Volar Fixed Angle Plate™
Surgical Technique | TriMed Wrist Fixation System™
Exposure (Standard or extended FCR approach)
- Through the distal limb of a modified Henry volar approach, continue the dissection between the FCR and the radial artery.
- Expose the radial shaft by reflecting the pronator quadratus from its radial and distal insertions.
- If needed, release the distal portion of the brachioradialis.

Fracture Reduction and Provisional Fixation
- Reduce the fracture manually. Transtyloid K-wires may be used for provisional fixation.
- Align plate along the radial border of the radial shaft.
- Secure with 1.1mm (0.045") K-wires proximally and check position, or fix with a 3.2mm cortical screw in the slotted hole.

Confirm Plate and Peg Positions
- Insert a 1.1mm (0.045") K-wire into a distal pinhole.
- Check the position of the K-wire with the C-arm.
- The K-wire should be directed toward the dorsal rim, and buttress the subchondral bone behind the articular surface.
Peg Preparation

- Snap the Quick Guide into a distal peg hole.
- Drill a peg hole using the 1.8mm (blue) drill bit, and measure peg depth with the guide.
- Remove the guide and insert a threaded or smooth locking peg.

Final Fixation

- Complete fixation with additional pegs distally and screws proximally.
- Confirm that all screws and pegs are fully seated prior to closing incision.

TIPS

1. A standard screw-in Peg Guide can be used in lieu of the Quick Guide for drilling and measuring peg holes.
2. The Plate Benders may be used to contour the plate to the site of application, however, this may alter the trajectory of the fixed pegs.
Volar Fixed Angle Plate
- Standard
  - VPPL-3-7
  - VPPL-5-7
  - VPPR-3-7
  - VPPR-5-7

Quick Guide
- GUIDEQ-1.8

Cortical Screws
- HEX3.2-xx
  - 08mm to 20mm
  - (incl. 11, 13 and 15mm)
- TRX2.3-xx
  - 10mm to 32mm

Peg Guide
- GUIDEPEG-1.8

Cortical Locking Screw
- LHEX3.2-xx
  - 10mm to 20mm

Plate Benders
- BNDPLT-WFS L
- BNDPLT-WFS R

Pegs
- TPEG-xx
  - 14mm to 32mm
- UPEG-xx
  - 14mm to 28mm

All implants made from surgical grade stainless steel.

The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.