

SPIN[®]

SNAP-OFF[™] SCREW

SPIN 2.7

Recommended for soft
or osteoporotic bones



SPIN



SURGICAL TECHNIQUE

**LOWER
EXTREMITY
SOLUTIONS**

 **INTEGRA[™]**
Extremity Reconstruction

Surgical Technique



As the manufacturer of this device, Integra does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any implant procedure is responsible for determining and using the appropriate techniques for implanting the device in each patient.

WEIL OSTEOTOMY

In treating static disorders of the lesser ray, Dr. L. S. Weil (Chicago, USA) has developed a surgical technique with the following characteristics:

- simple and reliable procedure³
- provides stable fixation¹
- safe and effective²

Along with the above-mentioned characteristics; the Weil Osteotomy is a long horizontal osteotomy that allows:

- a proximal displacement
- the bone surface initial stability
- lateral, rotary, and dorsal displacement

INDICATIONS

The Spin screw is indicated for fixation of bone fractures or for bone reconstruction.

- Fixation of small bone fragments.
- Weil osteotomy.
- Mono-cortical fixation.
- Osteotomies and fractures fixation in the foot.

SURGICAL APPROACH

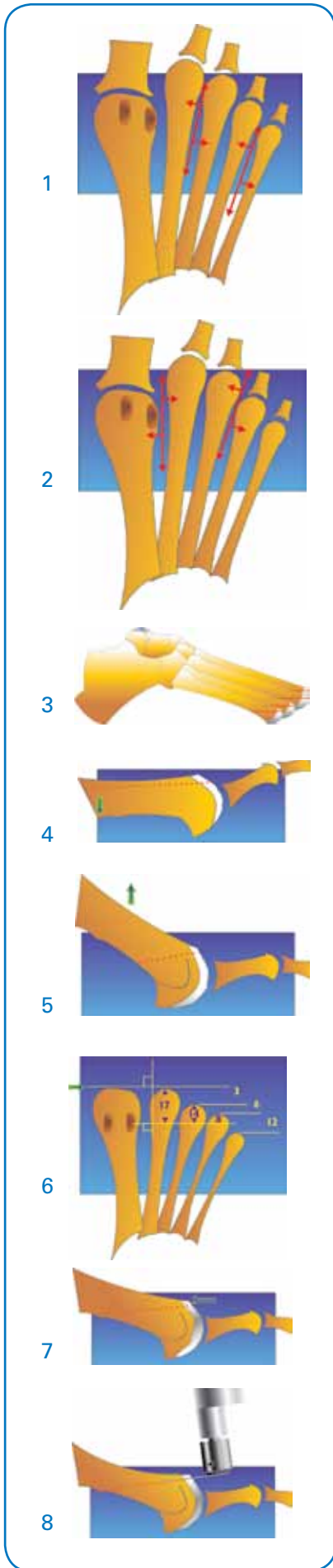
- The procedure is performed by dorsal approach, starting within the intermetatarsal interspace. There is good exposure to cut between the two extensor tendon muscles, extending as distally as possible (1 & 2).

The bone cuts should be as parallel (horizontal) to the sole as possible, usually about 25 degrees (3). In case of pes planus, the cut may be too long (4), whereas in pes cavus, the cut may be too short (5). Therefore, it is necessary to adapt the cuts to the condition of the forefoot.

PREPARING THE CUT

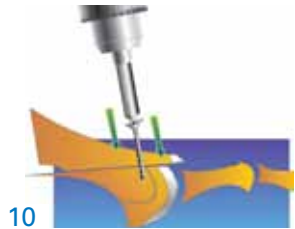
- It is the aim to obtain an index plus minus ($M1=M2$). The head can be positioned and held in place by an important plantar flexion of the toe. However, it is easier to maintain the head in place with a Museux forceps or a Banaleck clamp (6).
- The cut is horizontal and parallel to the sole. It starts in the cartilage of the head (2 mm from the dorsal border) and should be as long as possible (2.5 to 3 cm in standard foot condition) (7).
- The cut is performed with an oscillating saw (8).

* See package insert for full prescribing information.

