Arthrex Retrograde Femoral Nail System

Surgical Technique

Arthrex®

Arthrex Retrograde Femoral Nail System

Introduction

Indications

The retrograde femoral nail is intended for use in intramedullary fixation of fractures of the femur to include the following:

- Open and closed femoral fractures
- Pseudoarthrosis and correction osteotomy
- Pathologic fractures, impending pathologic fractures, and tumor resections
- Supracondylar fractures, including those with severe comminution and intraarticular extension
- Ipsilateral femur fractures
- Bone lengthening
- Fractures proximal to a total knee arthroplasty or prosthesis
- Fractures distal to a total hip joint
- Nonunions and malunions
- Fractures resulting from osteoporosis

Preoperative Planning

Preoperative planning is recommended before beginning the surgical procedure. A/P and lateral x-rays of the injured femur should be taken preoperatively and evaluated for nail length, canal size, expected amount of reaming, and screw length. A/P and lateral x-rays of the contralateral uninjured femur can also be taken preoperatively to provide insight into the characteristics of the pre-injured femur.

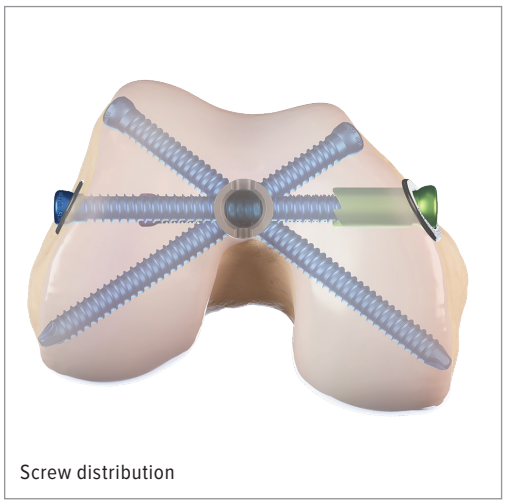
Implant Features

Supracondylar Nail

Diameters
10 mm-13 mm
(1.0 mm increments)

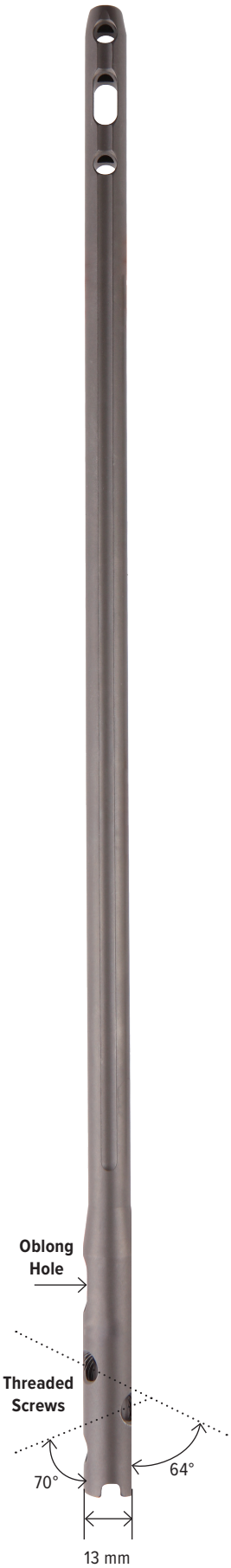
Lengths
26 cm-46 cm
(2.0 mm increments)

Supracondylar Nail Length
22 cm

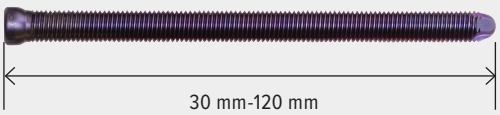


Screw distribution

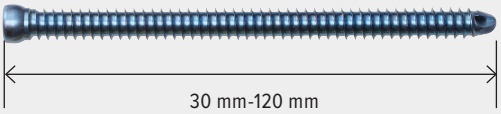
Retrograde Nail



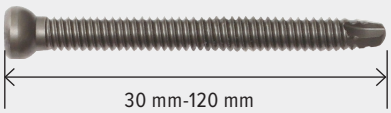
6.5 mm Captured Cortical Screw, Distal



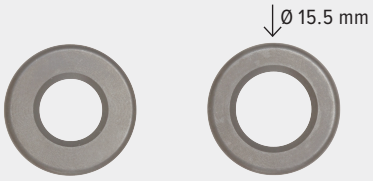
6.5 mm Captured Cancellous Screw, Distal



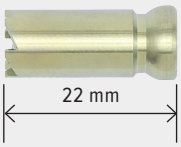
5.0 mm Captured Cortical Bone Screw, Proximal



Condyle Fixation Washers



Condyle Fixation Nut



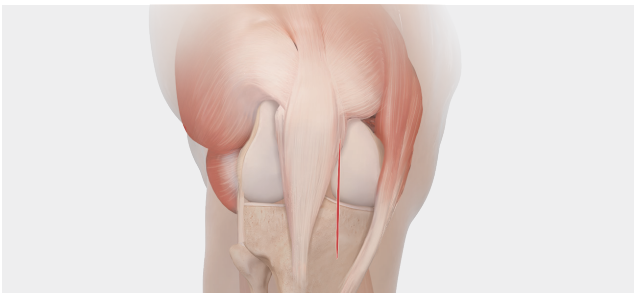
Captured End Caps

Locking Spacer

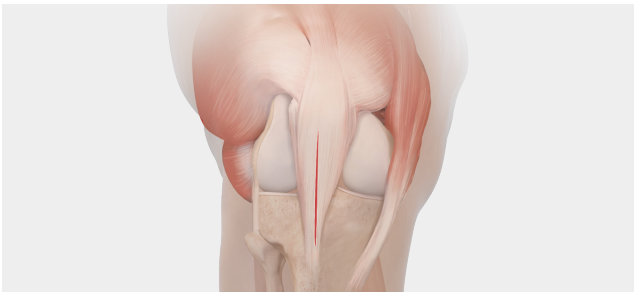
Patient Positioning

The patient should be positioned in a supine position on a radiolucent table with the injured leg draped free and a bump under the ipsilateral hip. The C-arm should be positioned to allow imaging of the femur in both planes along the entire length of the bone. Place the knee on a sterile bolster to maintain approximately 30° of flexion. Use manual distraction or a femoral distractor to reduce severely displaced fractures and to restore length.

