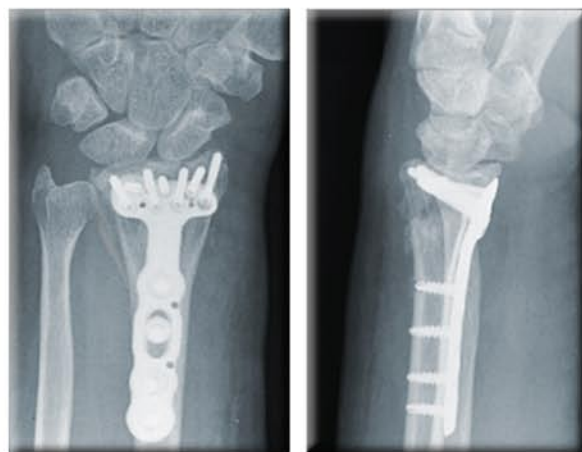


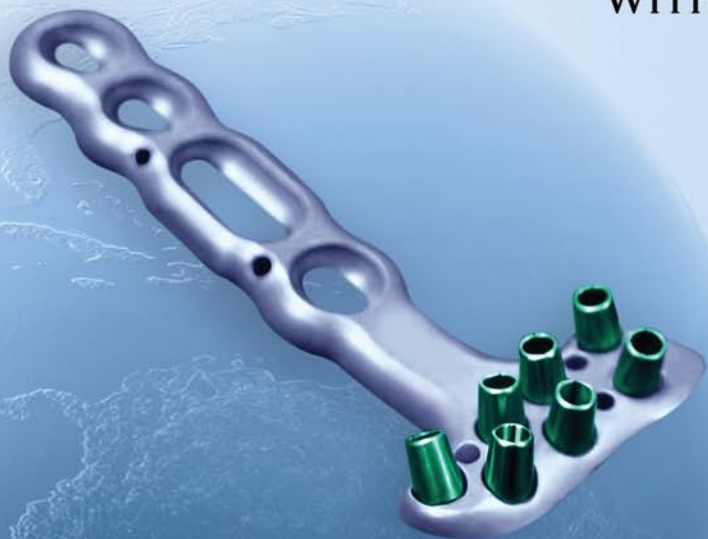
# DVR™ ANATOMIC

Volar Plating System



WITH F.A.S.T. GUIDE™ TECHNOLOGY

Fixed Angle Screw Targeting



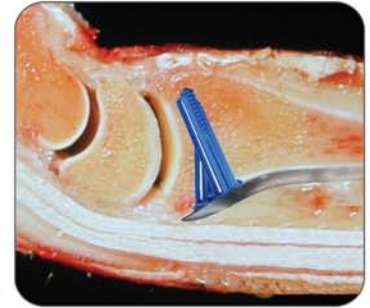
HAND INNOVATIONS, LLC  
RAISING EXPECTATIONS

# DVR ANATOMIC

## Volar Plating System

### Low Risk of Soft Tissue Irritation

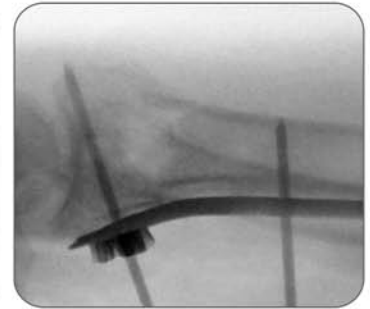
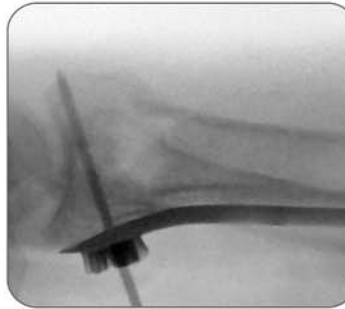
- The "Watershed Line" is the natural landmark for most distal plate positioning without tendon irritation
- The shape of the DVR™ Anatomic is contoured to match the Watershed Line and the topographic surface of the distal volar radius
- Distal plate positioning provides maximum buttress of the volar marginal fragments



### Fixed Angle K-Wires Help to Maintain Reduction

The use of fixed angle K-wires help to:

