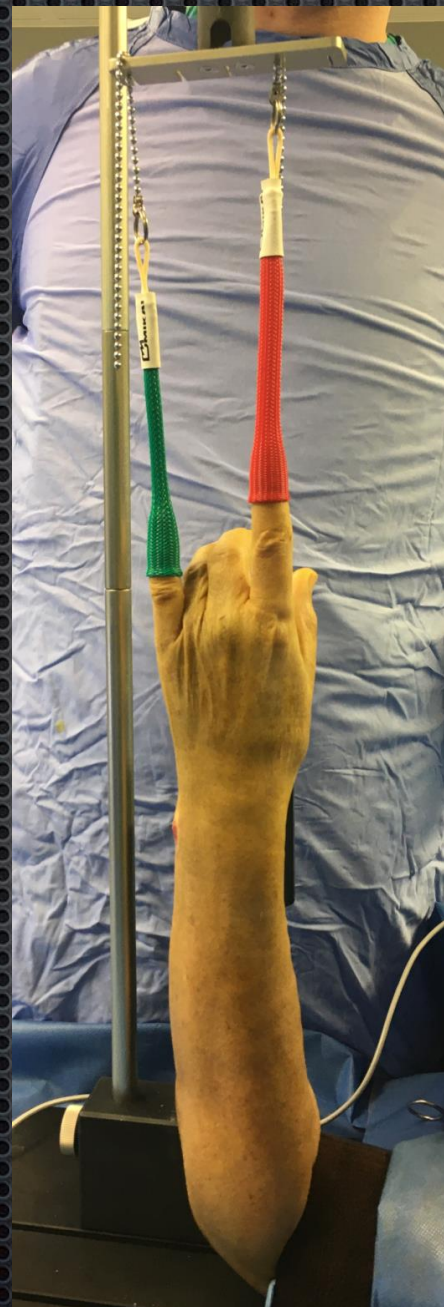


The Spanning Plate for distal radius fractures

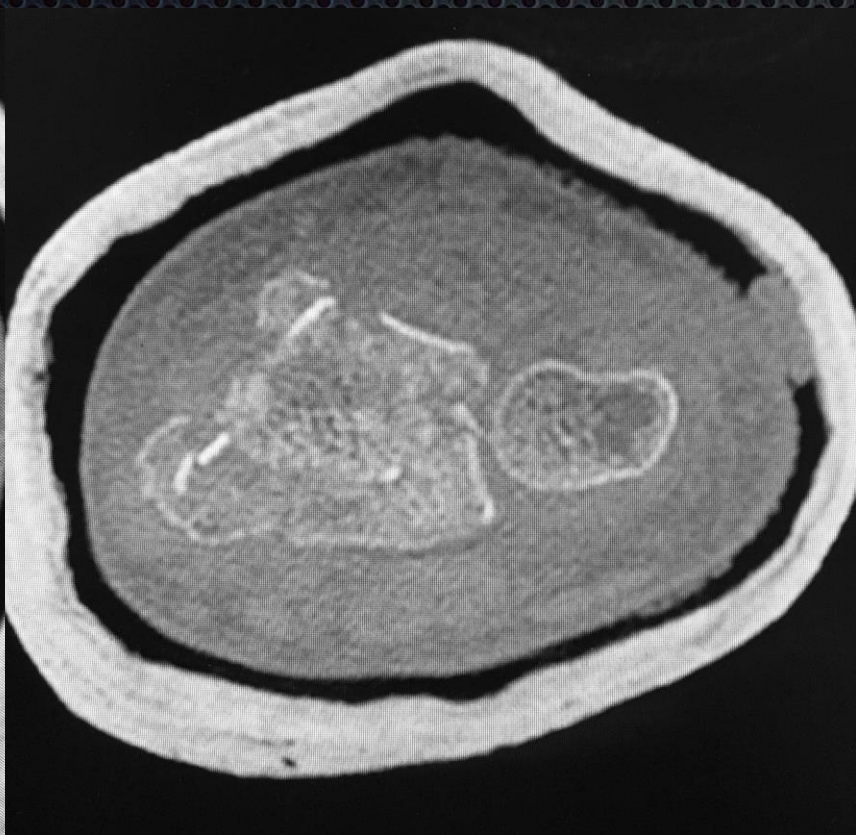


Lauri G
Poggetti A
Biondi M

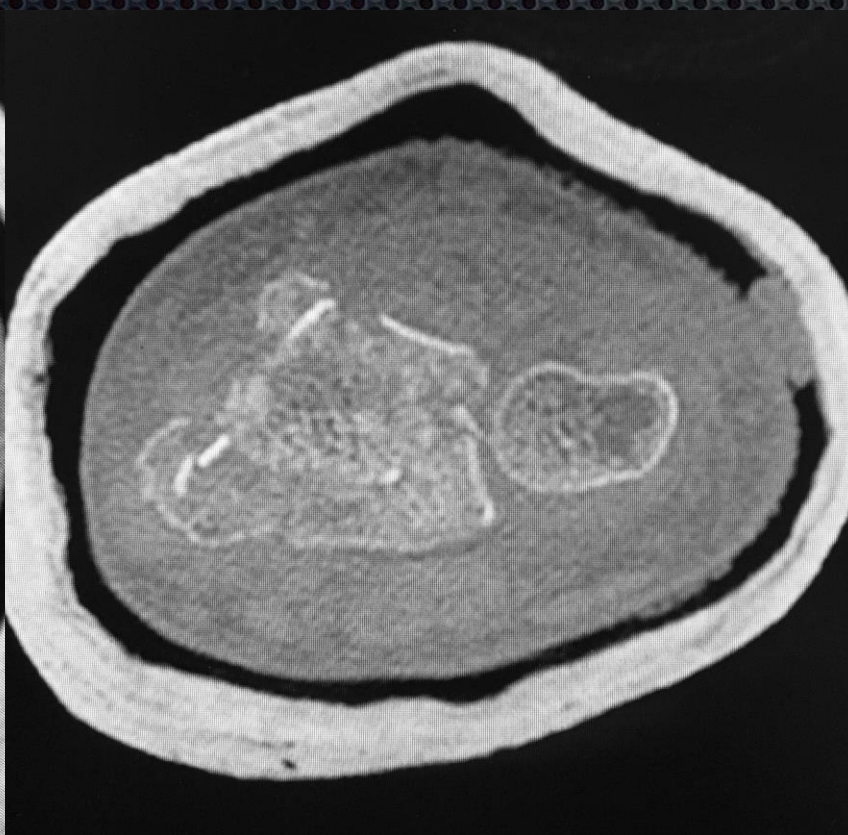