Incision



Approach the distal femur through one of two incisions. Make a longitudinal incision from the inferior/medial aspect of the patella to the level of the tibial tubercle, along the medial border of the patellar tendon. Obtain access to the intercondylar notch by making a small medial parapatellar incision and retracting the patellar tendon laterally.



Alternatively, make a longitudinal midline incision from the inferior patella to the tibial tubercle. Obtain access to the intercondylar notch by splitting the patellar tendon longitudinally in its midline.

Entry Point

The entry point for the nail is located in line with the femoral canal on the AP view, and just anterior to where Blumensaat's line intersects the anterior intercondylar notch on the lateral view.

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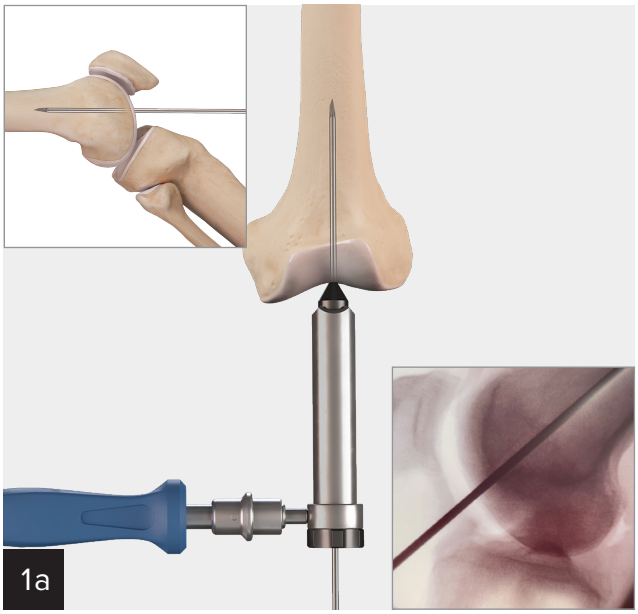
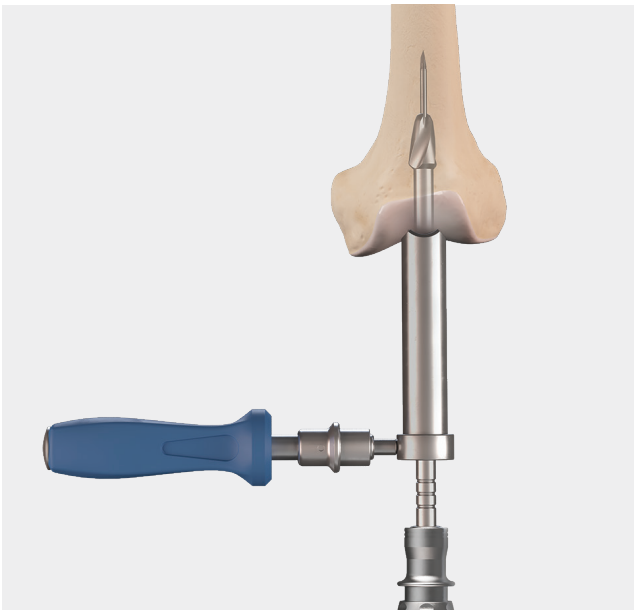
Entry Option 1



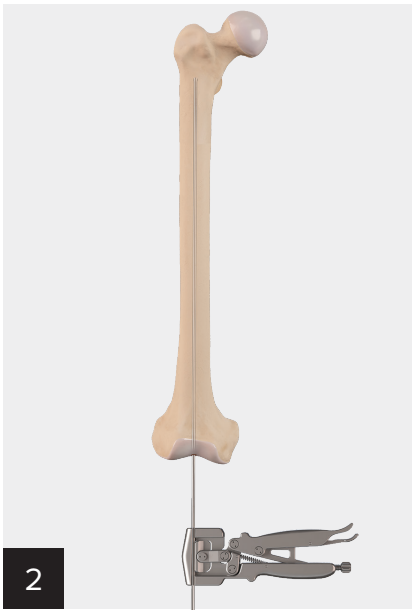
Assemble the 3.2 mm pin guide into the soft-tissue protector and place it through the incision. Align the soft-tissue protector with the femoral shaft on the A/P and lateral image views and insert a 3.2 mm guide pin.

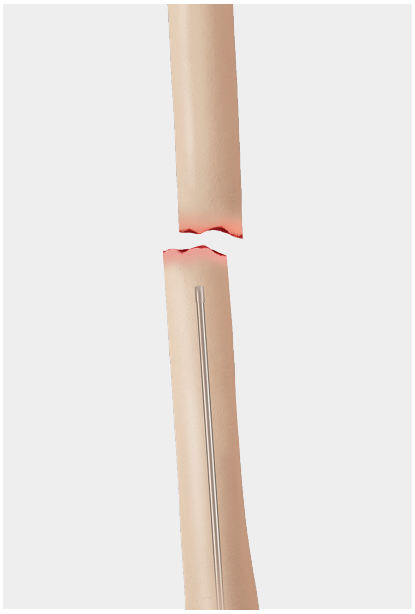


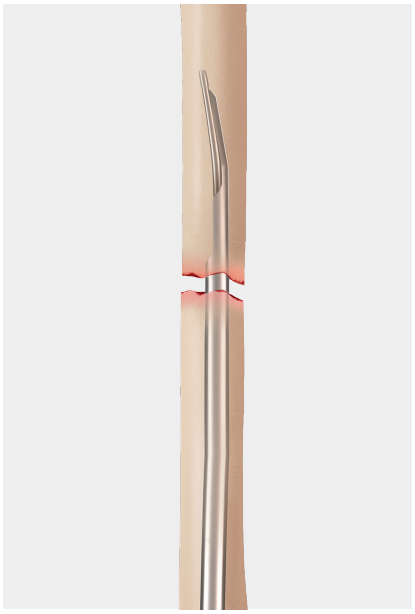
Place the 13.5 mm cannulated entry reamer over the guide pin and ream the distal femur through the soft-tissue protector. The grooves on the entry reamer in relation to the soft-tissue sleeve represent how far the nail can be countersunk at 0 mm, 5.0 mm, and 10 mm.

