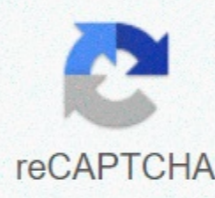




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## Dall miles cables surgical technique

Dall-Miles Wiring SystemSurgery ProtocolDall-Miles Recon and TraumaCable SystemCerrahi Protocol Using Trochanteric Reattachment Using Trochanteric Reattachment Trochanteric Flu or Flu Plate CerclageApplicationsTrochanteric Flu Plate Displayed with RestorationModuler Calcar Body andPlasma StemDall-Miles CableTrochanteric Grip1Product OverviewDall-MilesTrochanteric Grip PlateDall-MilesTrochanteric GripDall-MilesTrochanteric GripDall-MilesCableDall-Miles CableDall-Miles CableDall-Miles Cable Cables The History is a 20-year-old inn of clinical history. More than 100 published articles are demon-strating clinical success. The patented manufacturing process features superior fatigue in pro-vides. Vitallium and StainlessSteel are available in sizes of 1.6 mm and 2.0 mm. Trochanteric Grip Plates malleable to fit the anatomy of patients. Low profile, 4 mm thick. Proximal hooks for capture are different. Screw hole options to strengthen fixation and ensure rotation stability. Vitallium and Stainless Steel.Trochanteric Grips Are available in 2 proximal sizes with low profile, 4 mm thick 3length options. Proximal hooks for capture are different. Sharp, distal spikes for rotational stability. Vitallium and Stainless Steel.2Trochanteric Grips and Grip PlatesVitalliumTrochanteric GripsCat are available in Small, Medium and Large sizes. Hayır. Description6704-3-070 Small Grip w/ 2, 2.0 mm Cables6704-3-080 Medium Grip w/ 2, 2.0 mm Cables6704-3-090 Large Grip w/ 2, 2.0 mm CablesVitalliumTrochanteric Grip Plates6704-3-081 Medium, 100 mm long w/ 2, 2.0mm Cables6704-3-082 Medium, 150 mm long w/ 2, 2.0mm Cables6704-3-083 Medium, 200 mm long w/ 2, 2.0mm Cables6704-3-091 Large, 110 mm long w/ 2, 2.0mm Cables6704-3-092 Large, 160 mm long w/ 2, 2.0mm Cables6704-3-093 Large, 210 mm long w/ 2, 2.0mm CablesStainless Steel Trochanteric Grips3704-2-070 Small Grip3704-2-080 Medium Grip3704-2-090 Large GripStainless Steel Trochanteric Grip Plates3704-2-081 Medium, 100 mm long3704-2-082 Medium, 150 mm long3704-2-083 Medium, 200 mm long3704-2-091 Large, 110 mm long3704-2-092 Large, 160 mm long3704-2-093 Large, 210 mm longStainless Steel Compression Plates3704-3-100 5 Hole/6 Groove Compression Bone Plate3704-3-110 7 Hole/8 Groove Compression Bone Plate3704-3-120 9 Hole/10 Groove Compression Bone Plate3704-3-130 11 Hole/12 Groove Compression Bone PlateCables and SleevesVitalliumCables and SleevesCat. No, no, no, no. Description6704-8-236 1.6 mmVitallium Cable6704-8-240 2.0 mmVitallium Cable6704-4-016 Small Vitallium Cable Case (1.6 mm Cable 6704-4-020 MediumVitallium Cable Case (for use with 2.0 mm Cable)6704-0-420 1.6 mmVitallium Beaded Cable/Arm Set6704-0-520 2.0 mmVitallium Beaded Cable/Arm Set6704-0-410 1.6 mmVitallium Cable/Arm Set6704-0-510 2.0 mmVitallium Cable/Arm SetPaslanmaz Steel Cables and Arms3704-8-236 1.6 mm SS Cable3 704-8-240 2.0 mm SS Cable3704-1-100 Small SS Case (for use with 1.6 mm Cables)3704-1-110 Medium SS Cable Case (for use with 2.0 mm) 1.6 mm Beaded SS Cable/Arm Set3704-0-050 2.0 mm Beaded SS Cable/Sleeve Set3704-0-410 1.6 mm SS Cable/Arm Set3704-0-510 2.0 mm SS Cable/Arm SetVidalarTitanium SPS 4.5 Cortical Screw, Self Cat Bonding. Hayır. Açıklama601014 14 mm Titanium Vida601042 16 mm Titanium Vida601016 16 mm Titanium Vida601044 14 mm Titanium Vida601046 16 mm Titanium Vida601050 50 mm Titanium Vida601052 52 mm Titanium Vida601054 54 mm Titanium Vida601056 56 mm Titanium Vida601058 58 mm Titanium Vida601060 60 mm Titanium Vida601064 64 mm Titanium Vida601066 66 mm Titanium Vida601068 68 mm Titanium Vida601070 70 mm Titanium VidaPaslanmaz Çelik SPS 4,5 Kortikal Vida , Self Tapping340614 14 mm Paslanmaz Çelik Vida340620 20 mm Paslanmaz Çelik Vida340622 22 mm Paslanmaz Çelik Vida340624 24 mm Paslanmaz Çelik Vida340626 26 mm Paslanmaz Çelik Vida340628 28 mm Paslanmaz Çelik Çelik Vida340630 30 mm Paslanmaz Çelik Vida340632 32 mm Paslanmaz Çelik Vida340634 34 mm Paslanmaz Çelik Vida340636 36 mm Stainless Steel Screw3440638 38 mm Stainless Steel Screw340640 40 mm Stainless Steel Screw340644 42 mm Stainless Steel Screw34064 44 mm Stainless Steel Screw340646 46 mm Stainless Steel Screw340648 48 mm Stainless Steel Screw340650 50 mm Stainless Steel Screw340652 52 mm Stainless