

LOCKING PLATES 7.0ChLP

- IMPLANTS
- INSTRUMENT SET 40.5702.700
- SURGICAL TECHNIQUE



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SYMBOLS DESCRIPTION

)	Titanium or titanium alloy	H	H length [mm]			
)	Cobalt		Angle			
)	Left	88 340	available lengths			
)	Right	4-22	Available number of holes			
)	Available versions: left/right	1.8	Thickness [mm]			
)	Length	1:1	Scale 1:1			
)	Torx drive		Number of threaded holes in the shaft part of the plate			
)	Torx drive cannulated		Number of locking holes in the plate			
)	Hexagonal drive	VA	Variable angle			
	Hexagonal drive cannulated		Cortical			
	Cannulated		Cancellous			
	Locking	Ster Non Ster	Available in sterile/ non- sterile condition			
	Diameter [mm]		Refer to surgical technique			
	Caution - pay attention to a special procedure.					
	Perform the activity under X-Ray control.					
	Information about the next stages of a procedure.					
	Proceed to the next stage.					
)	Return to the specified stage and repeat the activity.					
)	Before using the product, carefully read the Instructions for Use. It contains, among others, indications, contraindications, side effects, recommendations and warnings related to the use of the product.					
	The above description is not a detailed instruction of conduct. The surgeon decides about choosing the operating procedure.					

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 Document No
 ST/48C

 Date of issue
 05.09.2012

 Review date
 P-005-08.12.2020

The manufacturer reserves the right to introduce design changes.

Updated INSTRUCTIONS FOR USE are available at the following website: ifu.chm.eu



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I. INTRODUCTION

The main purpose of surgical treatment of bone fractures is to reconstruct the anatomical bone structure and to restore its function.

Internal stabilization with locking plates enables accurate fracture reduction, stable fixation, blood flow preservation and functional activation of injured limb.

System ChLP consists of titanium plates and screws combining locking screws technique with conventional treatment techniques using plates. This system is the improvement of existing stabilization methods. Locking screws system enables angular fixation using conventional surgical techniques. It is particularly indicated in:

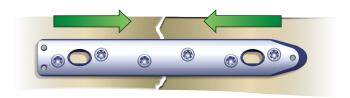
- · multifragmental fractures;
- · non-unions or malunions;
- · osteopenia;
- · osteotomy stabilization;
- when applying conventional screws is insufficient or does not bring expected effects.

Locking plates are provided with holes A for conventional cortical screws with or without compression and with threaded holes B for locking screws. Compression holes designed in ChLP System enable compression in both directions.

Plates design allows to perform classical dynamic compression.

Advantages of using locking plates system over conventional methods of fracture treatment using plates:

• enable stable fixation ensuring angular stabilization in fracture site;



- enable compression using conventional cortical and cancellous screws, combination with conventional and locking screws is available;
- reduced bone-plate contact ensures better blood flow of perimplant tissues;
- locking screws enable uni-cortical plate position against the bone;
- plates can be contoured to match the anatomical bone shape that is particularly important in periarticular fractures.

The following instruction does not refer to particular fracture types as the locking plates system includes different plates that are relevant to many different fractures.

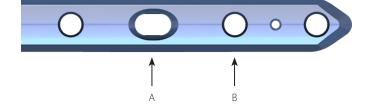
ChLP System was divided as follows:

- 4.0ChLP System;
- · 4.5ChLP System;
- · 5.0ChLP System;
- 7.0ChLP System.

Division is based on the screw head diameter; however, screws with different cortical thread diameter in one system range are available.

Additionally, systems were differentiated with colors as follows:

- 4.0ChLP System green;
- 4.5ChLP System gold;
- 5.0ChLP System brown;
- 7.0ChLP System blue.





Before product usage, read the Instructions For Use carefully. The IFU is supplied with the product and attached at the end of this document. It includes, among others: the indications, contraindications, adverse effects, warnings and recommendations associated with product usage.



II. PLATE SELECTION AND CONTOURING

Wide size range of locking plates enables proper plate selection.

Locking plate contouring is not recommended due to possiblity of threaded holes damaging.

Bottom surface of the plate does not have to contact with the bone if locking screws are used. There is no necessity of accurate plates contouring. Advanced shaped plates do not require additional bending in most cases.

If the plate bending is necessary, remember to not deform threaded holes excessively. It is essential to ensure that the desired shape of the implant is reached in as few bends as possible because titanium hardness increases and ductility (bendability) decreases. Excessive bending can lead to postoperative fracture of the plate. Due to potential risk for postoperative implant breakage, extremely acute angles together with small bending radii must be avoided. If Implant damage (indentations, elongated screw holes, etc.) occur, plate is to be exchanged for new one, more carefully bent one.

If the plate bending is required:

- perform it between locking holes;
- do not bend the plate more than 20° 25°;
- do not bend the plate back and forth;
- · before bending, insert the locking screws in the bending area, that decreases the threaded holes deformation degree.

II.1. INDICATIONS

7.0 locking plate system is designed to stabilize the fracture of various long bones such as:

- · femoral bone,
- tibial bone

Straight wide plates are mainly used to stabilize the shafts of bone fractures. Shape plates are used for metaphysial bone fractures as well as simple, comminuted, wedge-shaped lateral and medial fractures, condylar fractures and the ones combined with the shaft of a bone.

