

ToeTac[®] Xpress

Hammertoe fixation system

Operative technique



ToeTac Xpress

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This publication sets forth detailed recommended procedures for using Stryker devices and instruments.

It offers guidance that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

A workshop training is recommended prior to first surgery.

Please remember that the compatibility of different product systems have not been tested unless specified otherwise in the product labeling.

See package insert (Instructions for Use) (V15212) for a complete list of potential adverse effects, contraindications, warnings and precautions. The surgeon must discuss all relevant risks, including the finite lifetime of the device, with the patient, when necessary.

Indications

Indications

The ToeTac Xpress is indicated for the fixation of osteotomies and reconstruction of the lesser toes following correction procedures for hammertoe, claw toe, and mallet toe.

Technical specifications
sizes

ToeTac sizes

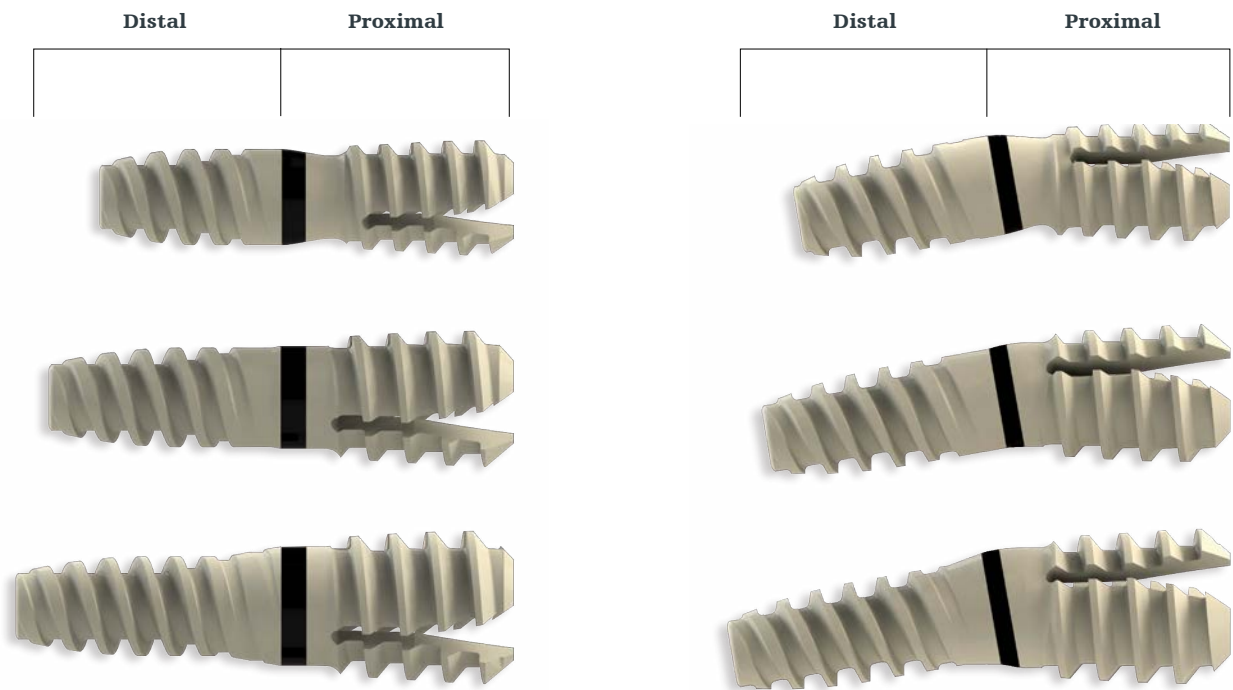


Figure 1

Implant sizes

Size	Overall length	Proximal length	Distal length	Proximal diameter	Distal diameter	Drill diameter
Small	13	7	6	3.7	3.0	2.7
Medium	14	7	7	4.2	3.0	3.2
Large	15	7	8	4.7	3.0	3.7

Operative technique

Step 1: reaming

Open the PIP joint using a dorsal approach.

Using the Proximal Phalanx Reamer, prepare the head of the proximal phalanx by reaming until bleeding bone is achieved.



Figure 2

Using the Middle Phalanx Reamer, prepare the base of the middle phalanx by reaming until bleeding bone is achieved.

