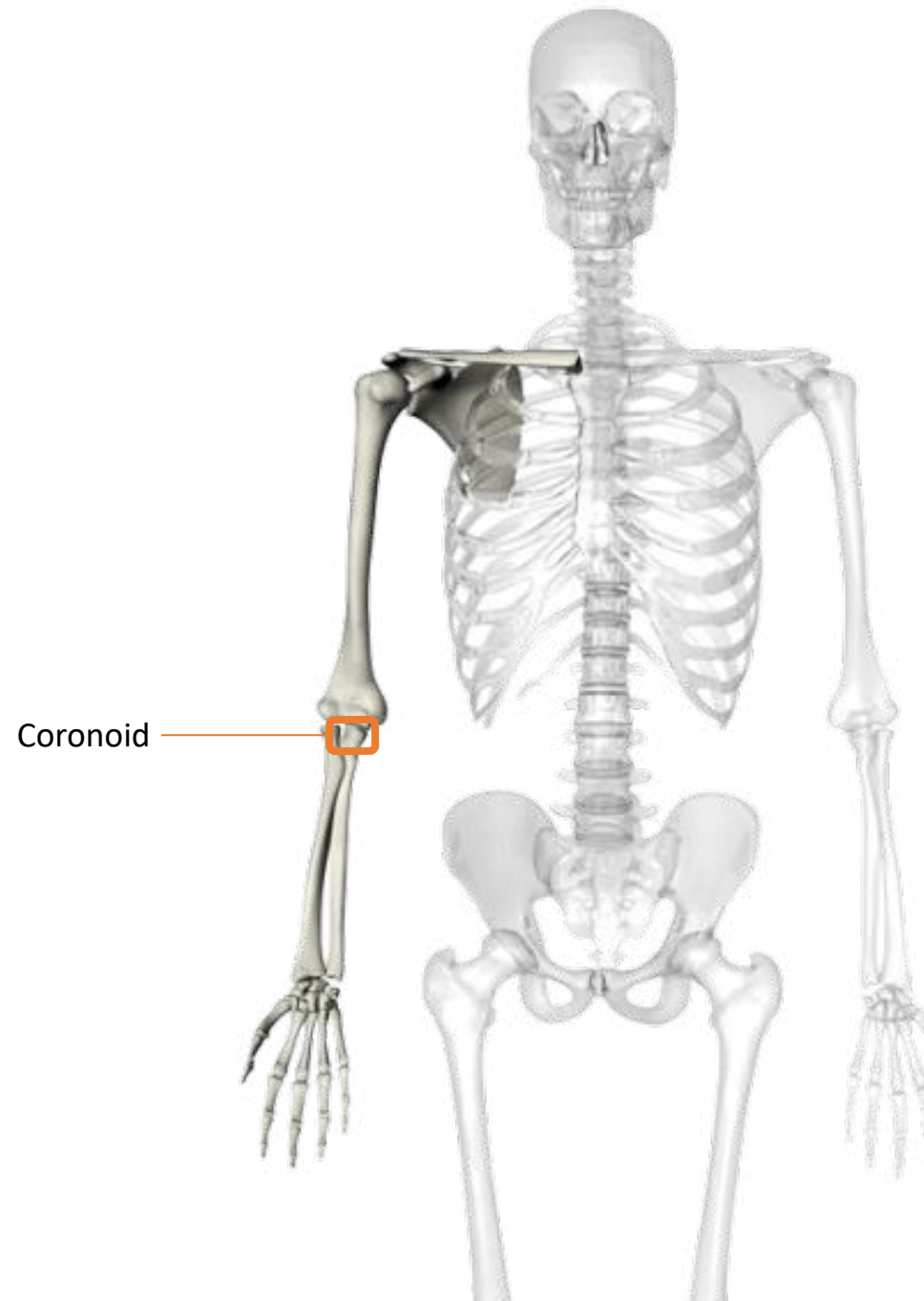


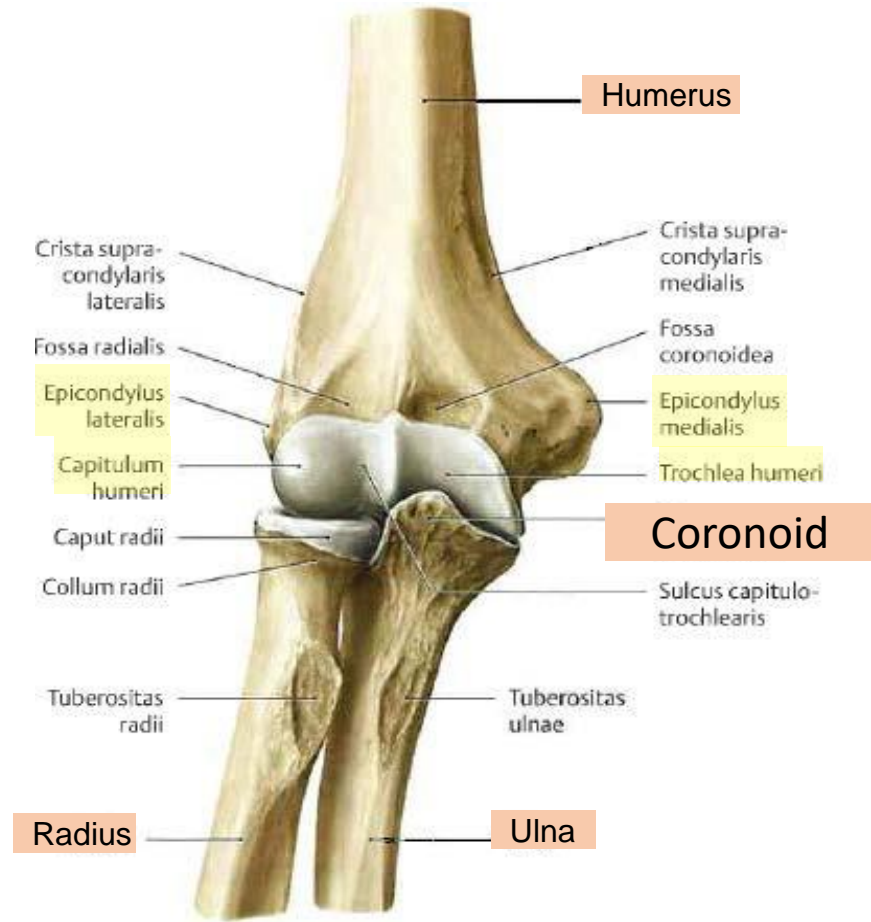
# INTEOS<sup>®</sup> Coronoid 