MEDLINE UNITE® REFLEX™ Nitinol Staple System

INSTRUCTIONS FOR USE
Attention Operating Surgeon

DEVICE DESCRIPTION
The Medline UNITE® REFLEX™ Nitinol Staple System – Non-Sterile are a one-piece device made of nickel titanium alloy intended to be implanted in the bones of the hand or foot. The implant is available in a range of sizes from 8mm x 8mm to 25mm x 27mm. The system also includes reusable instrumentation necessary to implant the staples, e.g., drill guides, drills, locating pins, staple inserter, and tamp.

INDICATIONS
The Medline UNITE® REFLEX™ Nitinol Staples are intended to provide fixation for fractures, fusions or osteotomies of the bones of the hand and foot such as: LisFranc arthrodesis, Akin Osteotomy, Scarf and Cheyenne osteotomies. Staples are intended for single use only.

GENERAL SURGICAL CONTRAINDICATIONS
- Infection
- Physiological or psychologically inadequate patient
- Inadequate bone, skin, or neurovascular status
- Suspected or documented metal allergy or intolerance
- Possibility for conservative treatment
- Growing patients with open epiphyses
- Patients with high level of activity

WARNINGS
- This device contains nickel, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, patients should be counseled on the materials contained in the device, as well as potential for allergy/hypersensitivity to these materials.

ADVERSE EFFECTS
- Fracture of implant due to excessive activity, prolonged loading upon the device, incomplete or inadequate healing, or excessive force exerted on the implant during insertion.
- Implant migration and/or loosening requiring revision surgery
- Bone resorption or over-production
- Metal sensitivity or histological or allergic reaction resulting from implant material
- Infection or painful, swollen or inﬂamed implant site
- Unexpected histological response possibly involving macrophages and/or ﬁbroblasts
- Migration of particle wear debris possibly resulting in body response
- Embolism
- Pain, discomfort, or abnormal sensations due to the presence of an implant
- Necrosis of the bone
- Necrosis of the tissue
- Nerve damage resulting from surgical trauma.

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 selecting a patient for surgery:
- More conservative treatment options
- Patient's weight, occupation, and activity level
- Patient's expectations of the device
- Patient's willingness to follow post-operative instructions
- Patient's activity. Fracture of the device due to failure, such as senility, mental illness, or alcoholism
- Known or suspect material allergies
- Comorbidities, e.g., 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. MEDLINEUNITE® REFLEX™ Nitinol Staple System is not 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.

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 permanent device failure. Periodic follow-up, including x-ray for comparison to early post-operative 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. Any decision to remove the device should take into consideration the potential risk to the patient of a second surgical procedure.
2. 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 manufacturer's investigation of the event. Device removal should be followed by adequate postoperative care.

CONCERNING MAGNETIC RESONANCE ENVIRONMENT
The MEDLINEUNITE® REFLEX™ Nitinol Staple System has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of the MEDLINEUNITE® REFLEX™ Nitinol Staple System in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

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. An implant should never be re-sterilized after contact with human body tissues or ﬂuids. Devices labeled for single use only should never be re-used. 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
Do not allow excessive debris and soft tissue to dry after use. Begin cleaning process as soon after use as possible. Additional scrubbing may be required if debris and soft tissue dry prior to cleaning. The wingnut in the inserter must be fully disengaged from the threaded knob with the staple holder joints completely bowed out.

1. Rinse under cool running tap water to remove visual soil.
2. Prepare enzymatic detergent per manufacturer’s recommendation using lukewarm tap water.
3. Allow the device to soak in the prepared enzymatic detergent for 1 minute.
4. Using a soft bristled brush, thoroughly brush the device to remove soil.
5. Run a stylet through the lumens a minimum of 3 times to remove soil.
6. Using a syringe, aggressively flush the lumens with the prepared enzymatic detergent.
7. Remove the device from the detergent and rinse under cool running tap water to remove detergent residuals.
8. Using a syringe, aggressively flush the lumens.
9. Prepare neutral detergent per manufacturer's recommendation using warm tap water.
10. Allow the device to soak in the prepared neutral detergent for 3 minutes.
11. Using a soft bristled brush, thoroughly brush the device to remove soil.
12. Run a stylet through the lumens a minimum of 3 times to remove soil.
13. Using a syringe, aggressively flush the lumens with the prepared neutral detergent.
14. Remove the device from the detergent and rinse in running RO/DI water to remove detergent residuals.
15. Prepare enzymatic detergent per manufacturer’s recommendation in a sonication unit.
16. Allow the device to sonicate for 10 minutes.
17. Remove the device from the sonicator and thoroughly rinse under running RO/DI water.
18. Using a syringe, aggressively flush the lumens.
19. Dry the device with a disposable, lint-free cloth.
20. Visually inspect the device for cleanliness. Instruments should be inspected for any damage or wear prior to use. Instruments that have corrosion, pitting, and/or discoloration should not be used.

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

<table>
<thead>
<tr>
<th>Cycle Type</th>
<th>Parameter</th>
<th>Minimum Set Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevacuum</td>
<td>Exposure Temperature</td>
<td>270 °F (122 °C)</td>
</tr>
<tr>
<td></td>
<td>Exposure Time</td>
<td>4 Minutes</td>
</tr>
<tr>
<td></td>
<td>Dry Time</td>
<td>40 Minutes</td>
</tr>
</tbody>
</table>

Do not stack trays during sterilization.

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

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