

TRIGEN TAN Trochanteric Antegrade Nail Surgical Technique

Described by

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Introduction

The TRIGEN TAN is designed by surgeons for surgeons, to produce the most successful outcomes, while offering you the most in versatility with the fewest instruments and implants. The minimally invasive technique is designed to reduce blood loss and exposure to blood-borne pathogens. The color-coding system provides easy identification of implant and guide.

Nota Bene

The technique description herein is made available to the healthcare professional to illustrate the authors' suggested treatment for the uncomplicated procedure. In the final analysis, the preferred treatment is that which addresses the needs of the patient.

Warning

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

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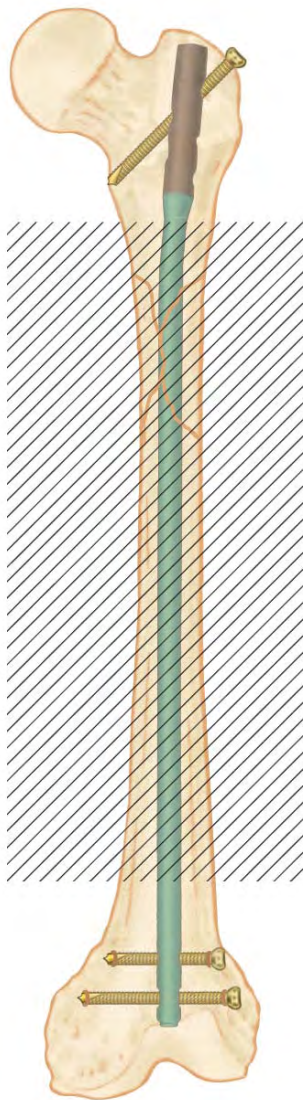
Indications

The TRIGEN TAN is indicated to treat the following fracture types:

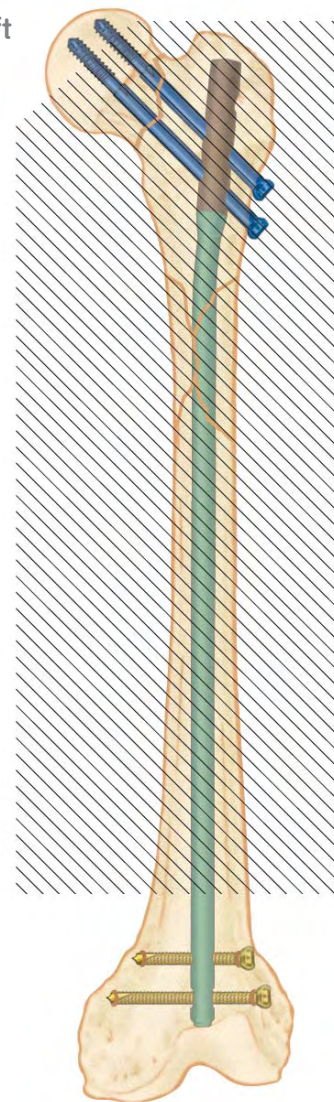
- Femoral shaft fractures
- Stable and unstable subtrochanteric fractures
- Ipsilateral femoral neck and shaft fractures
- Impending pathological fractures
- Non-unions

The TRIGEN TAN is designed to accommodate a standard femoral locking mode or a recon mode in the same leg. Utilizing innovative TRIGEN instruments, the TRIGEN TAN was developed to simplify the surgical approach by allowing placement of the nail through the greater trochanter versus the piriformis fossa.

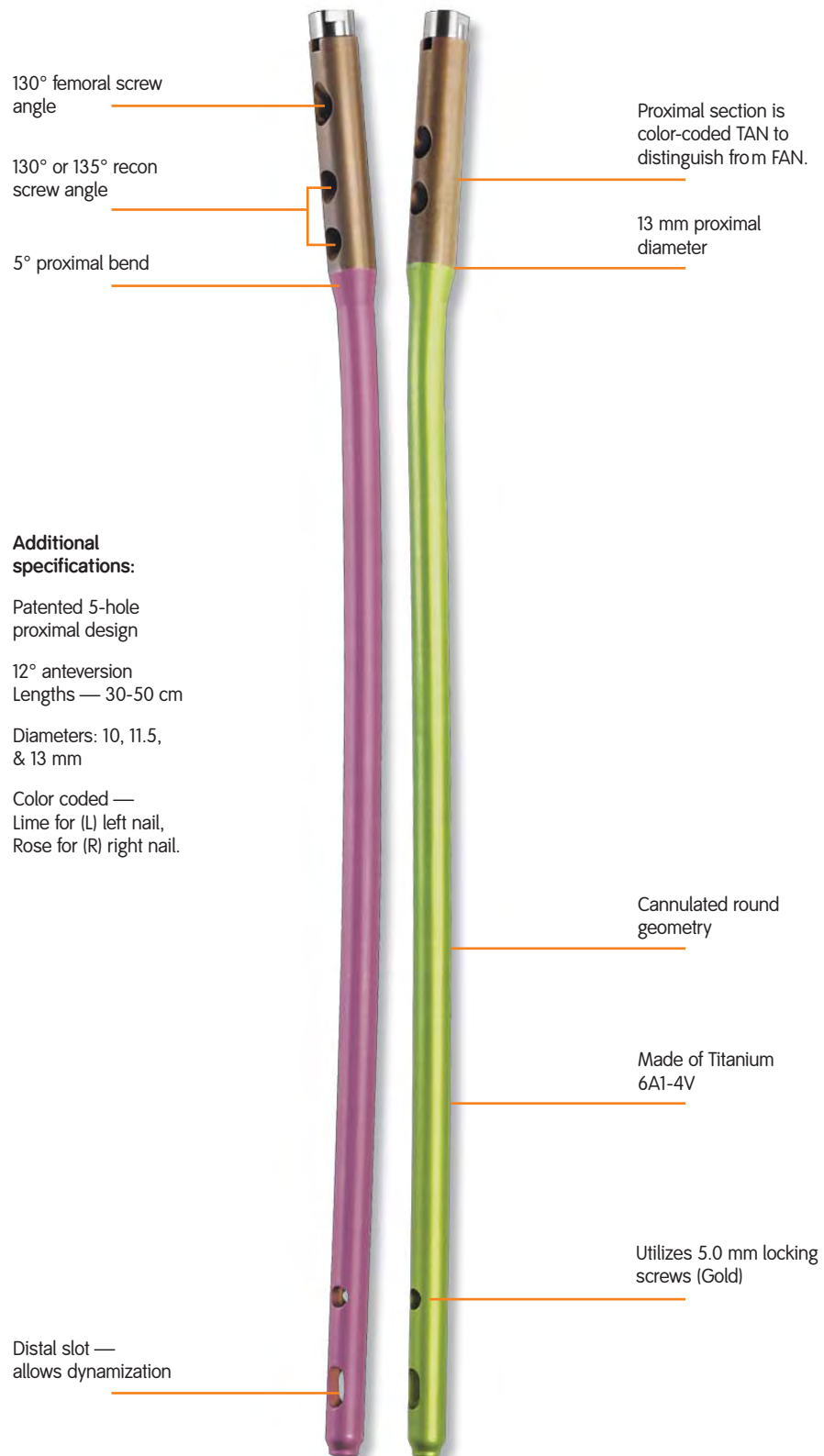
Femoral shaft fracture



Femoral shaft and neck fracture

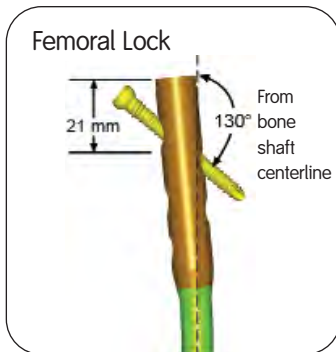


Implant Specifications

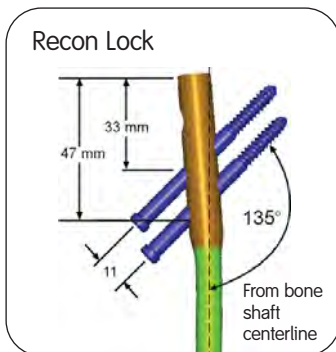


Implant Specifications (-cont'd.)

