SURGICAL TECHNIQUE

Proximal femoral nail anti-rotation **ELIX**

TRAUFIX
READY TO RUN

CONTENTS

IMPLANT CHARACTERISTICS

The Proximal femoral nail anti-rotation ELIX, made of titanium alloy **(Ti6Al4V ELI)**, has an innovative locking system that offers high rotational and angular stability with a single element, as well as a set of steering arms that allow static or dynamic locking of the short ELIX nails (standard, small and extra small).
The long ELIX nail also allows secondary dinamization.

The ELIX nail has a mediolateral angle of 6º. This angle allows its insertion at the tip of the greater trochanter, therefore the anatomical design guarantees an optimal fit in the femur.

ELIX Nails

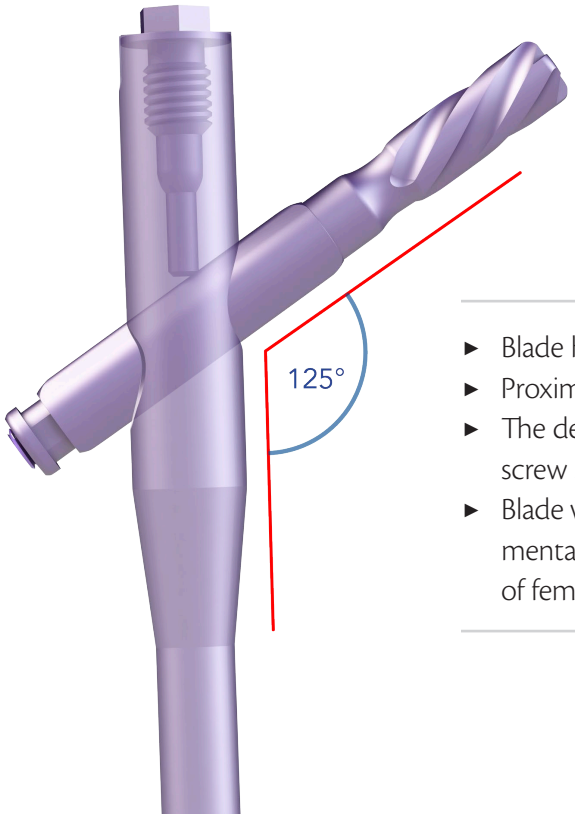
The nails are manufactured in 2 different lengths and 4 different diameters for short nails; 3 different diameters for long nails

ELIX Shorts

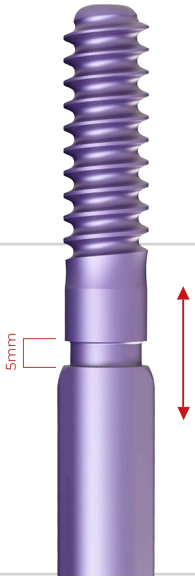
170mm, 200mm and 240mm Lengths.
9mm, 10mm, 11mm and 12mm Diameters.

ELIX Long

Lengths from 320mm to 400mm in 20mm increments.
Diameters 9mm, 10mm, 11mm.



- Blade hole with 125° of angulation.
- Proximal orifice with ovoid design to prevent rotation.
- The design of the end cap allows locking of the subtrochanteric screw sleeve, preventing subsequent slippage .
- Blade with 5mm movement through the sleeve allows interfragmentary compression with a more dynamic locking at the time of femur reduction



Indications and Contraindications

Short ELIX nail (length: 170 to 240mm)

Indications

- Pertrochanteric Fractures (31-A1 and 31-A2)
- Intertrochanteric fractures (31-A3)
- High subtrochanteric fractures (32-A1)

Contraindications:

- Low subtrochanteric fractures.
- Fractures of the femoral diaphysis
- Isolated or combined fractures of the medial portion of the femoral neck.

Indications and Contraindications

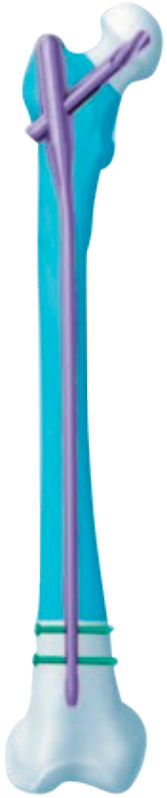
Long ELIX nail (length: 320 to 400mm)

Indications

- Low and prolonged subtrochanteric fractures
- Homolateral trochanteric fractures
- Combined fractures (of the proximal femur)
- Spontaneous fractures (pathological)

Contraindications:

- Isolated or combined fractures of the medial portion of the femoral neck.



DESCRIPTION OF THE SURGICAL TECHNIQUE

Patient position

Place the patient in the supine position on a traction table or a radiolucent operating room table. Place the healthy extremity in maximum abduction and supported on a stand that allows free-fluoroscopic exploration.

Check it before starting the intervention.

To facilitate access to the medullary cavity, tilt the trunk 10° to 15° towards the healthy side (or place the affected limb in adduction 10° to 15°) and reduce the fracture.

Perform a closed reduction of the fracture under radiological control with the image intensifier. If the result is not satisfactory, proceed with open reduction.

Approach

Palpate the greater trochanter. Make an incision 5 cm proximal to the tip of the greater trochanter. Make an incision parallel to the gluteus medius fascia, and divide the gluteus medius muscle along its fibers

1. Determination of the insertion point

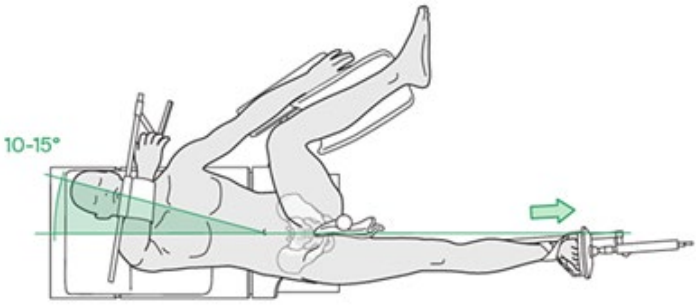
In the AP image, the insertion point of the ELIX nail is located over the tip of the greater trochanter or slightly lateral to it, in curved prolongation of the medullary cavity, since the lateral median angle of the ELIX nail is 6°. In the lateral image, the insertion point is in line with the longitudinal axis of the medullary cavity.

