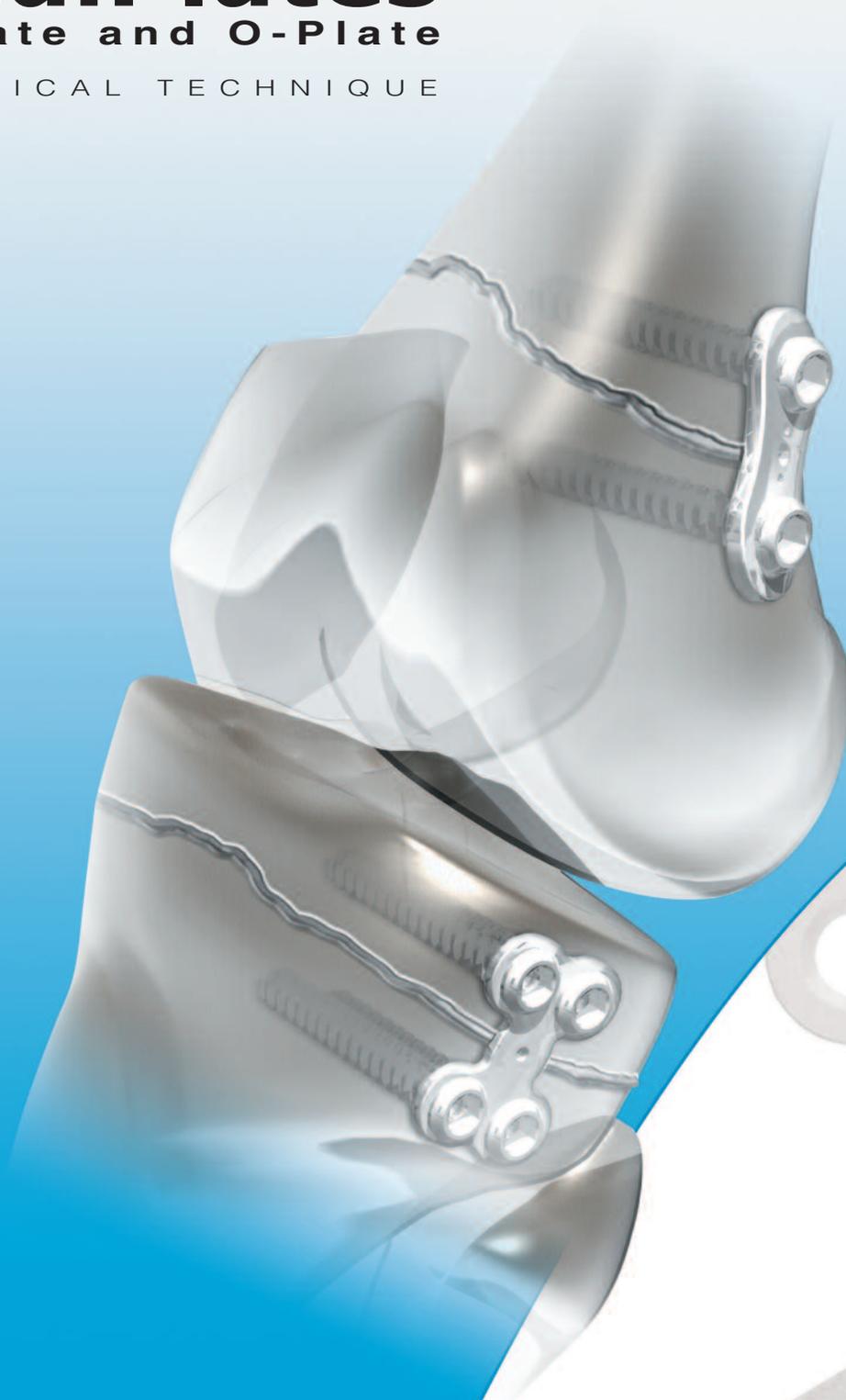


# PediPlates<sup>®</sup>

I-Plate and O-Plate

SURGICAL TECHNIQUE



## PediPlates® I-Plate and O-Plate

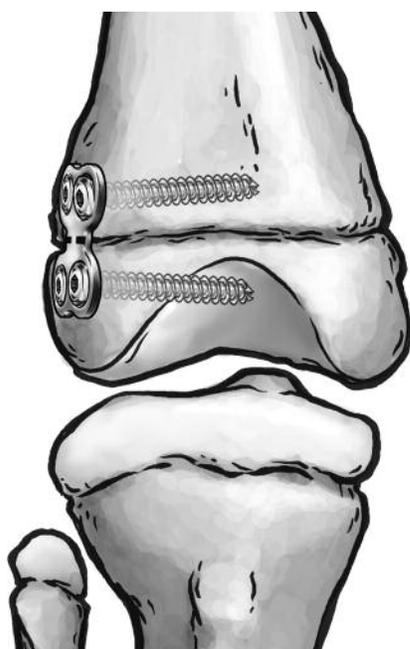
Limb deformities in children are relatively common and occasionally require surgical treatment. Techniques that take advantage of open growth plates are unique and allow for gradual correction with significantly less morbidity than osteotomy.

The concept of physeal tethering has been successful for many years. Physeal stapling has largely been replaced by newer devices such as the I-Plate and O-Plate which are stronger, lower profile, simpler and safer to use. The goal of the I-Plate and O-Plate is to produce gradual deformity correction by a temporary growth plate tether on one side (medial or lateral, etc.) while the opposite side continues to grow. This results in gradual deformity correction. The I-Plate or O-Plate is then removed once the correction is achieved, permitting continued growth.

