full visualization of the lateral epicondyle to the capitellum is critical to accurately establish the anatomic center of rotation.



IJS-ELB-ACG: IJS®-E Axis Centering Guide

AXIS GUIDE SIZING





Open the joint by applying a varus stress allowing access to insert the largest sized Axis Guide that is appropriate for the patient.

The handle of the Axis Guide should be positioned in-line with the humeral shaft and into the trochlear notch, engaging the medial trochlear expansion.

Note:

There are three sizes of Axis Guides available.



IJS-EAG-XXX: IJS®-E Axis Guide

GUIDE WIRE ATTACHMENT





Insert the K-wire Guide into the Axis Guide so that it is close to the lateral epicondyle without making contact, and then rotate it clockwise to lock it in place.

Caution:

Avoid contacting the lateral epicondyle with the K-wire Guide as it will prevent the Axis Guide from properly engaging the medial trochlear expansion, causing the assembly to be improperly positioned.



IJS-EAG-KWG: IJS®-E K-wire Guide, 1.5mm

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GUIDE WIRE INSERTION





Advance the Guide-Wire (1.5mm K-wire) through the K-wire Guide and into the humerus, stopping short of the medial cortex.

Caution:

DO NOT violate the medial cortex as it may result in ulnar nerve injury.

Note:

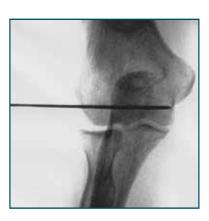
The supplied Guide-Wires (1.5mm K-wire) are specifically designed to provide exact depth readings with the system's Depth Gauge.

Remove the entire assembly leaving the Guide Wire (1.5mm K-wire) in place.



FLUOROSCOPIC CONFIRMATION

Confirm that the Guide Wire (1.5mm K-wire) has been inserted to the correct depth and that the axis of rotation has been properly established using fluoroscopy.





9 AXIS PIN MEASUREMENT



Place the Depth Gauge over the Guide Wire (1.5mm K-wire) to measure the drilling depth for the proper length of Axis Pin.

If between sizes, choose a shorter length.

Note:

There are nine lengths of Axis Pin available.



IJS-EDG-OKW: DIJS-E Depth Gauge, Over K-wire

10 AXIS PIN DRILLING



Drill over the Guide Wire (1.5mm K-wire) to the measured depth using the 2.7mm cannulated IJS-E® Drill.

Remove the Guide Wire (1.5mm K-wire) after drilling.

Note:

The 2.7mm cannulated IJS-E $^{\text{\tiny{\$}}}$ Drill has etched depth marks.

Position the Base Plate on the proximal aspect of the ulna.

Note:

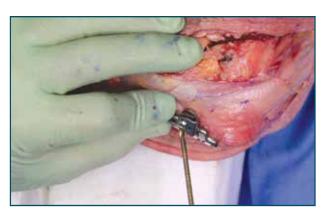
The use of fluoroscopy will help to position the base plate.

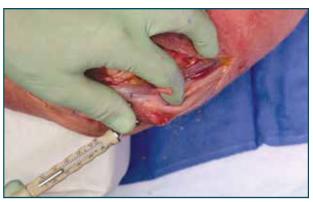




BASE PLATE DRILLING 12







Drill for bicortical fixation through the sliding slot on the Base Plate using the 2.7mm drill bit, aiming towards the coronoid process and away from the radial notch.

Measure using the Depth Gauge for the appropriate length 3.5mm compression screw (Polyaxial Non Locking).

Caution: Avoid drilling into the articular surfaces.

Note: The center-sliding slot of the Base Plate facilitates positioning.





DRLL-SSC-27040: Drill, 2.7mm x 40mm

DPGA-UNV-050: Depth Gauge, Universal, 50mm

13 SCREW INSERTION





Insert the corresponding 3.5mm compression screw (Polyaxial Non-Locking) using the T-10 Driver.

Repeat step 12 and 13 for the remaining two compression screw holes of the Base Plate.

Caution:

Avoid drilling into the articular surfaces.



DRVR-UQC-T10: Driver, Universal QC, T-10

14 CONSTRUCT ALIGNMENT





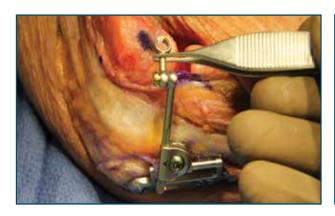
Correct Placement

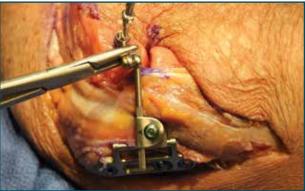
Incorrect Placement

If the head of the Proximal Locking Screw or the arrow of the Distal Locking Joint are NOT pointing proximally:

Loosen the Distal Locking Screw and remove the Distal Connecting Rod to flip the Distal Locking Joint 180° so that its arrow is pointing proximal.

Then reinsert the Distal Connecting Rod back into the Distal Locking Joint with the Proximal Locking Screw also pointing proximal.