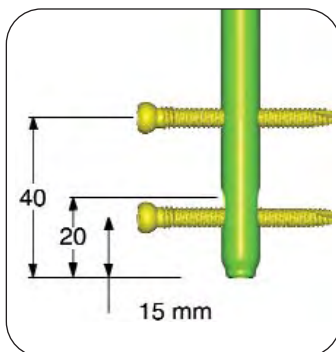
Nailing configurations



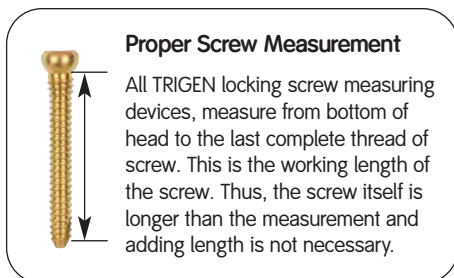
Standard Femoral Lock
130/135 TAN



Recon Lock (12° Anteversion)
130/135 TAN



10, 11.5, 13 mm 130/135 TAN —
Distal Lock (M-L view)



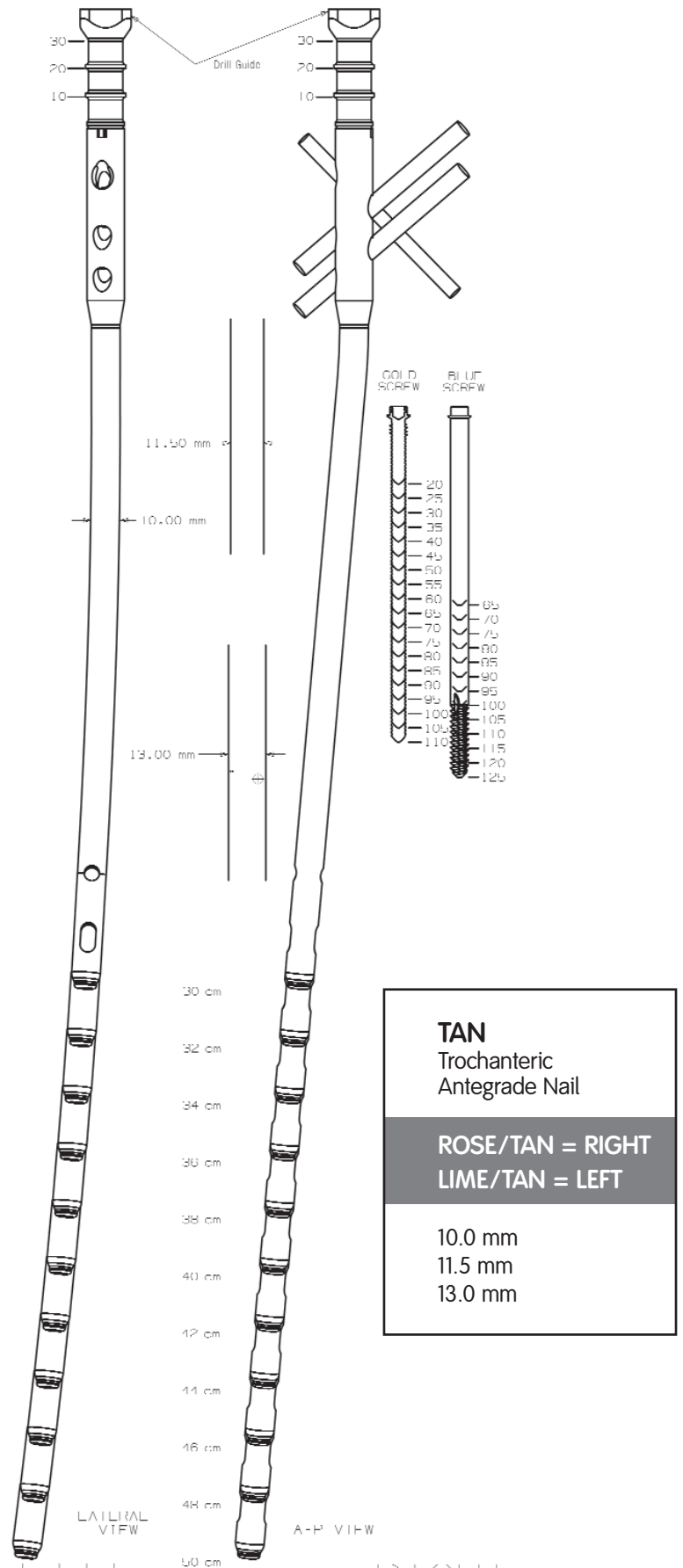
TRIGEN TAN Nail	
Material	Ti6AL4V
Diameter	10, 11.5, 13 mm
Lengths	30-50 cm
Nail Color — Left	Tan/Lime
Nail Color — Right	Tan/Rose
Cross Section	Round
Neck Angle	130/135 degrees
Proximal Diameter (driving end)	13 mm
Distal Diameter (non-driving end)	10, 11.5, 13 mm (dia. of the nail)
Smallest Thru Diameter	5.4 mm
Wall Thickness	2.3 mm (10 dia.) 3.0 mm (11.5 dia.) 3.5 mm (13 dia.)
Guide Bolt Thread	5/16-24
Alternative Guide Bolts (Removal only)	RT Tibial, Retrograde, IMSC, Revision
Alternative Modes	Standard Femoral Recon Locking
Proximal Locking	
Screw Diameter	Standard — 5.0 mm Recon — 6.4 mm
Major Diameter	Standard — 5.0 mm Recon — 6.4 mm
Minor Diameter	Standard — 4.3 mm Recon — 4.7 mm
Shank	N/A Recon — 6.3 mm
Hex Size	4.7 mm
Alternative Hex Drivers	RT Femoral & Recon, 7.0 mm Cannulated Screw
Screw Color	Std. Lock — Gold Recon Lock — Blue
Screw Lengths	Standard 25-110 mm Recon 65-125 mm
Anteversion	Recon Lock — 12 Degrees
Location	21, 33, 47 mm
Proximal Dynamization Slot	No
Proximal Screw Hole Dimensions	Standard 5.3 mm Recon 6.4 mm
Deg of Proximal Bend	5 degrees lateral
Location of Proximal Bend	65 mm (a/p bend)
Distal Locking	
Screw Diameter	5.0 mm
Major Diameter	5.0 mm
Minor Diameter (core)	4.3 mm
Screw Color	Gold
Screw Lengths	25-110 mm
Location	15, 20, 40 mm
Orientation	L-M
Dynamization Slot	Yes
Distal Screw Hole Dimensions	5.3 mm
AP Bow	Proximal — 1.5 meters Distal — 2.5 meters
Location of Distal Bend	100 mm
Dynamization Slot Location	Distal

NOTE: These views are not to scale and should be used as a pictorial representation only.