73 yo
Left wrist



C3 AO type
Poor bone stock
Close fracture



High comminution



High comminution

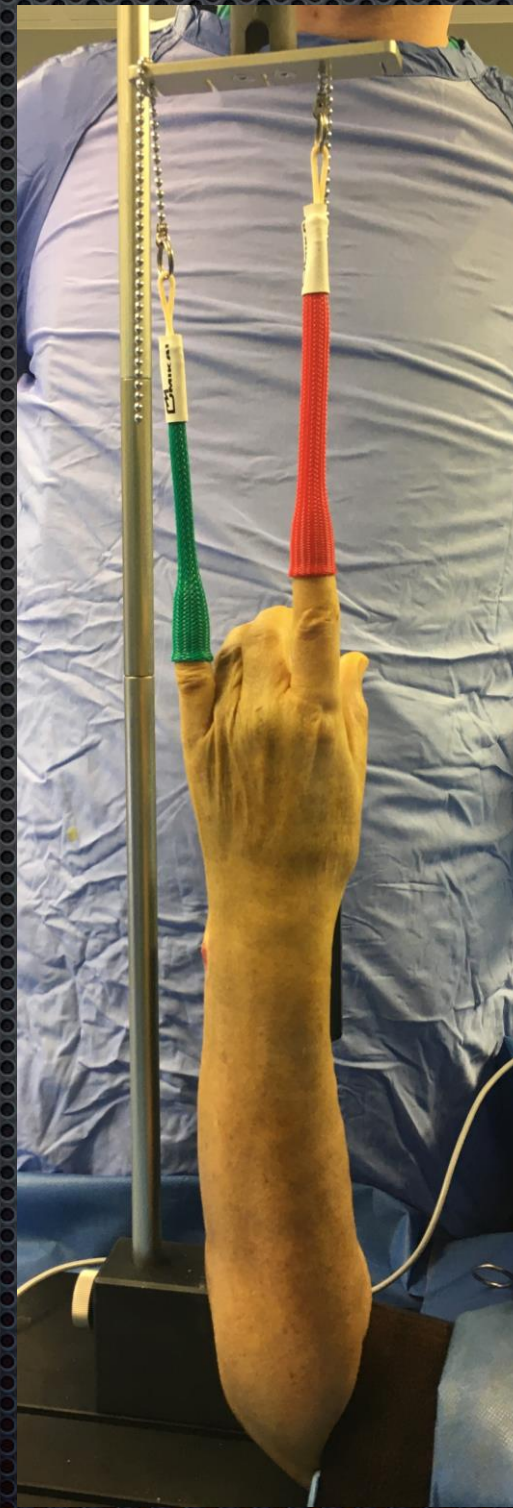
Do you consider the Ex-Fix as a good option?