- Aid in the initial reduction of the distal and proximal fragments
- Provisionally secure the DVR Anatomic plate to the anatomy
- Assess the ideal screw placement prior to drilling



### Designed for Predictable and Reproducible Results

- Radial styloid peg angle helps to capture and support radial styloid fragments
- Intersecting proximal and distal rows form a patented three dimensional scaffold providing support for the articulating surface
- Locking pegs and screws provide a strong peg to plate interface



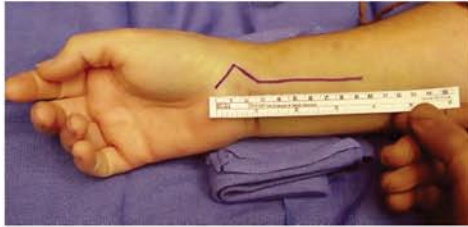
### Proprietary F.A.S.T. Guide™ Technology

- Pre-loaded, disposable drill guides
- No intraoperative assembly required, resulting in significant time savings
- F.A.S.T. Guides are color-coded for easy plate identification: Red=Right / Lime=Left



## Surgical Technique Overview

See Surgical Technique, 0612-00-555 for details of the complete procedure.



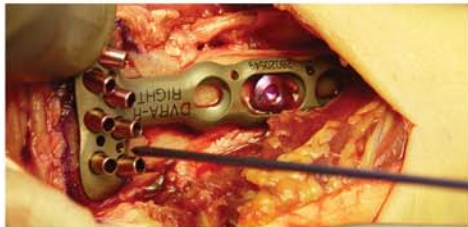
Make an 8 to 10 cm incision over the FCR tendon with a zig-zag over the wrist flexion crease.



After careful dissection of the FCR Tendon Sheath, release the Pronator Quadratus muscle in an "L" shape fashion.



Debride the fracture as needed, then perform the reduction using the DVR Anatomic plate as a template.



Secure the plate to the proximal fragment using a cortical screw in the oblong compression slot. Reduce the distal fragment using a K-wire.



Drill through the F.A.S.T. Guides, then size and insert the appropriate length locking smooth peg or screw.



An A/P and 20° - 30° elevated lateral elevation radiograph is used to assess post-operative results.

## Case Review

### Distal Fragment First Technique



Radial Styloid Fracture

Osteoporotic Bone

Long Fractures



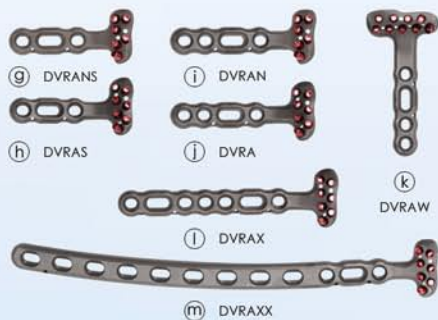
## Peg and Screw Options:



P, TP, MDTP, FP Series available in 14 mm - 30 mm Lengths (2 mm Steps)  
 SP Series available in 10 mm - 30 mm Lengths (2 mm Steps)  
 CS Series available in 10 mm, 12 mm, 13 mm, 14 mm, 15 mm, 16 mm, 18 mm, 20 mm lengths

Item Description	
a. Smooth Pegs, Locking	Provides subchondral support
b. Threaded Pegs, Locking	Distal threads to capture and lag fragments
c. Screws, Non-Locking	Fully threaded to aid in fracture reduction
d. Multidirectional Pegs, Locking	Provide multidirectional capabilities
e. Cortical Screws	Provide bicortical fixation for the proximal fragments
f. Screws, Locking	Fully threaded to anchor fragments for additional fixation

## Plate Options:

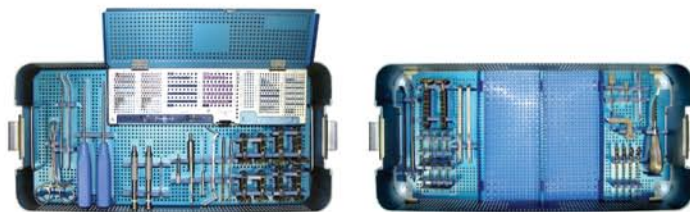


Item Description	Head Width x Overall Length:
g. Narrow Short	21.6 mm x 49.0 mm
h. Standard Short	24.4 mm x 51.3 mm
i. Narrow	21.6 mm x 57.2 mm
j. Standard	24.4 mm x 59.5 mm
k. Wide	28.1 mm x 62.6 mm
l. Standard Extended	24.4 mm x 89.5 mm
m. Standard Extra Extended	24.4 mm x 175.3 mm

## DVR Modular Tray:

New fully modular tray system allows you to address multiple applications with the use of a single tray.