Steel Screw3440654 54 mm Stainless Steel Vida340658 58 mm Stainless Steel Screw340660 60 mm Stainless Steel Screw340662 62 mm Stainless Steel Screw340664 64 mm Stainless Steel Screw340666 66 mm Stainless Steel Screw340668 68 mm Stainless Steel Screw340670 70 mm Stainless Steel Screw Order Information3The Dall-Miles Trochanteric Flu Plate Stryker SPS cortical-cal screws can be reinforced to provide additional rotational stability. Titanium and Stainless Steel have 4.5mm screws starting at 14mm length. Titanium screws should be used with Vitallium Grip Plate and Stainless Steel screws should be used with Stainless Steel Grip Plate. To prepare a pilot hole for the screw, a 3.2mmmatcap bit should be used. The information cables and cable cases are specified for trochanteric reconnection and ster-notomy applications: shoulder, elbow, knee, hip and ankle trauma surgery; spinal wiring; bonegraft material or prosthesis; and sup-plementary cerclage fixation with plate and screw for fracture fixation. Dall-Miles Trochanteric Flu and Flu Plates indicated for use Larger trochanter as a primary device due to intramedullary fixation with totrochanteric fracture or osteotomy. The Dall-Miles Flu Plate is also indicated for use in large trochanter fixation due to expanded trochanteric osteotomies. Stainless Steel Compression Plate, for broken fixation of long bones-cated time screw and plate fixation alone is inadequate due to poor bone quality or screws cannot be inserted due to the presence of screw fixation devices. ContraindicationsIncarnations, the following are: Overt infection. Distant foci of infections (which can cause hematogen to spread to the implant site). Skeletally immature patients. Cases of missed, poor bone stock or poor skin coverage loss around the hip joint. Blood quinesdams that will prevent sufficient blood flow to the fracture or surgical site. Contraindications for flu plate periprosthes fractures. This publication reveals the recommended procedures for the use of Stryker Orthopedic devices and devices. This, however, like any technical guide, offers guidance to be taken into account when each surgeon takes into account each patient's specific needs and must make appropriate adjustments when necessary and as needed. Surgical Protocol for TrochantericReattachment Using TrochantericGrip or Flu Plate and using CerclageApplicationsBeaded Cables and One-Sided Tensioner.System OverviewDall-Miles Recon and TraumaCable System provides several methods for achieving superior setting trochanteric reattachment and cerclagefixation: additional fracture fixation of long bones. Cerclage banding using stainless steel or Vitallium cables. The Dall-Miles Flu and Flu Plate is designed to provide the superior fixation forreattachment of the large trochanter following an osteotomy or fracture. GripPlate provides additional distal fixation to neutralize the torsional forces of the abducting muscles. The new Dall-Miles Grips and Flu Plates are designed for use with 2.0mm blobs. Non-beaded cables can be re-repaired for the proximal part of the Flu Plate and Flu Plate, while non-beaded beads can be used in the distal section of the Grip Plate. The Dall-Miles Flu Plate is available in vitallium and Stainless Steel. Vitallium cables should be used with Vitallium/Flu Plate and Stainless Steel cables should be used with Stainless Steel Grip/Grip Plate. Dall-Miles Recon and TraumaCable SystemSurgical ProtocolDall-Miles Recon and Trauma Cable SystemSurgical Protocol4The following technique is asynchbur compensation-nent implanted and prepared for femur-selected femoral prosthesis. If you are placed a Grip Plate, the Trial Tool can be used to assess trochanteric size (Medium or Large) and optimum plate length. (Figure 1). The trial is not yet available. Position Trochanteric Cable Pass two cables around the proximalfemur (proximal to anterior) and required for the proximal part of the implant. Using the handle, place the Flu/Flu Plate on the femur and set it to achieve proper trochanter placement. Trochanter Holding Forceps trochanter can be used to help retain the desired position. Implanting a flu, the bone is engaged in distal spikes after obtaining proximal hook position. If you are placed a Flu Plate, pay attention to the fit on the femur. TheGrip Plate clutch / plate jun Dall-Miles Trochanter Grip and