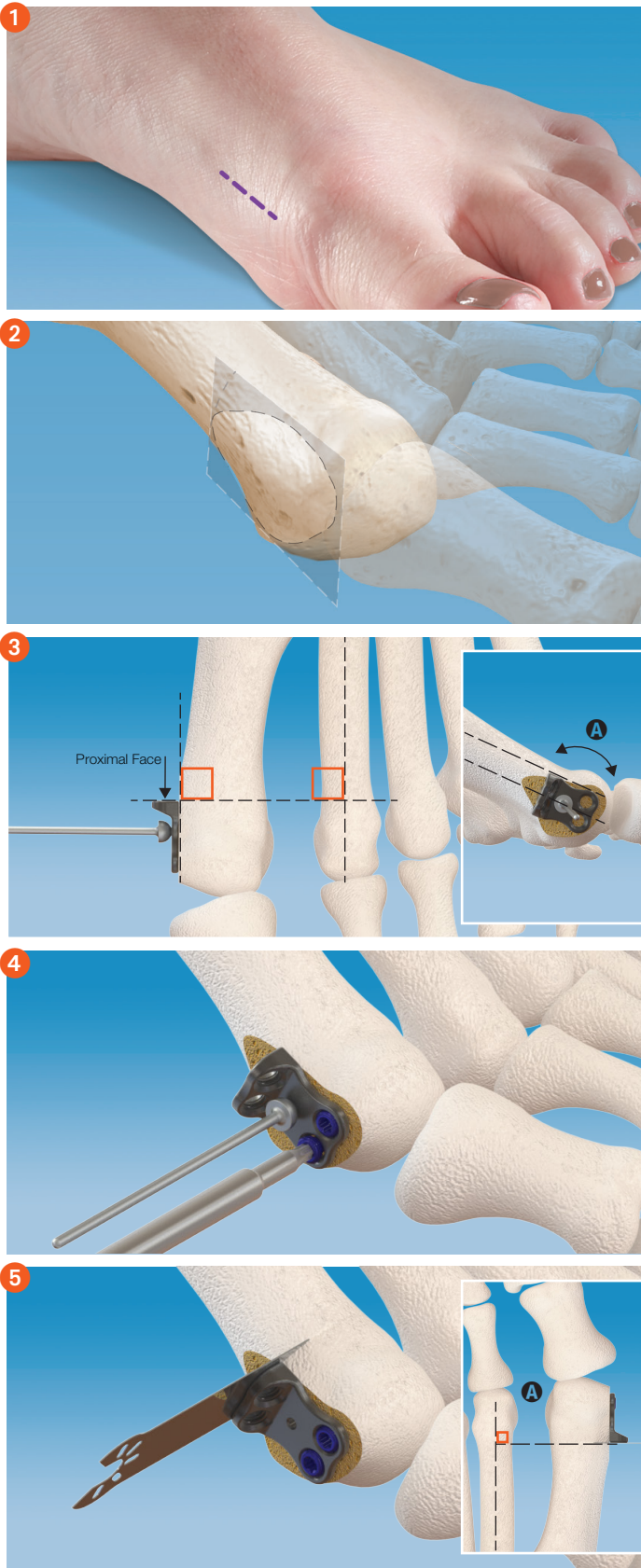


OPTIONAL SURGICAL TECHNIQUE

CoLink Vallux®

Active Bunion Procedure



RESECTION AND DISTAL FIXATION

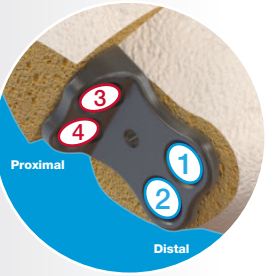
- 1 Expose the deformity through a 1.5cm to 3.0cm medial incision.
- 2 Resect the medial eminence taking care to ensure parallelism with the axis of the 2nd metatarsal.

Note: Proper execution of the eminence resection directly impacts the final plate placement and should be confirmed using fluoroscopy.

- 3 Place the CoLink Vallux Plate on the newly resected bone surface, positioning the proximal face of the plate proximal to the sesamoids and aligning the dorsal aspect parallel to the central axis of the 2nd A.

Insert the Olive Wire from the CoLink Sterile Disposable Instrument Kit (P06 S0001) through the central wire hole to temporarily fix the plate to the bone.

SCREW SIZE & SEQUENCE



- 4 Prepare the distal screw holes using the corresponding drill for the desired screw diameter (1.6mm drill for 2.4mm Screws, and 1.9mm drill for 2.7mm Screws) and seat the appropriate screws to the plate.