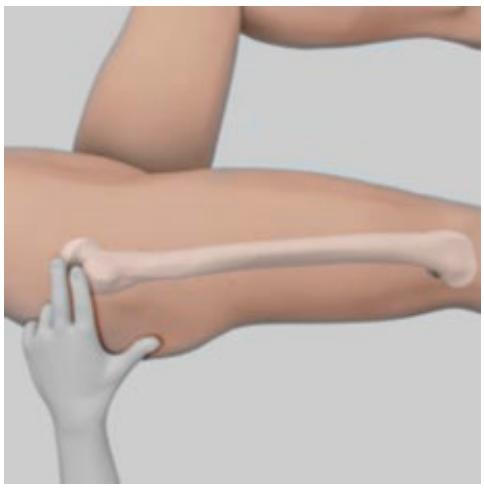
2. Guide wire insertion

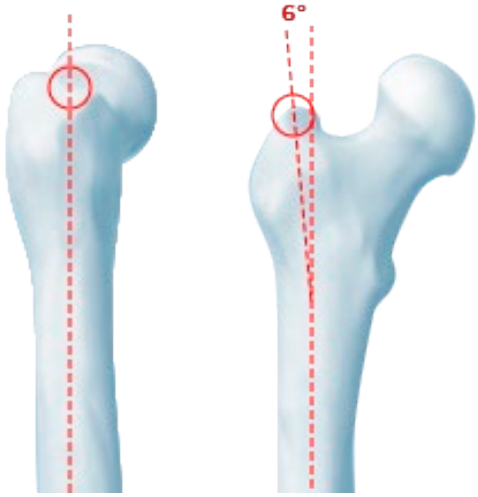
Attach the guide wire to the surgical motor. Alternatively, use the universal mandrel with T-handle to insert the guide wire by hand. Place the the hyaline protection sheath and drill guide at the insertion point. Insert the guide wire through the sheath and drill guide assembly

Remove the surgical motor and drill guide.

Warning
This technique is proposed to describe the use of instruments and TRAUFIX implants, without the intention of interfering with the experience and decisions of the orthopedic surgeon, since the vast clinical and surgical experience supports him to determine which is the best proposal for each particular







3. Starter punch

Once the guide wire is in place, use the starter punch, it is introduced by making gentle turns in a half circle in order to drill the bone and open the canal, up to where the helix of the PUNCH is hidden (up to where the triangle is hidden).

4. Femur opening

Slide the cannulated drill bit between the hystat protection sleeve and the guide wire and drill with it up to the top of the protection sleeve. Remove the drill bit, the cystic sheath and the guide wire. It is recommended to open the femur with a motor at high speed or carefully by hand. To avoid the risk of dislocation of the fracture fragments, avoid excessive lateral movements or compression forces.

If necessary, widen the femoral cavity to the desired diameter with the medullary reamer.

Check fracture reduction with the image intensifier.

Inserting the milling guide

Insert the drill guide into the medullary cavity to the desired insertion depth. The tip of the reaming guide must be correctly positioned in the medullary cavity, as it determines the final distal position of the long ELIX nail.

Milling

Starting with the 8.5 mm milling head, proceed milling to a diameter 0.5 to 1.0 mm larger than the nail diameter, in 0.5 mm increments and advancing the milling cutter by constant application of moderate pressure. Do not force the drill. Repeatedly pull the reamer partially out to clear the medullary cavity of debris. Use the reaming TONGS to hold the reamer guide during this process to prevent it from turning during reaming.

5. Assembly of ELIX instrument

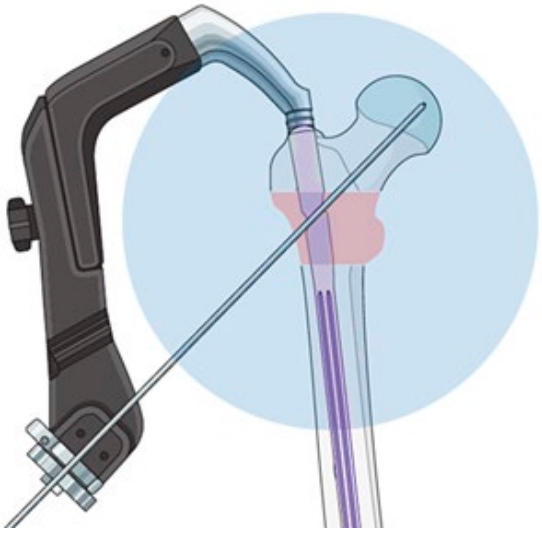
Slide the connecting screw through the insertion handle, and fix the desired ELIX nail to the insertion handle with the hexagonal ball-head screwdriver.

Make sure that the connection between the ELIX nail and the insertion handle is tight (retighten if necessary), to avoid deviations when inserting the ELIX blade through the insertion handle. Do not mount the directional arm yet.

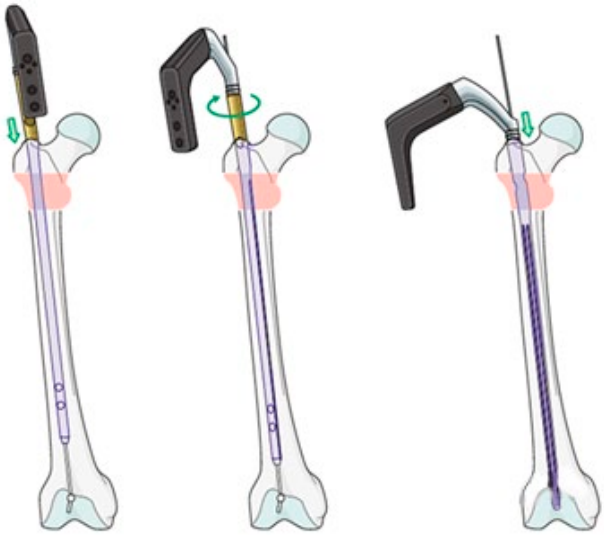
Implant placement

1. ELIX nail insertion

Insertion of the ELIX nail should be done under radiological control with the image intensifier. Carefully insert the ELIX nail by hand, with gentle bi-directional turns of the insertion handle, as deeply as possible into the femoral opening. If the ELIX nail cannot be inserted, select a smaller diameter nail or ream the medullary cavity so that its diameter is at least 1 mm larger than that of the selected nail.
The correct insertion depth of the ELIX nail is achieved when the hole of the projected ELIX blade is located in the center of the femoral head. Care should be taken to avoid positioning the ELIX nail too cranially or too caudally, as this may result in malpositioning of the blade.