Entry Option 2

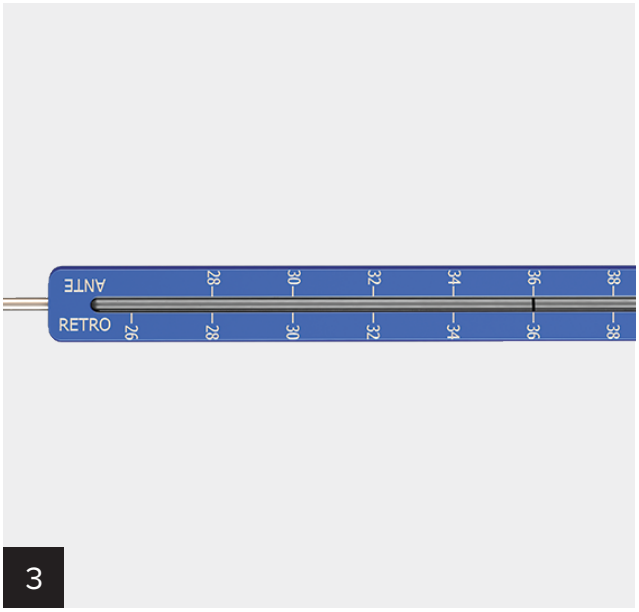
Alternatively, the surgeon may open the entry point with a cannulated curved awl followed by a 3.0 mm ball nose guidewire that is placed through the curved awl to the desired depth. Remove the awl and introduce the 13.5 mm cannulated entry reamer over the 3.0 mm ball nose guidewire as described in step 5.







Introduce the 3.0 mm ball nose guidewire by means of the guidewire gripper past the level of the fracture. To assist in fracture reduction, a curved reduction tool and handle may be used.



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Determine the proper nail length by sliding the guidewire depth gauge over the guidewire to the level of the intercondylar notch cortex. Read the appropriate length directly from the etch line on the ball nose guidewire.

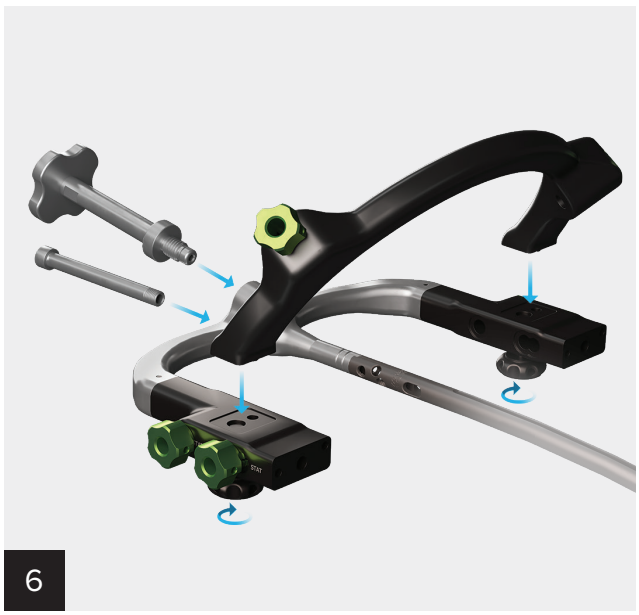
4

Begin reaming with the 8.0 mm end-cutting reamer. Progressively ream until cortical chatter is achieved. Ream 1.0 mm to 1.5 mm over the desired nail diameter.

5

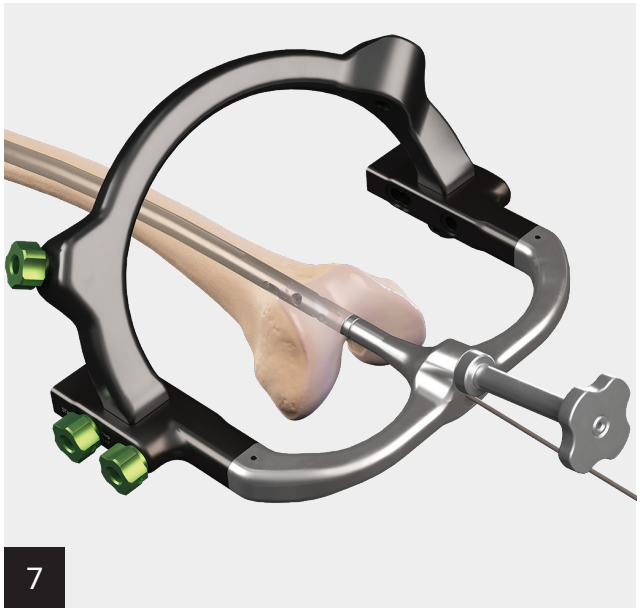
When using controlled compression, the compression spacer should be inserted past the oblique holes, but distal to the oblong hole.

Note: This must be done prior to placing the nail onto the jig.

