OCTOPI™
FIXATION EVOLVED

OCTOBridge™

+

OCTOExtend™

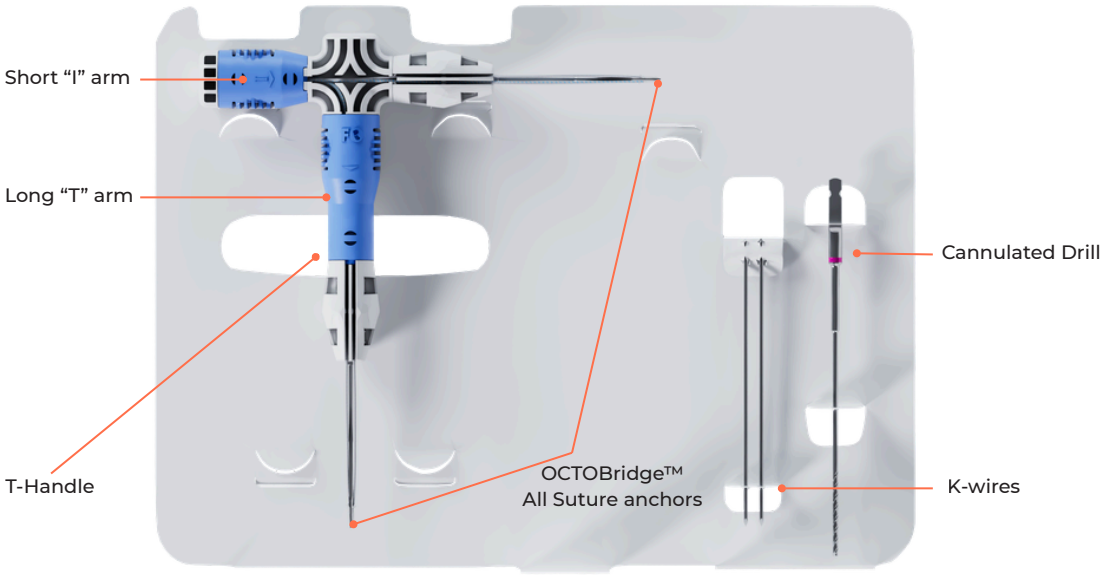
All Dorsal Scapholunate (SL)
Surgical Technique

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PRODUCT HIGHLIGHTS & SPECIFICATIONS

- Short drill depth minimizes bone removal and allows for **unicortical fixation**
- Innovative **connected double anchor** design that links across bones or ligaments
- OCTOBridge™ is specifically designed to create a **double suture bridge construct** that mechanically reduces the SL interval with 2 lines of suture
- Can be easily **extended to OCTOExtend™** to create a connected 3 anchor construct for increased repair strength and greater rotational stability
- **All suture material** with high ultimate failure load[1]
- **Easy to insert and deploy** with intuitive technique flow and needles attached[1]



OCTOBridge™	1.4	1.7	2.4
Instrumentation	1.4mm K-wire	1.0mm K-wire + 1.75mm Drill	1.2mm K-wire + 2.4mm Drill
Suture USP	#2-0	#0	#2
Needle	15mm, 3/8 circle	22mm, 3/8 circle	22mm, 3/8 circle
Drill Depth	12mm	12mm	17mm

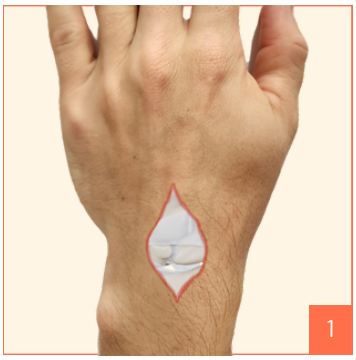
OCTOExtend™	1.7	2.4
Instrumentation	1.0mm K-wire + 1.75mm Drill	1.2mm K-wire + 2.4mm Drill
Suture USP	#2-0	#2-0
Drill Depth	12mm	17mm

OCTOBRIDGE™ 1.7 SL SURGICAL TECHNIQUE

PREOPERATIVE PLANNING

A comprehensive clinical examination inclusive of history and radiographic investigation will determine the need for surgical intervention. Ensuring all appropriate equipment is available for the procedure is essential.