2.5



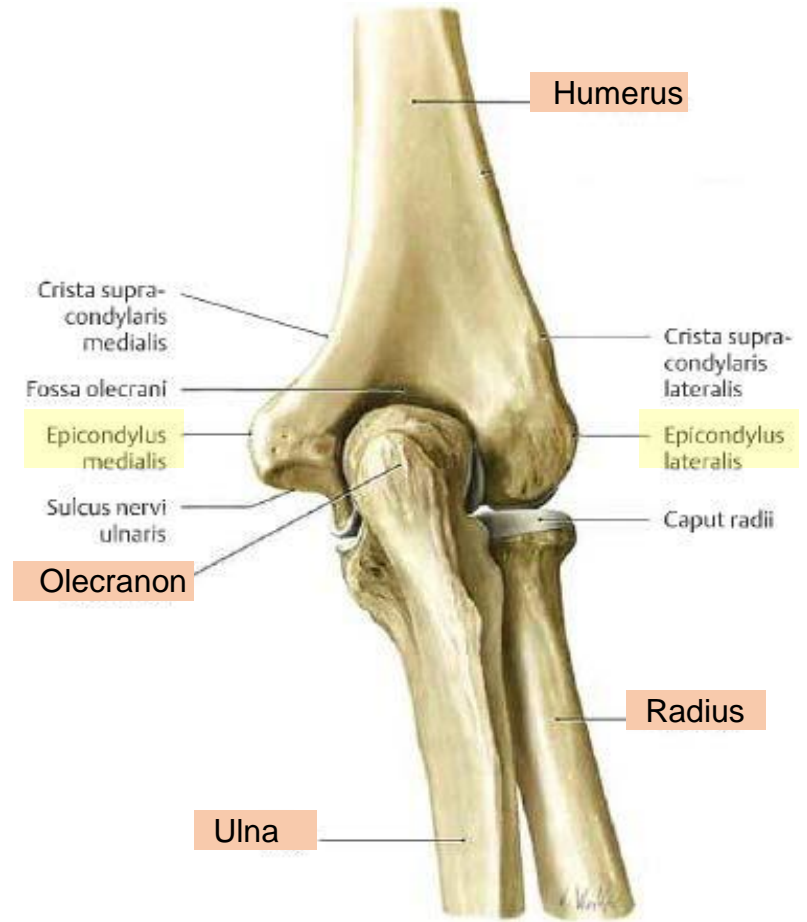
# Anatomy



# Anatomy

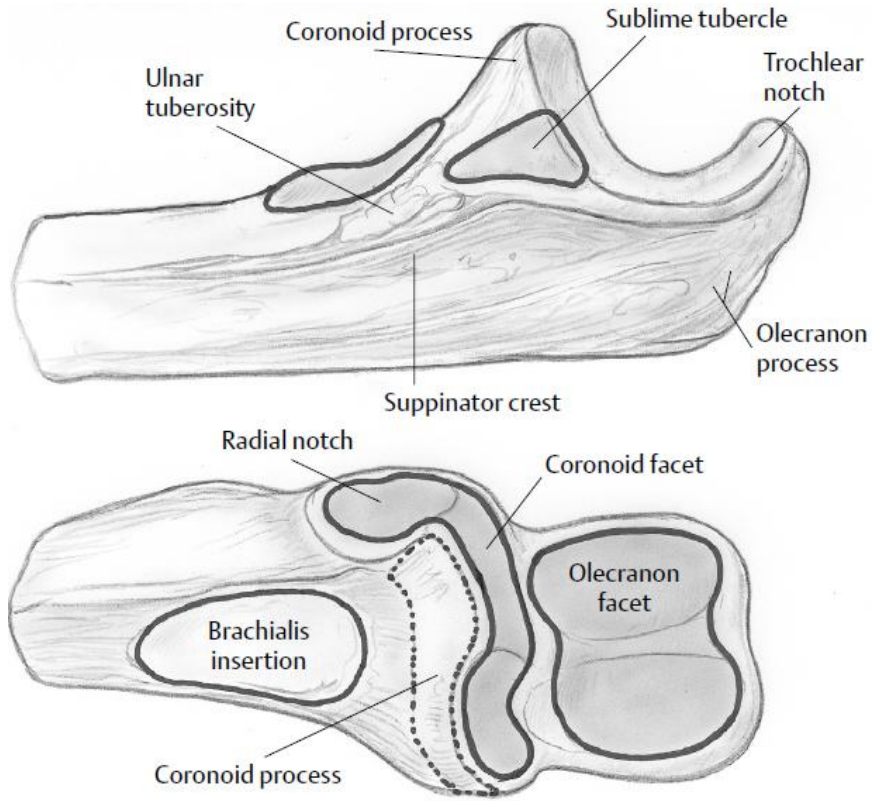


Anterior view

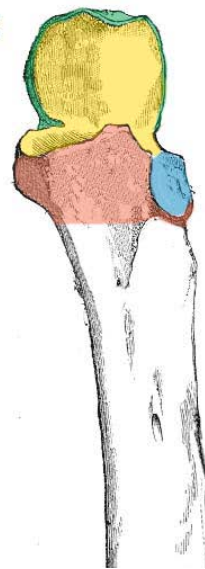


Posterior view

# Anatomy



Anterior:



Lateral:

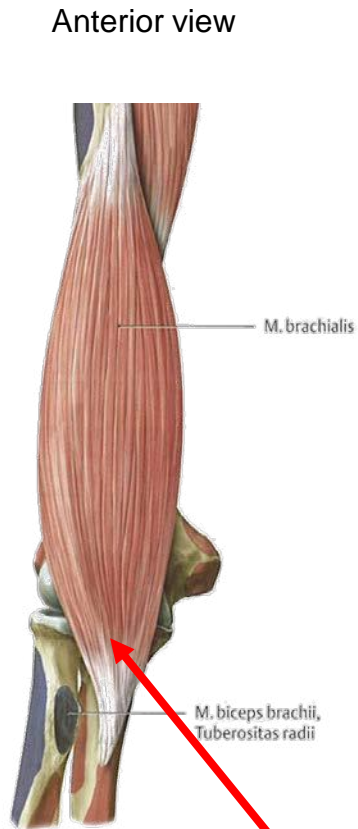


-  Olecranon
-  Coronoid Process
-  Trochlear Notch
-  Radial Notch

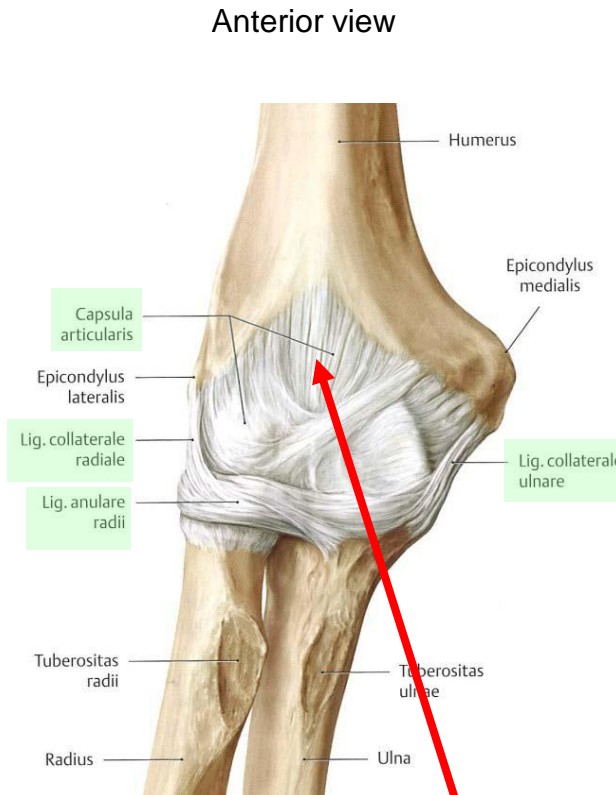
# Collateral Ligaments, Capsule & Insertions

The coronoid process acts as a bony buttress to prevent posterior dislocation and has three soft tissue insertions which lend stability as well: the **anterior joint capsule** of the elbow, the **brachialis muscle** and the **medial ulnar collateral ligament**.