Templates

The TRIGEN TAN implant templates are used to determine nail length and diameter preoperatively. All TRIGEN templates, including TAN, come with 117% magnification to compensate for normal radiographic magnification. Please keep in mind that variances in magnification do occur.

When selecting the nail size, take all aspects of the fracture into consideration.



Patient Preparation

Step 1

Patient is placed supine with unaffected limb extended below the affected limb and trunk. The affected limb is adducted. Flex the affected hip 15° - 30° . Apply traction through a skeletal pin or the foot with the fracture table foot holder. Adjust the affected limb for length and rotation by comparison with the unaffected limb. Rotation is further checked by rotating the leg to align the femoral neck anteversion and then making the appropriate correction by foot, usually in 0° - 15° of external rotation. This is best checked by visualizing the femoral anteversion proximally and matching it with correct rotation at the knee (Figure 1).

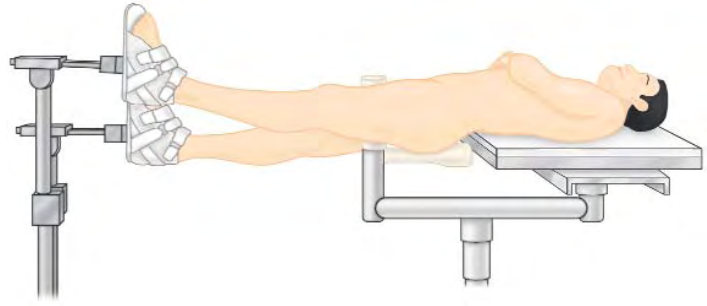


Figure 1

Step 2

Palpate the greater trochanter. Make a 1 to 3 cm incision proximal to the greater trochanter. Angle this incision posteriorly at its proximal end. Carry the incision through the fascia (Figure 2).



Figure 2

Surgical Technique

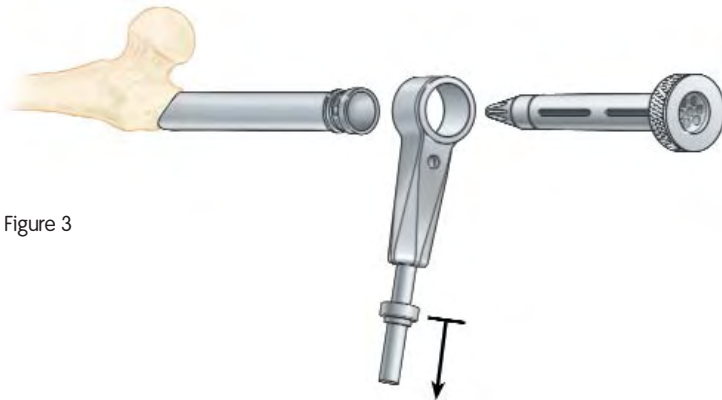


Figure 3

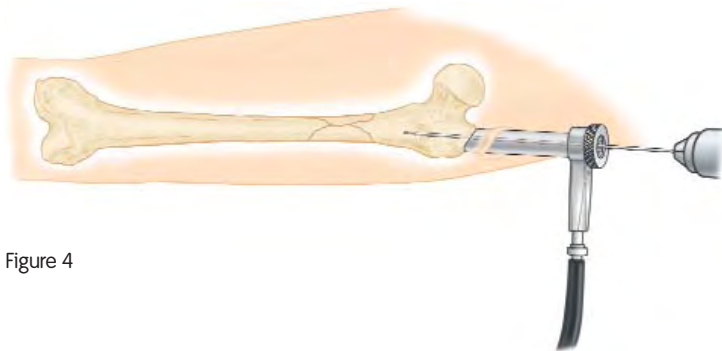


Figure 4

Entry and Fracture Reduction

Step 3

Assemble the Entry Tool. The Entry Tool/Honeycomb assembly is oriented so that the superior side of the bevel is medial and advanced until it rests against the lateral aspect of the greater trochanter. Attach suction to the Entry Tool to assist in blood evacuation and minimize aerosolisation of blood (Figure 3).

Step 4

Insert the 3.2 mm tip threaded guide wire through the Honeycomb and advance 1 to 2 cm in the cortex at the tip of the greater trochanter. The guide wires will quick connect with the Mini-Connector, which easily connects to any drill with a "Hall" connector. Once proper placement of the guide wire is achieved, remove the Honeycomb Insert (Figure 4).

Step 5

Screw the Entry Reamer Connector onto the 14 mm Channel Reamer and insert the 12.5 mm Entry Reamer until it clicks. Attach the 12.5 mm Entry Reamer to power. The Channel Reamer assembly is introduced over the remaining wire and advanced 1 to 2 cm into bone. The assembly is then manipulated under image guidance until the shaft axis and intended path form an approximate angle of 5 degrees in AP and in line with ML. Do not overestimate the angle, as too much insertion angle of the instrument may make advancement more difficult. Having achieved correct orientation, advance the assembly to full depth seated against the entry tool. Remove the 12.5 mm Entry Reamer and guide wire by pushing the gold button on the entry connector to release. Leaving the Entry Tool and 14 mm Channel Reamer in place (Figure 5).

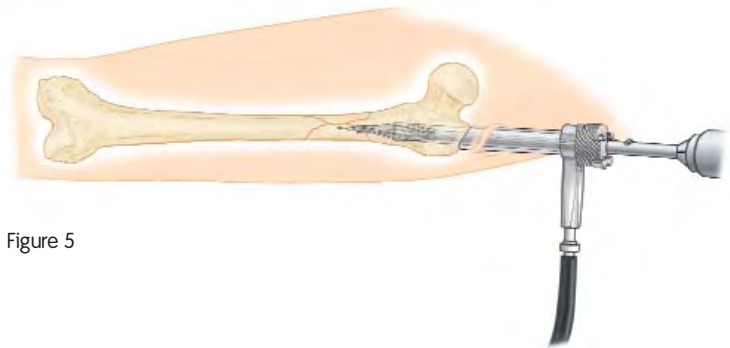


Figure 5

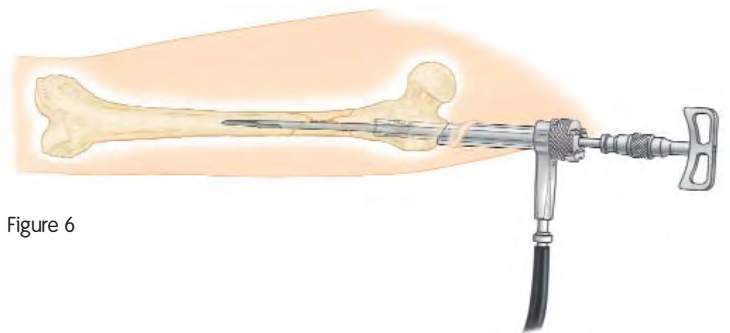


Figure 6

Step 6

Snap the T-Handle onto the Reducer. Insert the reducer through the 14 mm Channel Reamer and Entry Tool (Figure 6). Once the reducer is in the medullary canal and has captured the distal fragment, the 3.0 mm Ball-Tipped Guide Rod is inserted through the reducer into the distal femur. Advance to the region of the epiphyseal scar (Figure 7). The gripper is useful in holding onto the Guide Rod during insertion and removal (Figure 7 inset).