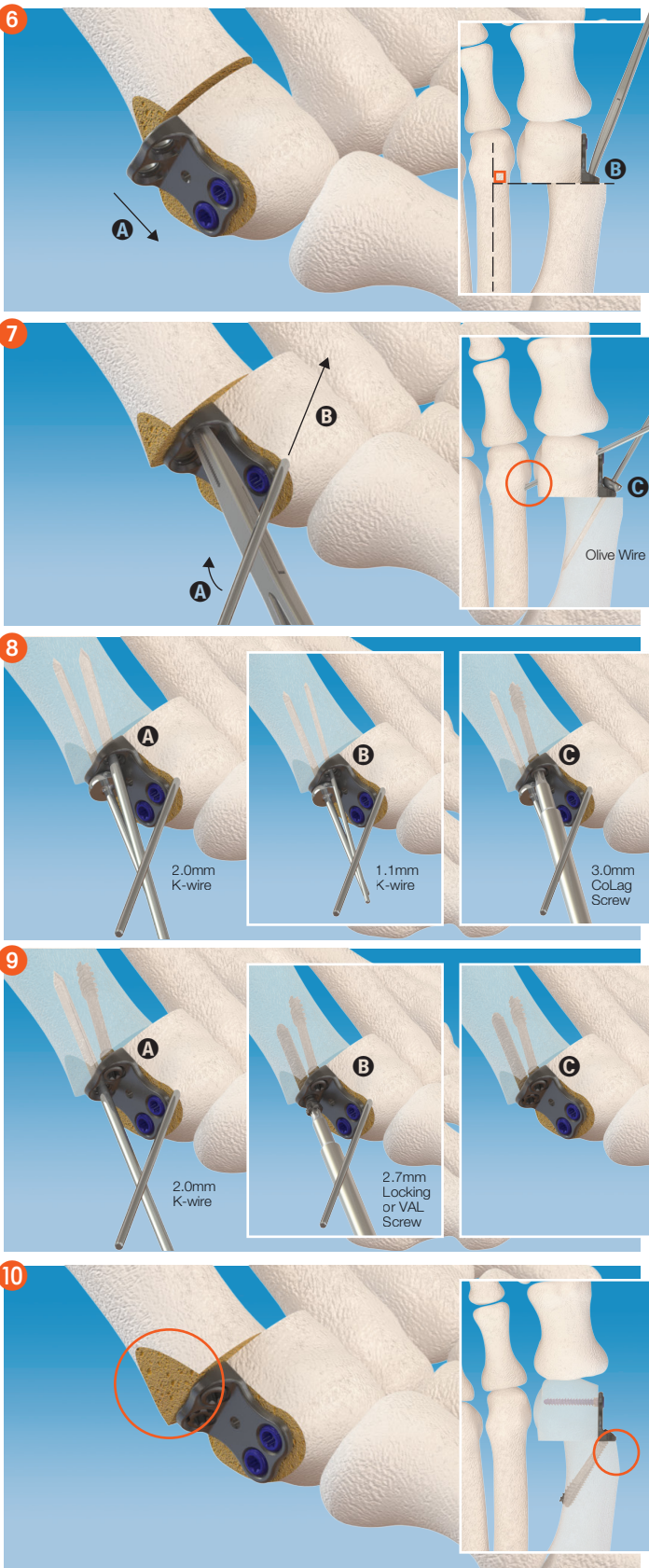
OSTEOTOMY AND REPOSITIONING OF SESAMOID

Optional: Perform a lateral release prior to completing the osteotomy.

- 5 Using the proximal face of the plate as a saw guide, create the translational osteotomy.

Note: The osteotomy should be perpendicular to the axis of the 2nd metatarsal and proximal to the sesamoids A.

Confirm completion of the osteotomy with a straight osteotome.



- 6 Distract the toe and apply pressure to the capital fragment to enable a lateral shift A. Introduce a curved mosquito hemostat or mayo scissor through the dorsal proximal plate hole. Engage the medial aspect of the canal and pivot to facilitate additional translation, if necessary B.

- 7 Insert a 1.6mm K-wire distal and next to the plate. Use the wire to help rotate the capital fragment and orient the sesamoids in the desired position A. Advance the K-wire into the 2nd metatarsal to maintain the desired alignment B.

Insert a 0.062x2.4" Olive Wire (P02 S0131) through the plantar proximal screw hole, advancing until securely engaged with the lateral cortex C.

Remove the hemostat or mayo scissor.

PROXIMAL FIXATION

- 8 Prepare the proximal dorsal screw hole by aiming a 2.0mm K-wire (P06 S2292) through the plate hole and advancing it through the lateral cortex A.

To utilize a 3.0mm CoLag Screw, remove the 2.0mm K-wire and insert a 1.1mm K-wire in its place. Take care to ensure full insertion through the lateral cortex B. Determine the appropriate length for the 3.0mm CoLag Screw and seat it to the plate. Then remove the 1.1mm K-wire C.

Pearl: Ensure the threads are securely engaged with the lateral cortex. Take care not to overtighten the screw. If overtightening or mal-alignment occurs during screw placement, loosen the 3.0mm CoLag screw until the correct alignment returns.

Alternatively, a 2.7mm VAL Screw may be inserted following the trajectory of the 2.0mm K-wire through the plate hole.

Remove the Olive Wire from the plantar proximal screw hole.

- 9 Use the 2.0mm K-wire to prepare the plantar proximal screw hole, ensuring lateral cortex engagement. Then, determine the necessary screw length with the Depth Gauge A.

Seat the appropriate 2.7mm Locking or VAL Screw, or 3.0mm CoLag Screw to the plate B.

Note: If a 3.0mm CoLag Screw is chosen, remove the 2.0mm K-wire and replace it with a 1.1mm K-wire prior to CoLag insertion.

Remove the distal 1.6mm K-wire, releasing the temporary fixation between the 1st and 2nd metatarsals C.

- 10 Per surgeon's preferred method, remove residual medial bone prominences prior to closure.