Anteroversion can be determined by inserting a guide wire into the femoral head, anterior to the femoral neck. In the mid-lateral projection, place the insertion handle parallel to the guide wire, to align the correct rotation of the ELIX nail. Remove all guide wires and do not reuse them. Discard the guide wires



2. Proximal locking

Selecting the directional arm for inserting the ELIX blade

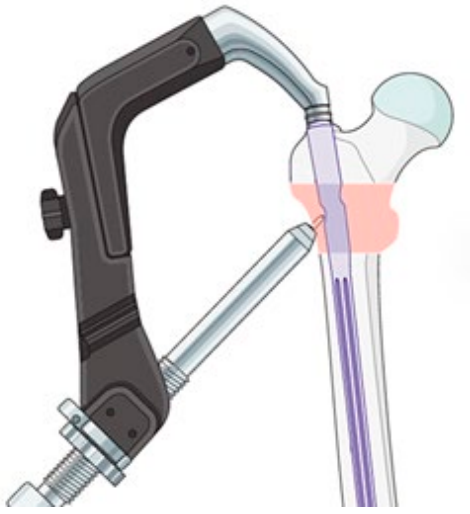
Using the ball-head hex screwdriver, confirm that the screw connecting the insertion handle to the ELIX nail is tightened properly.

Mount the directional arm and fix it firmly to the insertion handle.

-Preparing to insert the guide wire

Screw the holding nut onto the gold-plated protective sheath for the ELIX blade. Make sure that the "LATERAL SIDE" marking faces the head of the protective sleeve.

Continue screwing the holding nut to the mark on the protective sleeve.Insert the plated drill guide and plated trocar through the hystomy sheath.
Through the directional arm, advance the entire trocar assembly for the ELIX blade to the skin until it clicks into place in the directional arm. Adjust the position of the holding nut, if necessary.



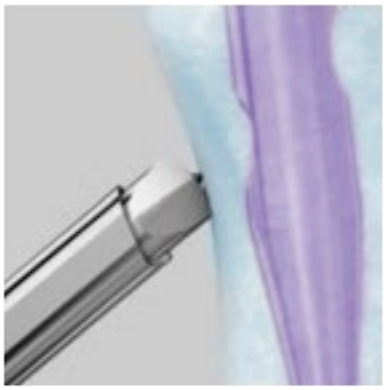
Make sure that the trocar assembly clicks into the directional arm, otherwise the exact position of the ELIX blade is not guaranteed.

-Guide wire insertion

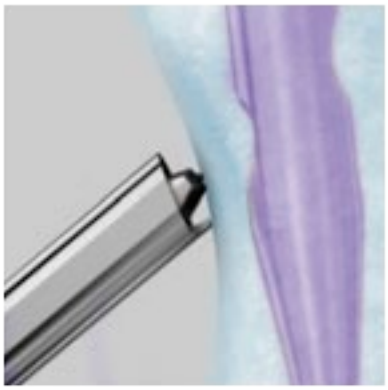
Make a small incision next to the tip of the trocar. Advance the trocar assembly through the soft tissue into the lateral cortex.

Insert the trocar assembly into the lateral cortex. Advance the cystic sheath to the lateral cortex by gently turning the retaining nut clockwise to the right. Prepare the sheath passage by turning the gold-colored internal drill guide.

The trocar assembly must be in contact with the bone during the entire blade implantation. Do not overtighten the holding nut, as this may alter the precision of the insertion handle and the trocar assembly.



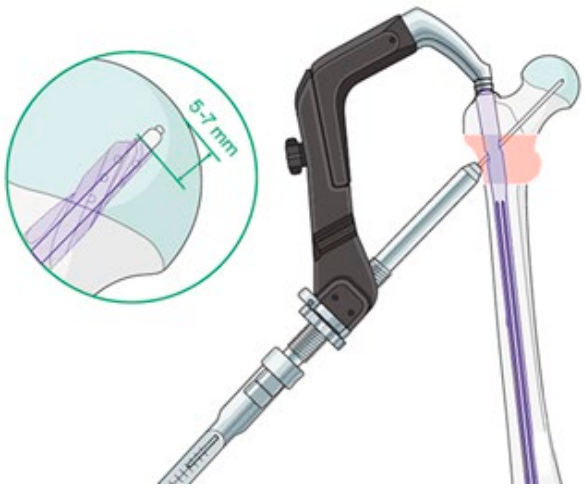
Incorrect Position



Correct Position

-Determining the length of the ELIX blade

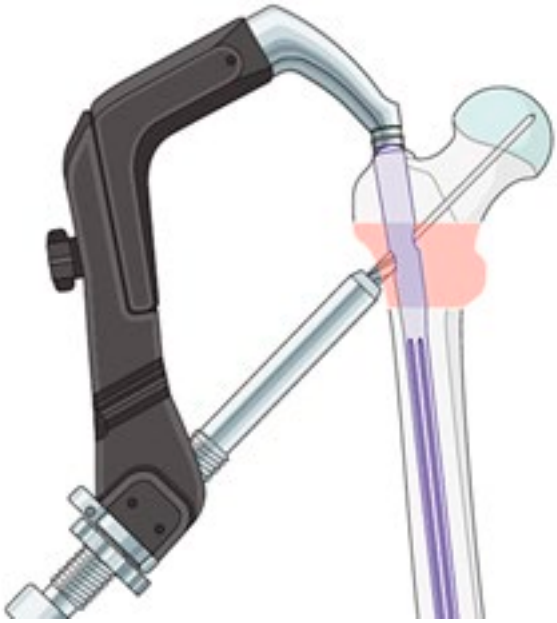
Before measuring the length, check the position of the guide wire in AP and lateral projection.
Slide the depth gauge over the guide wire. Advance the depth gauge up to the bone protection sleeve, and measure the ideal length of the ELIX blade. The depth gauge indicates the exact length of the guide wire inserted into the bone.
In the AP and lateral images, the correct position of the ELIX blade is 10 mm below the joint line (minimum distance: 5 mm). If the guide wire position is subchondral, subtract 10 mm to correctly measure the ELIX blade length. Remove the depth gauge. Carefully remove the gold drill guide without removing the guide wire.