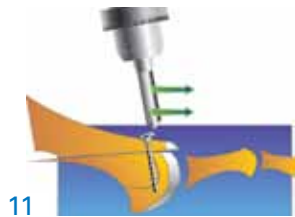




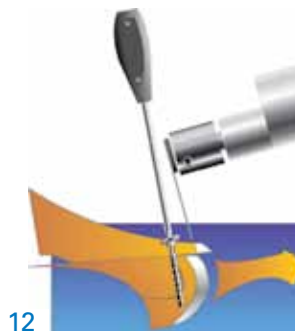
9



10



11



12



13

CUT AND PLACEMENT

- Immediately after the Weil osteotomy, the metatarsal head will move proximally. The metatarsal formula will be controlled and/or restored (9).
- The Spin screw is then placed. It is not necessary to prepare the dorsal bone since the Spin is a self-drilling and self-tapping screw, which is introduced by a power drill (Jacobs Chuck) (10). Sometimes it is necessary to initiate the snap-off effect by moving the drill forward (osteoporotic bone) (11), whereas sometimes a predrill with a K-wire (1 mm diameter) can be advised in extremely solid cortical bone.

FINAL FIXATION

- When the head of the Spin gets into contact with the dorsal cortex, the holding device snaps off. If necessary, the screw setting can be finalized by handling the specific screwdriver.
- Once the osteotomy is stabilized, the peak is removed handling the saw or the bonecutter. If necessary, the extensors can be lengthened by a Z-shaped release (Green Technique) after the metatarsal shortening (12).

OTHER CASES

- In case of metatarso-phalangeal luxation, the metatarsal shortening should be at least equivalent to the initial phalangeal retraction (13).



Differences

	SPIN	SPIN 2.7
	THREADED	
	COLOR CODED	
14mm		
13mm		
12mm		
11mm		

SPIN®

SNAP-OFF™ SCREW

SPIN

Catalog Number	Description
112 011ND	Diam. 2mm - Length 11mm
112 012ND	Diam. 2mm - Length 12mm
112 013ND	Diam. 2mm - Length 13mm
112 014ND	Diam. 2mm - Length 14mm

SPIN 2.7

Catalog Number	Description
112 111ND	Diam. 2.7mm - Length 11mm
112 112ND	Diam. 2.7mm - Length 12mm
112 113ND	Diam. 2.7mm - Length 13mm
112 114ND	Diam. 2.7mm - Length 14mm

Instrumentation

Catalog Number	Description
119 201ND	Spin screwdriver
119 900ND	Sterilization container

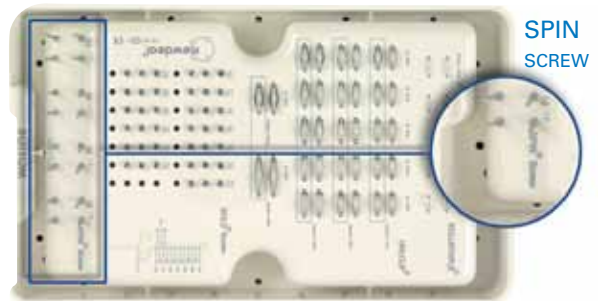
1. Hofstaetter SG, Hofstaetter JG, Petroutsas JA, Gruber F, Ritschl P, Trnka HJ.
THE WEIL OSTEOTOMY: A SEVEN-YEAR FOLLOW-UP
J Bone Joint Surg Br. 2005 Nov; 87(11): 1507-11.

2. Podskubka A, St drý V, Kafun k M.
DISTAL SHORTENING OSTEOTOMY OF THE METATARSALS USING THE WEIL TECHNIQUE: SURGICAL TREATMENT OF METATARSALGIA AND DISLOCATION OF THE METATARSOPHALANGEAL JOINT
Acta Chir Orthop Traumatol Chech. 2002; 69(2): 79-84.

3. Vandeputte G, Dereymaeker G, Steenwerckx A, Peeraer L.
THE WEIL OSTEOTOMY OF THE LESSER METATARSALS: A CLINICAL AND PEDOBAROGRAPHIC FOLLOW-UP STUDY
Foot Ankle Int. 2000 May; 21(5): 370-4.

- The products are manufactured and referenced within the frame of the standards in force.
- Implantation procedures are described in the surgical technique.
- Non-contractual document. The manufacturer reserves the right, without prior notice, to modify the products in order to improve their quality.
- WARNING: Federal law (USA) restricts this device to sale by or on the order of a physician.

FOREFOOT CONTAINER



SPIN
SCREW



SPIN
SCREWDRIVER

 **INTEGRA™**
Extremity Reconstruction

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