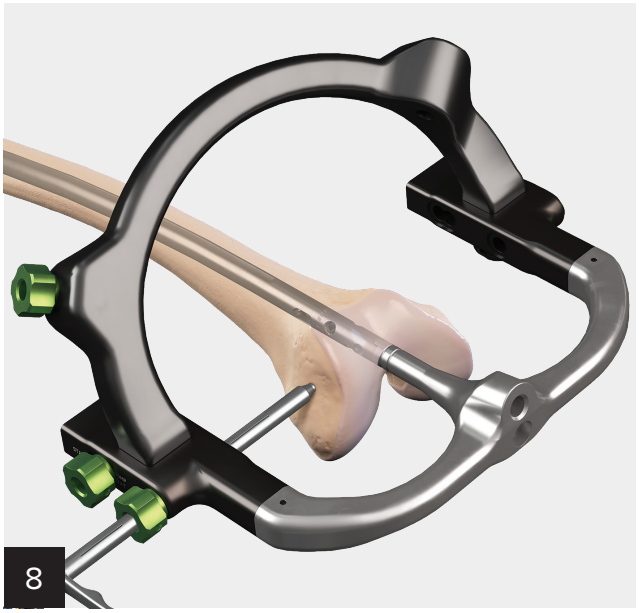


6

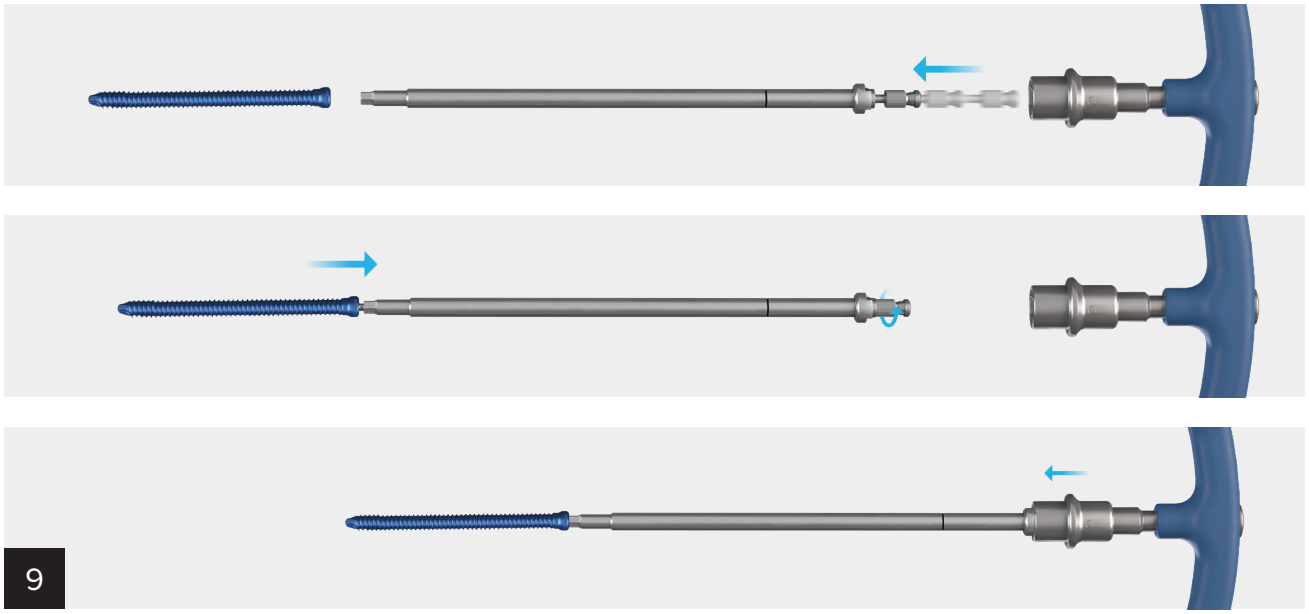
Attach the retrograde radiolucent targeting guide to the nail using the connection bolt, T-handle, and ball hex driver. If using oblique screws, the retrograde targeting guide arch should be attached to the main body.



Introduce the nail into the femur using the retrograde radiolucent targeting guide. Pass the nail over the guidewire.



Remove the 3.0 mm ball nose guidewire. Make a small incision and insert the sheath, drill guide, and obturator laterally until they contact the cortex of the femur. When desired orientation is achieved, remove the obturator and drill with a calibrated 5.5 mm drill bit. The length of the screw can be read off of the guide.

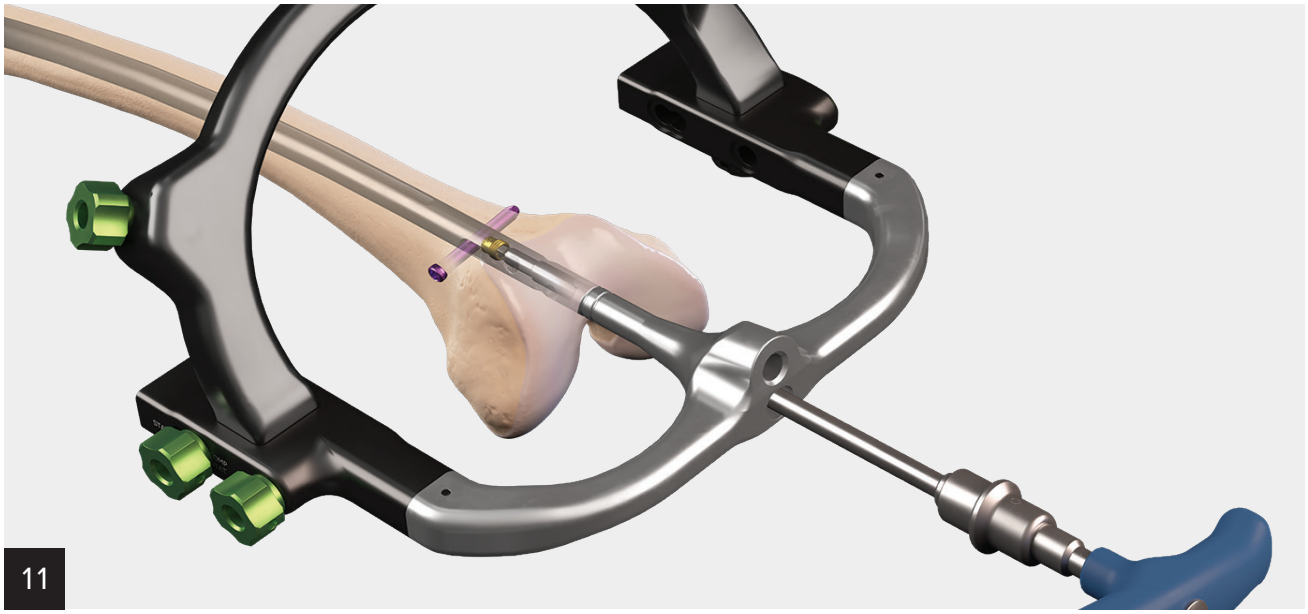


Assemble the appropriate screw onto the captured screw driver system and T-handle. The screw capture also creates a Hudson attachment should power insertion be desired.