7.0ChLP CONDYLAR FEMORAL PLATE



III.1. PLATES

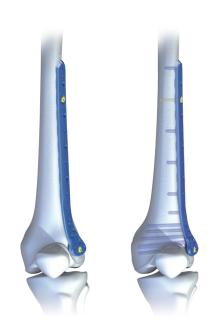






			ri)
	Len	L	R
4	138	3.4023.604	3.4024.604
6	180	3.4023.606	3.4024.606
8	221	3.4023.608	3.4024.608
10	263	3.4023.610	3.4024.610
	138		

Ti				800	0	
3.5210.xxx	/	/	/			5.0
3.5232.xxx		/		/		5.4
3.5216.xxx	/		/			5.0
3.5221.xxx	\	/		/	/	7.3
3.5224.xxx	/			/	/	7.3
3.5228.xxx	/	/		/		6.5
3.1471.xxx	/		/			4.5
3.5219.008	/	/				5.0
3.1221.070		/				
	3.5210.xxx 3.5232.xxx 3.5216.xxx 3.5221.xxx 3.5224.xxx 3.5228.xxx 3.1471.xxx 3.5219.008	3.5210.xxx	3.5210.xxx	3.5210.xxx	3.5210.xxx	3.5210.xxx









Palette for 7.0ChLP plates - 3.4023/3.4024

40.5704.510

Aiming block L [3.4023]

Aiming block R [3.4024]

40.5725.100

40.5725.200

Plate 3.4023.606 trial

43.4023.606

00 Plate 3.4024.606 trial

43.4024.606



Indications

- Comminuted fractures of the distal part of the femoral bone and fractures extending to the shaft of the femur.
- Supracondylar fractures.
- · Articular and extra-articular condylar fractures.
- · Non-union or malunions of fractured bone.

Contraindications

Absolute

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

Relative

- Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area or surgical site.
- Excessive obesity.
- · Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

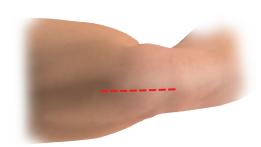
The patient's position



Surgical approach



Lateral approach: the lateral incision of about 80 mm in the proximal direction shall begin from Gerdy's tubercle. If necessary, the incision may be lengthened. The incision is recommended for extra-articular fractures and simple articular and metaphysial fractures without displacement.



Anterior-lateral approach: perform the parapatellar incision. Perform the arthrotomy as to expose the articulation and reduce the fragments of the fractured bone; pull the patella medially and widen the cut adequately to expose the femoral condyle. The parapatellar incision is recommended for more complex articular comminuted fractures.

Procedure stages

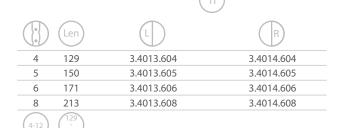
- Reduction of fracture and stabilization of the fracture fragments with Kirschner wires.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws to the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.

7.0ChLP CONDYLAR TIBIAL PLATE









Ti					\bigcirc	
 3.5210.xxx	/	/	/			5.0
3.5232.xxx		/				5.4
3.5216.xxx	/		/			5.0
3.1471.xxx	/		/			4.5
3.5219.008	/	/				5.0
3.1221.070		/				









Palette for 7.0ChLP plates - 3.4013/3.4014

40.5704.520

Aiming block L [3.4013]

40.5724.100

Plate 3.4013.605 trial

43.4013.605

Aiming block R [3.4014]

40.5724.200

Plate 3.4014.605 trial

43.4014.605



Indications

- Articular and extra-articular, metaphysial and epiphysial comminuted fractures of the proximal part of the tibia and fractures extending to the shaft of the tibia.
- Non-union or malunions of fractured bone

Contraindications

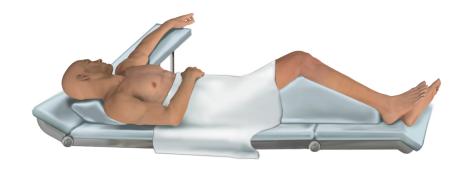
Absolute:

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

Relative:

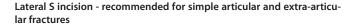
- Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- · Abnormal perfusion of fracture area.
- · Excessive obesity.
- · Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach







Straight anterior-lateral incision - recommended for more complex articular fractures.

Anterior-lateral approach. The incision performed between the tibia and fibula bone should begin approximately 1 cm proximally from Gerdy's tubercle for a desired length of the plate. In the minimally invasive technique, a short cut and additional cuts for the access to the holes of the shaft of the plate should be performed.

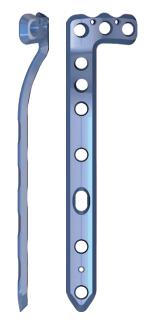
Procedure stages

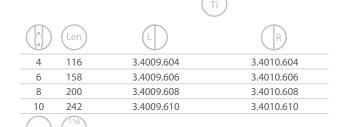
- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.
- Positioning of the plate using the compression screw in the extended hole.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- · Closing the wound.

7.0ChLP WIDE TIBIAL PLATE









Ti					\bigcirc	
 3.5210.xxx	/	/	/			5.0
3.5232.xxx	_			/		5.4
3.5216.xxx	/		/			5.0
3.1471.xxx	/		/			4.5
3.5219.008	_/	/				5.0





3.1221.070

Palette for 7.0ChLP plates - 3.4009/3.4010 40.5704.540



Plate 3.4009.606 trial

43.4009.606

Plate 3.4010.606 trial

43.4010.606



Indications

- Articular and extra-articular, metaphysial and epiphysial comminuted fractures of the proximal part of the tibia and fractures extending to the shaft of the tibia.
- Non-union or malunions of fractured bone

Contraindications

Absolute:

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

Relative:

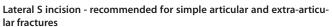
- · Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- · Abnormal perfusion of fracture area.
- · Excessive obesity.
- · Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach







Straight anterior-lateral incision - recommended for more complex articular fractures.

Anterior-lateral approach. The incision performed between the tibia and fibula bone should begin approximately 1 cm proximally from Gerdy's tubercle for a desired length of the plate. In the minimally invasive technique, a short cut and additional cuts for the access to the holes of the shaft of the plate should be performed.