Adjust the Distal Connecting Rod to allow the selected Axis Pin to be inserted through the eyelet of the Proximal Connecting Rod and into the humerus.

Note:

A needle holder or the PROTEAN® Pliers can be used to hold the Proximal Connecting Rod while inserting the Axis Pin.



IJS-EAP-25XXX: IJS®-E Axis Pin, X.Xmm x XXmm

LOCKING THE AXIS PIN

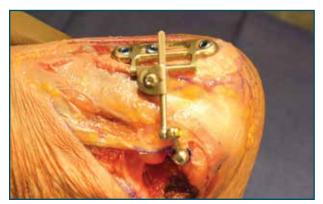
Use the PROTEAN® Pliers to stabilize the Proximal Connecting Rod while fully tightening the Axis Pin using the T-10 Driver.





PRT-BND-PLR: PROTEAN® Plate Bending Pliers

17 ELBOW REDUCTION

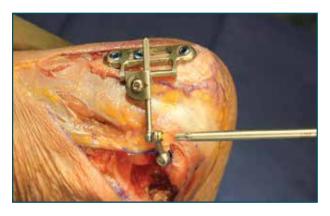


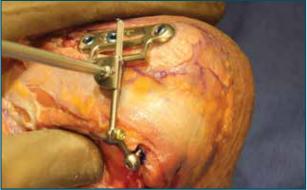
Anatomically reduce the elbow joint.

Note:

Shoulder rotational torque is minimized by placing the patient's hand over their face which also aids in the reduction.

18 LOCKING THE CONSTRUCT





Using the T-10 Driver and the Counter Torque Tool, lock the reduction by first tightening the Proximal Locking Screw and then the Distal Locking Screw.

Warning:

Both the Proximal and Distal Locking Screws must be fully tightened to maintain reduction.



DRVR-UQC-T10: Driver, Universal QC, T-10

Confirm that the reduction is maintained through the full ROM using fluoroscopic imaging.



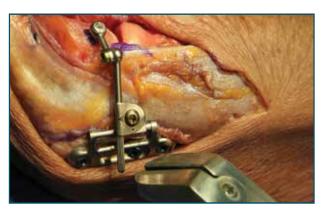


TRIMMING THE CONNECTING ROD 20

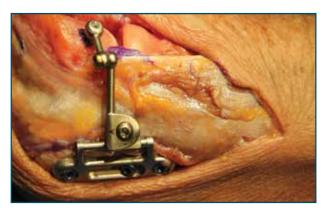
Using a pin cutter, remove any excess length from the Distal Connecting Rod that exits the Distal Locking Joint.

Warning:

The Distal Connecting Rod must be trimmed as short as possible where it exits the Distal Locking Joint to minimize the potential for soft tissue irritation.



21 DEEP CLOSURE



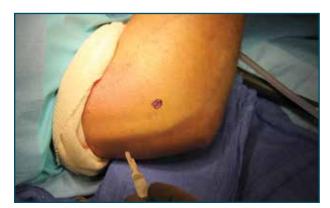
Reattach the origin of the lateral collateral ligament and the origin of the extensor muscle just proximal to the Axis Pin.

22 CLOSURE



Close the incision in the usual fashion.

LOCATING THE AXIS PIN



Palpate the lateral epicondyle to locate and mark the head of the Axis Pin.

Note:

Use of fluoroscopic imaging will aid in locating the position for each of the construct screws.

2 AXIS PIN REMOVAL





Make a stab incision over the marked area and remove the Axis Pin using the T-10 Driver.



DRVR-UQC-T10: Driver, Universal QC, T-10



Palpate the posterior surface of the ulna to locate and mark the position of the Base Plate.

Note:

Access can be gained through the previous exposure

EXPOSING THE BASE PLATE









Using the T-10 Driver, remove the three 3.5mm compression screws (Polyaxial Non-Locking).

6 CONSTRUCT REMOVAL

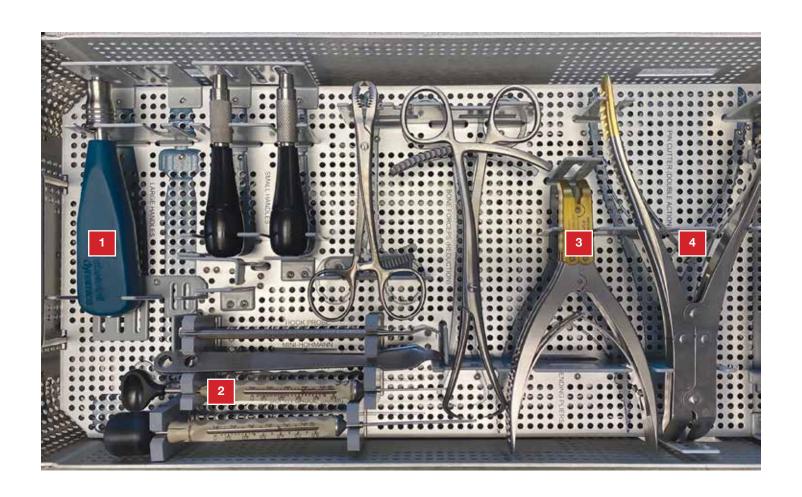




Remove the Base Plate construct.