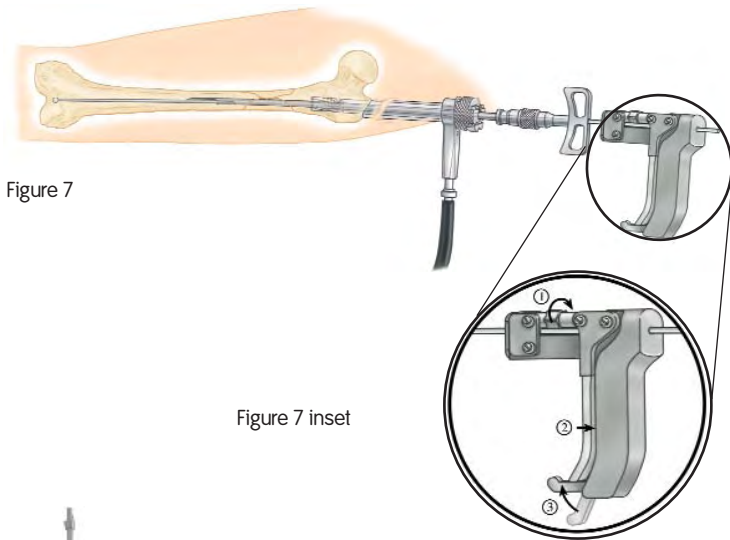


Figure 7

Figure 7 inset



7163-1116
12.5 mm Entry Reamer



7163-1120
Entry Connector



7163-1118
Channel Reamer



7163-1124
Reducer



7163-1172
T-Handle

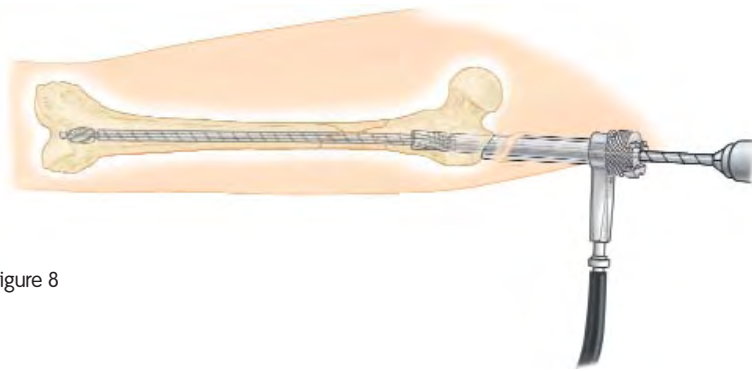


Figure 8

Reaming

Step 7

Once the guide rod is in place, remove the Reducer but leave the 14 mm Channel Reamer in place. Canal preparation is dependent on surgical decision. Unreamed nails are selected based on preoperative planning, but should be of sufficient size to provide translational fill of the intramedullary canal in the mid-diaphysis.

If reaming, proceed to sequentially ream the femoral shaft 0.5 to 1.0 mm larger than the chosen nail diameter through the 14 mm Channel Reamer (Figure 8). In patients that are very tall, the Flex Reamer Extender may be added to extend the shaft of the flexible reamer for very distal fractures or nails longer than 42 cm.

NOTE: The 14 mm Channel Reamer cannot be used with nails larger than 11.5 mm in diameter, and will not pass reamer heads larger than 12.5 mm.

Step 8

For unreamed technique, determine the nail diameter from image intensifier for templating. If reaming, never insert a nail that has a larger diameter than the last reamer used.

Nail Insertion

Step 9

Position the tip of the guide rod at the desired level of the tip of the nail considering fracture patterns and locking screw positioning (Figure 9). Measure the nail length by positioning the open end of the Ruler over the exposed end of the guide rod pushing the end down to the level of bone through the 14 mm Channel Reamer. Confirm the position on the image intensifier. Read the nail length from the calibrations exposed at the other end of the Ruler and remove the ruler. Leave the guide rod in place for placement of the nail. Exchange of the ball-tipped guide rod is not necessary.

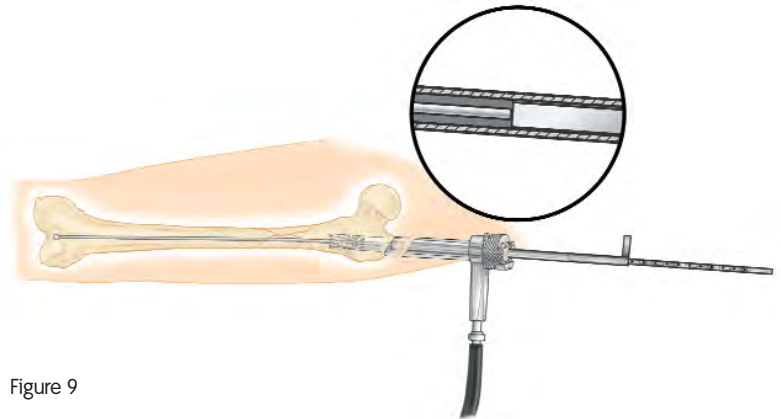


Figure 9

Step 10

Insert the Skin Protector in the incision parallel to the entry reamer tool. Remove the entry tool and 14 mm Channel Reamer. The Skin Protector will assist in maintaining control of the surrounding tissues and provide continued access to the bone. Insert the Guide Bolt into the drill guide and use the Guide Bolt Wrench to secure the bolt to the nail. Screw the impactor into the top of the drill guide to drive the nail into the medullary canal (Figure 10). Position the nail over the guide rod with the anterior bow pointing lateral (drill guide handle pointed anterior). Carefully advance the nail over the guide rod and past the fracture. As the nail is inserted, it is rotated so the bow is oriented correctly with the femoral shaft. Due to the greater trochanter entry point, it may be necessary to countersink the nail to ensure that the proximal locking screws are positioned properly (figure 11).