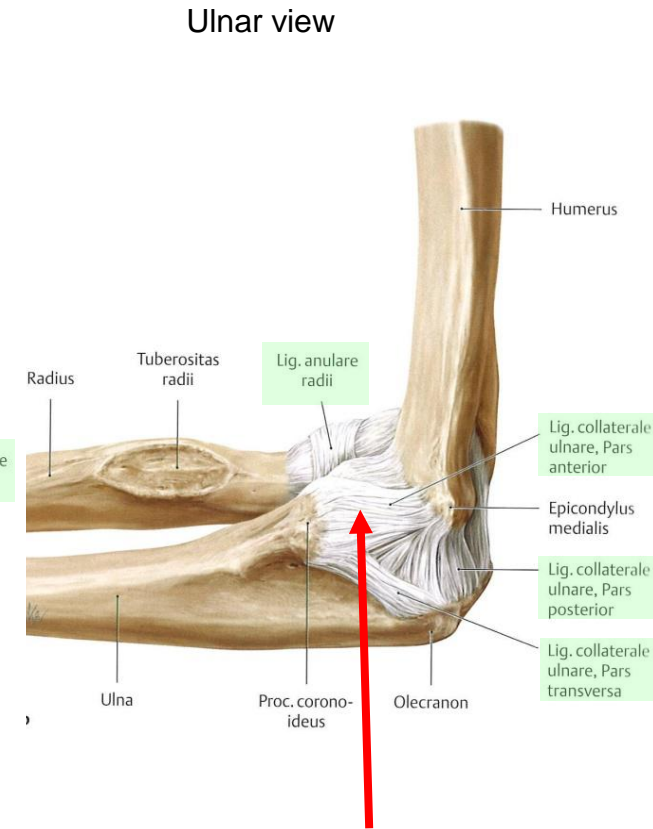
Right elbow



Brachialis Muscle

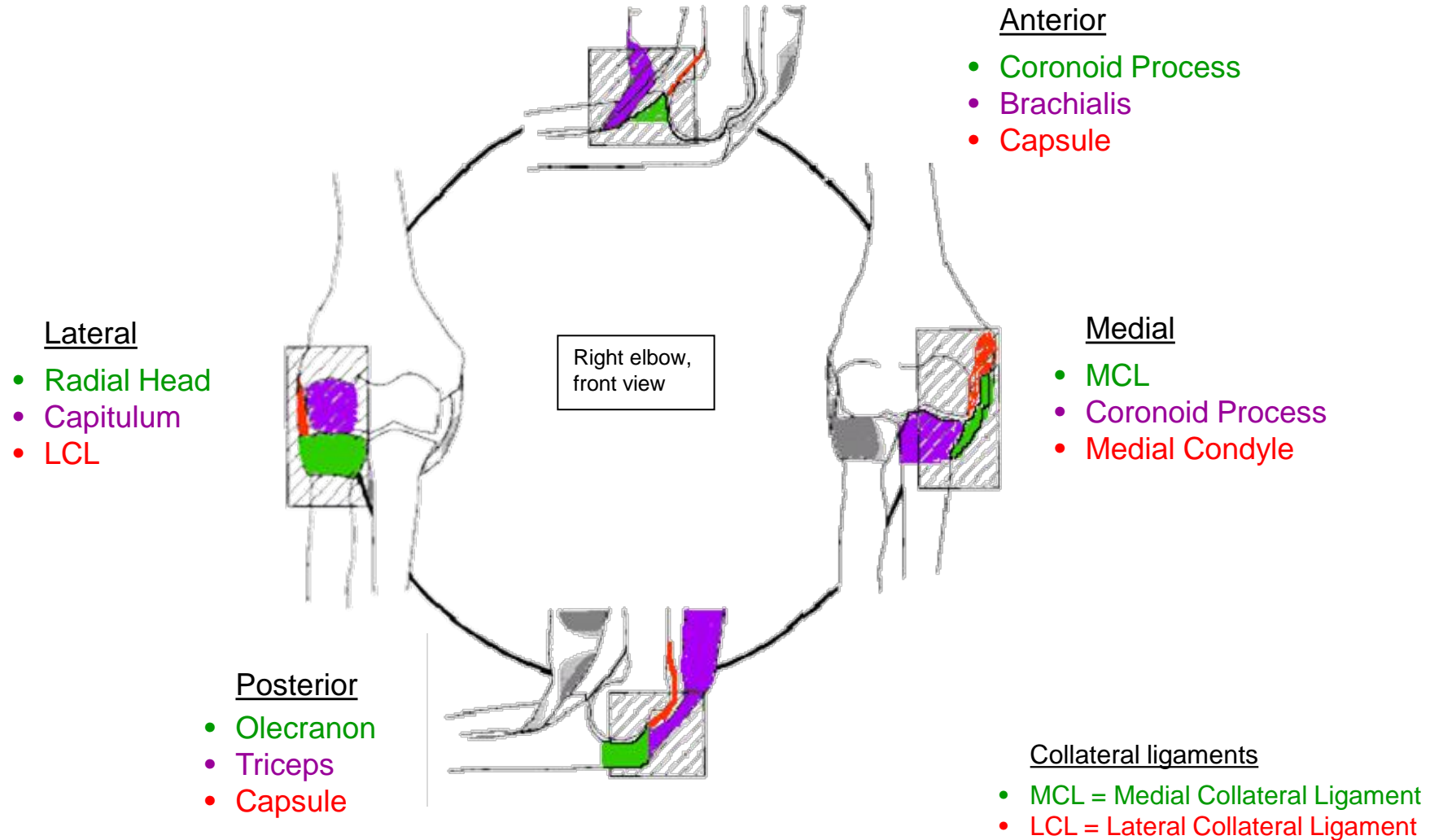


Joint Capsule



Medial Collateral Ligaments

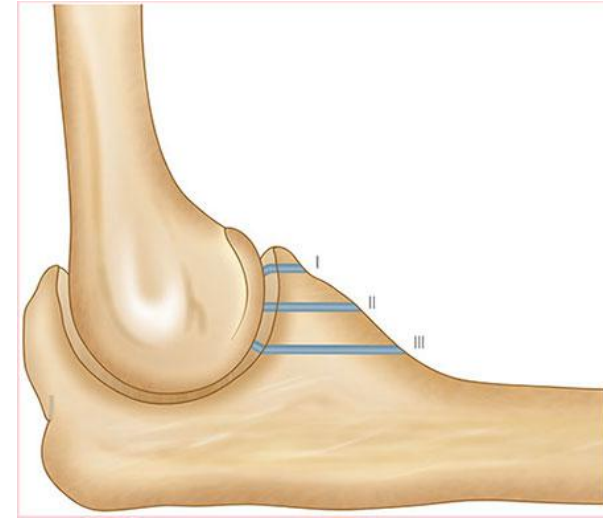
# Stabilisers of the Elbow



# Coronoid Fractures

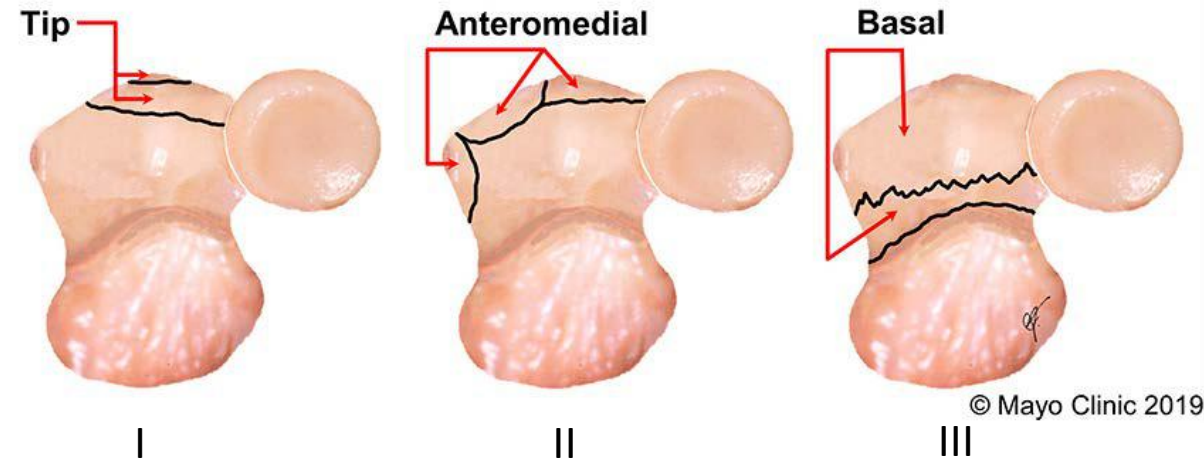
Coronoid process fractures have been classified into three types within the **Regan and Morrey** classification system:

- type 1:** avulsion of the tip of the coronoid process
- type 2:** fragment involving <50% of the coronoid process
- type 3:** fragment involving >50% of the coronoid process



However the more clinically relevant and more widely adopted by orthopedic surgeon classification is introduced by **O'Driscoll**:

- type I:** involves the coronoid tip and affects approximately one-third of the coronoid process
- type II:** anteromedial facet involvement to a varying degree, with more medial involvement representing a more severe injury subtype
- type III:** involving coronoid base with disruption of more than 50% of the coronoid body