-Opening the lateral cortex to insert the ELIX blade

Advance the cannulated drill bit over the 3.2mm guide wire. Proceed to drill with the drill bit until the stop is reached. This opens the lateral cortex.

If the guide wire is slightly bent during insertion, guide the drill bit over it with gentle alternating forward and backward movements. If the guide wire is bent to a greater degree, reinsert it or replace it with a new guide wire. Otherwise, there is a risk that the guide wire will advance to the point where it crosses the joint line



-Drilling of the inlet hole for the ELIX blade

Use the drill only in case of good bone quality.

Set the chosen length for the ELIX blade on the cannulated cutter by simply placing the clamping sleeve in the correct position. Read the correct length on the side of the clamping sleeve facing the drill tip. Advance the drill over the guide wire. Monitor the drilling with the image intensifier. Drill until the stop is reached. The clamping sleeve prevents overdrilling.

Do not use the drill without first opening the lateral cortex. If the guide wire is slightly bent during insertion, guide the drill over it with gentle alternating forward and backward movements. If the guide wire is bent to a greater degree, reinsert it or replace it with a new guide wire. Otherwise there is a risk that the guide wire will advance to the point where it crosses the joint line

-Mounting of the ELIX blade on the impactor

The ELIX blade is supplied locked. When mounting the ELIX blade on the impactor, screw the impactor onto the end of the ELIX blade, turning it to the left (arrow and "UNLOCK" mark on the impactor handle), to unlock the blade. When mounting the ELIX blade, press it gently against the impactor. Do not overtighten.

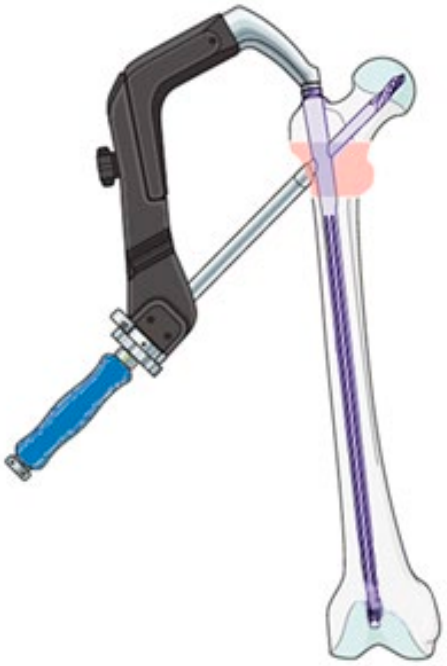
The tip of the ELIX blade must be ABLE to rotate freely after the blade has been mounted in the impactor. This is essential for the implantation of the ELIX blade. If not, remove the blade and discard it. Do not overtighten the connection between the impactor and the ELIX blade.

-Insertion of the ELIX blade

Slide the blade and impactor assembly over the guide wire. Action the button on the sheath guard, align the ELIX blade (sheath guard marking) and advance the blade and impactor assembly through the sheath guard. Insert the ELIX blade over the guide wire by hand, advancing it as far as possible into the femoral head.

Monitor the insertion of the ELIX blade with the image intensifier. Insert the ELIX blade as far as it will go, tapping gently with the hammer.

It is important to insert the blade as far as it will go, as the impactor should click into the sheath. Do not use unnecessary force to insert the ELIX blade.



-ELIX blade lockout

To lock the ELIX blade, turn the impactor clockwise (arrow and "LOCK" mark on the handle) and tighten the blade. Check intraoperatively that the ELIX blade is locked.
The ELIX blade is locked if no gaps are visible

The SLIDING OF the ELIX blade is GUARANTEED. If it is not possible to lock the ELIX blade, remove it and replace it with a new blade.

To remove the impactor, action the button on the sheath protection. Remove and discard the guide wire.
After proximal locking has been completed, operate the jaw device button on the directional arm to release and remove the protective sleeve with the holding nut if proceeding with distal locking, or leave them in place if proceeding with intraoperative compression application.

3. Distal Locking

For Short Nails
-Choice of directional arm for distal blocking

Distal locking of short ELIX nails (length 170- 240 mm)

Short ELIX

Static Dynamic

Choice of directional arm for distal blocking.
The distal locking of the short ELIX nails is performed through the directional arm.
Choose the appropriate directional arm based on the type of blocking you wish to perform.

Option A: Static distal locking of a short ELIX nail

With the Ball Head Screwdriver, confirm the tightness of the Screw Connecting the Insertion Handle to the ELIX Nail. Insert the three-piece trocar assembly (sheath, drill guide and trocar) through the hole in the directional arm corresponding to the length of the nail, make a small skin incision, and insert the trocar down to the bone. Remove the trocar.

Option B: Dynamic Distal Locking of a Short ELIX Nail

Using the Ball Head Hex Driver, confirm that the screw connecting the insertion handle to the ELIX nail is tightened securely. Remove the ELIX Blade Directional Arm. Mount the Dynamic Locking Directional Arm and secure it firmly to the Insertion Handle. Insert the three-piece trocar assembly (cystic protection sleeve, drill guide and trocar) through the hole in the directional arm corresponding to the length of the nail, make a small skin incision, and insert the trocar down to the bone. Remove the trocar.