Procedure stages

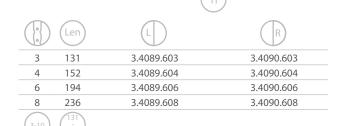
- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.
- Positioning of the plate using the compression screw in the extended hole.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- · Closing the wound.

7.0ChLP PROXIMAL LATERAL TIBIAL PLATE









Ti					0	
3.5210.xxx	/	/	\			5.0
3.5232.xxx	/	✓		/		5.4
3.5216.xxx	/		/			5.0
3.1471.xxx	/		/			4.5
3.5219.008	/	/				5.0
3.1221.070		/				









Palette for 7.0ChLP plates - 3.4089/3.4090

40.5704.560

Aiming block L [3.4089]

40.5709.100

Plate 3.4089.604 trial

43.4089.604

Aiming block R [3.4090]

40.5709.200

Plate 3.4089.604 trial

43.4090.604



Indications

- Articular and extra-articular, metaphysial and epiphysial comminuted fractures of the proximal part of the tibia and fractures extending to the shaft of the tibia.
- Non-union or malunions of fractured bone

Contraindications

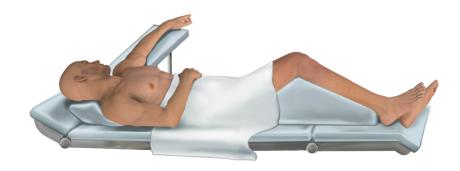
Absolute:

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

Relative:

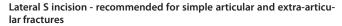
- · Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- · Abnormal perfusion of fracture area.
- · Excessive obesity.
- · Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach







Straight anterior-lateral incision - recommended for more complex articular fractures.

Anterior-lateral approach. The incision performed between the tibia and fibula bone should begin approximately 1 cm proximally from Gerdy's tubercle for a desired length of the plate. In the minimally invasive technique, a short cut and additional cuts for the access to the holes of the shaft of the plate should be performed.

Procedure stages

- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- · Stabilization of the shaft using locking or compression screws.
- Positioning of the plate using the compression screw in the extended hole.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- · Closing the wound.







	Len	L	R
4	134	3.7055.604	3.7054.604
6	176	3.7055.606	3.7054.606
8	218	3.7055.608	3.7054.608
10	260	3.7055.610	3.7054.610
3-13	113		

* holes number in shaft part of the plate











Palette for 7.0ChLP plates - 3.7054/3.7055

40.6292.000

Aiming block L [3.7055]

40.8221.000

Aiming block R [3.7054]

40.8220.000



Indications

- Articular and extra-articular, metaphysial and epiphysial comminuted fractures of the proximal part of the tibia and fractures extending to the shaft of the tibia.
- Non-union or malunions of fractured bone

Contraindications

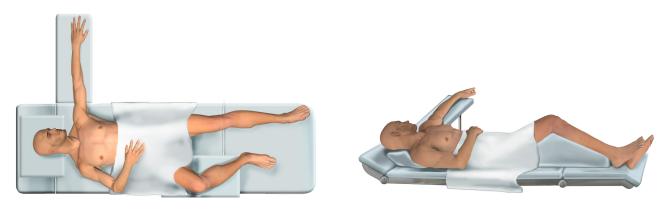
Absolute:

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

Relative:

- Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- · Abnormal perfusion of fracture area.
- Excessive obesity.
- Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach



Dostęp tylno-przyśrodkowy

Staw kolanowy ułożony w lekkim zgięciu. Wykonać proste lub lekko zakrzywione cięcie biegnące od przyśrodkowego nadkłykcia kości udowej w kierunku tylno--przyśrodkowej krawędzi piszczeli. W razie potrzeby cięcie może być rozszerzone zarówno proksymalnie jak i dystalnie.

Procedure stages

- Reduction of fracture and stabilization of the fracture fragments using Kirschner wires.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- Introduction of the screws in the distal parts of the plate.
- Stabilization of the shaft using locking or compression screws.
- Positioning of the plate using the compression screw in the extended hole.
- Making X-Ray film in both A-P and lateral position as to make sure the plate and screws are positioned properly.
- · Closing the wound.















Palette for 7.0ChLP plates - 3.7062

40.5704.900



Indications

- Comminuted, transverse, spiral, oblique, compression fractures of the femoral shaft.
- Non-unions or malunions of the femoral shaft.
- Osteotomies.

Contraindications

Absolute:

- · Health condition precluding surgery.
- Allergic reactions to the metal from which the implant is made.
- · Active infection.

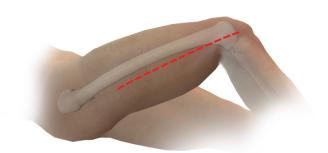
Relative:

- Weakened bone (by disease, infection or prior implantation) making it impossible to install/stabilize the implant properly.
- Abnormal perfusion of fracture area or surgical site.
- Excessive obesity.
- Lack of adequate tissue coverage.
- Psychiatric disorders or the disorders of the musculoskeletal system which may create a risk of fusion failure or complications in the postoperative period.
- Other medical conditions that exclude the potential benefits of the treatment.

The patient's position



Surgical approach



Lateral approach: length and location of the incision depends on the location and type of fracture.

Incision approx. 5 cm below the greater trochanter to approx. 5 cm above the lateral epicondyle of the femur. When minimally invasive technique is applied, the incision length of approx. 5 cm is performed on the lateral proximal or distal femur (depending on local conditions and a surgeon's preferences)

Procedure stages

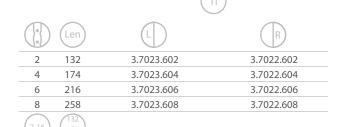
- Reduction and initial fracture stabilization.
- The choice of implants determining the length and position of the implant.
- Insertion of the plate and its positioning.
- Temporary stabilization of the implant using Kirschner wires.
- · Stabilization of the plate using locking or compression screws.