INCISION

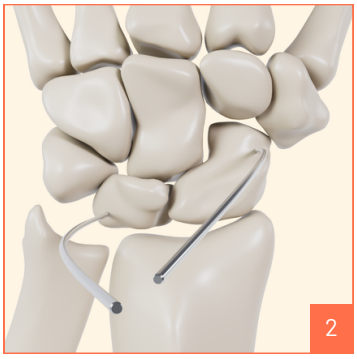


Step 1

Make a 2-3cm longitudinal incision distal to Lister's tubercle and centred over the scapho-lunate interval.

Make a capsulotomy preserving dorsal intercarpal (DIC) and dorsal radiocarpal (DRC) ligaments, exposing adjacent surfaces of the scaphoid and lunate.

REDUCTION

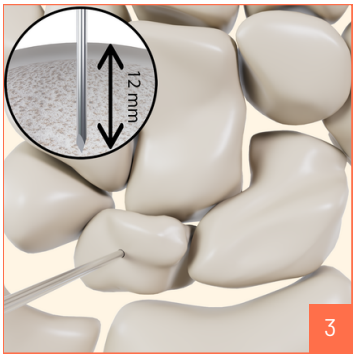


Step 2

The scaphoid and lunate are reduced using the surgeons preferred technique utilizing K-wires to joystick the bones into anatomic position.

If performing reduction using the OCTOBridge™ anchors, take the scaphoid flexion and lunate extension into account when drilling and inserting the anchors.

LUNATE DRILLING AND ANCHOR PLACEMENT

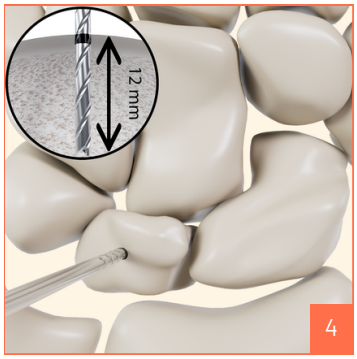


Step 3

If drilling with the lunate reduced, aim for the centre to centre portion of the lunate.

Drill 1.0mm K-wire into the lunate to a depth of 12mm.

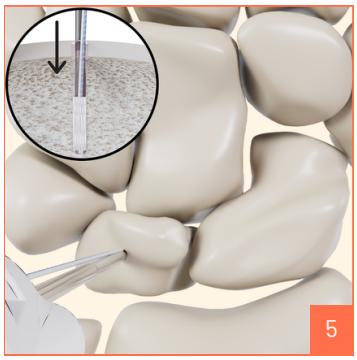
OCTOBRIDGE™ 1.7 SL SURGICAL TECHNIQUE



Step 4

Overdrill K-wire with 1.75mm cannulated drill to the laser line (12mm depth).

Remove K-wire and drill and retain for future steps.

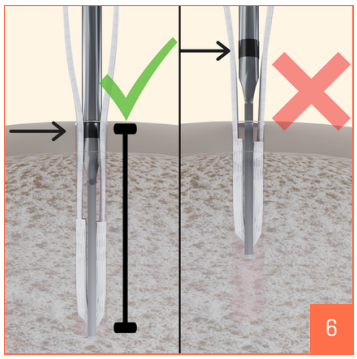


Step 5

Insert the first OCTOBridge™ anchor into the lunate using the short "I" arm of the T-Handle.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

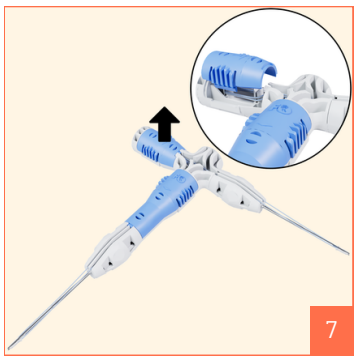
The angle of insertion must be the same trajectory as the pilot hole.



Step 6

Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

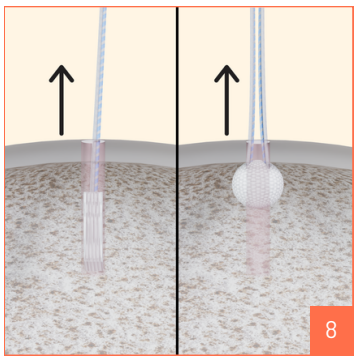
If the laser line is still visible above the cortex the anchor may not deploy.