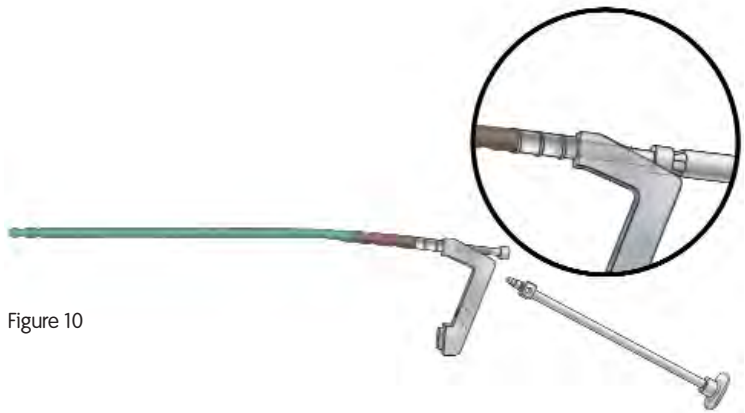


Figure 10

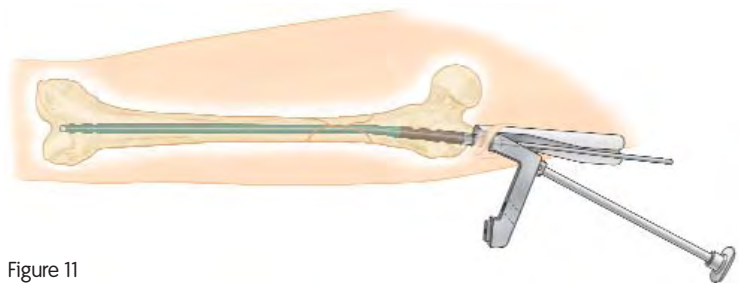


Figure 11



7163-1136
Guide Bolt



7163-1140
Guide Bolt Wrench

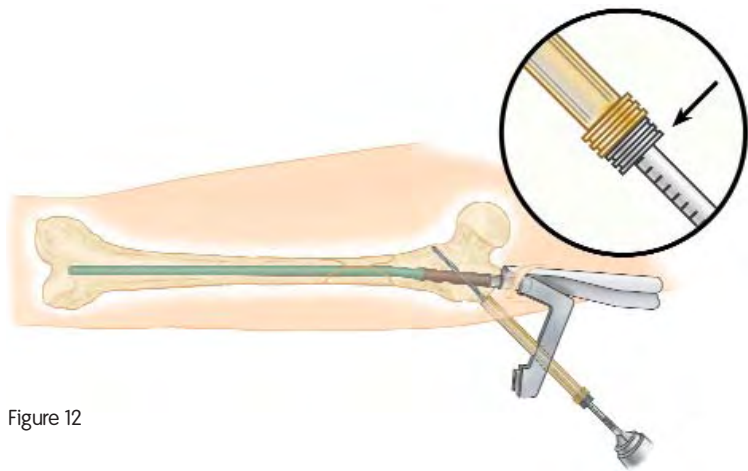


Figure 12

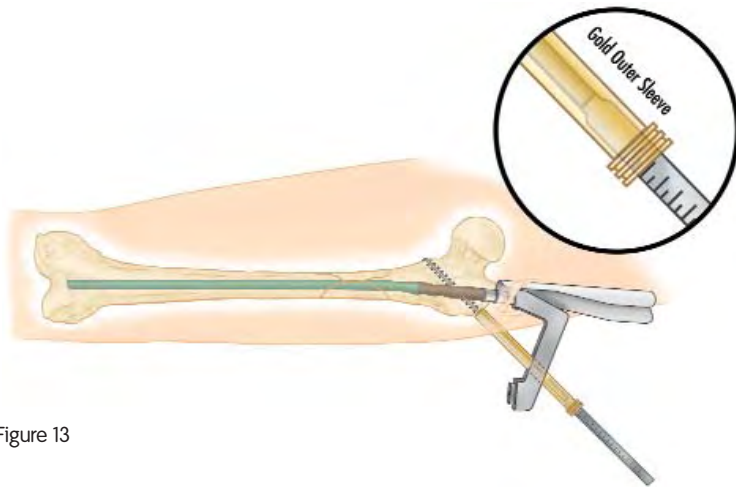


Figure 13

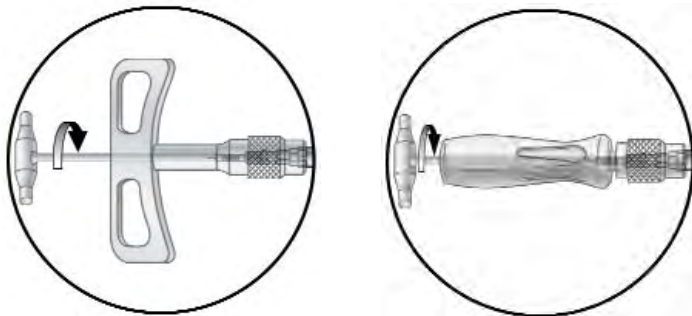
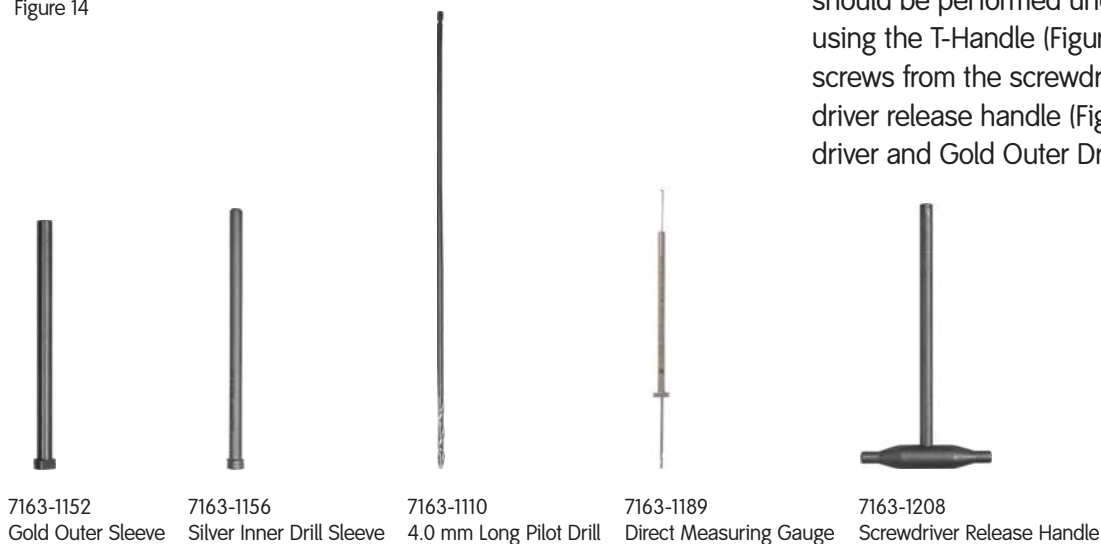


Figure 14



Proximal Locking — Standard

Proximal Screw

To place screws at a 45 degree angle from the greater to lesser trochanter, the following screw length measurement options are available:

Step 11A: Calibrated Drill Bit

Insert the Silver Inner Drill Sleeve through the Gold Outer Drill Sleeve. Make a stab incision at the entry hole and push the Sleeve Assembly through the drill guide hole until it is touching the lateral cortex. Attach the Long Pilot Drill to power using the Mini-Connector, and drill through both cortices. The length measurement is taken from the calibrations on the drill bit in relation to the end of the Silver Inner Drill Sleeve (Figure 12). Remove the Drill and Silver Inner Drill Sleeve.

Step 11B: Direct Measuring Gauge

Pre-drill through both cortices. Remove the drill bit and Silver Inner Drill Sleeve. Insert the Direct Measuring Gauge through the Gold Outer Drill Sleeve to the far cortex to measure for proper 5.0 mm (Gold) screw length (Figure 13). The appropriate length screw is selected and attached to the long or medium screwdrivers. The screw is inserted through the Gold Outer Drill Sleeve with power or manually using the T-Handle. The screwdriver is marked with a laser etched ring. This ring should be stopped short of the Gold Outer Drill Sleeve to prevent final seating of the screw by power. Final tightening should be performed under manual control using the T-Handle (Figures 14). Detach the screws from the screwdriver using the screwdriver release handle (Figure 18). Remove screwdriver and Gold Outer Drill Sleeve.

Proximal Locking — Recon

Note: Follow the same initial procedure as in the femoral locking mode and connect the blue hip guide.