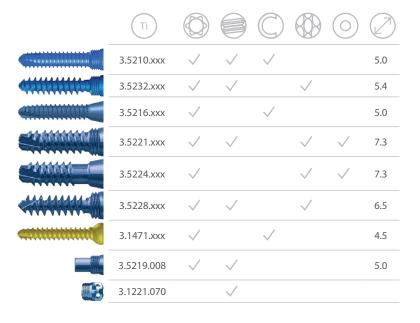




















Palette for 7.0ChLP plates - 3.7022/3.7023

40.5704.590

Aiming block L [3.7023]

Aiming block R [3.7022]

40.5732.100

40.5732.200

Plate 3.7022.604/ 3.7023.604 trial

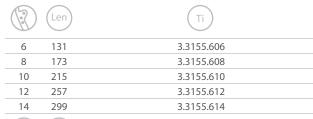
43.7022.604











			89
4-1	2	- (
(· ·	٠,	- \	

	Ti					0	
	3.5210.xxx	/	/	/			5.0
	3.5232.xxx	/	_		\		5.4
	3.5216.xxx	/		\checkmark			5.0
	3.1471.xxx	/		/			4.5
	3.5219.008	/	/				5.0
3	3.1221.070		/				



Palette for 7.0ChLP plates - straight

40.5704.550











* holes number in shaft part of the plate





Palette for 7.0ChLP plates - 3.7093

40.6296.000











III.2. SCREWS							0	
	3.5210.xxx	/						5.0
	3.5232.xxx	/		/		/		5.4
	3.5228.xxx	/				\checkmark		6.5
Andrádáu	3.5221.xxx	/		/		/	/	7.3
CVI MINING	3.5224.xxx	/				/		7.3
	3.5216.xxx	/			/			5.0
	3.1471.xxx	/			/			4.5
	3.5219.008	/						5.0
	3.1448.xxx		/					5.0
	3.1380.xxx		/					5.4
	3.1383.xxx		/			\checkmark		6.5
SPREEDING	3.1664.xxx		/			/	/	7.3
Circle -	3.1665.xxx		/			/	/	7.3
	3.1449.xxx		/					5.0
	3.1443.xxx		/					4.5
	3.1448.008		/	/				5.0
	3.1221.070			/				









7.0ChLP SELF-TAPPING SCREW 5.0

7,0 ChM Locked Plating (hLPsystem

CORTICAL SELF-TAPPING SCREW 4.5







3.1471.020
3.1471.022
3.1471.024
3.1471.026
3.1471.028
3.1471.030
3.1471.032
3.1471.034
3.1471.036
3.1471.038
3.1471.040
3.1471.042
3.1471.044
3.1471.046
3.1471.048
3.1471.050
3.1471.052
3.1471.054
3.1471.056
3.1471.058
3.1471.060
3.1471.065
3.1471.070
3.1471.075
3.1471.080
3.1471.085
3.1471.090
3.1471.095

core diameter	3.0	
drill with scale	3.2	40.5650.212
compression guide	3.2	40.4802.732
screwdriver tip	T25	40.5684.200



3.5210.016
3.5210.018
3.5210.020
3.5210.022
3.5210.024
3.5210.026
3.5210.028
3.5210.030
3.5210.032
3.5210.034
3.5210.036
3.5210.038
3.5210.040
3.5210.042
3.5210.044
3.5210.046
3.5210.048
3.5210.050
3.5210.052
3.5210.054
3.5210.056
3.5210.058
3.5210.060
3.5210.065
3.5210.070
3.5210.075
3.5210.080
3.5210.085
3.5210.090
3.5210.095

core diameter	4.0	
drill with scale	4.0	40.5651.212
guide sleeve	7.0/4.0	40.5705.740
screwdriver tip	T25	40.5684.200







7.0ChLP CANCELLOUS SCREW 5.4



7.0ChLP CONICAL CANNULATED SCREW 7.3X16/30T





35	3.5232.035	
40	3.5232.040	
45	3.5232.045	
50	3.5232.050	
55	3.5232.055	
60	3.5232.060	
65	3.5232.065	
70	3.5232.070	
75	3.5232.075	
80	3.5232.080	

Ti	

50	3.5224.050
55	3.5224.055
60	3.5224.060
65	3.5224.065
70	3.5224.070
75	3.5224.075
80	3.5224.080
85	3.5224.085
90	3.5224.090
95	3.5224.095

core diameter	3.2	
drill with scale	3.2	40.5650.212
guide sleeve	3.2	40.5705.732
screwdriver tip	T25	40.5684.200

5.2	
2.0	40.4815.210
5.0/2.0 9.0/5.0	40.5654.120 40.5654.750
5.0/2.2	40.5652.212
T30	40.5685.200
	2.0 5.0/2.0 9.0/5.0 5.0/2.2







7.0ChLP CONICAL SELF - TAPPING SCREW 5.0





30	3.5216.030
35	3.5216.035
40	3.5216.040
45	3.5216.045
50	3.5216.050
55	3.5216.055
60	3.5216.060
65	3.5216.065
70	3.5216.070
75	3.5216.075
80	3.5216.080
85	3.5216.085
90	3.5216.090

7.0ChLP CANCELLOUS SCREW 6.5



30	3.5228.030
35	3.5228.035
40	3.5228.040
45	3.5228.045
50	3.5228.050
55	3.5228.055
60	3.5228.060
65	3.5228.065
70	3.5228.070
75	3.5228.075
80	3.5228.080
85	3.5228.085
90	3.5228.090
95	3.5228.095

core diameter	4.0	
drill with scale	4.0	40.5651.212
guide sleeve	7.0/4.0	40.5705.740
screwdriver tip	T25	40.5684.200