- Reduced OR Clutter
- Improved Workflow



## Essential Product Information

### IMPORTANT:

This Essential Product Information sheet does not include all of the information necessary for selection and use of a device. Please see full labeling for all necessary information.

### INDICATIONS (DVR Anatomic and DNP Anatomic Systems):

The Distal Radius Fracture Repair System is intended for the fixation of fractures and osteotomies involving the distal radius.

### INDICATIONS (Fragment Plate System):

The Fragment Plate System is intended for essentially non-load bearing stabilization and fixation of small bone fractures, revision procedures, joint fusion and reconstruction of small bones of the hand, foot, wrist, ankle, humerus, scapula, finger, toe, pelvis and craniomaxillofacial skeleton.

### CONTRAINDICATIONS:

If any of the following are suspected, tests are to be performed prior to implantation. Active or latent infection, Sepsis, insufficient quantity or quality of bone and/or soft tissue. Material sensitivity. Patients who are unwilling or incapable of following post operative care instructions.

### WARNINGS AND PRECAUTIONS:

- Although the surgeon is the learned intermediary between the company and the patient, the important information conveyed in this document should be conveyed to the patient. The patient must be cautioned about the use, limitations and possible adverse effects of these implants. The patient must be warned that failure to follow postoperative care instructions may cause the implant or treatment to fail.
- An implant must never be reused. Previous stresses may have created imperfections that can potentially lead to device failure. Protect implant appliances against scratching or nicking. Such stress concentration can lead to failure.

- Orthopaedic instrumentation do not have an indefinite functional life. All re-usable instruments are subjected to repeated stresses related to bone contact, impaction, routine cleaning and sterilization processes. Instruments should be carefully inspected before each use to ensure that they are fully functional. Scratches or dents can result in breakage. Dullness of cutting edges can result in poor functionality. Damaged instruments should be replaced to prevent potential patient injury such as metal fragments into the surgical site. Care should be taken to remove any debris, tissue or bone fragments that may collect on the instrument. Most instrument systems include inserts/trays and a container(s). Many instruments are intended for use with a specific implant system. It is essential that the surgeon and operating theatre staff are fully conversant with the appropriate surgical technique for the instruments and associated implant. If any,
- Do NOT open the volar wrist capsule. Doing so may cause devascularization of the fracture fragments and destabilization of the volar wrist ligaments.
- If necessary, contour the DVR Anatomic plate in small increments. Excessive contouring may weaken or fracture the plate.
- Exercise care when bending the fragment plates to avoid weakening or fracture of the plates.
- Ensure removal of all F.A.S.T. Guides™ after use.
- Do NOT use fully threaded pegs (FP) with the DVR Anatomic and DNP Anatomic plates. The fully threaded pegs (FP) are designed for use with the fragment plates.
- Do NOT use peg/screw lengths that will excessively protrude through the far cortex. Protrusion through the far cortex may result in soft tissue irritation.
- SP series screws are NOT intended to provide subchondral support and use should be limited to capture of remote bone fragments where partially or fully threaded pegs cannot be used.
- Do NOT permanently implant K-wires through the holes of the plate as they may back out and cause tissue damage. Use of the K-wires allows you to provisionally secure the plates to the anatomy.
- Do NOT use the MDTPs in the distal row of the DVR Anatomic. The MDTPs are intended to be used only with the DVR Anatomic plates. Ensure the MDTPs are installed after insertion of the fixed angle pegs.

### ADVERSE EFFECTS:

The following are possible adverse effects of these implants; potential for these devices failing as a result of loose fixation and/or loosening, stress, excessive activity, load bearing particularly when the implants experience increased loads due to a delayed union, nonunion, or incomplete healing.