73 yo
Left wrist

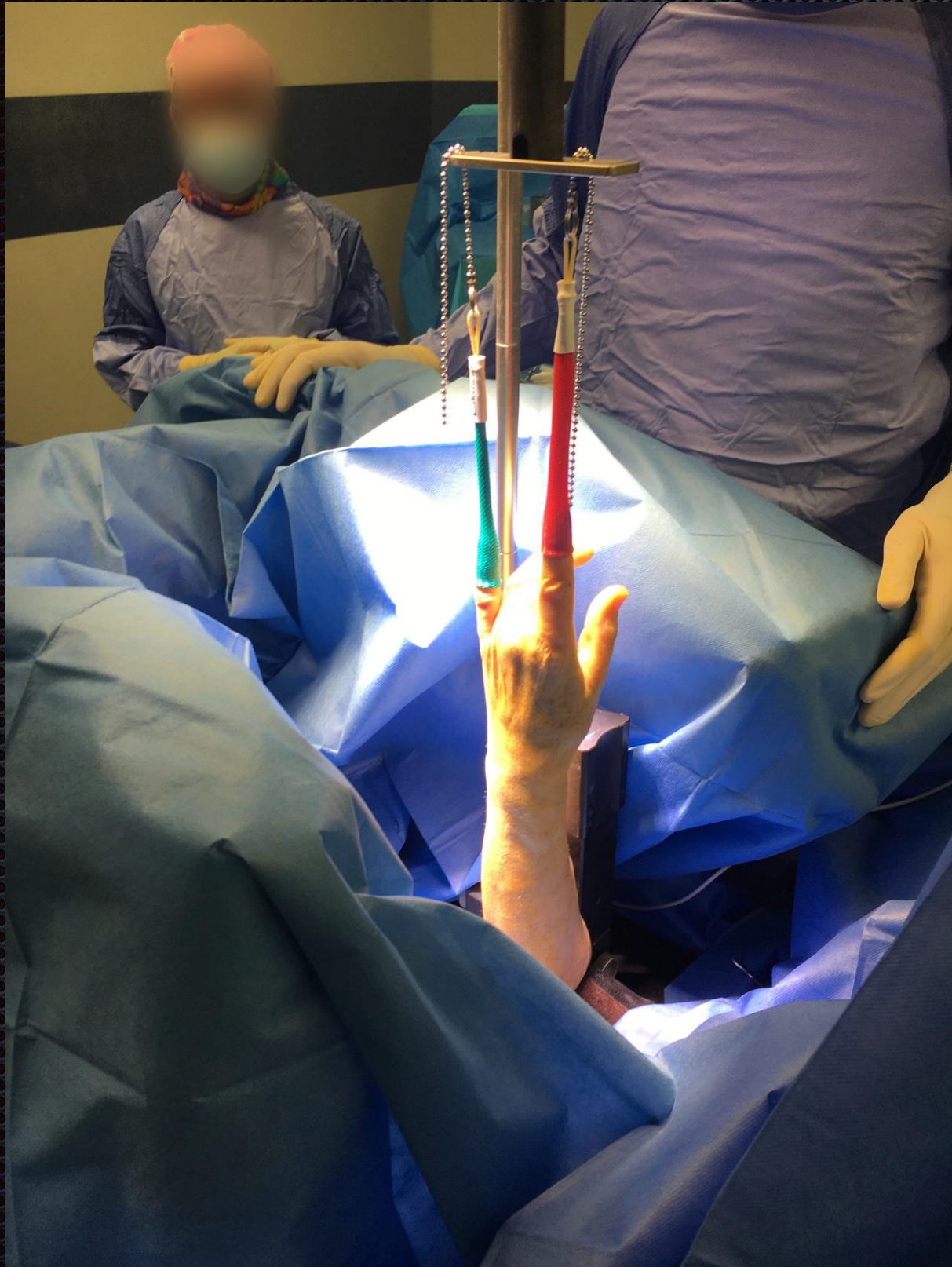


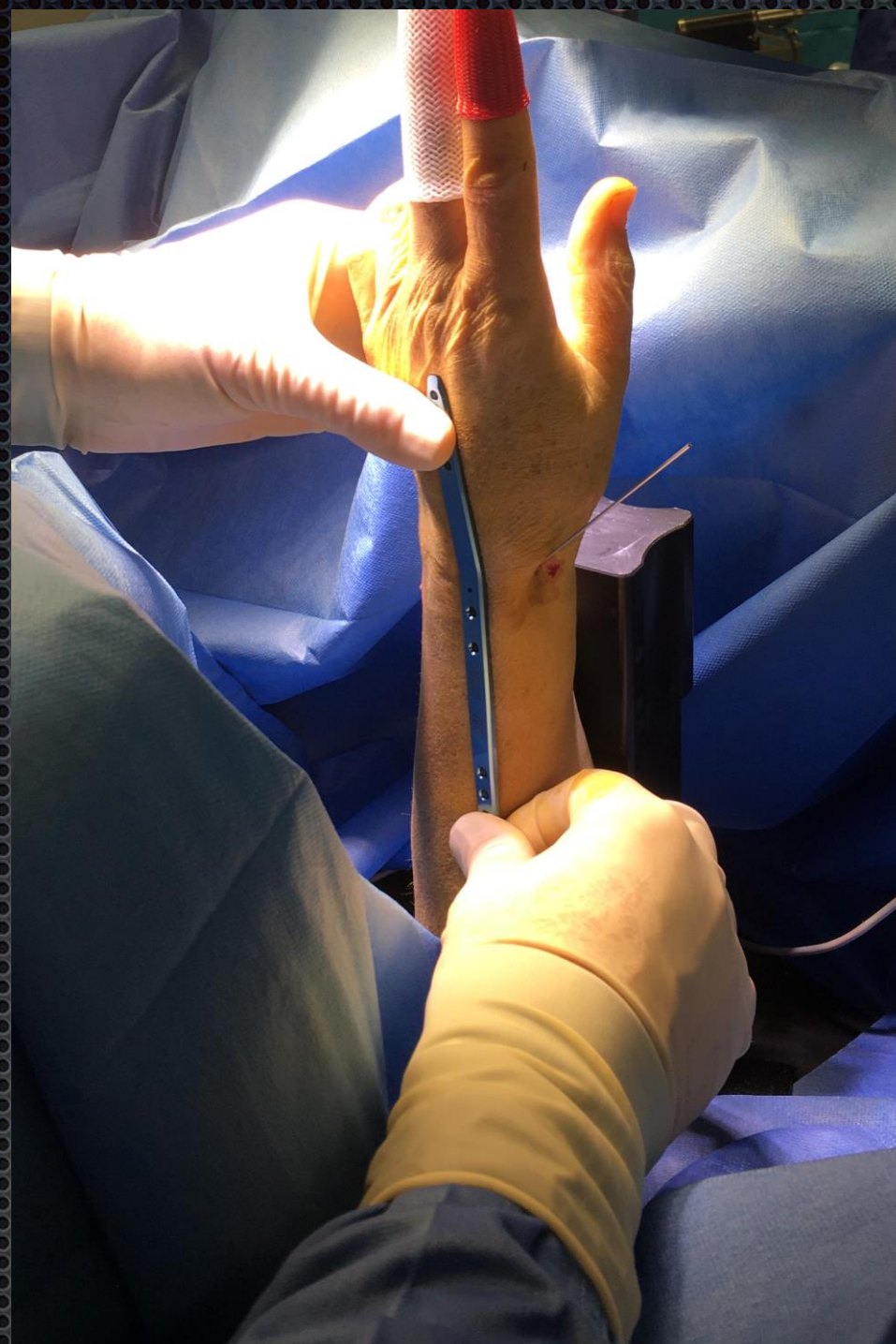
Choose the vertical and
neutral position (P/S)
as an option on the
operating table.