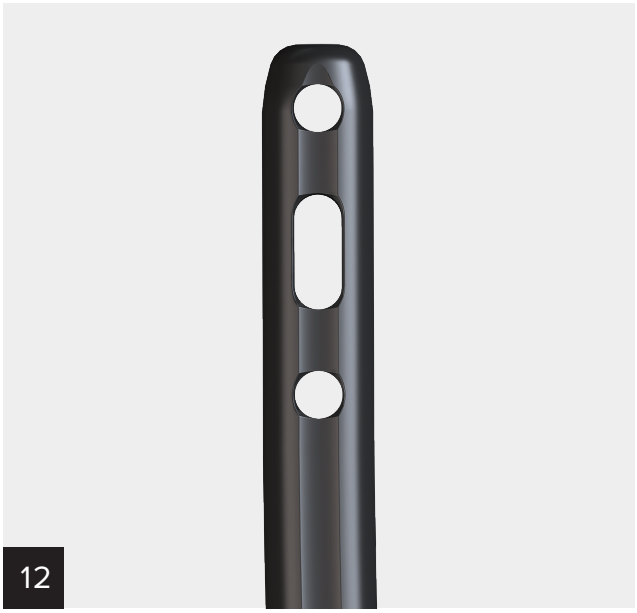
Compression Options

Static Locking
For static locking, advance the compression spacer to the proximal end of the oblong hole using the 5.0 mm compression hex driver. Insert the desired screw into the distal end of the slot.

Controlled Compression
For controlled compression, it is important to countersink the nail by at least 10 mm to avoid backing the nail out into the joint. Use the comp/stat hole to place a 6.5 mm screw. The proximal portion of the nail must be fixed with a 5.0 mm cortical screw prior to compression.



Use the 5.0 mm compression hex driver to drive the compression spacer against the transverse screw within the oblong hole. This will compress the fracture site.



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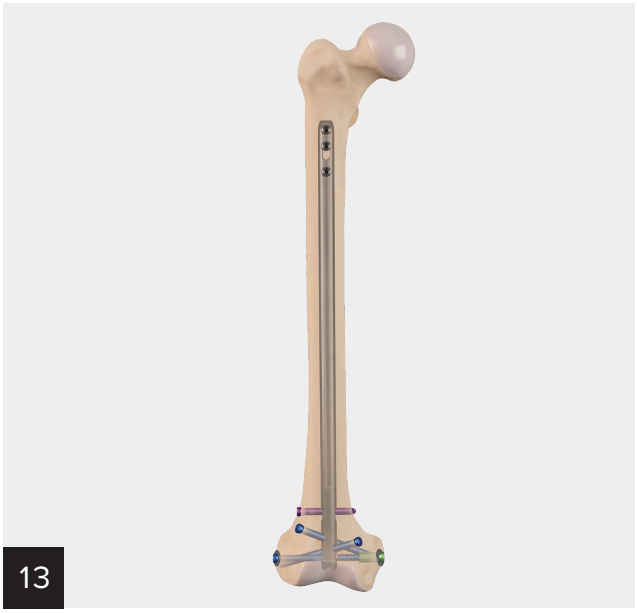
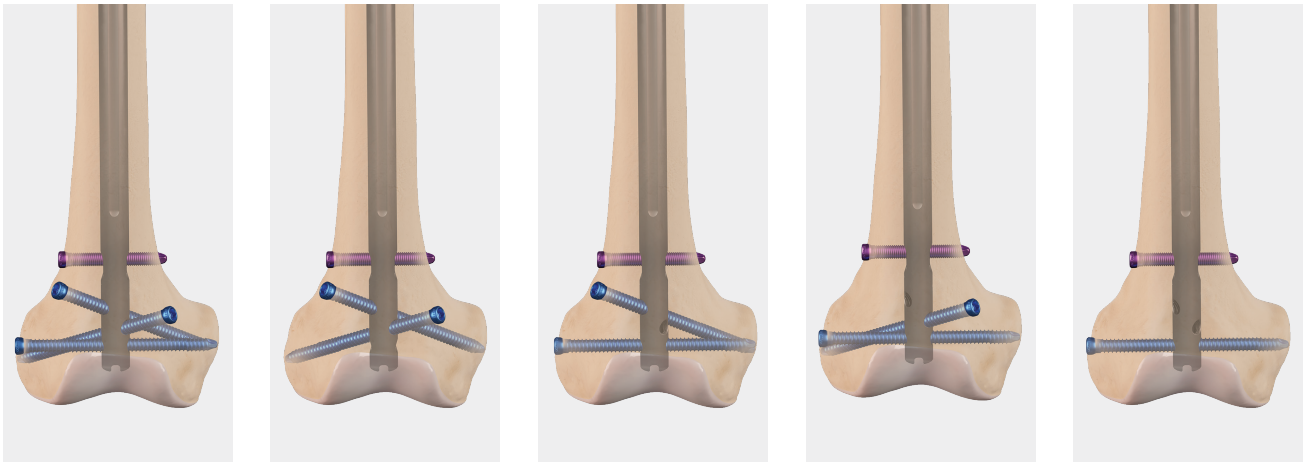
Use a freehand technique to accomplish 5.0 mm cortical locking technique. Using fluoroscopy, verify perfect circles in the A/P view. Measure the screw length from the calibrated line on the 4.0 mm short drill using the depth gauge sled. Alternatively, the hook-tip depth gauge can be used.