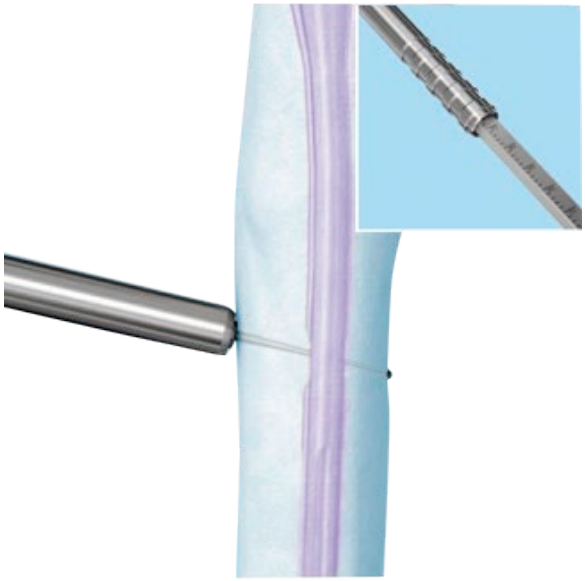
-Drilling

Proceed to drill bicortically with the drill bit. The tip of the drill bit should protrude between 2 and 4mm.
Immediately after drilling both cortices, confirm the position of the drill bit.
Make sure that the drill guide sits firmly on the first cortex, and read the measurement indicated by the calibrated drill bit on the back of the drill guide. This measurement corresponds to the proper length of the locking screw. Remove the drill bit and drill guide

Before proceeding with the distal block, always make sure that no intra-operative diastasis has occurred. The presence of diastasis could delay bone healing. Always make sure that the connection between ELIX nail, insertion handle and directional arm is good, otherwise the ELIX nail could be damaged during drilling for distal locking.

-After drilling both cortices, remove the drill bit and drill guide.

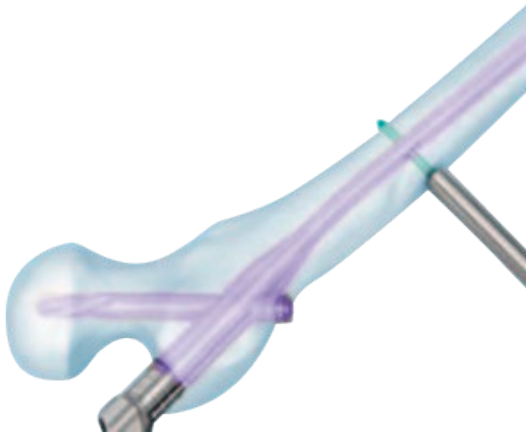
Through the depth gauge, advance the depth gauge bicortically. Pull the hook back until it engages the opposite cortex. Read the figure on the depth gauge and add 2 to 4 mm to the measured length to ensure that the locking screw engages the opposite cortex.



-Locking screw insertion

Insert a locking screw of the measured length through the sheath, using the 3.5mm hex screwdriver, until the head of the screw is seated on the first cortex. The tip of the locking screw should not protrude more than 1 to 2 mm from the opposite cortex.

Remove the screwdriver and the sheath of the hystat protection.



For long ELIX Nails

Distal locking of long ELIX nails (length 300- 420 mm)

Long ELIX

Static Dynamic

For locking the distal holes of the ELIX nail, mount the distal strip and fix it firmly to the insertion handle, mount the long distal strip together with the lateral guide and the assembled feeler. Insert the three-piece trocar assembly (Healing Sleeve, Drill Guide and trocar) through the hole in the directional arm corresponding to the length of the nail, make a slight skin incision, and insert the trocar to the bone. Remove the trocar

-Drilling

Proceed to drill bicortically with the drill bit. The tip of the drill bit should protrude between 2 and 4mm.
Immediately after drilling both cortices, confirm the position of the drill bit.
Make sure that the drill guide sits firmly on the first cortex, and read the measurement indicated by the calibrated drill bit on the back of the drill guide. This measurement corresponds to the proper length of the locking screw. Remove the drill bit and drill guide.

Before proceeding with the distal locking, always make sure that no intra-operative diastasis has occurred. The presence of diastasis could delay bone healing. Always make sure that the connection between ELIX nail, insertion handle and directional arm is good, otherwise the ELIX nail could be damaged during drilling for distal locking.

After drilling both cortices, remove the drill bit and drill guide. Through the depth gauge, advance the depth gauge bicortically. Pull the hook back until it engages the opposite cortex. Read the figure on the depth gauge and add 2 to 4 mm to the measured length to ensure that the locking screw engages the opposite cortex.

-Insertion of the locking screw

Insert a locking screw of the measured length through the sheath, using the 3.5mm hex screwdriver, until the head of the screw is seated on the first cortex. The tip of the locking screw should not protrude more than 1 to 2 mm from the opposite cortex.

Remove the screwdriver and the hystat protection sheath.

4. Insertion of the ELIX end cap

-Disassembly of ELIX instruments

Remove the directional arm. Loosen the connection screw using the ball head hexagonal screwdriver. Remove the connection screw and the insertion handle.

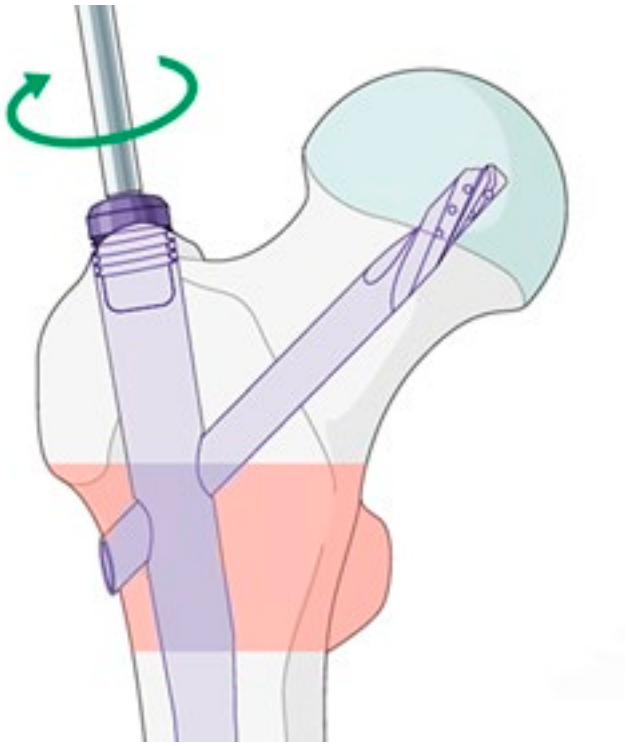
-Placement of the end cap

Use the end cap with 0 mm extension if the proximal end of the nail is at the level of the upper edge of the greater trochanter.