A vertical Traction System (5 Kg) allows to visualize fracture reduction and to restore the length.

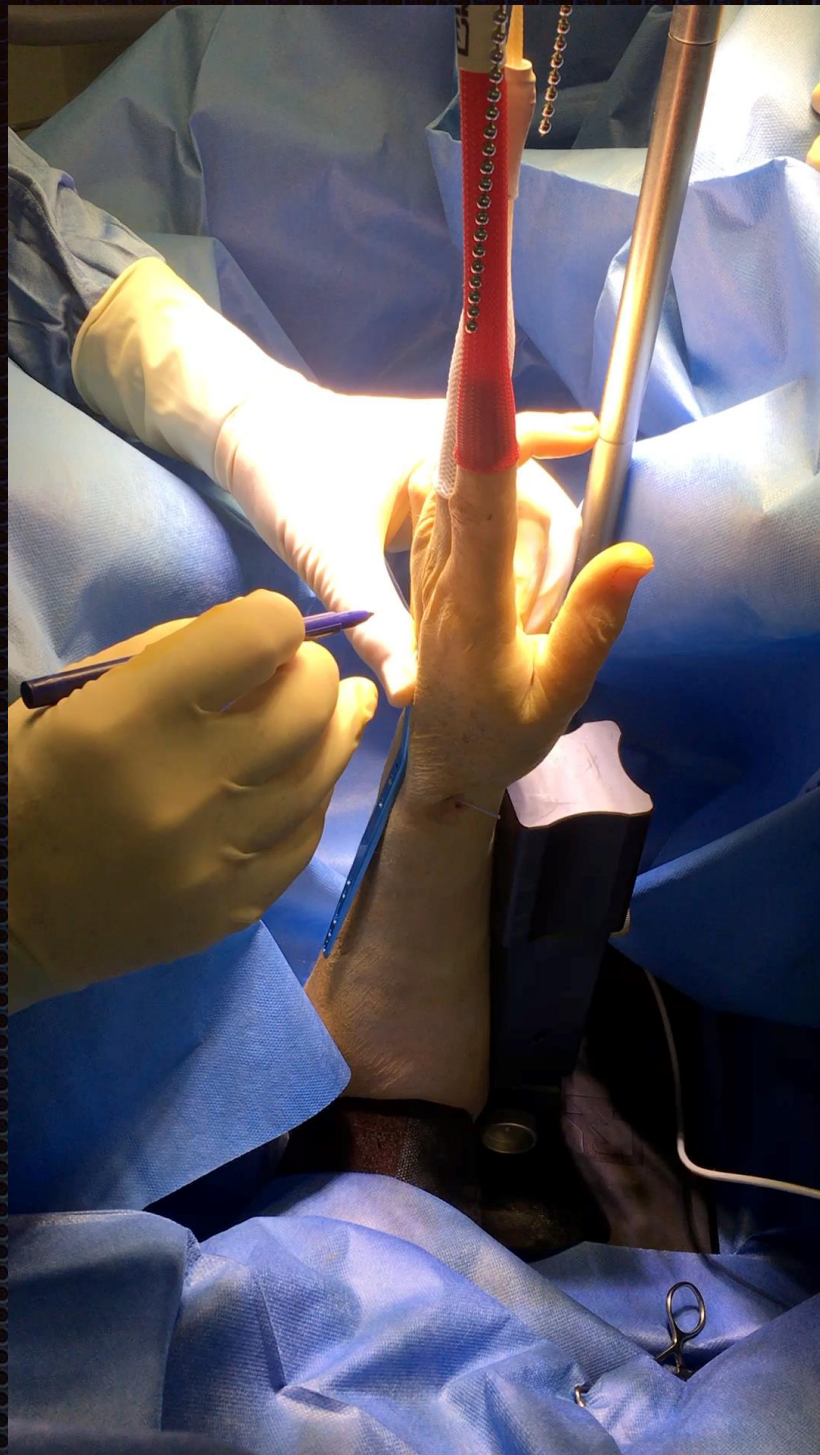


By changing the position of the finger straps you can choose the most appropriate direction of traction for the best fracture reduction.





Check the position of the plate by temporary K-wire fixation.



Expose the third metacarpal diaphysis first.



