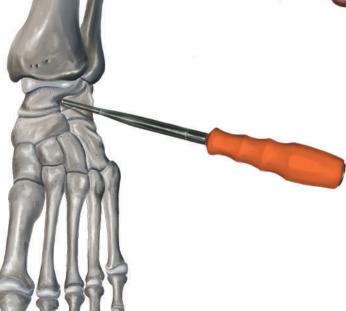


The following guidelines are indicative; it is responsibility of the surgeon to evaluate the adequacy and the use of this technique according to his experience and his medical skills.



Make an incision between 1.5 and 2 cm in the soft area near the tarsal sinus, taking care to not damage the intermediate dorsal skin nerves as well as the sural nerve. Identify and incise the subcutaneous tissues in the tarsal canal to gain the access to the sinus of the lateral tarsus: the front lateral edge of the posterior aspect of the calcaneus is now palpable. Perform a minimal dissection in the tarsal sinus.



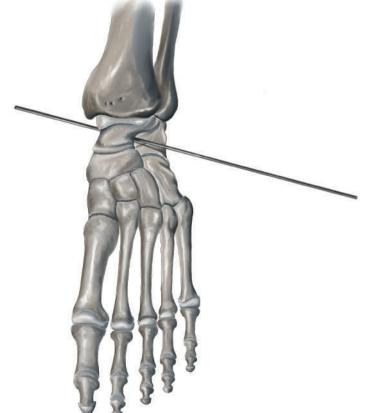


(2)

Dilate the tarsal canal (if necessary, using a scissor) to "open the field" and stretch the interosseous taluscalcaneal ligament. Insert the cannulated probe, in latero-medial direction, through the sinus of the tarsus. If correctly positioned, the tip of the probe will come into contact with the soft tissue on the medial side of the foot, while the distal part should "rest" near the talo-navicular joint.



Insert the alignment rod (blunt-tipped wire) through the cannulated probe proceeding in latero-medial direction, making sure of the correct positioning inside the sinus canal. Then remove the probe. The wire will be used as a guide for inserting and positioning instruments and cannulated implants.



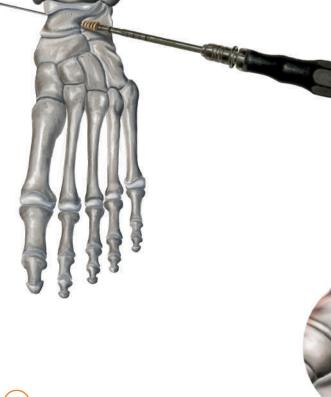


Insert the first test sizer (the smaller one) into the tarsal sinus by screwing it clockwise along the previously positioned wire and evaluate the mobility of the subtalar joint and the positioning of the sizer. Increase the test size until get a joint eversion, starting from the neutral position, of about 2-4°. At this stage, intra-operative radiographs should be performed to evaluate the positioning of the test sizer: in an anteroposterior image, the lateral edge of the implant should correspond to the lateral profile of the talus neck. Once the appropriate test sizer has been identified, before removing it, memorize the measurement shown on the graduated handle.





It is now possible to insert the BioPlan device of the identified size. Using the cannulated insertion screwdriver, insert the implant into the tarsal sinus until the predetermined depth (shown on the graduated handle, previously used). It is very recommended to verify, through intra-operative radiographs, the degree of correction and the device positioning. Once a satisfactory positioning of the implant has been achieved, the insertion screwdriver and the wire can be removed. Excessive pronation of the joint should now have been significantly limited.





Suture the capsule, the subcutaneous tissue and the skin layers. The procedure is complete.



Postoperative therapies: limitation of weight support through a possible foot plaster cast for 2-4 weeks. Gradual resumption of normal activities after about 4-6 weeks. If you need to remove the implant, insert the extractor screwdriver into the implant and turn it counterclockwise until it engages in the appropriate fenestrated area facilitating the removal of the implant.

PEEK IMPLANT	CODE	TITANIUM IMPLANT	CODE	DIAMETER	LENGTH
	BRSBIOP0713P	•	BRSBIOP0713V	7,0 mm	13mm
	BRSBIOP0814P	•	BRSBIOP0814V	8,0 mm	14mm
	BRSBIOP0915P	•	BRSBIOP0915V	9,0 mm	15mm
	BRSBIOP1016P	•	BRSBIOP1016V	10,0 mm	16mm
	BRSBIOP1117P	•	BRSBIOP1117V	11,0 mm	17 mm
	BRSBIOP1218P	•	BRSBIOP1218V	12,0 mm	18 mm
	BRSBIOP1319P	•	BRSBIOP1319V	13,0 mm	19 mm

CODE DESCRIPTION

INSTRUMENTS

•	UAOI0MA000	Quick coupling handle
•	SBPI1CI001	Inserter screwdriver
•	SBPI1CE002	Extractor screwdriver
•	SBPI10P007	Trial sizer ø 7 mm
•	SBPI10P008	Trial sizer ø 8 mm
•	SBPI10P009	Trial sizer ø 9 mm
•	SBPI10P010	Trial sizer ø 10 mm
•	SBPI10P011	Trial sizer ø 11 mm
•	SBPI10P012	Trial sizer ø 12 mm
•	SBPI10P013	Trial sizer ø 13 mm
•	SBPI10S001	Probe
•	SBPI1PG001	Guide wire ø 2 mm
•	SBPI1SF001	Push wire
	SBPI000000B	BioPlan Box







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