Use the end cap with 5 to 10 mm extension to extend the proximal end of the nail. Place the end cap using the hexagonal screwdriver.

The end cap is automatically retained as soon as the connection is established with the screwdriver. Screw the lend cap into the proximal end of the nail, and tighten it securely.

Remove the screwdriver



Implant remova

1. Removal of the ELIX blade

Make an incision through the old scars, and locate the ELIX blade by palpation or with the aid of the image intensifier.
Insert the guide wire through the cannulated ELIX blade. Slide the removal screw over the guide wire and apply gentle pressure to screw it counterclockwise into the ELIX blade (arrow and "UNLOCK" mark on the shank of the removal screw). Remove the PFNA blade by tapping gently with the hammer

•If removal of the ELIX blade is difficult, remove the locking screw and end cap, screw the sliding guide onto the ELIX nail and mobilize the femoral nail to loosen the nail/blade connection.
•To dislodge the blade from the bone tissue, tap gently with the hammer, in order to slightly introduce the blade before proceeding with its removal.

2. Removal of the end cap

Remove the locking screw with the combination wrench.

3. Removal of locking screw and nail

Before removing the locking screw, screw the sliding guide onto the ELIX nail and tighten it securely.

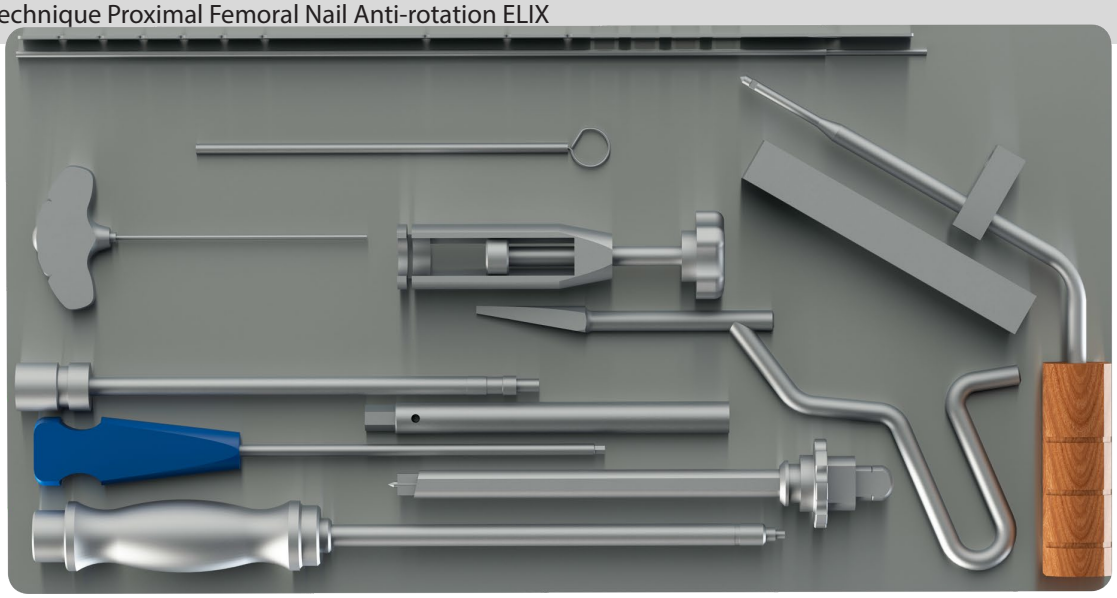
Remove the locking screw with the hexagonal screwdriver. To facilitate the removal of the locking screw, mount the large clamping sleeve on the hexagonal SCREWDRIVER.

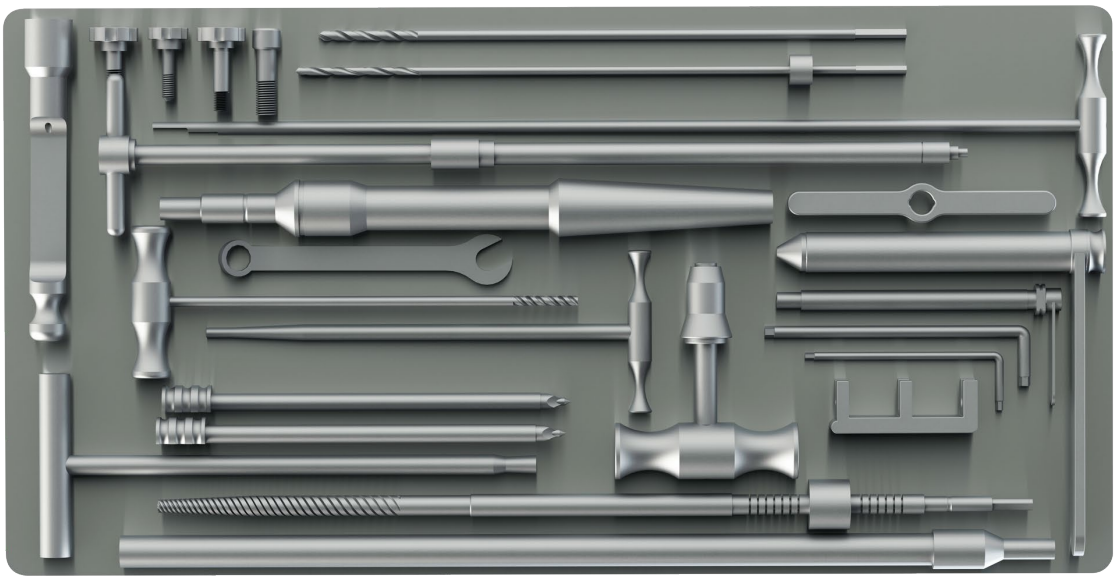
Remove the nail by tapping gently with the hammer.