3.2	
3.2	40.5650.212
9.0/3.2	40.5707.732
T30	40.5685.200
	3.2

LOCKING ELEMENTS







7.0ChLP CANNULATED SCREW 7.3





3.5221.030
3.5221.035
3.5221.040
3.5221.045
3.5221.050
3.5221.055
3.5221.060
3.5221.065
3.5221.070
3.5221.075
3.5221.080
3.5221.085
3.5221.090
3.5221.095
3.5221.100



7.0ChLP DISTANCE SCREW







8 3.5219.008

7.0ChLP CERCLAGE SCREW





3.1221.070

*

Wire diameter max. 1.5 mm

screwdriver 40.4746.000







40.5749.600

Stand for screws 7.0ChLP				
	Stand for screws 7.0ChLP	40.5749.600	1	
	Container with solid bottom 1/2 306x272x135mm	12.0751.103	1	00,
	Perforated aluminum cover 1/2 306x272x15mm Gray	12.0751.200	1	40.5749.700

implants not included;





Name	Catalogue no.		Pcs,	
Palette for 7.0ChLP straight plates				
	Palette 40.5704.350		1	20
	Container with solid bottom 1/1 12.0750.100		1	40.5704.550
COMMUNICIPAL COMMUNICATION COM	Perforated aluminum lid 1/1 12.0750.200 595x275x15mm Gray		1	40
implants not included; Palette for 7.0ChLP plates - 3.4023/	3.4024			
	Aiming block [3.4023] 40.5725.100	1		
	Airiiiig block [5,4025] 40.5725.100		0	
	Aiming block R [3.4024] 40.5725.200	1	14.31	
	Protective guide 9/7 40.5708.000	2	40.5704.310	40.5704.510
	Palette 40.5704.410	1		40.57
	Container with solid bottom 1/1 12.0750.100 595x275x86mm	1		
	Perforated aluminum lid 1/1 12.0750.200 595x275x15mm Gray	1		
implants not included; with additional instrum	ents			
Palette for 7.0ChLP plates - 3.4013/	3.4014			
	Aiming block L [3.4013] 40.5724.100	1		
	Aiming block R [3.4014] 40.5724.200	1	40.5704.320	
	Protective guide 9/7 40.5708.000	2	40.57	04.520
	Palette 40.5704.420	1		40.570
	Container with solid bottom 1/1 12.0750.100 595x275x86mm		1	
	Perforated aluminum lid 1/1 12.0750.200 12.0750.200		1	

implants not included; with additional instruments







Pa	alette	40.5704.340	1	40
	ontainer with solid bottom 1/1 95x275x86mm	12.0750.100	1	5704.5
	erforated aluminum lid 1/1 95x275x15mm Gray	12.0750.200	1	40.

implants not included;

Palette for 7.0ChLP plates - 3.4089/3.4090;



Aiming block L [3.4089]	40.5709.100	1		
Aiming block R [3.4090]	40.5709.200	1)4.360	
Protective guide 9/7	40.5708.000	2	40.5704.360	4.560
Palette	40.5704.460	1	7	40.5704.560
Container with solid bottom 1/1 595x275x86mm	12.0750.100	1		4
Perforated aluminum lid 1/1 595x275x15mm Gray	12.0750.200	1		

implants not included; with additional instruments

Palette for 7.0ChLP plates - 3.7054/3.7055



	Aiming block L [3.7055]	40.8221.000 1	
	Aiming block R [3.7054]	40.8220.000 1	00
	Protective guide 9/7	40.5708.000 2	92.000
	Palette	40.6293.000 1	6292
	Container with solid bottom 1/1 595x275x86mm	12.0750.100 1	40
	Perforated aluminum lid 1/1 595x275x15mm Gray	12.0750.200 1	
nts			

implants not included; with additional instruments

Palette for 7.0ChLP plates - 3.7022/3.7023;



Aiming block L [3.7023]	40.5732.100	1	06	
Aiming block R [3.7022]	40.5732.200	1	5704.39	290
Protective guide 9/7	40.5708.000	2		
Palette	40.5704.490	1	40	5704
Container with solid bottom 1/1 595x275x86mm	12.0750.100	1		40
Perforated aluminum lid 1/1 595x275x15mm Gray	12.0750.200	1		

Palette

implants not included; with additional instruments

Palette for 7.0ChLP plates - 3.7062;



Palette	40.5704.800	1	_
Container with solid bottom 1/1 595x275x86mm	12.0750.100	1	1.900
Perforated aluminum lid 1/1 595x275x15mm Gray	12.0750.200	1	40.5704

implants not included;





	Name	[L/R] Left/Right	Catalogue No.
* * * * * * * * * * *	Plate 3.4009.606 trial	L	43.4009.606
	Plate 3.4010.606 trial	R	43.4010.606
	Plate 3.4013.605 trial	L	43.4013.605
•	Plate 3.4014.605 trial	R	43.4014.605
* * * * * * * * * * * * * * * * * * * *	Plate 3.4023.606 trial	L	43.4023.606
	Plate 3.4024.606 trial	R	43.4024.606
	Plate 3.4089.604 trial	L	43.4089.604
	Plate 3.4090.604 trial	R	43.4090.604
	Plate 3.7022.604 trial	L/R	43.7022.604