Step 7

Remove blue suture cover and carefully remove the sutures from the short "I" arm of the T-Handle.

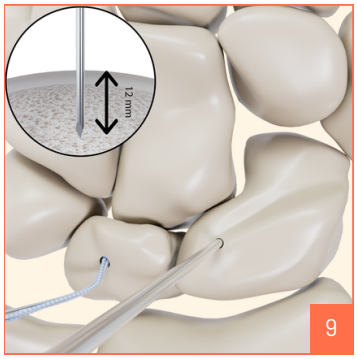
OCTOBRIDGE™ 1.7 SL SURGICAL TECHNIQUE



Step 8

Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.

SCAPHOID DRILLING

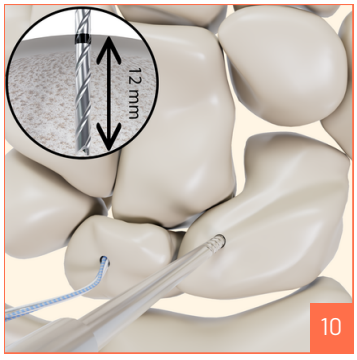


Step 9

If drilling with the scaphoid reduced, the entry point is the dorsal ridge on the proximal pole of the scaphoid.

Drill parallel to the lunate anchor.

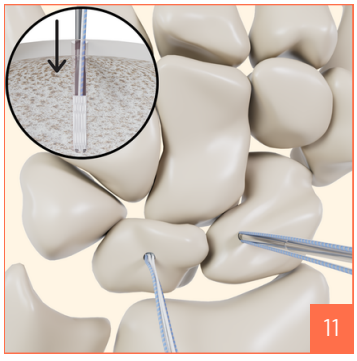
Drill 1.0mm K-wire into the scaphoid to a depth of 12mm. Ensure K-wire does not penetrate the scaphocapitate joint.



Step 10

Overdrill K-wire with 1.75mm cannulated drill to the laser line (12mm depth).

Remove K-wire and drill.



Step 11

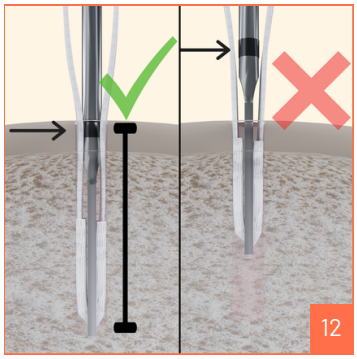
Insert the second OCTOBridge™ anchor into the scaphoid using the long "T" arm of the T-Handle.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

The angle of insertion must be the same trajectory as the pilot hole.

OCTOBRIDGE™ 1.7 SL SURGICAL TECHNIQUE

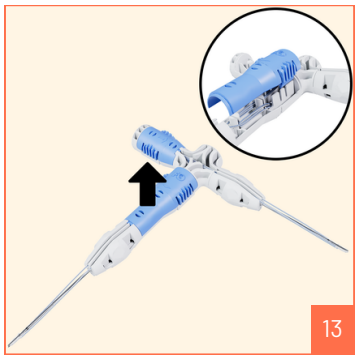
SCAPHOID DRILLING AND ANCHOR PLACEMENT



Step 12

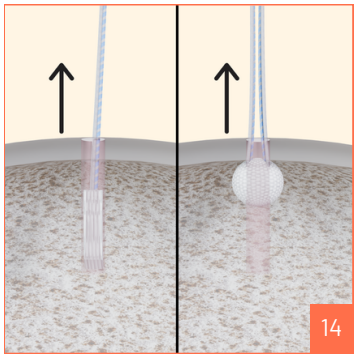
Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

If the laser line is still visible above the cortex the anchor may not deploy.



Step 13

Remove blue suture cover and carefully remove the sutures and needles (x2) from the long "T" arm of the T-Handle.



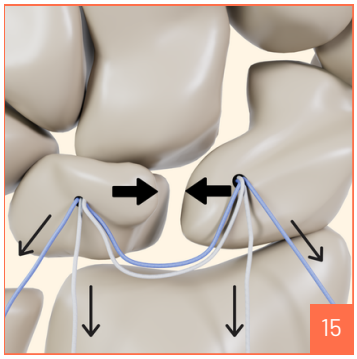
Step 14

Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.