Step 12

Two aspects of screw placement into the femoral head must be noted before drilling: (1) Alignment of the anteversion and (2) depth of nail insertion. To begin, rotate the C-Arm proximally until a true line of the hip is visualized. This gives the correct axis of alignment for anteversion. Rotate the handle of the nail guide until it bisects the femoral head in the lateral view. This should assist in setting the correct anteversion position of the screws. Mark this position with a skin marker on the leg parallel to the driving handle. Align a guide pin on top of the inferior gold drill sleeve to make sure the nail is properly counter sunk. The guide pin should be slightly superior to the calcar radiographically (Figure 15).

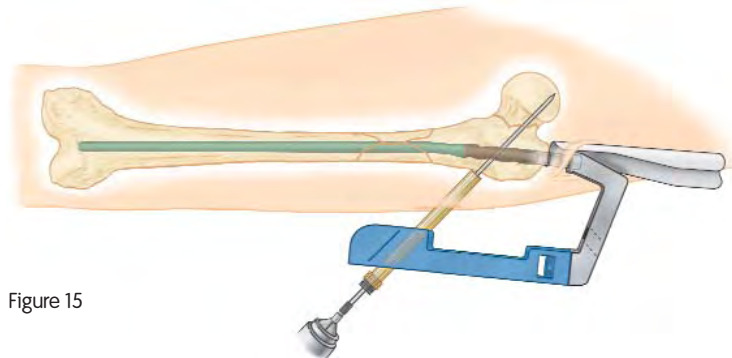


Figure 15

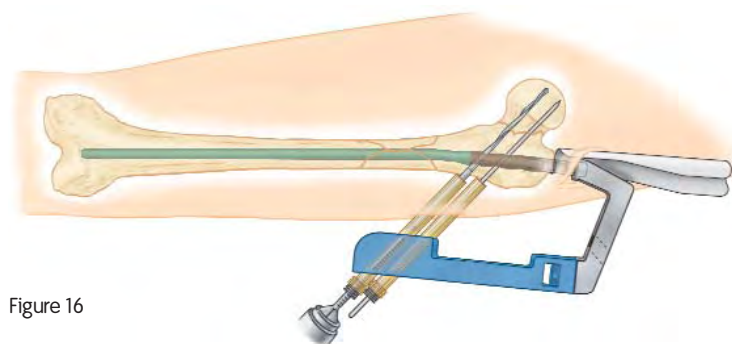


Figure 16

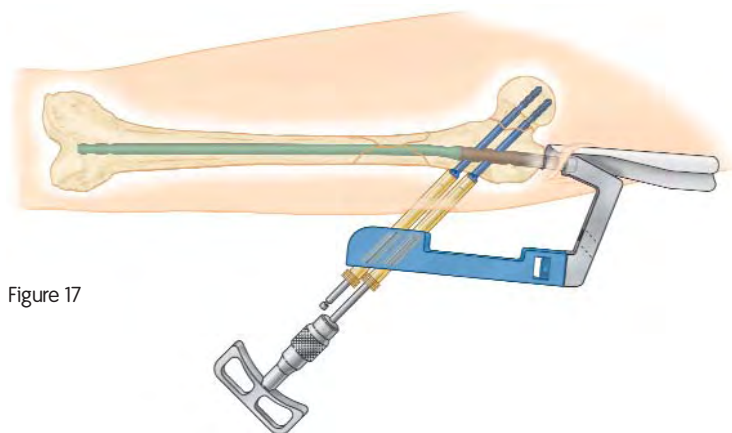


Figure 17

Step 13: Proximal Screws

Once anteversion and depth of nail are established, make stab incisions at the entry holes of the screw sleeves. Connect the puncture incisions to accommodate insertion of both screws. Shoot the 4.0 Long Pilot Drill through the inferior drill sleeve assembly to the desired depth in the femoral head. Repeat this step for the superior hole. Follow up by repeating these steps with the 6.4 mm Step Drill (Figure 16). Measure the depth for the screw length from the etchings on the drill bit in respect to the Silver Inner Drill Sleeve. Attach the proper screw to the medium screwdriver and T-Handle and insert into the inferior hole first. Do not tighten. Repeat the previous step for the superior hole using the long screwdriver (Figure 17). Release traction and tighten screws to maximize compression. If both screws will not seat within the femoral head, it is probable that too much varus positioning of the proximal fragment has occurred, or the entry portal is too lateral.

Distal Locking

Step 14

Use the freehand technique to perform distal locking. Begin by making adjustments to the C-Arm until perfect circles are observed. Make a stab incision over the holes. Confirm alignment and attach the Short Pilot Drill. Drill through both cortices. Remove the drill. Insert the Direct Measuring Gauge to the far cortex and take the proper screw length measurement from the gauge. The appropriate screw is selected and attached to the short screwdriver. Attach to power or the T-Handle. Final tightening of the screw should be under manual control.

Note: The 4.0 mm Screw Length Sleeve (110238) can be used with the 4.0 mm Short Pilot Drill to prepare the distal locks. The calibrations on the drill can be used with the screw length sleeve to determine appropriate screw length.

Implantation Complete

Follow standardized procedures for closure.

TRIGEN Nail Extraction Technique

Patient Positioning

For Femoral and Trochanteric Antegrade or Knee Nails Used Femoral Retrograde:

Place the patient in the lateral decubitus or supine position.

For Knee Nails Used Tibial Antegrade:

Place the patient in the supine position on a radiolucent table with the affected leg in a figure four configuration.

Surgical Technique

Step 1

After prepping and draping, remove any distal screws and all but one proximal screw from the nail, leaving the screw closest to the driving end of the nail. Under fluoroscopy, percutaneously place a 3.2 mm Tip-Threaded Guide Pin (Figure 1) (7163-1190) into the threaded end of the nail. (If a cap is on the nail, an incision must be made and the cap removed.) A mallet may be used to insert this guide pin, but usually power equipment is available and can be used for percutaneous placement.

Step 2

When the guide pin is in the nail, make a one-inch incision about the pin and advance the 12.5 mm Entry Reamer (Figure 2) (7163-1116) over the pin to remove the tissue and ingrowth overlying the nail. Note that the tip of the reamer is straight for approximately ½ inch before flaring out. It is this portion of the reamer that enters the nail.



Figure 1



Figure 2



Figure 3



Figure 4

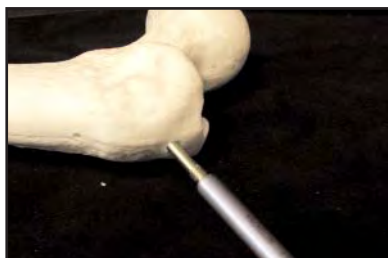


Figure 5



Figure 6

Step 3

After reaming, remove the reamer and the guide pin and insert the 3.0 X 1000 mm TRIGEN Ball Tipped Guide Rod (7163-1126). Attach the extractor to the Impactor Handle (7163-1185) and tighten, then thread the extractor into the nail (with the guide rod in place) (Figure 3). Place the screwdriver shaft into the impactor handle slot and turn until the impactor is securely engaged. This can be verified by fluoroscopy (Figure 4).

Step 4

After the impactor is securely engaged in the nail, remove the last locking screw (Figure 5).

Step 5

Attach the gripper to the guide rod adjacent to the end of the impactor. The gripper will provide a handle for the surgeon to use while backslapping the impactor with the slotted hammer when extracting the nail (Figure 6).

USE EXTREME CAUTION not to exert any side loads on the impactor extractor assembly. Excessive pulling and pushing on the end of the impactor handle could result in premature failure of the extraction device. In the event of extractor failure, pull the guide rod until the ball tip engages the extractor, re-tighten the gripper adjacent to the impactor, and proceed with the extraction.