III.3. INSTRUMENTS FOR 7.0ChLP PLATE

A. Universal instrument set 40.5702.700

	Name	Pcs	Catalogue No.
	Guide sleeve 7.0/2.0	2	40.5705.720
	Guide sleeve 7.0/3.2	2	40.5705.732
	Guide sleeve 7.0/4.0	4	40.5705.740
	Compression guide 3.2	1	40.4802.732
	Drill with scale 3.2/220	2	40.5650.222
	Drill with scale 4.0/220	2	40.5651.222
	Cannulated drill with scale 5.0/2.2/220	1	40.5652.222
	Kirschner wire 2.0/220	4	40.4815.220
	Setting-compressing screw 4.0/180	2	40.5706.740
իումումանականությունում	Screw length measure	1	40.5675.100
	Depth measure	1	40.4639.700
	Screwdriver tip S3.5-1/4	1	40.5686.000
=======================================	Screwdriver tip T 25-1/4	1	40.5684.000
	Torque limiting ratchet handle T 4Nm	1	40.6660.000
	Bender for plates 4/6	2	40.4250.000
	Guide sleeve 9/3.2	1	40.5707.732
E	Guide sleeve 9/5.0	1	40.5654.750
	Guide sleeve 5.0/2.0	1	40.5654.120
	Cannulated screwdriver tip S5-1/4	1	40.5687.000
	Cannulated screwdriver tip T30-1/4	1	40.5685.000
	Star cannulated screwdriver T30	1	40.0672.000
	Star screwdriver T25	1	40.0671.000
	Hexagonal screwdriver \$3.5	1	40.0320.000
	Cannulated screwdriver S5	1	40.4817.000
	Tap 7.0ChLP - 5.0	1	40.5646.000
	Cortical tap HA 4.5	1	40.5647.000
-00000	Screwdriver	1	40.4746.000
	Stand for instrument set of 7.0ChLP plate	1	40.5703.700
	Container with solid bottom 1/1 595x275x86mm	1	12.0750.100
	Perforated aluminum lid 1/1 595x275x15mm gray	1	12.0750.200



B. Additional instruments

Instruments not included in the instrument set [40.5702.700]

Name	Pcs	Catalogue No.
Protective guide 9.0/7.0	2	40.5708.000
Aiming block L [3.4023]	1	40.5725.100
Aiming block R [3.4024]	1	40.5725.200
Aiming block L [3.4013]	1	40.5724.100
Aiming block R [3.4014]	1	40.5724.200
Aiming block L [3.4089]	1	40.5709.100
Aiming block R [3.4090]	1	40.5709.200
Aiming block L [3.7023]	1	40.5732.100
Aiming block R [3.7022]	1	40.705.200
Aiming block L [3.7055]	1	40.7054.000
Aiming block R [3.7054]	1	40.8220.000



IV. SURGICAL TECHNIQUE

IV.1. TEMPORARY PLATE ATTACHMENT

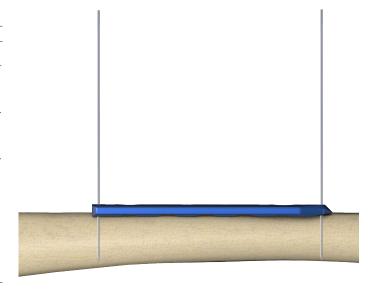
40.4815.220

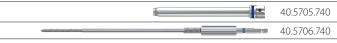
When fracture is reduced and the plate position is confirmed, determine its temporary location using Kirschner wires 2.0 **[40.4815.220]**.

Wires can be inserted in proximal holes of the plate and the most distal ones.



Confirm the plate position is correct taking X-Ray image.

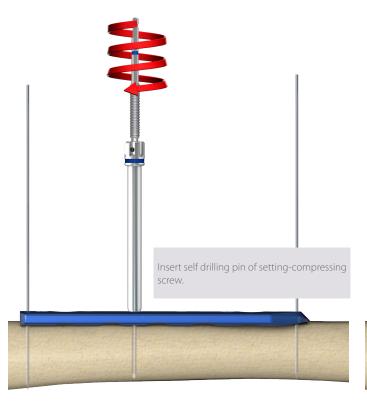


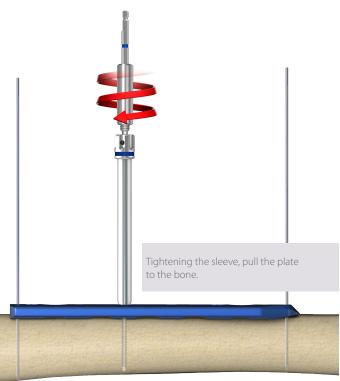




The Setting-compressing screw 4.0/180 [40.5706.740] can be used to stabilize and tighten the plate up to the bone for temporary purposes. The screw is to be inserted via the Guide sleeve 7.0/4.0 [40.5705.740].

Locking screw $\emptyset 5.0$ can be inserted in the hole after removal of the Setting-compressing screw 4.0/180.







IV.2. LOCKING SCREW Ø5.0 INSERTION

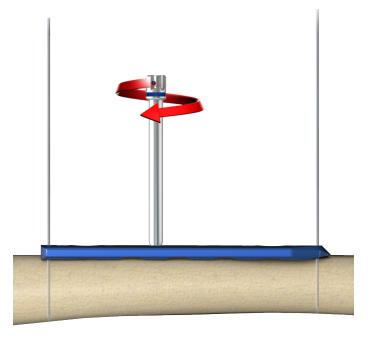


It is important to drill exactly in the axis of a locking hole. Use always the appropriate guide sleeve when drilling. The guide sleeve will ensure the locking screw take an axial position towards the hole of the plate and be correctly locked in the plate. Unprepared drilling of a hole can lead to: thread skewing and jamming the screw, incorrect screw locking and problems when removing the screws (thread seizure).