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# Clinical Problem

1. Anatomic reduction, stable fixation, and early motion result in optimum outcome  
→ *Need for an anatomical implant with multiple possibilities to place multi-directional angular stable screws*
2. The larger the fragment of the coronoid is, the greater the joint instability is (Regan and Morrey type II/III)  
→ *Plate should show higher stability and possibility to fix multiple fragments*
3. The elbow does not support implant material well and tends to become stiff  
→ *Plates and screws should be as small as possible*
4. Anatomy of the coronoid is complex and varies strongly from one individual to another  
→ *Plate shape should be as anatomic as possible*



# 2.5 (2.2) Locking screws Force DRIVE T6

Material Titanium Grade 5



CODE	DIAMETER	LENGTH
716-140-022-012	Ø 2,2 mm	12 mm
716-140-022-014	Ø 2,2 mm	14 mm
716-140-022-016	Ø 2,2 mm	16 mm
716-140-022-018	Ø 2,2 mm	18 mm
716-140-022-020	Ø 2,2 mm	20 mm
716-140-022-022	Ø 2,2 mm	22 mm
716-140-022-024	Ø 2,2 mm	24 mm
716-140-022-026	Ø 2,2 mm	26 mm
716-140-022-028	Ø 2,2 mm	28 mm
716-140-022-030	Ø 2,2 mm	30 mm
716-140-022-032	Ø 2,2 mm	32 mm

- Screw diameter 2.2 mm
- Core diameter 1,6 mm
- Head diameter 3.0 mm
- Drill bit 1.5 mm
- Poliaxiality of 50°

# 2.5 standard screws Force DRIVE T6

Material Titanium Grade 5

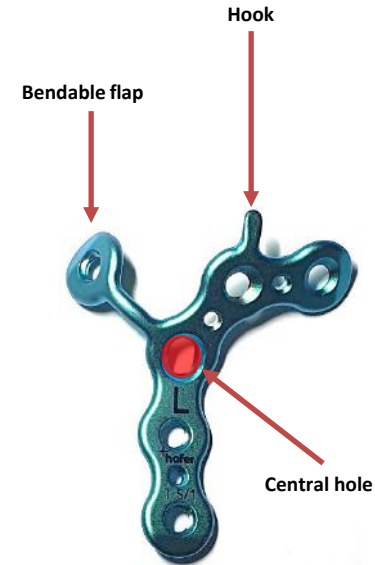


CODE	DIAMETER	LENGTH
716-145-025-020	Ø 2,5 mm	20 mm
716-145-025-022	Ø 2,5 mm	22 mm
716-145-025-024	Ø 2,5 mm	24 mm
716-145-025-026	Ø 2,5 mm	26 mm
716-145-025-028	Ø 2,5 mm	28 mm
716-145-025-030	Ø 2,5 mm	30 mm
716-145-025-032	Ø 2,5 mm	32 mm

- Screw diameter 2.5 mm
- Core diameter 1.8 mm
- Head diameter 3.5 mm
- Drill bit 1.5 mm
- To use in the central hole only

# INTEOS<sup>®</sup> Coronoid plate 2.5

- 1.5 mm thick
- 2.5 mm locking holes for locking screws
- Multi-directional angular stability for all holes
- Central hole for primary fixation with a standard screw
- Bendable flap to support and fix the tuberculum subliminus
- Hook on the proximal part to fix small fragments that are outside the screw range
- Anatomically shaped
- Contourable
- Titanium grade 2
- Holes for 1.2 mm K-wire
- Rounded edges
- Compatible with Radius 2.5 instrumentation



777-170-00x-006  
Coronoid Plate



# INTEOS<sup>®</sup> Coronoid plate benefits

## **Anatomic design to minimize soft tissue irritation and to ensure stable fixation**

- Fixation of multiple fragments to the plate is possible
- Low plate profile reduces soft tissue irritation
- Easy intra-operative adaptation to the individual anatomy of the patient due to precontoured plate
- Hook for mini-proximal fragment fixation
- Flap dedicated to tuberculum subliminus to restore elbow stability

## **Multiple locking options for an optimal fixation of the fracture**

- Angular stability of locked screw fixation minimizes risk of post-operative loss of reduction
- Central hole for initial plate fixation and adaptation to the bone



