



# MEDLINEUNITE® FOOT PLATES AND SCREWS HALLUX, MIDFOOT, FLATFOOT AND NON-LOCKING CORTICAL

## INSTRUCTIONS FOR USE

Attention Operating Surgeon

### DEVICE DESCRIPTION

The Medline Foot Plates and Screws are manufactured from Titanium Alloy. The System includes plates offered in various styles, sizes and options; each contoured for specific anatomy and designed for specific procedures, and 2.7mm and 3.5mm diameter locking and non-locking cortical screws to be used with the polyaxial locking holes and compression slots included in the plates.

### INDICATIONS

The Medline Foot Plates and Screws are intended for use in stabilization and fixation of fresh fractures, revision procedures, joint fusion and reconstruction of bones of the feet and toes. Specific examples include:

#### Arthrodesis of the first metatarsalcuneiform joint (lapis fusion)

#### Arthrodesis of the first metatarsophalangeal joint (MTP) including:

1. Primary MTP Fusion due to hallux rigidus and/or hallux valgus
2. Revision MTP Fusion
3. Revision of failed first MTP Arthroplasty implant

#### Flatfoot Osteotomies:

1. Lateral Column Lengthening (Evans Osteotomy)
2. Plantar Flexion Opening Wedge Osteotomy of the Medial Cuneiform (Cotton Osteotomy)
3. Medial Displacement Calcaneal Osteotomy (MDCO)

#### Midfoot | Hindfoot Fusions:

1. LisFranc Arthrodesis and/or Stabilization
2. 1st(Lapidus), 2nd, 3rd, 4th, and 5th Tarsometatarsal (TMT) Fusions
3. Intercuneiform Fusions
4. Navicular-Cuneiform (NC) Fusion
5. Talo-Navicular (TN) Fusion
6. Calcaneo-Cuboid (CC) Fusion
7. Medial Column Fusions (NC and 1st TMT)

The Medline Locking and Non-Locking Cortical Screws are indicated for use with the Medline Foot Plates of the same base material. The Non-Locking Cortical Screws are also indicated for bone reconstruction, osteotomy, arthrodesis, joint fusion, fracture repair, and fracture fixation, appropriate for the size of the device.

### GENERAL SURGICAL CONTRAINDICATIONS

1. Infection
2. Physiological or psychologically inadequate patient
3. Inadequate skin, bone, or neurovascular status
4. Suspected or documented metal allergy or intolerance
5. Possibility for conservative treatment
6. Growing patients with open epiphyses
7. Patients with high level of activity

### PRE-OPERATIVE PRECAUTIONS

It is the surgeon's responsibility to determine the best course of action for each patient. The surgeon should carefully consider the following when select a patient for surgery:

1. More conservative treatment options
2. Patient's weight, occupation, and activity level
3. Patient's expectations of the device
4. Patient's willingness to follow post-operative instructions
5. Patient conditions that may limit their ability to recognize limitations of the device that may lead to device failure, such as senility, mental illness, or alcoholism
6. Known or suspect material allergies
7. Comorbidities, eg. diabetes, smoking

The patient should be warned of surgical risks and be made aware of possible adverse effects.

For safe and effective use, the surgeon must be thoroughly familiar with this type of implant, the method of application, instrumentation, and the recommended surgical technique and indications for this type of device. Improper implantation of the device can increase the possibility of loosening or migration.

No metal implants can be expected to withstand loads at the same level as healthy bone. The Medline Foot Plates and Screws have not been designed to withstand the stress of weight bearing, load bearing, or excess activity. Fracture of the implant or damage can occur when the implant is subjected to increased loading associated with delayed union, nonunion, or incomplete healing. If excessive loading cannot be prevented, an implant should not be used.

### INTRA-OPERATIVE PRECAUTIONS

1. The surgeon must select the type and size implant that best meets the patient's surgical needs.
2. Inspect all implants for scratching and nicking prior to use as such stress concentrations can lead to failure. Avoid flawing the implant surface during insertion to minimize the potential for failure.
3. An implant shall never be reused. Previous stresses may have created imperfections, which can lead to a device failure.
4. Instruments, particularly drills, reamers, and drivers shall be inspected for wear or damage prior to use.
5. The Medline Foot Plates and Screws are designed specifically for use with Medline instrumentation. The use of other instrumentation is not recommended.