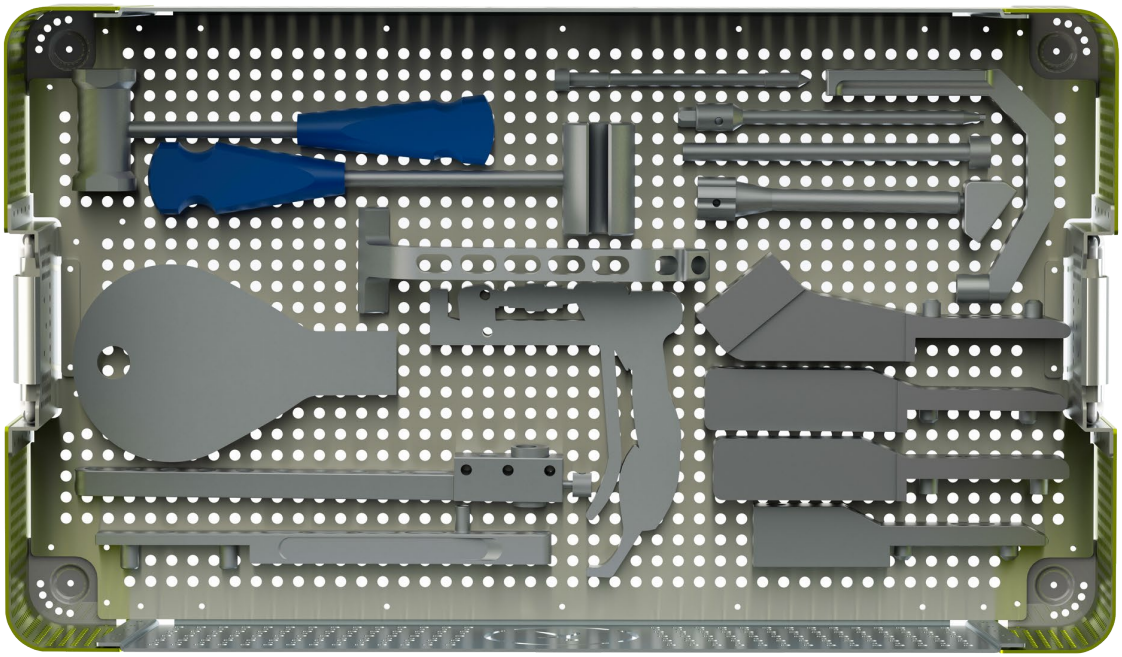
Remove the locking screw after the Sliding Guide has been screwed into the ELIX Nail. This prevents the ELIX Nail from turning in the bone.

ELIX

QTY.	EQUIPMENT
1	Drill bit without anchor Ø 4.3 mm
1	Drill bit without anchor with stop Ø 4.3 mm
1	Cannulated reduction rod with T-handle
1	Wrench
1	Proximal cannulated reamer drill
1	Guide sleeve
1	Spanish wrench SW11
1	Drill bit with T-handle Ø 5.2 mm
1	Probe with T-handle
1	Depth gauge 70-120 mm
1	Quick coupling T-handle
1	Inner sleeve for drill bit Ø 5.2 mm
1	Under shirt with punch
1	Hexagonal screwdriver with T-handle Ø 8.0 mm
1	Proximal cannulated drill tip with stop 60-140 Ø 11.2 mm
1	Nail extraction guide
1	Locking for distal probe
1	Small Allen wrench SW 3.0
1	Large Allen wrench SW 5.0
1	Blade Screw Device Ø 4.5 mm
1	Nail fastener screw
1	Small screw
1	Long screw
1	Thick screw
1	Graduated strip 170-440 (Ø 9, Ø 10, Ø 11, Ø 12/130°)
4	Threaded tip guide wire
1	Base for reamer bits
1	Starter punch
1	Cannulated tip screwdriver
1	1 Hexagonal screwdriver SW 3.5 mm
1	Sleeve guide
1	Cannulated saw blade screwdriver
1	Depth gauge 0-90 mm
1	End cap guide
1	Flexible Shaft Ø 8.0
1	Inner sleeve Ø 5.2 mm
1	Proximal guidance device
1	Distal guiding device 240
1	Distal guiding device 90° 170/200
1	Distal guiding device 170
1	Main pin impactor
1	Tissue dilator
1	Connector
1	Cannulated screwdriver Ø 4.0 mm
1	U-shaped strip
1	Sliding hammer
1	Solid hammer 500 grams
1	Distal locking strip
1	Guide wire positioner
1	Tissue protector
1	Distal strip for long nail 320-440
1	Long distal nail strip for long nails
1	Olive tip guide wire
1	Cannulated reamer tip Ø 9.0 mm
1	Cannulated reamer tip Ø 9.5 mm
1	Cannulated reamer tip Ø 10.0 mm
1	Cannulated reamer tip Ø 10.5 mm
1	Cannulated reamer tip Ø 11.0 mm
1	Cannulated reamer tip Ø 11.5 mm
1	Cannulated reamer tip Ø 12.0 mm
1	Cannulated reamer tip Ø 12.5 mm
1	Cannulated reamer tip Ø 13.0 mm
1	Cannulated reamer tip Ø 13.0 mm
1	Cannulated reamer tip Ø 13.5 mm







Proximal femoral nail anti-rotation left 9mm

282.320 Proximal femoral nail anti-rotation left 9mmx320mm
282.340 Proximal femoral nail anti-rotation left 9mmx340mm
282.360 Proximal femoral nail anti-rotation left 9mmx360mm
282.380 Proximal femoral nail anti-rotation left 9mmx380mm
282.400 Proximal femoral nail anti-rotation left 9mmx400mm

Proximal femoral nail anti-rotation left 10mm

284.320 Proximal femoral nail anti-rotation left 10mmx320mm
284.340 Proximal femoral nail anti-rotation left 10mmx340mm
284.360 Proximal femoral nail anti-rotation left 10mmx360mm
284.380 Proximal femoral nail anti-rotation left 10mmx380mm
284.400 Proximal femoral nail anti-rotation left 10mmx400mm