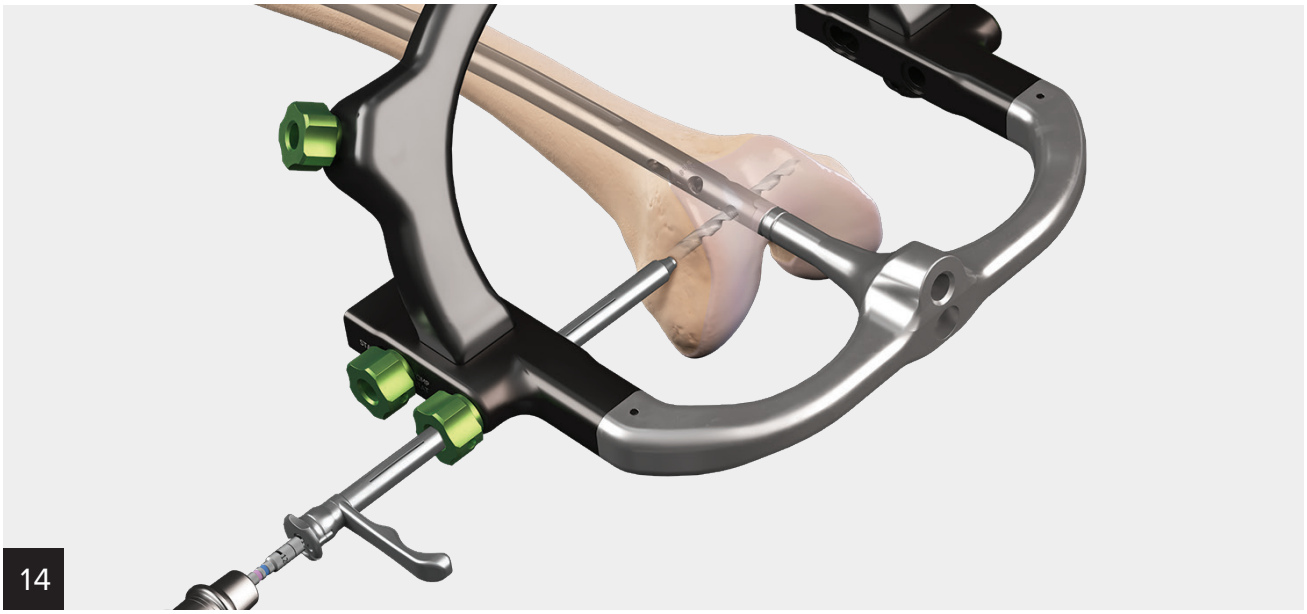
13

Final fixation.

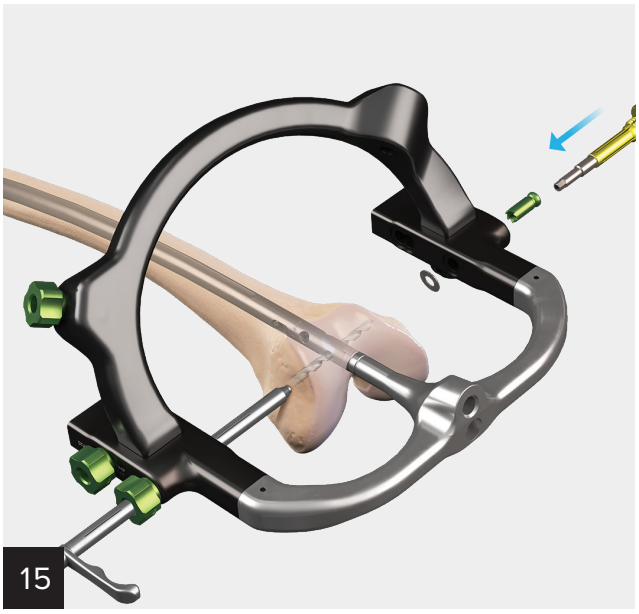
Distal Screw Configuration



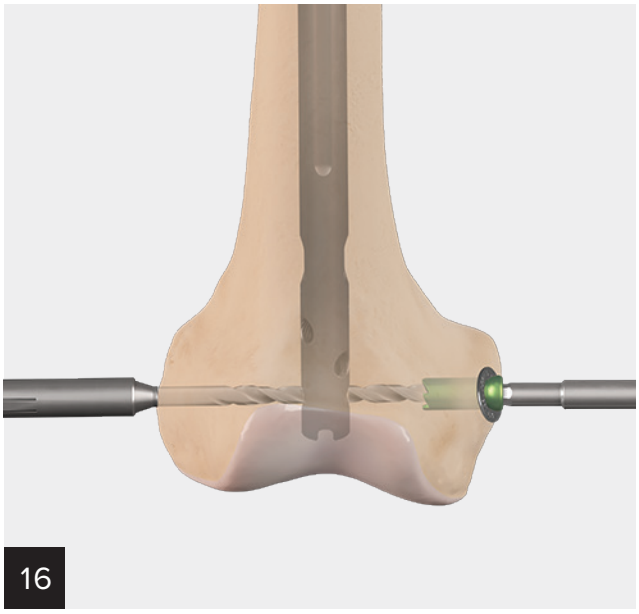
Condylar Nut Procedure



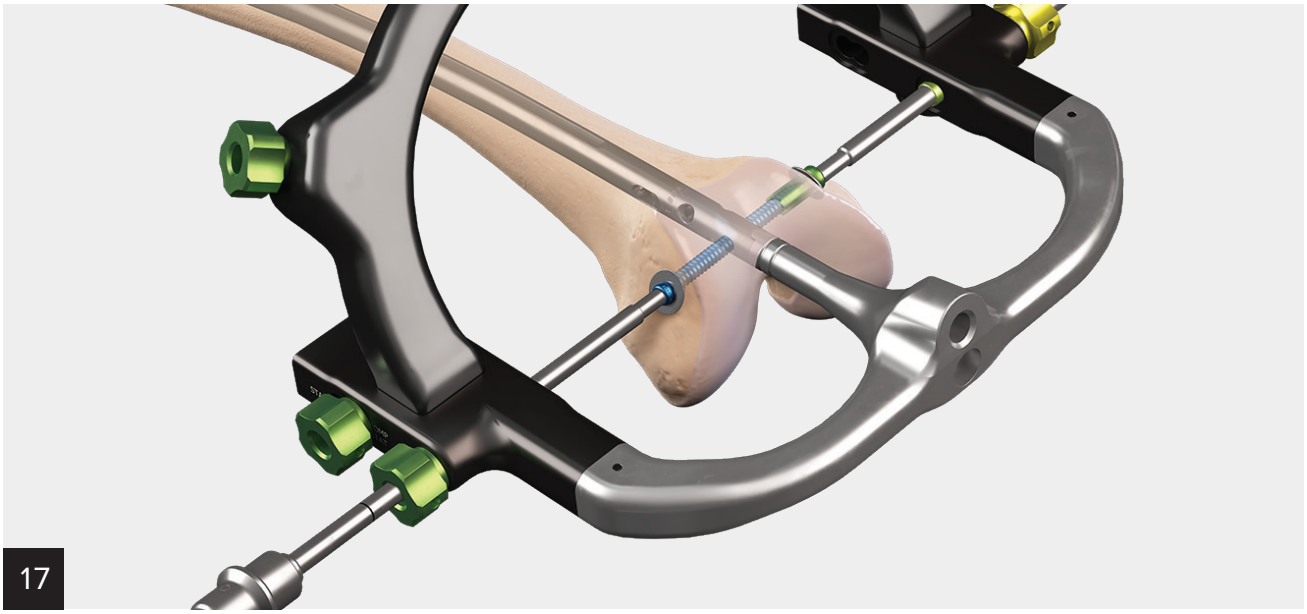
Drill both cortices in the desired transverse location. Note the calibration for the screw length when the drill has just reached the far cortex. Do not remove the drill.