### POST-OPERATIVE PRECAUTIONS

The patient should be warned of the limitations of surgery and the need to protect the implant from full weight bearing until adequate fixation and healing have occurred. The postoperative care instructions provided by the surgeon should be strictly followed to avoid adverse stresses applied to the device. Failure to follow postoperative care instructions can

cause implant and/or treatment failure. Periodic follow-up, including x-rays for comparison to early post-op conditions, is recommended to monitor the position and state of the implant, the condition of the bone, and any signs of implant migration, loosening, bending, or cracking.

### RECOMMENDATIONS REGARDING DEVICE FRAGMENTS

1. In the event of implant fracture, carefully consider and discuss with the patient, if possible, the risk/benefit of removing the hardware versus leaving the fragment in the patient. Things to consider and discuss with the patient include; the material composition of the fragment (if known), the size and location of the fragment, and the potential mechanisms of injury if the fragment is not removed, including MRI exams.
2. Any decision to remove the device should take into consideration the potential risk to the patient of a second surgical procedure.
3. If removal is determined to be the best course of action, inspect the device immediately after removal from patient for signs of damage. If the device is damaged, retain the device to assist the manufacture's investigation of the event. Device removal should be followed by adequate postoperative care.

### CONCERNING MAGNETIC RESONANCE ENVIRONMENT

The Medline Foot Plates and Screws have not been evaluated for safety in the MR environment.

The Medline Foot Plates and Screws have not been tested for heating or migration in the MR environment.

### ADVERSE EFFECTS

1. Fracture of implant
2. Implant migration and/or loosening requiring revision surgery
3. Bone resorption or over-production
4. Allergic reaction(s) to implant material(s)
5. Infection or painful, swollen or inflamed implant site
6. Unexpected histological response possibly involving macrophages and/or fibroblasts
7. Migration of particle wear debris possibly resulting in bodily response
8. Embolism
9. Pain, discomfort, or abnormal sensations due to the presence of an implant

### CLEANING & STERILIZATION

All implants and instruments are provided non-sterile in trays or individually packaged and must be adequately cleaned and sterilized prior to use or re-use. A manual cleaning method is provided and has been developed and tested consistent with TIR 30 (manual). The provided sterilization recommendations have been developed and tested consistent with ANSI/AAMI ST79. Due to variations in environment, wrap material, or equipment, it must be demonstrated that these recommendations produce clean and sterile devices in your environment.

An implant should never be re-sterilized after contact with human body tissues or fluids. Devices labeled for single use only should never be reused. Reuse of these devices may result in, but are not limited to: decreased performance of the product, cross-infection, and contamination.

Trays should be thoroughly cleaned and inspected prior to use. Visually inspect the tray for cleanliness. Repeat cleaning process, as necessary, until tray is visually clean.

All instruments, where applicable, must be disassembled prior to cleaning.

#### Manual Cleaning

1. **Rinse** under cool running tap water to remove gross soil.
2. **Bathe** in enzymatic detergent per manufacturer's recommendation using lukewarm tap water for 1 minute.
3. **Scrub** thoroughly with a soft bristled brush to remove soil. Pass a stylet through lumens a minimum of 3 times and, using a syringe, aggressively flush lumens with enzymatic detergent to remove soil.
4. **Rinse** under cool running tap water and aggressively flush lumens with a syringe to remove detergent residuals.
5. **Bathe** in a neutral detergent per manufacturer's recommendation using warm tap water for 3 minutes.
6. **Scrub** thoroughly with a soft bristled brush to remove soil. Pass a stylet through lumens a minimum of 3 times and using a syringe, aggressively flush lumens with neutral detergent to remove soil.
7. **Rinse** under running reverse osmosis/deionized (RO/DI) water to remove detergent residuals.
8. **Sonicate** in enzymatic detergent per manufacturer's recommendation for 10 minutes.
9. **Rinse** under running RO/DI water and aggressively flush lumens with a syringe.
10. **Dry** with a disposable, lint-free cloth.
11. **Visually inspect** for cleanliness. Repeat cleaning process, as necessary, until visually clean.

#### Sterilization

Sterilization should be performed in the provided tray double-wrapped in FDA cleared sterilization wrap using the following method:

Cycle Type	Parameter	Minimum Set Point
Prevacuum	Exposure Temperature	270° F (132° C)
	Exposure Time	4 minutes
	Dry Time	40 minutes

Do not stack trays during sterilization.

Ensure that the implants and instruments are at room temperature prior to use.

**STORAGE:** Store all devices in a clean and dry environment. The devices are manufactured from non-degradable materials. When stored under the recommended conditions, the shelf life of this product is not limited.

**CAUTION:** Federal Law (USA) restricts this device to sale by or on the order of a physician.

For additional product information, please visit [www.medline.com](http://www.medline.com) or contact customer service at 1-800-MEDLINE.

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