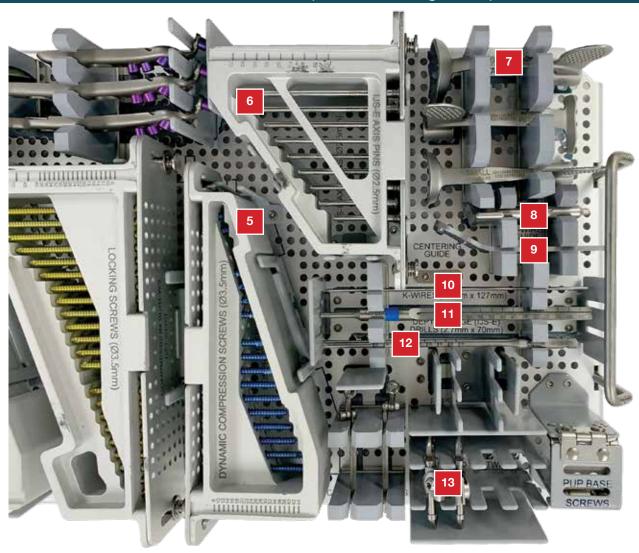
Close both incisions and dress the wound in the usual fashion.

INSTRUMENT TRAY (Standard Configuration)



#	Catalog	Description	#	Catalog	Description
1	HNDL-UQC-FXD	Handle, Quick Connect, Fixed			
2	DPGA-MDS-050	Depth Gauge, Med. Standard, 50mm			
3	PRT-BND-PLR	PROTEAN Bending Pliers			
4	CTP-PI-2233	Cutting Pliers			

INSTRUMENT TRAY (Standard Configuration)



#	Catalog	Description	#	Catalog	Description
5	PANL-35160-TS PANL-35180-TS	Screw, Cortical Non Locking, 3.5mm x 16mm, Ti Screw, Cortical Non Locking, 3.5mm x 18mm, Ti	8	IJS-EAG-KWG	IJS-E K-Wire Guide, 1.5mm
	PANL-35200-TS PANL-35220-TS	Screw, Cortical Non Locking, 3.5mm x 20mm, Ti Screw, Cortical Non Locking, 3.5mm x 22mm, Ti	9	IJS-ELB-ACG	IJS-E Axis Centering Guide
	PANL-35240-TS PANL-35260-TS	Screw, Cortical Non Locking, 3.5mm x 24mm, Ti Screw, Cortical Non Locking, 3.5mm x 26mm, Ti	10	KWIR-DES-15127	K-Wire Standard Tip, 1.5mm x 127mm
	PANL-35280-TS PANL-35300-TS	Screw, Cortical Non Locking, 3.5mm x 28mm, Ti Screw, Cortical Non Locking, 3.5mm x 30mm, Ti	11	IJS-EDG-OKW	DIJS-E Depth Gauge, Over K-wire
	PANL-35320-TS PANL-35340-TS	Screw, Cortical Non Locking, 3.5mm x 32mm, Ti Screw, Cortical Non Locking, 3.5mm x 34mm, Ti	12	IJS-CDC-2770	IJS-E Drill, Cann Distal Cutting, 2.7mm x 70mm
	PANL-35360-TS PANL-35380-TS	Screw, Cortical Non Locking, 3.5mm x 35mm, Ti Screw, Cortical Non Locking, 3.5mm x 38mm, Ti	13	IJS-ELB-BPA	IJS-E Base Plate Assembly
	PANL-35400-TS PANL-35420-TS	Screw, Cortical Non Locking, 3.5mm x 40mm, Ti Screw, Cortical Non Locking, 3.5mm x 42mm, Ti		DRLL-SSC-27040	Drill, 2.7mm x 40mm*
	PANL-35440-TS	Screw, Cortical Non Locking, 3.5mm x 44mm, Ti		DRVR-UQC-T10	Driver, Universal QC, T-10*
6	IJS-EAP-25300 IJS-EAP-25350	IJS-E Axis Pin, 2.5mm x 30mm IJS-E Axis Pin, 2.5mm x 35mm			
	IJS-EAP-25400 IJS-EAP-25450	IJS-E Axis Pin, 2.5mm x 40mm IJS-E Axis Pin, 2.5mm x 45mm			
	IJS-EAP-25500 IJS-EAP-25550	IJS-E Axis Pin, 2.5mm x 50mm IJS-E Axis Pin, 2.5mm x 55mm			
	IJS-EAP-25600 IJS-EAP-25650	IJS-E Axis Pin, 2.5mm x 60mm IJS-E Axis Pin, 2.5mm x 65mm			
	IJS-EAP-25700	IJS-E Axis Pin, 2.5mm x 70mm			
7	IJS-EAG-LAL IJS-EAG-LAM IJS-EAG-LAS	IJS-E Axis Trajectory Guide, Large IJS-E Axis Trajectory Guide, Medium IJS-E Axis Trajectory Guide, Small			