Note: If using 3rd OCTOExtend™ anchor go to step 1 on page 10 before continuing.

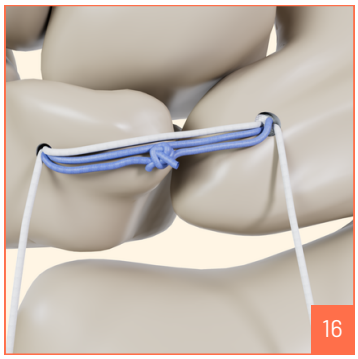
OCTOBRIDGE™ 1.7 SL SURGICAL TECHNIQUE

REDUCTION OF SCAPHOLUNATE INTERVAL



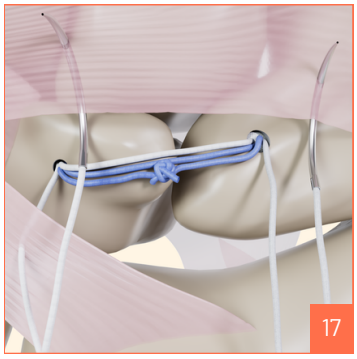
Step 15

Tension blue then white sutures that cross the SL interval sequentially until desired tension is reached and adequate reduction of the SL interval is achieved. **DO NOT** use excessive force.



Step 16

Once satisfactory reduction is achieved with the blue sutures, tie the sutures with a minimum of 4 locking knots to secure the construct, and then cut off excess suture.

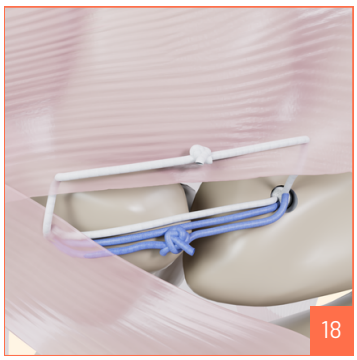


Step 17

The white sutures with needles can be used to plicate the dorsal capsulo-ligamentous structures.

One limb is passed radially through the DIC ligament and the other passed on the ulnar side of the DIC ligament.

The radial suture can be passed more distally to further resist flexion of the scaphoid.



Step 18

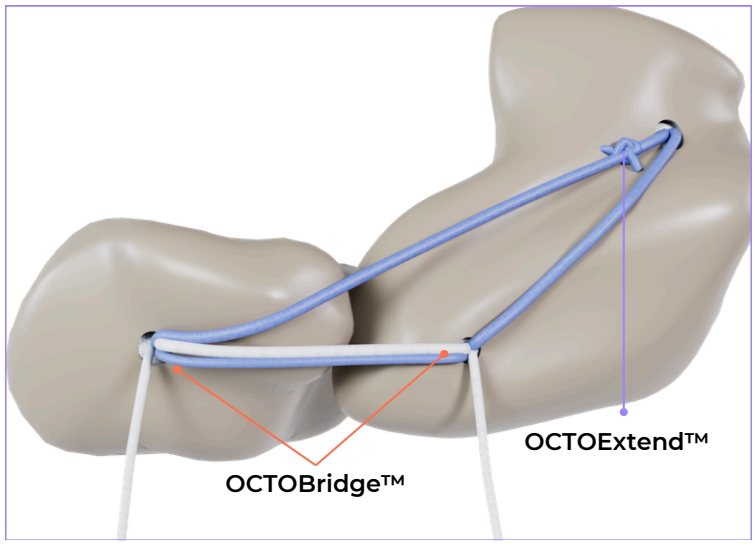
The white sutures are then tensioned, tied off, and cut.