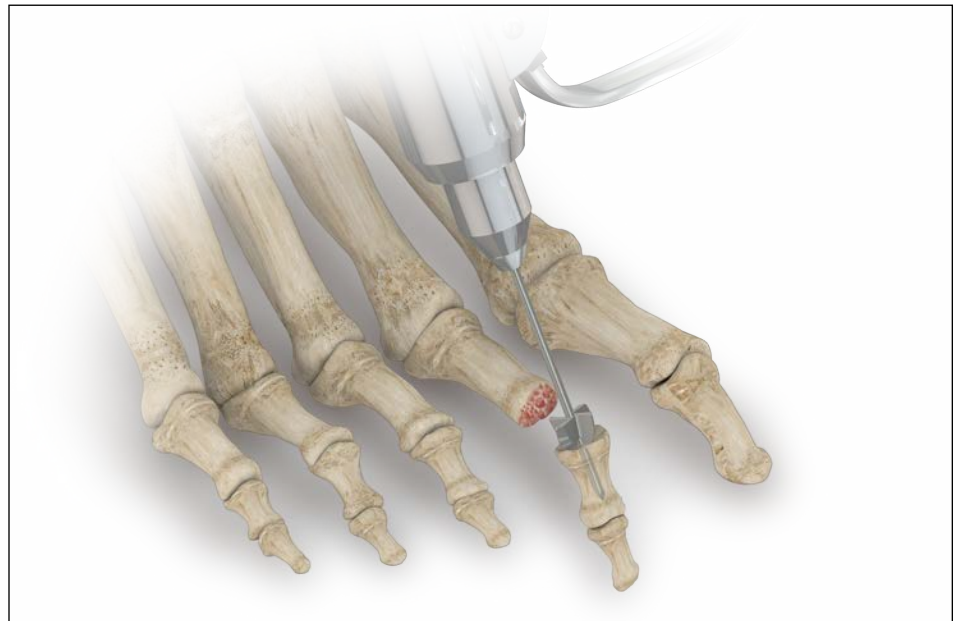


Figure 3

Step 2: proximal phalanx preparation

Insert the supplied K-wire central to the long axis of the proximal phalanx.

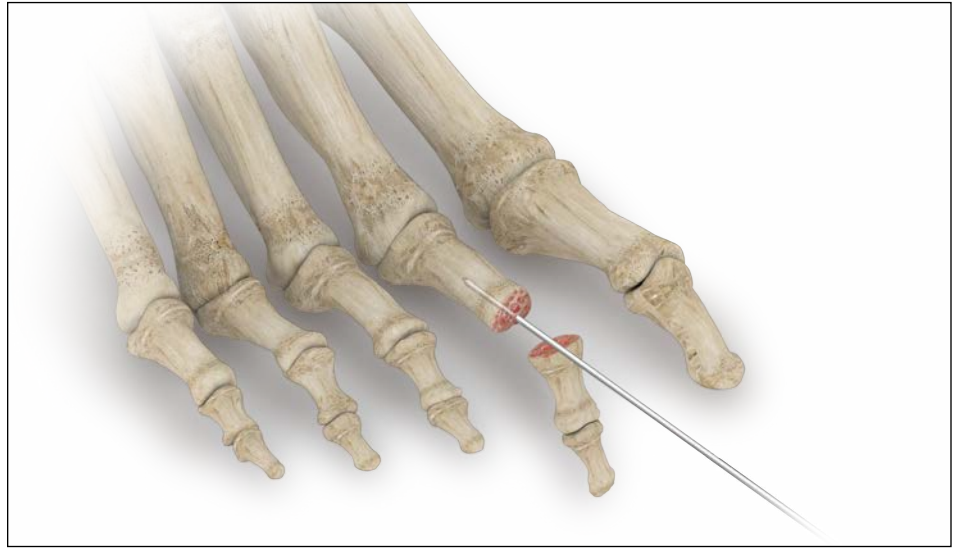


Figure 4

Advance the supplied cannulated drill bit over the K-wire into the proximal phalanx until the laser mark line has reached the reamed surface. Remove drill bit and K-wire from the proximal phalanx.

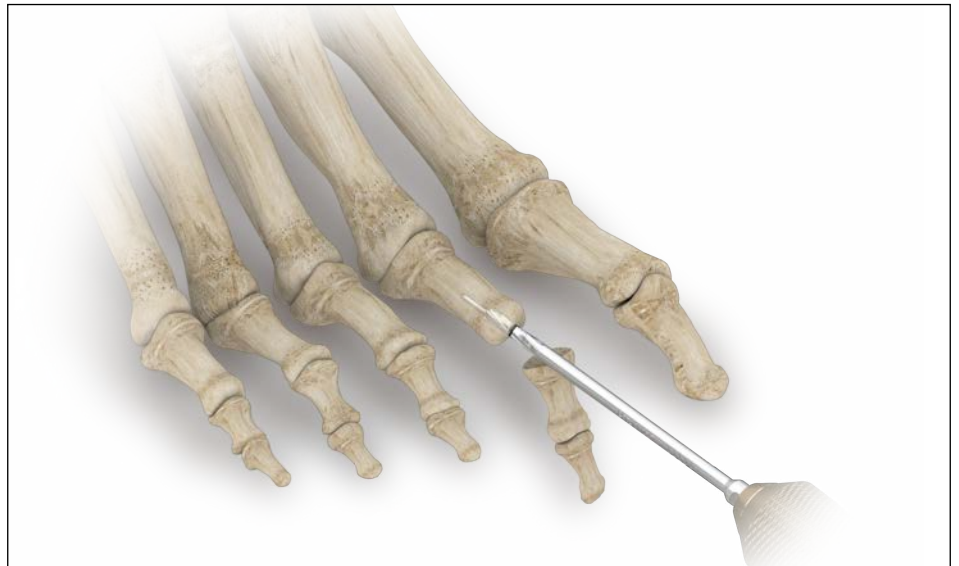


Figure 5

Step 3: middle phalanx preparation

Advance the same supplied K-wire, central to the long axis of the middle phalanx.