A 5-7 cm incision is made at the base of the 3rd metacarpal. The extensor digitorum communis (EDC) is identified and the tissue is dissected beneath the distal edge of the four dorsal wrist compartment.



Consider the direction of fracture displacement before inserting the plate.



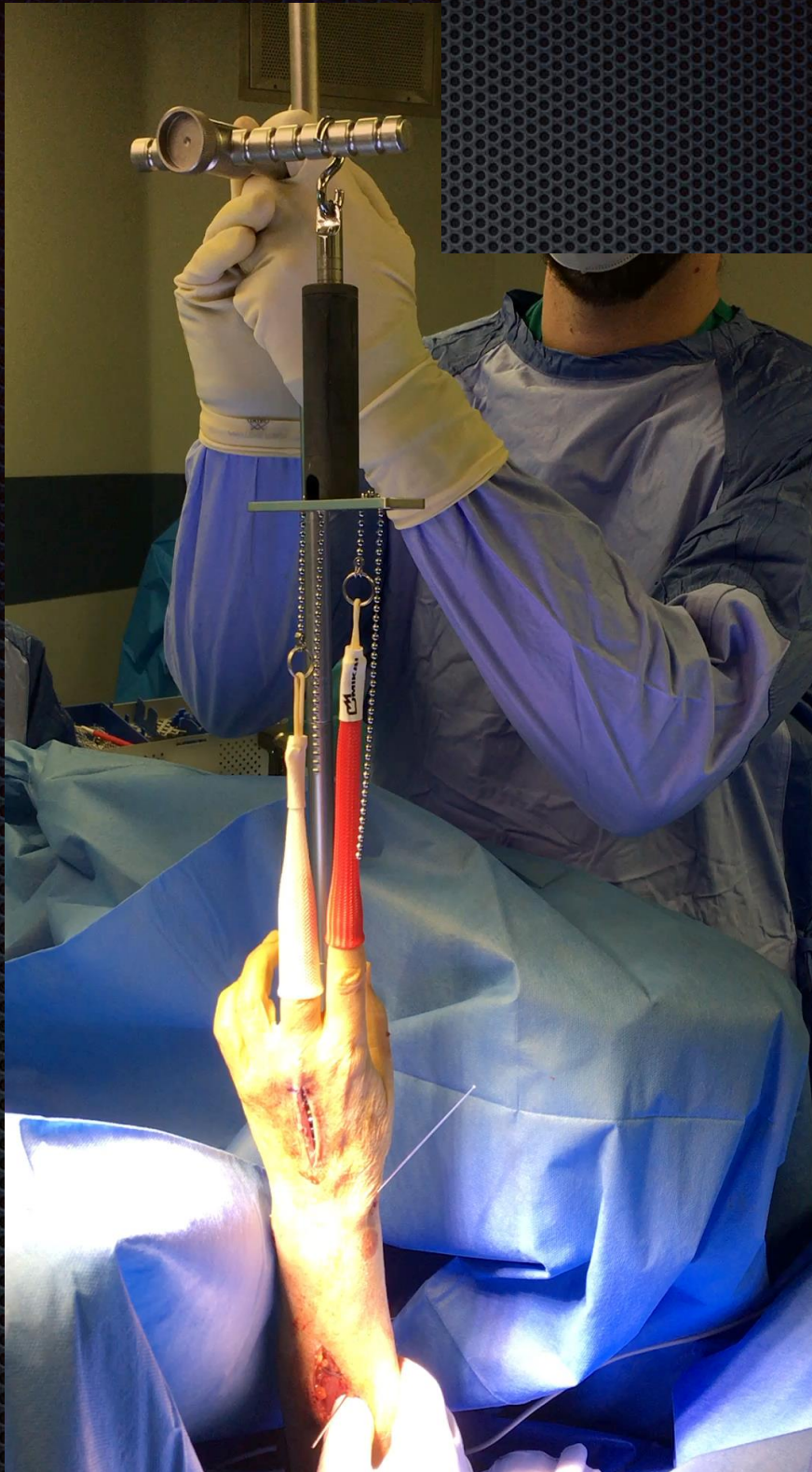
Consider the direction of fracture displacement before inserting the plate.