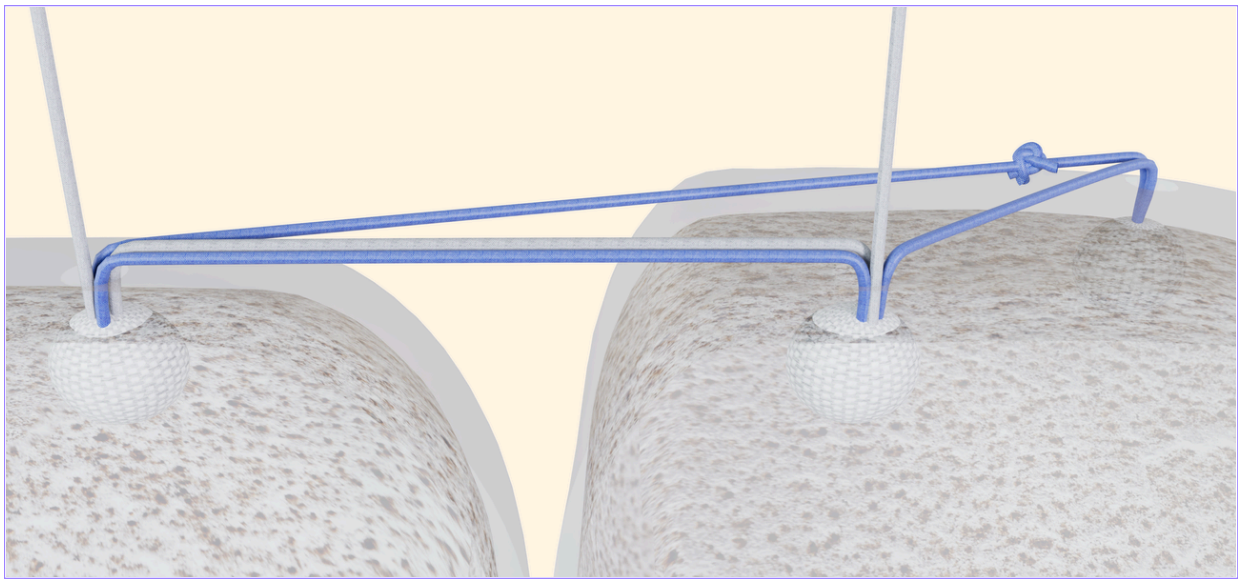
The final construct shows the reduced SL interval with 3 suture lines running across, and the capsulo-ligamentous structures sutured down over the top of the reconstruction.

OCTOEXTEND™ PRODUCT HIGHLIGHTS

ADDING THE OCTOEXTEND™ TO THE SL REPAIR ACHIEVES THE FOLLOWING:

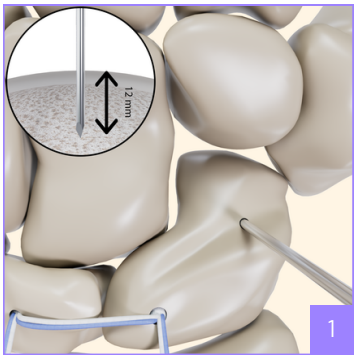
- OCTOExtend™ anchor contains a white shuttle suture that enables the sutures from the OCTOBridge™ to be extended in sequence
- Increased overall construct strength[1]
- Greater control of scaphoid flexion and lunate extension[1]
- Increased distal closure of the distal SL interval
- Wider plication of the DIC





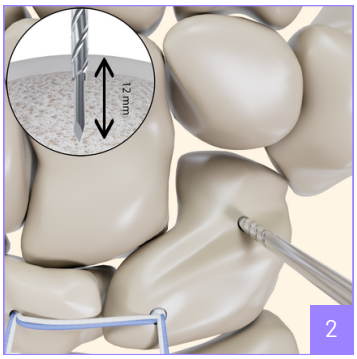
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OCTOEXTEND™ 1.7 SL SURGICAL TECHNIQUE



Step 1

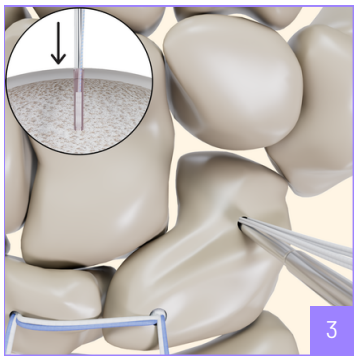
Drill 1.0mm K-wire into the distal pole of the scaphoid at the radial end of the dorsal ridge to a depth of 12mm.



Step 2

Overdrill K-wire with 1.75mm cannulated drill to the laser line (12mm depth).

Remove K-wire and drill.