Figure 6

Using firm axial pressure, advance the supplied tap over the K-wire into the middle phalanx until the laser mark line has reached the reamed surface.



Figure 7

Step 4A: 0° implant insertion

Thread the cannulated implant over the K-wire and screw into the middle phalanx up to the laser marking line on the implant. Ensure that a laser mark line on the driver is facing dorsally. Remove driver and K-wire.



Figure 8



Figure 9



Figure 10

Step 4B: 10° implant insertion

Place the implant into the driver and screw into the middle phalanx up to the laser marking line on the implant. Ensure that a laser mark line on the driver is facing dorsally. Remove driver and K-wire.



Figure 11



Figure 12



Figure 13

Step 5: PIP joint reduction

Reduce and press fit the implant into the proximal phalanx until the reamed proximal and middle phalanxes are apposed.

Ensure that all three barbs of the proximal implant are inserted into the proximal phalanx.

Close using standard surgical procedure.



Figure 14



Figure 15

Optional: DIP/MTP joint stabilization

The cannulated, 0° version of the ToeTac Xpress implant allows for the supplied K-wire to be retrograded proximally into the metatarsal to stabilize the DIP and MTP joint. Utilizing the K-wire to stabilize the DIP and MTP joint is optional and remains solely at the surgeon's discretion. Temporarily leaving the K-wire in place during the initial recovery period can prevent MTP joint subluxation while the soft tissue is healing.



Figure 16



Figure 17

0° implant removal

Using a small power saw, cut the implant in half at the osteotomy site.

Attach the removal tool (supplied separately) to a standard AO Quick Connect driver handle.



Figure 18

Advance the tool into the distal portion of the implant using a counterclockwise rotation with downward axial force to engage the reverse threads. Continue rotating until the implant is removed.

Remove the proximal portion of the implant with the same technique or use a small hemostat.

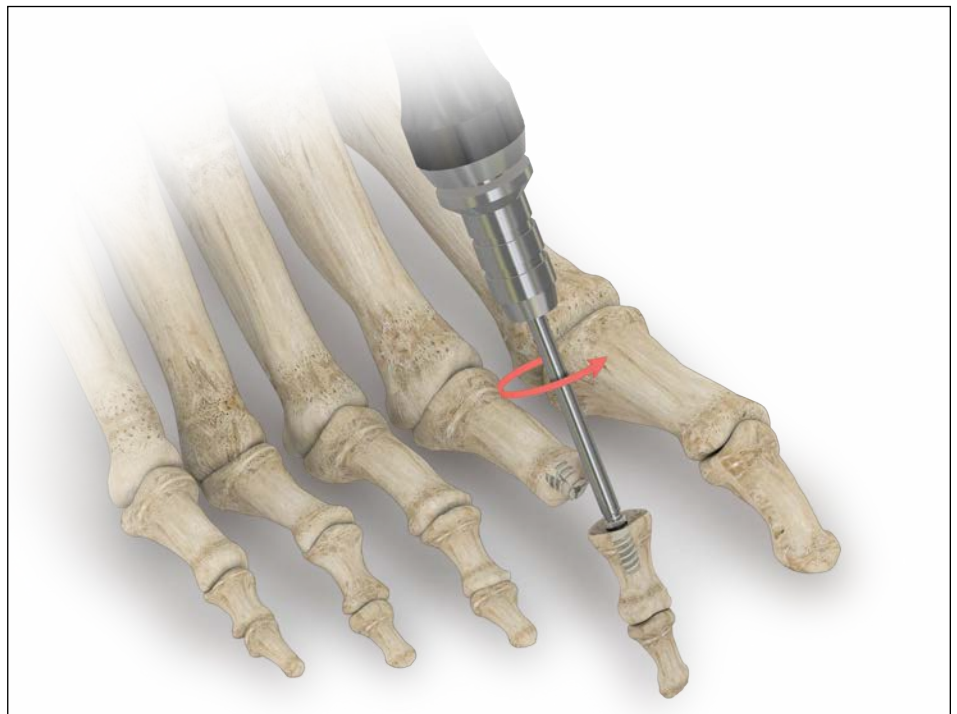


Figure 19

Foot & Ankle

This document is intended solely for the use of healthcare professionals. A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate a Stryker product. A surgeon must always refer to the package insert, product label and/or instructions for use, including the instructions for Cleaning and Sterilization (if applicable), before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

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Manufacturer:

Stryker GmbH
Bohnackerweg 1
2545 Selzach
Switzerland

stryker.com