This avoids pushing the plate in or under fracture fragments as it is placed





After passing the plate, it is then temporary secured to the 3rd metacarpal by K-wire and, after fluoroscopic check, a non-locking 2.5 mm cortical screw through the oval hole is placed.



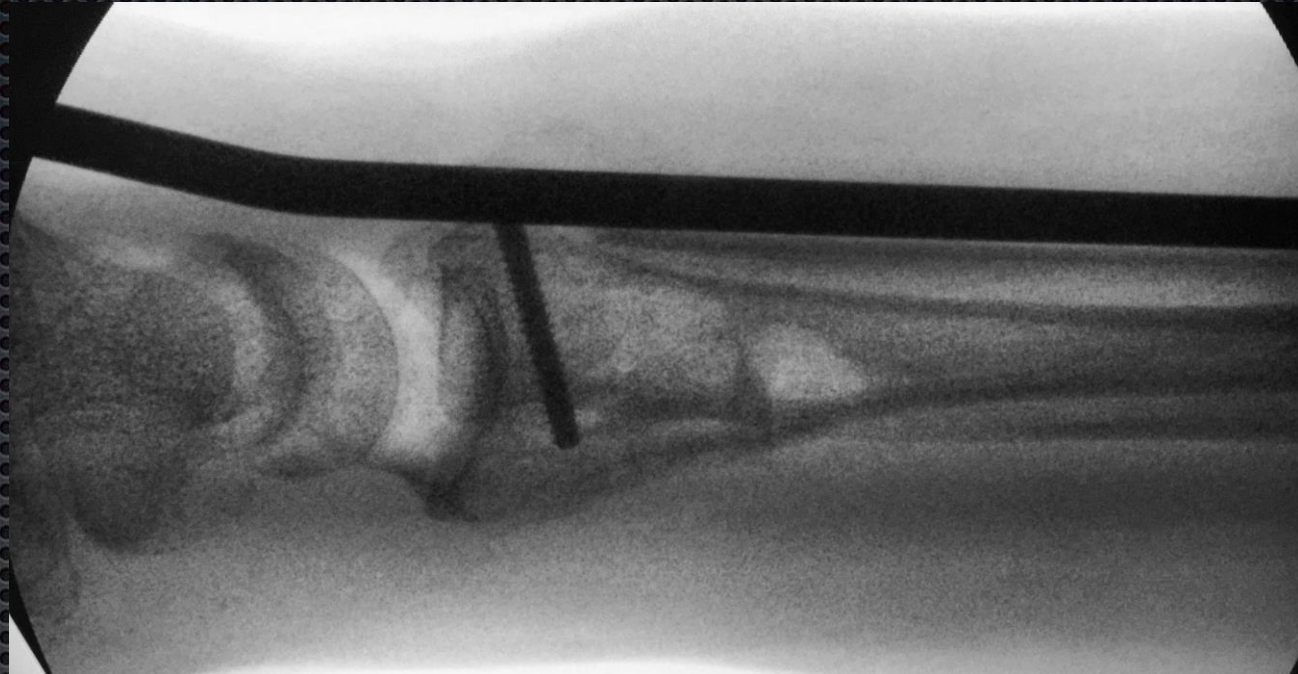
Before distal plate fixation it is mandatory to reduce the longitudinal traction in order to benefit from ligamentotaxis: restore the longitudinal discrepancy and the articular surface, but avoid over distraction! Fluoroscopic check!