Trochanter Grip Plate.Trochanteric Reattachment and Cerclage.Dall-Miles Cable SystemCerrahi Protocol2IntroductionContraindications (Trochanter Flu & Grip Plate) Absolute contraindications include: Overt infection. Distant foci of infections (which can cause hematogen to spread to the implant site). Skeletally immature patients. Cases of missed, poor bone stock or poor skin coverage loss around the hip joint. Blood quinesdams that will prevent sufficient blood flow to the fracture or surgical site. Flu Plate should not be used alone as the primary fixation device for peri-prosthetic proximal femoral fractures. It should be used to strengthen other fixation devices (e.g. distally well-fixed, reinforced with cortical allogreft sequins, fixed with cerclage cables, and/or trochanter Grip Plate). This publication reveals the recommended procedures for the use of StrykerOrthopaedics devices and tools. This, however, like this type of technical guide, offers guidance to be considered, where each surgeon must take into account each patient's specific needs and make appropriate adjustments when necessary. System OverviewD-Miles Recon & Trauma Cable System provides the surgeon with the opportunity to obtain trochantericreattachment and various cerclage fixation methods. The bestations are used in Trochanter Influenza trochantericosteotomy or large trochanterter, inprimary or revision Total HipArthroplasty toreattach when used in trochanteric slide. Trochanter Grip Plate is indicated when prolonged trochantericosteotomy is used or for the reinforcement of peri-prosthetic proximalfemoral fractures. This surgical technique must be read in con congenital with the operative technique for Dall-Miles TrochanterGrip or Trochanter

Influenza Plate. It Dall-Miles Recon & Trauma Cable System. 3Trochanter Influenza Surgical Protocol Is designed to guide the experienced surgeon to perform TrochantericReattachment in Total Hip Arthroplasty. 2aFig. 1Fig. 1BNOTE: The following techniques assume that acetabularcome is implanted and that the hip is prepared for the selected femoral prosthesis technique for total hipArthroplastyA trial reduction. trial reduction will also ensure that the optimal position of trochanter forreattachment is determined. TrochantericCables Location Using a Dall-Miles Femoral Cable Passer, two cables are passed less trochanter distalto in turn. To ensure that the soft tissue surrounding the femuru is not affected by the cables, the cable-emitting tip should be close to the bone. Cables should be parallel to each other and should not override each other. Alternatively, two 2.7mm drill holes are made in fewer trochanter areas. A cable is then passed through each hole. NOTE: Grips 2.0mm Dall-Miles accepted Cables. It Beaded Cables with Double Sided Stretching device Is recommended to be used to provide even grip stretching. NOTE: 2.0mm Beaded Cables are available in Stainless Steel or Vitallium and must be used with StainlessSteel or Vitallium Griprespectively. TrochanterHolding ForcepsSeeing Hips are no longer reduced. The forcepsies should be applied as distally as possible in trochanter forplacement of Trochanter Grip. Passing Cables Under theAbductor Muscles, the front end of the proximal cable is passed as close to the front surface of the trochanter as possible (Figure 2a). The distal cable is then passed along the front surface of about half a tetrochanter in a similar way; again as close as possible to trochanter's anterior surface. Correct placement of cables is necessary to minimize soft tissue interposition between cables and bone (Figure 2b). TrochanterTrochanter positioning should be placed back in the Trochantericosteotomy bed. The amount of Trochantericadvancement must now be determined. 