The indications for the I-Plate and O-Plate include the gradual correction of most pediatric deformities with healthy growth plates and adequate growth remaining. Genu varum and valgum are common, as well as genu recurvatum and ankle valgus. Essentially, any angular deformity with growth remaining can be considered for gradual correction with this technique.

### Features and Benefits

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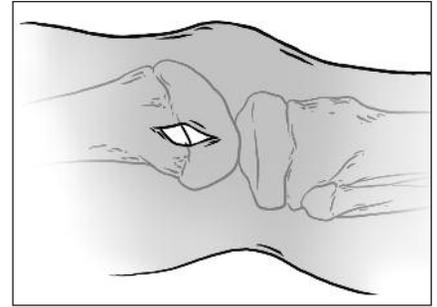
- Stainless Steel Plates and Screws provide greater strength, resistance to breakage, as well as ease of removal
- Multiple plate sizes and configurations offer greater options intraoperatively
- All screws are self-tapping for easy insertion
- Utilizes 4.5 Stainless Steel Cannulated Screws with multiple screw length options
- Low-profile Plates
- The I-Plate more adequately addresses larger and heavier patients by providing additional fixation options
- Dark laser etched line on the plate allows for proper positioning

# Surgical Technique

## 1

### Surgical Approach

Identify and locate the physis with C-Arm and mark your incision location. Make a small incision over the mark. (Figure 1)

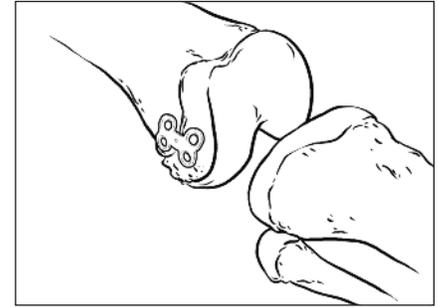


(Figure 1)

## 2

### Plate Selection

Select one of the three sizes (16mm, 22mm, 32mm) offered and position the plate centered about the physis. Once positioned, confirm its position radiographically. (Figure 2)

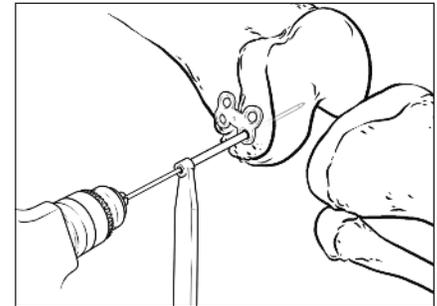


(Figure 2)

## 3

### Screw Insertion

Insert the appropriate guide wires and measure for screw lengths. (Figure 3 and 4)

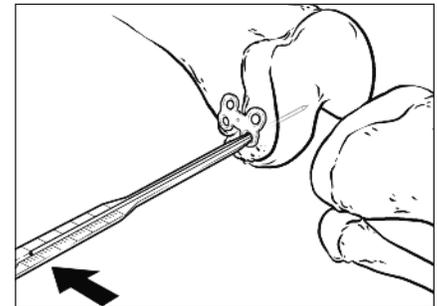


(Figure 3)

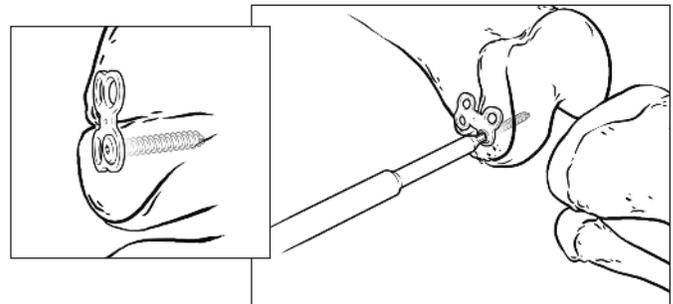
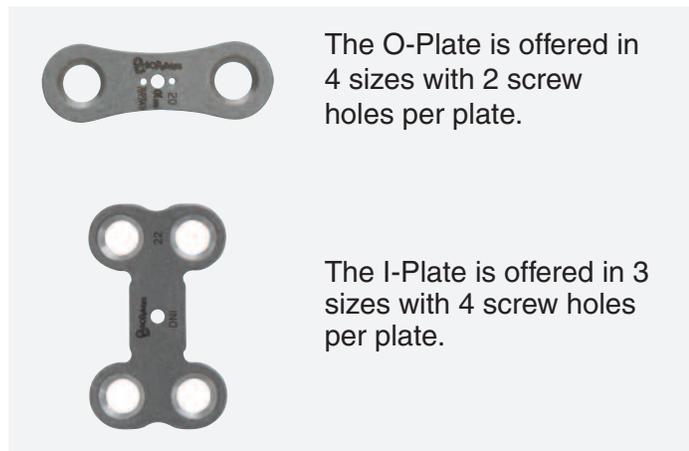
## 4

### Confirmation of Screw Placement & Length

Insert selected 4.5mm Cannulated screws. Fluoroscopy should be used to confirm proper screw location in both epiphysis and metaphysis. (Figure 5)



(Figure 4)



(Figure 5)

**CAUTION:** Federal law restricts this device to sale by or on the order of a Physician.

**CAUTION:** Devices are supplied Non-Sterile. Clean and sterilize before use according to instructions.

**CAUTION:** Implant components are single-use. Do not reuse.

**CAUTION:** This device is not approved for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic or lumbar spine.

**NOTE:** *This technique has been provided by one of our medical advisors only as guidance and it is not intended to limit the methods used by trained and experienced surgeons.*

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