Only after that, stabilize the plate proximally.

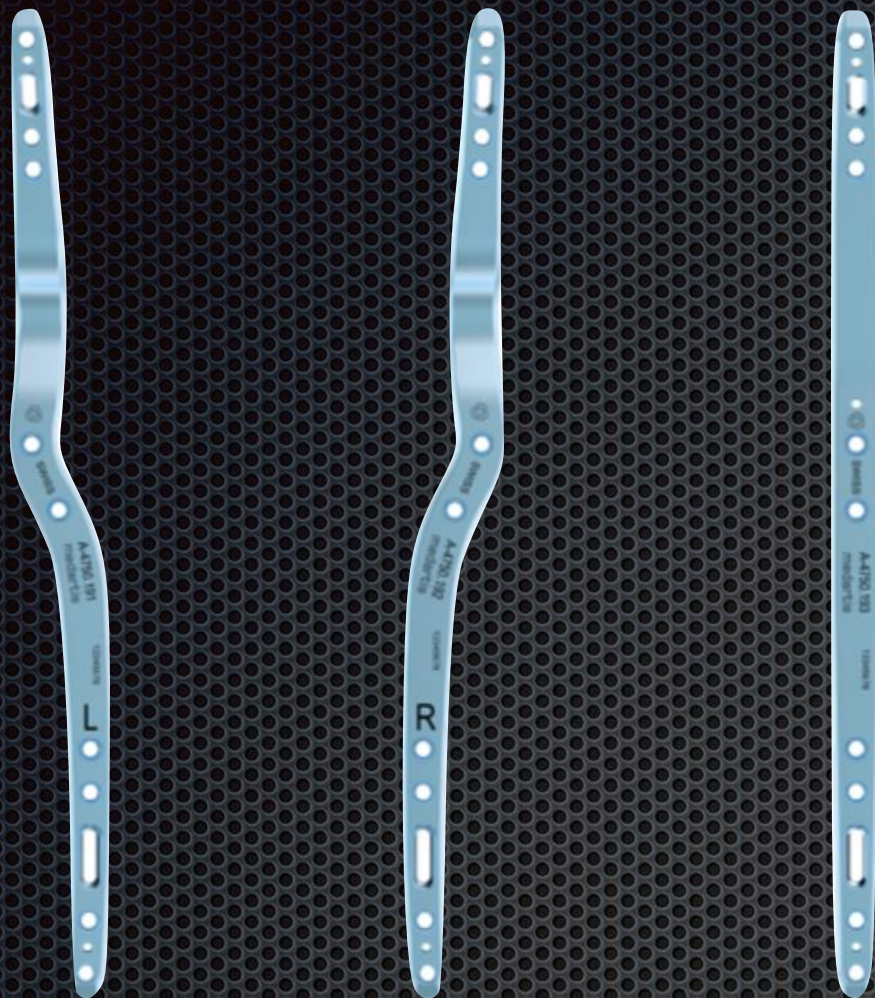
After distal and proximal plate fixation is possible to use the optional holes to direct buttressing of the articular facets.







Post-op.: the DRUJ was stable,
then the forearm was wrapped
with a bulky dressing.



Bridge plating for distal radius fractures is indicated for:

- 1- Complex fractures with comminution
- 2- Extensive articular involvement
- 3- Immediate weight-bearing is required

as alternative to external fixation



SODc Chirurgia e Microchirurgia Ricostruttiva della Mano

AOU Careggi, Firenze