4Trochanter Influenza Surgical Protocol When Crossing Trochanter Grip Through Cables, GripIntroducer and free cable endspassed GripIntroducer must pass through holes in bridges, passing proximal bridge and tederal cable distal bridge (Figure 3). Trochanter Flu Seating Dall-Miles Trochanter Influenza has two long proximal hooks and two small distal hooks. Proximalhooks should be engaged just above the trochanter. It should be carefully passed through the muscles, as the installation of the missed muscles make it impossible to visualize the upper part of the trochanter. Hooks are passed on to the missed muscle additions and kick in as closely as possible to the bone. Cable abundance is taken manually at the same time (Figure 4). Once the proximal hooks of the flu are properly placed, the distalhooks can be applied to the bone using a tokmake. Grip Introducer can now be removed, or alternatively, left in place trochanter positioning. Positioning trochanterand application of tensioners Two-Sided Tensioners proximal and distalcables are now applied. Position the trochanter in the desired position in the trochanteric osteotomy bed using Trochanter HoldingForceps or Grip Introducer. The trochanter's position must be maintained when the cables are being connected. The cables are stretched to catch the trochanter at the same time or in the desired position in turn. TrochanterHolding Forceps or Grip Introducer. Trochanter Grip Impaction and Final Cable Stretching Trochanter Lift grip must be tightly affected by distal hook drive Impactor into bone (Figure 5). Flu pants should sit straight. Cables must be tightened again. The effect of the coupling and further tightening of the cables can be done if necessary (Figure 6). NOTE: Excessive stretching should be avoided. The Dall-MilesChift Sided Tensioner is a powerful tool and can be cut into cables or bone when wide force is applied. Check manually for safe fixation. If the position or fixation of the tetrochanter is not satisfactory, release the tensioners and repeat the procedures as described above. NOTE: When not in use, Duplex Tensioners should be used best with fully released cameras. To prevent the tension mechanism from connecting, a lubricant should be used for surgical tool maintenance in the gear part. Fig. 3Fig. 4Fig. 5Fig. 65Trochanter Influenza Surgical ProtocolD-MilesTrochanter Crimping of influenza's bridges is trimmed separately using the Crimp Tool to make cables safe (Figure 7). The order of curling doesn't matter. To ensure that CrimpTool's jaws are properly located and seated, soft tissue adjacent to the bridges may need to be removed. Before placing the Crimp Tool on the Flu bridge, make sure that the rattling mechanism is disabled. If not, gently tighten the stems and push the releaslever to disable the rattle and fully open the arms. The rattling mechanism will be busy ascrimping begins. Ratchet keeps the tool in place if it has to reposition the hands. Tighten the handles until Ratchetmechanism is disabled. At this point, release the handles and the fold is complete. After both bridges are thoroughly crunked, the tensioners are removed. Cutting Free Cable Ends Use the Dall-Miles Cable Cutter to cut the empty ends of the cable. The free end of each cable is passed with the Insert and introduced on the side with a laser mark that says CUT THIS SIDE (Figure 8a). When applying longitudina voltage to the cable, move the insert over the cable and push it as far towards grip as possible (Figure 8b). This is important to leave as short a label as possible. To cut the cable, pull the Cutter handle. Should not be used as an ordinary wire cutter The cable filament that can cause soft tissue irritation ends in a bad cut and splay causes. With the cable cut, further cutting of the cable should be avoided, to prevent the entry of cable filaments into the wound and surrounding soft tissue area. Fig.8aFig.8b6Trochanter Grip Plate Surgical Protocol Follows a similar protocol to the surgical technique Trochanter Flu Plate for implanting the Influenza PlateTrochanter, please refer to the previous section. Trial reduction is performed to check the stability of the hip and the optimal position of the osteotomized part of the trochanter proximal femur. The size (medium or large) and length of the Flu Plate to be used depend on the proximal femur shape and the length of the extended trochanteric osteotomy. The trial template can be used to assess the proximal femoral size and length of the shortest Grip Plate before implant selection (Figure 9). Proximal Cables Two proximal Non-Beaded 2.0mmSeels are positioned under or through fewer trochanters, as described in the Trochanter Grip protocol (Figure 1). These cables are then passed through the Gripportion and why under the theabductor muscles as described in the previous section. (Figures 2 and 3). It is usually easier to perform this section

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