*Recommended usage for extractor:
7-10 times*

<u>Cat. No.</u>	<u>Description</u>
7163-1278	Large Extractor

Alternative Methods for Extraction

Method 1

Jamming the Guide Rods

Utilizing two guide rods, one 3.0 mm ball tip and one 2.0 mm smooth, advance the 3.0 mm ball tip guide rod past the end of the nail then insert the 2.0 mm smooth rod in a similar manner, past the tip of the nail. Once both wires are in place, attach the gripper to the end of the 3.0 mm ball tipped rod and pull back to wedge the ball tip with the 2.0 rod and the end of the nail. Backslap against the gripper to remove the nail.

<u>Cat. No.</u>	<u>Description</u>
115120	2.0 x 700 mm smooth
71631126	3.0 x 1000 mm ball tip
71118280	2.0 x 900 mm smooth
71118202	3.0 x 900 mm ball tip
112069	3.0 x 900 mm ball tip

Method 2

After following the patient positioning and entry reaming techniques cited at the beginning of this document, proceed with the following substitution for the quick bolt:

Attach the RUSSELL-TAYLOR® Tibial Extraction Bolt (112041) to the slide hammer (112011). Thread the assembly into the nail and proceed with extracting the nail via the slide hammer mechanism.

<u>Cat. No.</u>	<u>Description</u>
112041	5/16–24 extraction bolt
112011	Slide hammer

Additional Tips for Extraction

Thoroughly review all extraction alternatives with the surgeon pre-operatively and have access to instrumentation cited in this update.

Other items that may be helpful in removal are as follows:

<u>Cat. No.</u>	<u>Description</u>
115074	Large Extractor Hook
115073	Small Extractor Hook
914659	Small Easy Out
914658	Large Easy Out

Last Resort

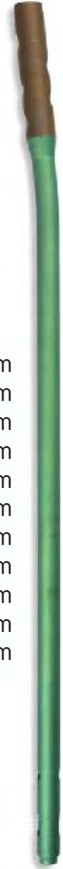
In the event that the above techniques are unsuccessful or result in device failure, the screw extractor that is currently available in the cannulated screw sets will remove cannulated extraction devices that have failed during surgery and will also possibly remove the nail. The surgeon should hand tighten the screw extractor (71119014) then tap with the hammer to ensure engagement.

At this point, the surgeon can then attempt to remove the nail with the screw extractor and/or back turn the broken piece of extractor and then insert the guide bolt (71631136), quick bolt, or R-T tibial extraction bolt into the nail to remove the nail.

Trochanteric 135 Degrees

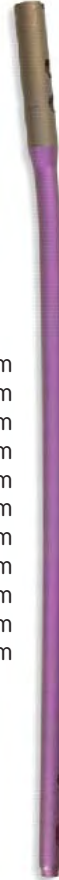
Left (Lime)

Cat. No.	Length
7163-7230	10 X 30 cm
7163-7232	10 X 32 cm
7163-7234	10 X 34 cm
7163-7236	10 X 36 cm
7163-7238	10 X 38 cm
7163-7240	10 X 40 cm
7163-7242	10 X 42 cm
7163-7244	10 X 44 cm
7163-7246	10 X 46 cm
7163-7248	10 X 48 cm
7163-7250	10 X 50 cm
7163-7330	11.5 X 30 cm
7163-7332	11.5 X 32 cm
7163-7334	11.5 X 34 cm
7163-7336	11.5 X 36 cm
7163-7338	11.5 X 38 cm
7163-7340	11.5 X 40 cm
7163-7342	11.5 X 42 cm
7163-7344	11.5 X 44 cm
7163-7346	11.5 X 46 cm
7163-7348	11.5 X 48 cm
7163-7350	11.5 X 50 cm
7163-7430	13 X 30 cm
7163-7432	13 X 32 cm
7163-7434	13 X 34 cm
7163-7436	13 X 36 cm
7163-7438	13 X 38 cm
7163-7440	13 X 40 cm
7163-7442	13 X 42 cm
7163-7444	13 X 44 cm
7163-7446	13 X 46 cm
7163-7448	13 X 48 cm
7163-7450	13 X 50 cm



Right (Rose)

Cat. No.	Length
7163-8230	10 X 30 cm
7163-8232	10 X 32 cm
7163-8234	10 X 34 cm
7163-8236	10 X 36 cm
7163-8238	10 X 38 cm
7163-8240	10 X 40 cm
7163-8242	10 X 42 cm
7163-8244	10 X 44 cm
7163-8246	10 X 46 cm
7163-8248	10 X 48 cm
7163-8250	10 X 50 cm
7163-8330	11.5 X 30 cm
7163-8332	11.5 X 32 cm
7163-8334	11.5 X 34 cm
7163-8336	11.5 X 36 cm
7163-8338	11.5 X 38 cm
7163-8340	11.5 X 40 cm
7163-8342	11.5 X 42 cm
7163-8344	11.5 X 44 cm
7163-8346	11.5 X 46 cm
7163-8348	11.5 X 48 cm
7163-8350	11.5 X 50 cm
7163-8430	13 X 30 cm
7163-8432	13 X 32 cm
7163-8434	13 X 34 cm
7163-8436	13 X 36 cm
7163-8438	13 X 38 cm
7163-8440	13 X 40 cm
7163-8442	13 X 42 cm
7163-8444	13 X 44 cm
7163-8446	13 X 46 cm
7163-8448	13 X 48 cm
7163-8450	13 X 50 cm



Standard Femoral or Reconstruction Modes

Trochanteric 130 Degrees

Left (Lime)

Cat. No.	Length
7164-7230	10 mm X 30 cm
7164-7232	10 mm X 32 cm
7164-7234	10 mm X 34 cm
7164-7236	10 mm X 36 cm
7164-7238	10 mm X 38 cm
7164-7240	10 mm X 40 cm
7164-7242	10 mm X 42 cm
7164-7244	10 mm X 44 cm
7164-7246	10 mm X 46 cm
7164-7248	10 mm X 48 cm
7164-7250	10 mm X 50 cm
7164-7330	11.5 mm X 30 cm
7164-7332	11.5 mm X 32 cm
7164-7334	11.5 mm X 34 cm
7164-7336	11.5 mm X 36 cm
7164-7338	11.5 mm X 38 cm
7164-7340	11.5 mm X 40 cm
7164-7342	11.5 mm X 42 cm
7164-7344	11.5 mm X 44 cm
7164-7346	11.5 mm X 46 cm
7164-7348	11.5 mm X 48 cm
7164-7350	11.5 mm X 50 cm
7164-7430	13 mm X 30 cm
7164-7432	13 mm X 32 cm
7164-7434	13 mm X 34 cm
7164-7436	13 mm X 36 cm
7164-7438	13 mm X 38 cm
7164-7440	13 mm X 40 cm
7164-7442	13 mm X 42 cm
7164-7444	13 mm X 44 cm
7164-7446	13 mm X 46 cm
7164-7448	13 mm X 48 cm
7164-7450	13 mm X 50 cm



Right (Rose)

