Pangea Distal Posterior

Distal Posterio Fibula Plate

Design rationale





Pangea Distal Posterior Fibula Plate

Design rationale

stryker

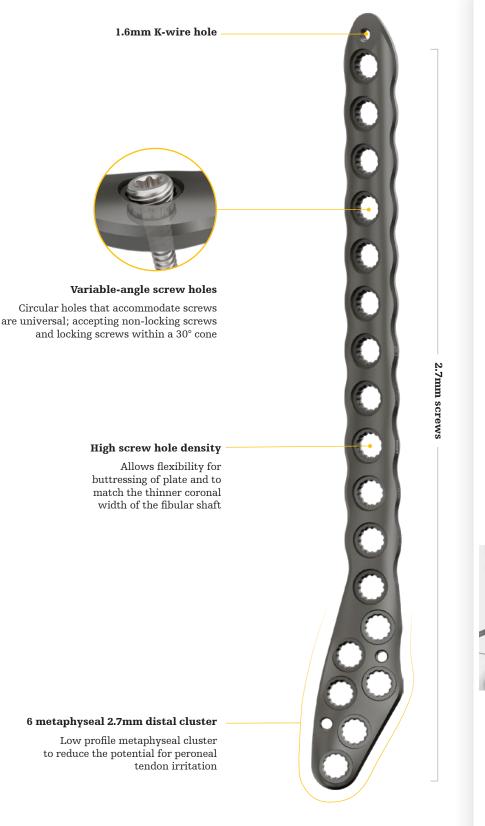


Plate placement



- The distal portion of this plate should be placed so the 2.7mm cluster is centered over the posterior metaphyseal fibula, just proximal to the peroneal groove (Confirm there is no overhang over the edge of the distal fibula)
- When positioned correctly, the distal aspect of the plate should not contact the peroneal tendons
- The proximal aspect of the plate should be centered on the posterior aspect of the shaft of the fibula

Pangea Distal Posterior Fibula Plate X-rays



Pangea Distal Posterior Fibula Plate

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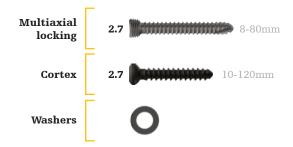
Fit

- Designed for buttressing of oblique or supination external rotation ankle fractures
- Designed for direct posterior placement on the fibular shaft
- Designed for placement through the posterolateral approach and can be placed through a window medial or lateral to the peroneal tendons
- Distal cluster is tapered to sit immediately lateral and proximal to the peroneal retinaculum
- Pangea Distal Fibula plates were found to sit closer to the bone than competitve VA LCP plates¹
- Designed with the use of SOMA: Stryker Orthopedics Modeling and Analytics¹
- The SOMA bone database contains a collection of 5570 and growing clinical CT scans and contains over 34,600 3D bone models²
- Uses 2.7mm screws in the plate shaft to match the thinner coronal width of the fibular shaft

Technical specifications

- Standard plate lengths: 6-26 holes (79-231mm)
- Thickness: 2.0mm distal, 2.3mm shaft
- Left and right anatomic plate options

Screw platform



• Drill bits:

Ø2.0mm x 135mm (542000(S)) Ø2.0mm x 175mm (542001(S))

References:

1. Internal report № D0000262573, Rev AA, Selzach, Switzerland 2. Internal report № D0000124129, Rev AC, Schönkirchen, Germany

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