Assemble the condylar nut, hex driver, and condyle locking collet. A washer must be added to the condylar nut on the inside of the retrograde nail jig. The condylar nut can be captured by the hex driver, similar to step 14.



The distal aspect of the condylar nut has teeth and is self-drilling. Drive the condylar nut through the femoral cortex. The condylar nut will go over the previously placed 5.5 mm drill bit. Turn the condyle locking collet clockwise until it is snug, keeping the 5.0 mm hex driver engaged with the condylar nut.



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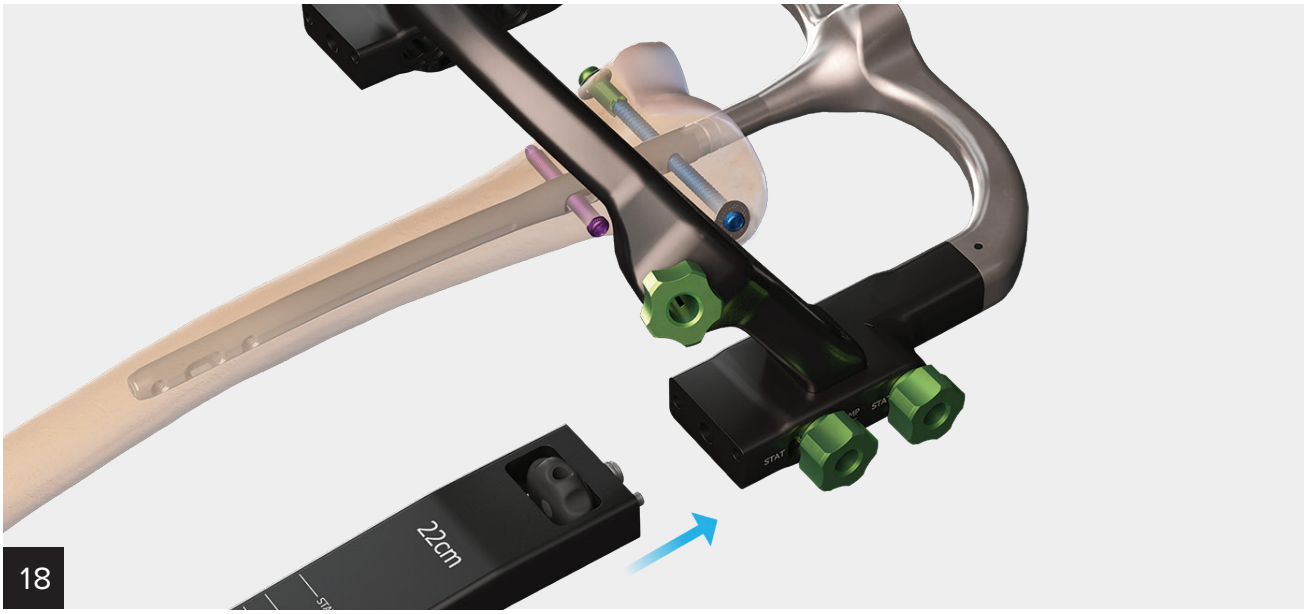
Remove the drill bit and select a screw that is 5.0 mm shorter than the measured length. Insert the 6.5 mm cortical or cancellous screw. Add a washer to the screw on the inside of the jig as it exits the sheath.

The screw will follow the drill path and thread into the condylar nut on the opposite cortex. Apply compression across the fracture until the washers on each side of the femoral condyles are flush with the bone.



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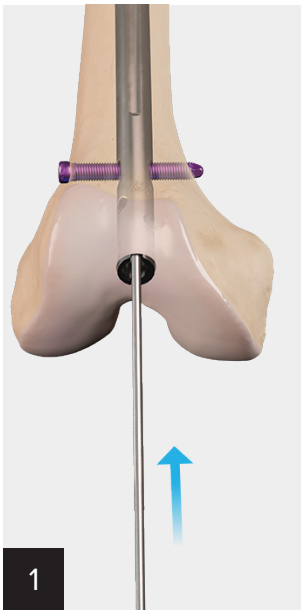
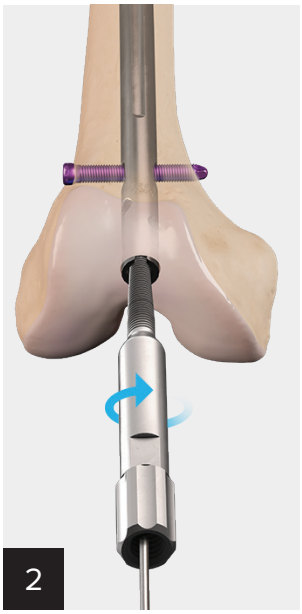
The proximal locking holes on the 22 cm supracondylar retrograde femoral nails are transverse holes that are targeted using an extension to the targeting guide. These holes on the nail are threaded to lock the 5.0 mm cortical screws to the nail.

Drill both cortices using the 4.0 mm calibrated drill. Read the calibration for the length of the screw and insert the screw using a 5.0 mm hex driver.

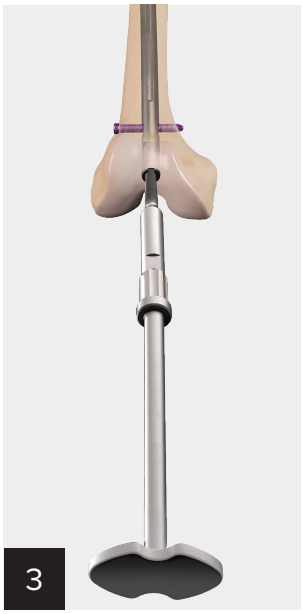
Nail Extraction Technique



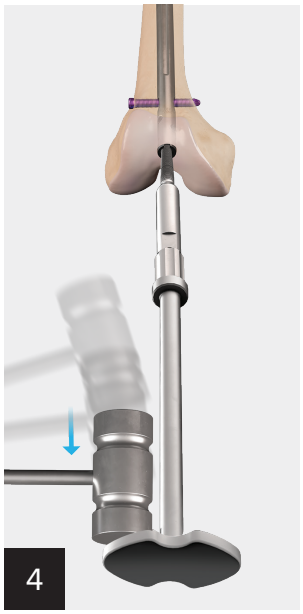
Insert a guide pin into the distal aspect of the nail.