Proximal femoral nail anti-rotation left 11mm

286.320 Proximal femoral nail anti-rotation left 11mmx320mm
286.340 Proximal femoral nail anti-rotation left 11mmx340mm
286.360 Proximal femoral nail anti-rotation left 11mmx360mm
286.380 Proximal femoral nail anti-rotation left 11mmx380mm
286.400 Proximal femoral nail anti-rotation left 11mmx400mm

Proximal femoral nail anti-rotation right 9mm

283.320 Proximal femoral nail anti-rotation right 9mmx320mm
283.340 Proximal femoral nail anti-rotation right 9mmx340mm
283.360 Proximal femoral nail anti-rotation right 9mmx360mm
283.380 Proximal femoral nail anti-rotation right 9mmx380mm
283.400 Proximal femoral nail anti-rotation right 9mmx400mm

Proximal femoral nail anti-rotation right 10mm

285.320 Proximal femoral nail anti-rotation right 10mmx320mm
285.340 Proximal femoral nail anti-rotation right 10mmx340mm
285.360 Proximal femoral nail anti-rotation right 10mmx360mm
285.380 Proximal femoral nail anti-rotation right 10mmx380mm
285.400 Proximal femoral nail anti-rotation right 10mmx400mm

Proximal femoral nail anti-rotation right 11mm

287.320 Proximal femoral nail anti-rotation right 11mmx320mm
287.340 Proximal femoral nail anti-rotation right 11mmx340mm
287.360 Proximal femoral nail anti-rotation right 11mmx360mm
287.380 Proximal femoral nail anti-rotation right 11mmx380mm
287.400 Proximal femoral nail anti-rotation right 11mmx400mm

ELIX implants | SHORT NAILS

Short proximal femoral nail anti-rotation 9mm

277.170 Short proximal femoral nail anti-rotation 9mmx170mm
277.200 Short proximal femoral nail anti-rotation 9mmx200mm
277.240 Short proximal femoral nail anti-rotation 9mmx240mm

Short proximal femoral nail anti-rotation 10mm

278.170 Short proximal femoral nail anti-rotation 10mmx170mm
278.200 Short proximal femoral nail anti-rotation 10mmx200mm
278.240 Short proximal femoral nail anti-rotation 10mmx240mm

Short proximal femoral nail anti-rotation 11mm

279.170 Short proximal femoral nail anti-rotation 11mmx170mm
279.200 Short proximal femoral nail anti-rotation 11mmx200mm
279.240 Short proximal femoral nail anti-rotation 11mmx240mm

Short proximal femoral nail anti-rotation 12mm

280.170 Short proximal femoral nail anti-rotation 12mmx170mm
280.200 Short proximal femoral nail anti-rotation 12mmx200mm
280.240 Short proximal femoral nail anti-rotation 12mmx240mm

ELIX blades

293.75 10.5mm Spiral blade for proximal femoral nail anti-rotation 75mm
293.80 10.5mm Spiral blade for proximal femoral nail anti-rotation 80mm
293.85 10.5mm Spiral blade for proximal femoral nail anti-rotation x 85mm
293.90 10.5mm Spiral blade for proximal femoral nail anti-rotation x 90mm
293.95 10.5mm Spiral blade for proximal femoral nail anti-rotation x 95mm
293.100 10.5mm Spiral blade for proximal femoral nail anti-rotation x 100mm
293.105 10.5mm Spiral blade for proximal femoral nail anti-rotation x 105mm
293.110 10.5mm Spiral blade for proximal femoral nail anti-rotation x 110mm
293.115 10.5mm Spiral blade for proximal femoral nail anti-rotation x 115mm
293.120 10.5mm Spiral blade for proximal femoral nail anti-rotation x 120mm

432.75 10.5mm Threaded blade for proximal femoral nail anti-rotation x 75mm
432.80 10.5mm Threaded blade for proximal femoral nail anti-rotation x 80mm
432.85 10.5mm Threaded blade for proximal femoral nail anti-rotation x 85mm
432.90 10.5mm Threaded blade for proximal femoral nail anti-rotation x 90mm
432.95 10.5mm Threaded blade for proximal femoral nail anti-rotation x 95mm
432.100 10.5mm Threaded blade for proximal femoral nail anti-rotation x 100mm
432.105 10.5mm Threaded blade for proximal femoral nail anti-rotation x 105mm
432.110 10.5mm Threaded blade for proximal femoral nail anti-rotation x 110mm
432.115 10.5mm Threaded blade for proximal femoral nail anti-rotation x 115mm
432.120 10.5mm Threaded blade for proximal femoral nail anti-rotation x 120mm

ELIX locking screw

166.25 4.5 mm Locking screw for intramedullary nail 25 mm
166.30 4.5 mm Locking screw for intramedullary nail 30 mm
166.35 4.5 mm Locking screw for intramedullary nail 35 mm
166.40 4.5 mm Locking screw for intramedullary nail 40 mm
166.45 4.5 mm Locking screw for intramedullary nail 45 mm
166.50 4.5 mm Locking screw for intramedullary nail 50 mm
166.55 4.5 mm Locking screw for intramedullary nail 55 mm
166.60 4.5 mm Locking screw for intramedullary nail 60 mm
166.65 4.5 mm Locking screw for intramedullary nail 65 mm
166.70 4.5 mm Locking screw for intramedullary nail 70 mm
166.75 4.5 mm Locking screw for intramedullary nail 75 mm
166.80 4.5 mm Locking screw for intramedullary nail 80 mm

ELIX locking screw

292.00 End cap for proximal femoral nail anti-rotation extension 0mm
292.05 End cap for proximal femoral nail anti-rotation extension 5mm
292.10 End cap for proximal femoral nail anti-rotation extension 10mm

TRAUFIX
READY TO RUN

GRUPO DIPROMEDIC
Medical Devices and Health Solutions

Exclusive distributor in Mexico

GRUPO DIPROMEDIC
INTERDIPRO

Exclusive distributor in Peru

FIXIER S.A. DE C.V.
Carretera Doctor Mora a San Miguel de Allende km 3.4, C.P.
37967, Comunidad de San Rafael, Doctor Mora,
Guanajuato, México.
Tel. +52 419 688 1191

TRAUFIX
READY TO RUN

www.traufix.com

ISO 9001
ISO 13485

TQ-46 EN Rev. No. 01