Guide sleeve screwing



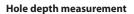
Insert the Guide sleeve 7.0/4.0 **[40.5705.740]** into the plate



Drilling the hole



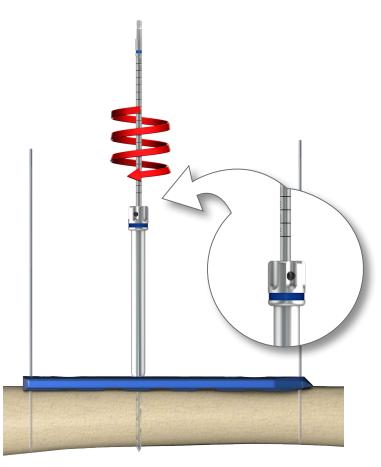
Ream the hole using the Drill with scale 4.0/220 \cite{block} [40.5651.222] until the desire depth is reached



OPTION I



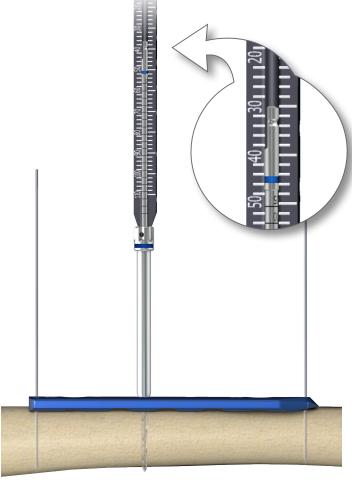
Read the value on the Drill with scale [40.5651.222] or



OPTION II



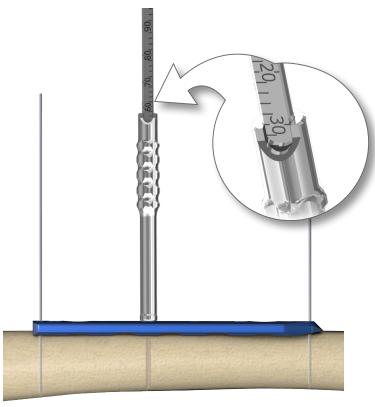
use the Screw length measure [40.5675.100].



OPTION III



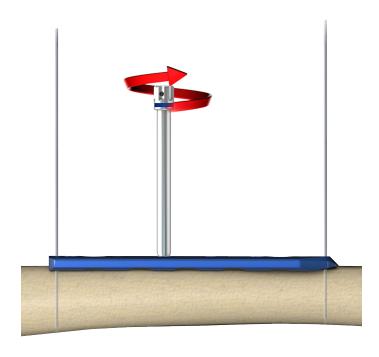
Unscrew the Guide sleeve 7.0/4.0 [40.5705.740] and define the screw length using the Depth measure [40.4639.700].

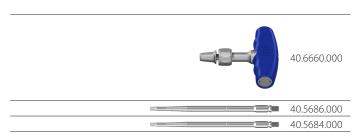




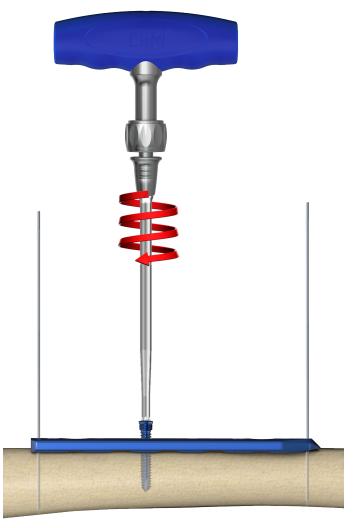
Screw insertion

Remove the Guide sleeve 7.0/4.0 [40.5705.740].





Insert the locking screw \emptyset 5.0 using the Torque wrench **[40.6660.000]** and proper screwdriver tip.





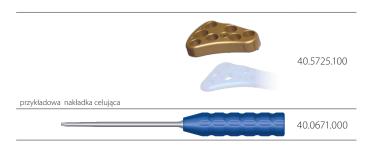
IV.3. THE USE OF AIMING BLOCK



Most locking plates ChLP are available with aiming blocks, as additional complementary instruments. Using aiming blocks ensures proper fastening of guide sleeves in the locking holes, in the epiphyseal part of the plate. It facilitates also the smooth conduct of the procedure, reduces its duration, and ensures that drilling is performed in the axis of the locking hole (note from point IV.2).



When aiming blocks are not used, the implantation can be incorrect, and in particular can cause: improper locking of the screws and their migration, decrease of the fixation stability, complications while implants removal.



Position the aiming block on the plate.
Tighten up with Star screwdriver T25 **[40.0671.000]**.



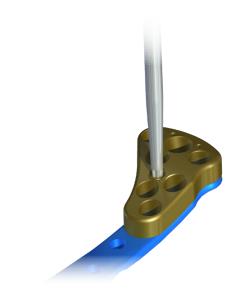
Insert Protective sleeve 9.0/7.0 **[40.5708.000]** in the desired hole of the aiming block.

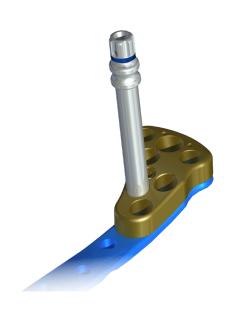
Then screw the Guide sleeve 7.0/4.0 [40.5705.740] into the plate through the Protective sleeve 9.0/7.0.



Further proceedings in accordance with the steps described in the point IV.2 on page 25.









IV.4. CORTICAL SCREW Ø4.5 INSERTION

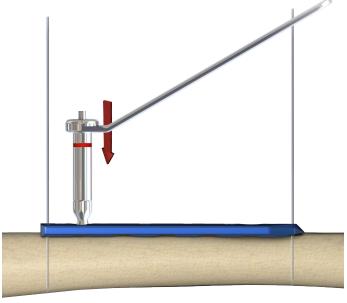
Compression guide setting



Set the Compression guide 3.2 **[40.4802.732]** in desire position:

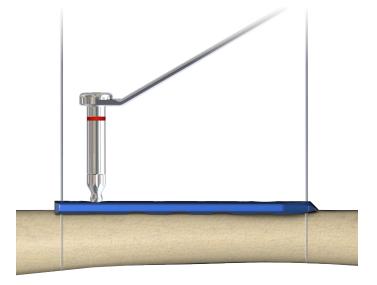
1. Neutral position

Press the guide to the plate to achieve the neutral position for screw insertion.