Cat. No.	Length
7164-8230	10 mm X 30 cm
7164-8232	10 mm X 32 cm
7164-8234	10 mm X 34 cm
7164-8236	10 mm X 36 cm
7164-8238	10 mm X 38 cm
7164-8240	10 mm X 40 cm
7164-8242	10 mm X 42 cm
7164-8244	10 mm X 44 cm
7164-8246	10 mm X 46 cm
7164-8248	10 mm X 48 cm
7164-8250	10 mm X 50 cm
7164-8330	11.5 mm X 30 cm
7164-8332	11.5 mm X 32 cm
7164-8334	11.5 mm X 34 cm
7164-8336	11.5 mm X 36 cm
7164-8338	11.5 mm X 38 cm
7164-8340	11.5 mm X 40 cm
7164-8342	11.5 mm X 42 cm
7164-8344	11.5 mm X 44 cm
7164-8346	11.5 mm X 46 cm
7164-8348	11.5 mm X 48 cm
7164-8350	11.5 mm X 50 cm
7164-8430	13 mm X 30 cm
7164-8432	13 mm X 32 cm
7164-8434	13 mm X 34 cm
7164-8436	13 mm X 36 cm
7164-8438	13 mm X 38 cm
7164-8440	13 mm X 40 cm
7164-8442	13 mm X 42 cm
7164-8444	13 mm X 44 cm
7164-8446	13 mm X 46 cm
7164-8448	13 mm X 48 cm
7164-8450	13 mm X 50 cm



5.0 mm Internal Captured Screw (Gold)

For 10 mm, 11.5 mm & 13 mm Implants

<u>Cat. No.</u>	<u>Length</u>
7164-2225	25 mm
7164-2230	30 mm
7164-2235	35 mm
7164-2240	40 mm
7164-2245	45 mm
7164-2250	50 mm
7164-2255	55 mm
7164-2260	60 mm
7164-2265	65 mm
7164-2270	70 mm
7164-2275	75 mm
7164-2280	80 mm
7164-2285	85 mm
7164-2290	90 mm
7164-2295	95 mm
7164-2200	100 mm
7164-2205	105 mm
7164-2210	110 mm



6.4 mm Captured Recon Screw (Blue)

<u>Cat. No.</u>	<u>Length</u>
7164-2365	65 mm
7164-2370	70 mm
7164-2375	75 mm
7164-2380	80 mm
7164-2385	85 mm
7164-2390	90 mm
7164-2395	95 mm
7164-2300	100 mm
7164-2305	105 mm
7164-2310	110 mm
7164-2315	115 mm
7164-2320	120 mm
7164-2325	125 mm



Nail Caps

<u>Cat. No.</u>	<u>Length</u>
7163-4000	0 mm
7163-4005	5 mm
7163-4010	10 mm
7163-4015	15 mm
7163-4020	20 mm



Instrumentation — TAN



Gripper

Cat. No. 7163-1100



4.0 mm Long Pilot Drill

Cat. No. 7163-1110



4.0 mm Short Pilot Drill

Cat. No. 7163-1117

4.0 mm Short AO Pilot Drill

Cat. No. 7163-1123

4.0 mm Long AO Pilot Drill

Cat. No. 7163-1121

4.0 mm Short AO Step Drill

Cat. No. 7164-1123



4.0 mm Screw Length Sleeve

Cat. No. 11-0238

Entry Tool

Cat. No. 7163-1114



12.5 mm Entry Reamer

Cat. No. 7163-1116



14 mm Channel Reamer

Cat. No. 7163-1118



Entry Reamer Connector

Cat. No. 7163-1120



Obturator

Cat. No. 7163-1122



Reducer

Cat. No. 7163-1124



3.0 mm X 1000 mm Ball Tip Guide Rod

Cat. No. 7163-1126 & 7163-1626 (6 per box)

Catalog



Ruler

Cat. No. 7163-1128



Flex Reamer Extender

Cat. No. 7163-1130



Skin Protector

Cat. No. 7163-1132



Drill Guide 135°

Cat. No. 7163-1134

Drill Guide 130°

(Not Shown)

Cat. No. 7163-1345



Guide Bolt

Cat. No. 7163-1136



Guide Bolt Wrench

Cat. No. 7163-1140



Hip Guide

Cat. No. 7163-1144



8.5 mm FAN Guide

Cat. No. 7163-1119



One Piece Impactor

Cat. No. 7163-1185



Hammer

Cat. No. 7163-1150



Gold Outer Drill Sleeve

Cat. No. 7163-1152



Silver Inner Drill Sleeve

Cat. No. 7163-1156



6.4 mm Drill

Cat. No. 7163-1160



6.4 mm Tap

Cat. No. 7163-1162



Long External Screwdriver

Cat. No. 7163-1164



Medium External Screwdriver

Cat. No. 7163-1166



Short External Screwdriver

Cat. No. 7163-1168



Screwdriver Replacement Bars for External Screwdrivers

Cat. No.	Description
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7163-1165	Large
7163-1167	Medium
7163-1169	Short



Hexdriver 4.5 mm, 5.0 mm & 6.4 mm Internal Captured Hex Screws

Cat. No.	Description
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7163-1066	Medium
7163-1068	Short
7163-1070	Long



Screw Length Gauge

Cat. No. 7163-1170



Direct Measuring Gauge

Cat. No. 7163-1189



T-Handle (Zimmer-Hall)

Cat. No. 7163-1172



Straight Screwdriver Handle

Cat. No. 7163-1163



Targeter

Cat. No. 7163-1174

Catalog



Large Extractor

Cat. No. 7163-1278



Small AO Adapter

Cat. No. 7163-1184



Trinkle Adapter

Cat. No. 7163-1183



Mini Connector

Cat. No. 7163-1186



Trinkle Mini Connector

Cat. No. 7163-1187



Tip Threaded Guide Wire

Cat. No. 7163-1190 & 7163-1690 (6 per box)



Flex Reamer Shaft

Cat. No. 7163-1192



Screwdriver Release Handle

Cat. No. 7163-1208



Pilot Nose Reamer Heads

<u>Cat. No.</u>	<u>Description</u>
7111-8232	9.0 mm Head
7111-8233	9.5 mm Head
7111-8234	10.0 mm Head
7111-8235	10.5 mm Head
7111-8236	11.0 mm Head
7111-8237	11.5 mm Head
7111-8238	12.0 mm Head
7111-8239	12.5 mm Head
7111-8240	13.0 mm Head
7111-8241	13.5 mm Head
7111-8242	14.0 mm Head



End Cutting Reamer

<u>Cat. No.</u>	<u>Description</u>
7111-8231	9.0 mm Head

Modular Reamer Box

Cat. No. 7163-1218

Implant Trays



Small Outer Case 2.4”

Cat. No. 7112-9401



TRIGEN Instrument Tray 1

Cat. No. 7163-1199



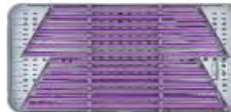
TRIGEN Instrument Tray 2

Cat. No. 7163-1201



FAN Case – Left

Cat. No. 7163-1202



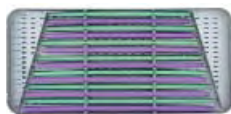
FAN Case – Right

Cat. No. 7163-1203



Knee Nail Case

Cat. No. 7163-1204



FAN Case – 13 mm Nails

Cat. No. 7163-1206



Screw Caddy

Cat. No. 7163-1180

Screw Caddy Conversion Kit

(Not Shown)

Cat. No. 7163-1074



Large Outer Case 4.8”

Cat. No. 7112-9400

Lid for Outer Case

(Shown with Case)

Cat. No. 7112-9402

Orthopaedics

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