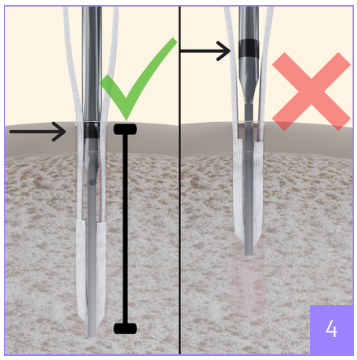


Step 3

Insert the OCTOExtend™ anchor into the distal pole of the scaphoid.

Use light taps of the mallet to advance the anchor into the hole until the laser line is below the cortex.

The angle of insertion must be the same trajectory as the pilot hole.

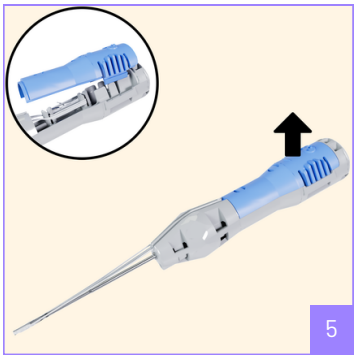


Step 4

Confirm anchor is at adequate deployment depth by visually ensuring the laser line on the anchor inserter has been seated below the bone surface.

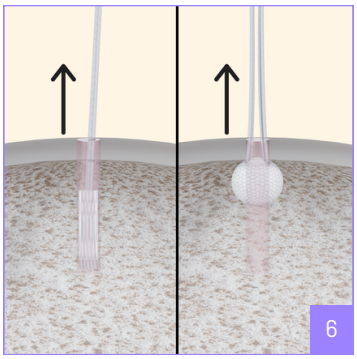
If the laser line is still visible above the cortex the anchor may not deploy.

OCTOEXTEND™ 1.7 SL SURGICAL TECHNIQUE



Step 5

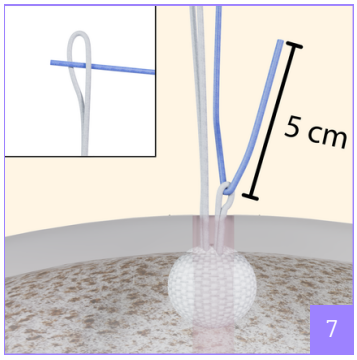
Remove blue suture cover and carefully remove the sutures inside the anchor inserter handle, including the suture loop.



Step 6

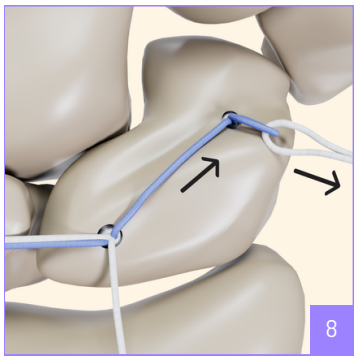
Pull back on all 4 sutures to set the anchor body against the endosteal surface of the cortex.

Ensure sutures are running smoothly through anchor.



Step 7

Take blue suture from the scaphoid OCTOBridge™ anchor and feed a minimum of 5cm through the shuttle suture loop that runs through the OCTOExtend™ anchor and double over.

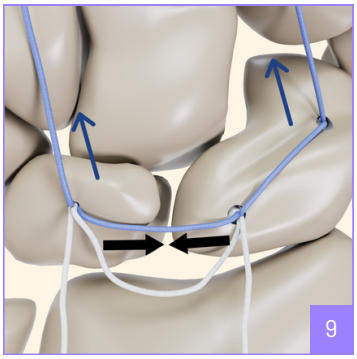


Step 8

Pull white suture tails from OCTOExtend™ to shuttle the blue suture through the OCTOExtend™ anchor.

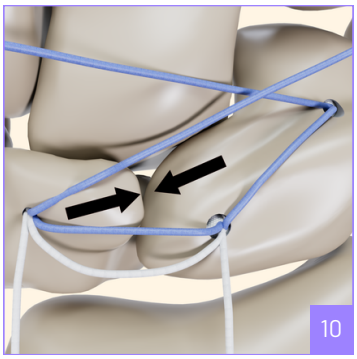
Discard the white shuttle sutures once blue suture has passed through the OCTOExtend™ anchor.