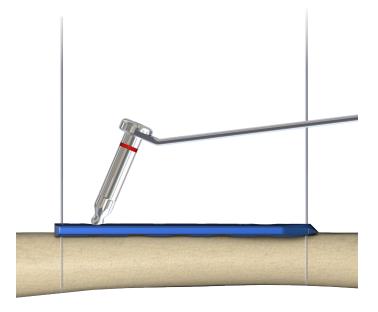
2. Compressive position

Move the guide without pressure to the edge of compression hole to achieve the compression position for screw insertion.



3. Angular position

Angular positioning of the guide is also available.

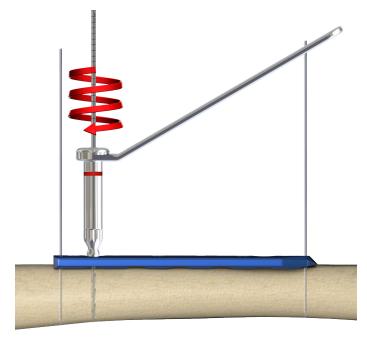




Drilling

40.5650.222

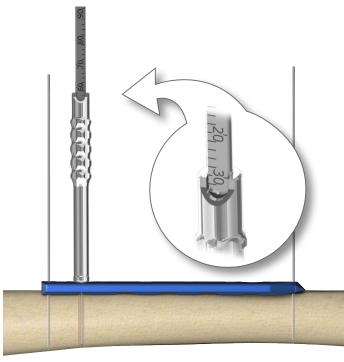
Drill the hole through both cortices in desire position for the cortical screw \emptyset 4.5 insertion using the Drill \emptyset 3.2/220 [40.5650.222]



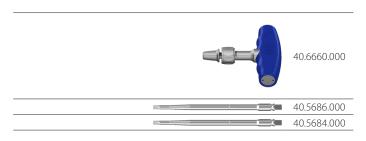
Hole depth measurement



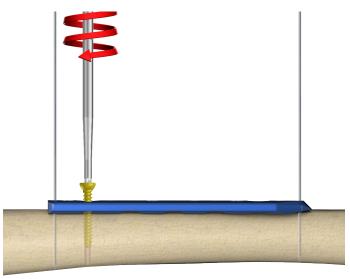
Insert the Depth measure [40.4639.700] into the drilled hole until its hook anchors the outer surface of the opposite cortex



Screw insertion



Insert cortical screw Ø4.5.





IV.5. CANNULATED SCREW Ø7.3 INSERTION

In the middle of the condylar part of the femoral plate L-[3.4023], R-[3.4024], there is provided a larger hole for insertion of cannulated screw \emptyset 7.3mm.

Guide sleeve screwing

40.5654.750
40.5654.120

Screw in the Guide sleeve 9.0/5.0 **[40.5654.750]** along with the Guide sleeve 5.0/2.0 **[40.5654.120]** for Kirschner wire 2.0 insertion **[40.4815.220]**.



Hole depth measurement

4	40.4815.220
និយមិយមិយមិយមិយមិយមិយមិយមិយមិយមិ ប្រយុធប្រយុធប្រជុំបញ្ចូលប្រជាធិប្រជុំ	40.5675.100

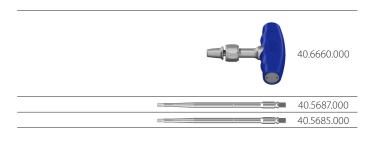
Insert Kirschner wire 2.0 **[40.4815.220]**; determine the screw length using the Screw length measure **[40.5675.100]**.



- *Remove the inner sleeve 5.0/2.0 [40.5654.120] and read the value using the Screw length measure [40.5675.100].
- **Subtract 5mm from the measured value if the sleeve 5.0/2.0 [40.5654.120] is not removed.

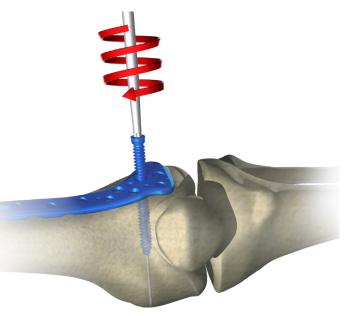


Cannulated screw Ø7.3 insertion



Remove the Guide sleeve.

Insert the cannulated screw \emptyset 7.3 using the Torque wrench **[40.6660.000]** and relevant cannulated screwdriver tip.

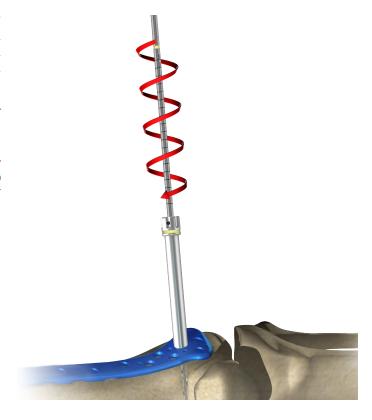


	40.5654.750
-	40.4815.220
(40)40)40,40	40.5652.222



Use the Cannulated drill with scale 5.0/2.2/220 [40.5652.222]

If the bone is very hard, use the Cannulated drill with scale 5.0/2.2/220 **[40.5652.222]**. Drill using the Guide sleeve 9.0/5.0 **[40.5654.750]** via Kirchner wire 2.0 **[40.4815.220]**.



V. POSTOPERATIVE TREATMENT

Postoperative treatment after locking plates does not differ from treatment after conventional stabilization.

VI. IMPLANT REMOVAL

In order to remove the screws, first unlock all locking screws from the plate. Then remove bone screws. This prevents the rotation of the plate while removing the last locking screw.

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