Slide the cannulated conical extractor over the wire and thread it into the distal aspect of the retrograde nail. Remove the wire.



Add/thread the hammer pad into the extractor.



Remove the screw and mallet out the nail.

Ordering Information

Arthrex Retrograde Femoral Nail System

Product Description	Item Number
Instruments	
Impactor rod	**0826-000**
Extractor bolt	**0828-000**
Impactor pad, long	**0835-000**
Locking knob, insertion guide, tibial nail	**1239-100**
Locking collet, targeting module, tibial nail	**1242-100**
Antegrade targeting module, femoral nail system	**1271-300**
Antegrade option, antegrade targeting guide	**1272-000**
Locking bolt, antegrade nail	**1273-100**
Retrograde targeting guide	**1280-000**
Retrograde targeting guide, arch	**1281-000**
Retrograde targeting guide, 22 cm extension	**1283-000**
Locking bolt, retrograde femoral nail	**1284-000**
Driver locking collet, retrograde femoral nail	**1285-000**
Femoral nail instrument set #2	**9924-000**
Awl t-handle, silicone blue, cannulated, curved	**0256-200**
Entry reamer, femoral nail, cannulated, 13.5 mm	**0266-000**
Tap, calibrated, cancellous, 6.0 mm	**0271-000**
Cortical tap, calibrated, cortical, 6.5 mm	**0272-000**
Obturator, 3.6 mm	**0273-000**
Pin guide, 3.2 mm	**0335-000**
Pin guide, soft-tissue protector, 3.2 mm	**0338-000**
Drill guide, 4.0 mm	**0337-000**
Drill guide, 6.0 mm	**0339-000**
T-handle, cannulated, Hudson female/J-Hall connect	**0468-000**
Quick connect, cannulated, Hudson female/J-Hall	**0469-000**
Driver, ball hex, large Hudson, 9/32 in	**0474-000**
Guidewire gripper	**0481-100**
Compression hex driver, hudson, antegrade, 5.0 mm	**0487-000**
Instruments	
Power hex screw driver, 5.0 mm	**0488-200**
Power capturing rod, 5.0 mm	**0489-100**
Power hex screw driver, short, 5.0 mm	**0491-100**
Power capturing rod, short, 5.0 mm	**0492-100**
Distal depth gauge	**0514-200**
Depth gauge, hook tip, trochanteric nail	**0531-000**
Guide pin depth gauge, femoral nail	**0534-000**
Guidewire depth gauge, femoral nail	**0535-000**
Drill guide, obturator, 4.0 mm	**0622-000**

Product Description	Item Number
Screw sheath	**0624-000**
Obturator, 3.2 mm	**0625-000**
Soft-tissue protector, Hudson quick connector	**0634-100**
Obturator, 6.0 mm	**0635-000**
Ball spike	**0817-000**
Reduction tool, curved	**0831-000**
Square quick connect assembly	**0834-000**
Femoral nail instrument set #1	**9922-000**
Retrograde femoral nails	
Retrograde femoral nail, 10 mm × 26 cm–42 cm	**1340-026-042**
Retrograde femoral nail, 11 mm × 26 cm–42 cm	**1341-026-042**
Retrograde femoral nail, 12 mm × 26 cm–42 cm	**1342-026-042**
Retrograde femoral nail, 13 mm × 26 cm–42 cm	**1343-026-042**
Supracondylar femoral nail, 10 mm × 22 cm	**1344-022**
Supracondylar femoral nail, 11 mm × 22 cm	**1345-022**
Supracondylar femoral nail, 12 mm × 22 cm	**1346-022**
Supracondylar femoral nail, 13 mm × 22 cm	**1347-022**
Implants	
End cap, antegrade nail, 5.0 mm	**1322-005**
End cap, antegrade nail, 10 mm	**1322-010**
Locking end cap, recon lock, antegrade nail, 0 mm	**1323-000**
End cap, antegrade nail, 0 mm	**1324-000**
Screw spacer/compression bolt, femoral nails	**1326-000**
End cap, retrograde femoral nail, 1.0 mm	**1339-001**
End cap, retrograde femoral nail, 5.0 mm	**1339-005**
End cap, retrograde femoral nail, 10 mm	**1339-010**
Condyle fixation nut, retrograde femoral nail	**1348-000**
Fixation screw washer, retrograde femoral nail	**1349-000**
Fixation nut washer, retrograde femoral nail	**1351-000**
Captured screws	
5.0 mm cortical Lengths: 30 mm–50 mm (2 mm increments)	**8001-030-50**
5.0 mm cortical Lengths: 55 mm–100 mm (5 mm increments)	**8001-055-100**
6.5 mm cortical, fully threaded Lengths: 30 mm–120 mm (5 mm increments)	**8059-030-120**
6.0 mm cancellous, partially threaded Lengths: 30 mm–120 mm (5 mm increments)	**8061-030-120**
6.5 mm cancellous, fully threaded Lengths: 30 mm–120 mm (5 mm increments)	**8065-030-120**
Disposables	
Drill, large Hudson, cannulated, 5.5 mm	**0232-100**
Drill, AO, 4.0 mm × 165 mm	**S0210-200**
Drill, AO, calibrated, 4.0 mm × 280 mm	**S0219-100**
Drill, AO, calibrated, sterile, 5.5 mm	**S0288-200**
Step drill, AO, calibrated, sterile, 4.8 mm/6.0 mm	**S0289-100**
Guide pin, 3.2 mm × 330 mm	**S0100-000**
Tap, large hudson, cortical, 5.0 mm	**S0260-000**

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)

US patent information

arthrex.com