

MEMODYN COMPRESSION STAPLE FIXATION

Heat activated shape memory compression for internal fixation

Surgery Technique #4 for Memodyn representative education

Talo-Navicular (T-N) Joint Arthodesis of the Hindfoot



1. Temporary fixation of the joint, after preparation of joint for fusion. Use kwire or manual fixation before drilling holes for Memodyn.
2. Surgeon may have to osteotome or burr the T-N joint, so that the bone surface between the joint will allow the Memodyn staples to fit flush.
3. Use the GDP 40-35-2.7 Black Memodyn Drill Guide, adjusted to 21 or 22mm wide. This wider selection on the drill guide will provide some tension upon insertion of Memodyn staple.
4. PreDrill holes using a 2.7mm or 3.0mm Drill Bit, to a depth of at least 20mm. Drill holes should be equidistant from the center of the joint.

Placement of First Memodyn Staple

5. Select a CSU 20-15 (20mm wide x 15mm legs) or CSU 20-20 (20mm wide x 20mm legs) Memodyn Staple.
6. Insert the CSU 20-15 or CSU 20-20 into the predrilled holes so that it sits flush to the bone surface across the arthodesis site.
7. Tamp the Memodyn Staple flush.

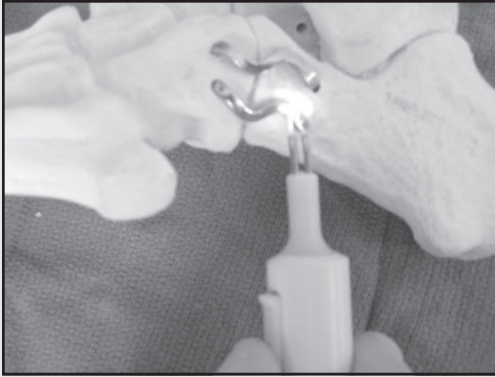
NOTE: When drilling 2.7mm, there will be more resistance when tamping the Memodyn staple flush.

Continued on back ►

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Talo-Navicular (T-N) Joint Arthrodesis of the Hindfoot (continued)



Placement of Second Memodyn Staple

8. Follow steps 5-7 for the placement of the 2nd Memodyn Staple.
****Normally 2 CSU 20-20 staples are used for the T-N Joint Arthrodesis.**
****Drill holes so as to not interfere with placement of first staple.**
9. Once each staple is correctly positioned and tamped flush to the bone surface, apply heat with the BOVIE as recommended:
 - ▶ **Using the recommended BOVIE UNIT**— Set on 40 Watts CUT, monopolar, take the cleaned bovie tip and activate it right before touching the Memodyn staple surface. This will achieve an arc or blue spark between the bovie tip and the Memodyn staple. Achieve this arc for 5 seconds on each corner and in the middle of the Memodyn staple.
10. Remove temporary fixation and check under C-arm. Close surgical site following recommended surgical protocol.