OCTOEXTEND™ 1.7 SL SURGICAL TECHNIQUE



Step 9

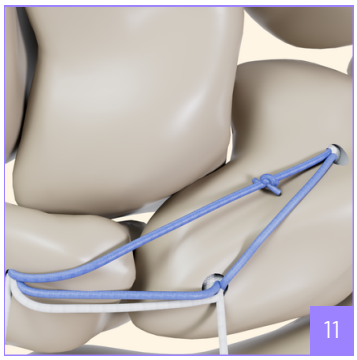
Pull the two tails of the blue sutures sequentially to reduce the proximal portion of the SL interval.



Step 10

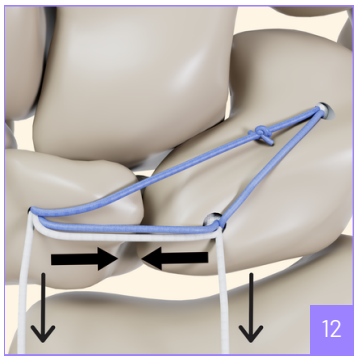
Continue to pull the tails of the blue sutures sequentially to reduce the distal portion.

Ensure both lines of blue suture crossing the SL interval achieve adequate reduction then prepare the sutures for knot tying close to the distal scaphoid OCTOExtend™ anchor.



Step 11

Tie off blue sutures that cross the distal portion of the SL interval using a minimum of 4 locking knots to secure the construct and cut.

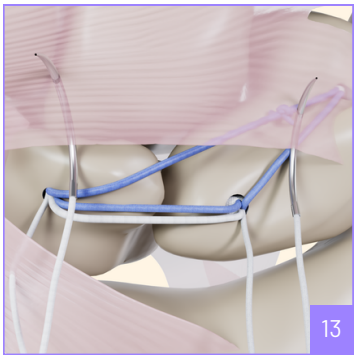


Step 12

Pull white sutures to reduce the proximal portion of the SL interval until desired tension is reached and adequate reduction is achieved, without over-tightening.

Two (2) different lines of suture will cross the dorsal SL interval proximally and distally.

OCTOEXTEND™ 1.7 SL SURGICAL TECHNIQUE

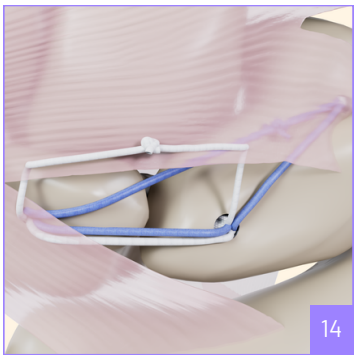


Step 13

The white sutures with needles can be used to plicate the dorsal capsulo-ligamentous structures.

One limb is passed radially through the DIC ligament and the other is passed on the ulnar side of the DIC ligament.

The radial suture can be passed more distally to further resist flexion of the scaphoid.



Step 14

The white sutures are then tensioned and tied off using a minimum of 4 locking knots to secure the construct, and cut.

The final construct shows the reduced SL interval with sutures across the distal and proximal portions of the SL interval, and the capsulo-ligamentous structures sutured down over the top of the reconstruction.

CATALOG

SKU	OCTOBridge™
OCBR14N	OCTOBridge™ Push 1.4 with Needles
OCBR17ND	OCTOBridge™ Push 1.7 with Needles and Cannulated Drill
OCBR24ND	OCTOBridge™ Push 2.4 with Needles and Cannulated Drill
OCBR14Ni	OCTOBridge™ 1.4 with Needles
OCBR17Ni	OCTOBridge™ 1.7 with Needles
OCBR24Ni	OCTOBridge™ 2.4 with Needles

SKU	OCTOExtend™
OCEX17D	OCTOExtend™ Push 1.7 with Cannulated Drill
OCEX24D	OCTOExtend™ Push 2.4 with Cannulated Drill
OCEX17i	OCTOExtend™ 1.7

SKU	DISPOSABLE INSTRUMENT KITS
OCI14	OCTOPi™ 1.4 Instrument Kit
OCI17	OCTOPi™ 1.7 Instrument Kit
OCI24	OCTOPi™ 2.4 Instrument Kit

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Get in contact with your local sales representative today to discuss how to get started with the OCTOPi™ - Integrated Fixation Construct System.

www.fieldorthopaedics.com sales@fieldorthopaedics.com

REFERENCES

1. Data on file.

* Stylized representation of deployed anchor.

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