Sub-Talar Lok™

Arthroereisis Implant System

PRODUCT ORDERING INFORMATION

System

ST5000	**Sub-Talar Lok System**

Implants

ST5007	7mm	Diameter, Conical, Ti-6AL-4V ELI, Pruple
ST5008	8mm	Diameter, Conical, Ti-6AL-4V ELI, Yellow
ST5009	9mm	Diameter, Conical, Ti-6AL-4V ELI, Green
ST5010	10mm	Diameter, Conical, Ti-6AL-4V ELI, Bronze
ST5011	11mm	Diameter, Conical, Ti-6AL-4V ELI, Blue

Dialators

ST5507	7mm	Cannulated Dilator, Purple
ST5508	8mm	Cannulated Dilator, Yellow
ST5509	9mm	Cannulated Dilator, Green
ST5510	10mm	Cannulated Dilator, Bronze
ST5511	11mm	Cannulated Dilator, Blue

Rescue Driver

ST5001	Reverse Thread, Cannulated, Grey

Screwdriver

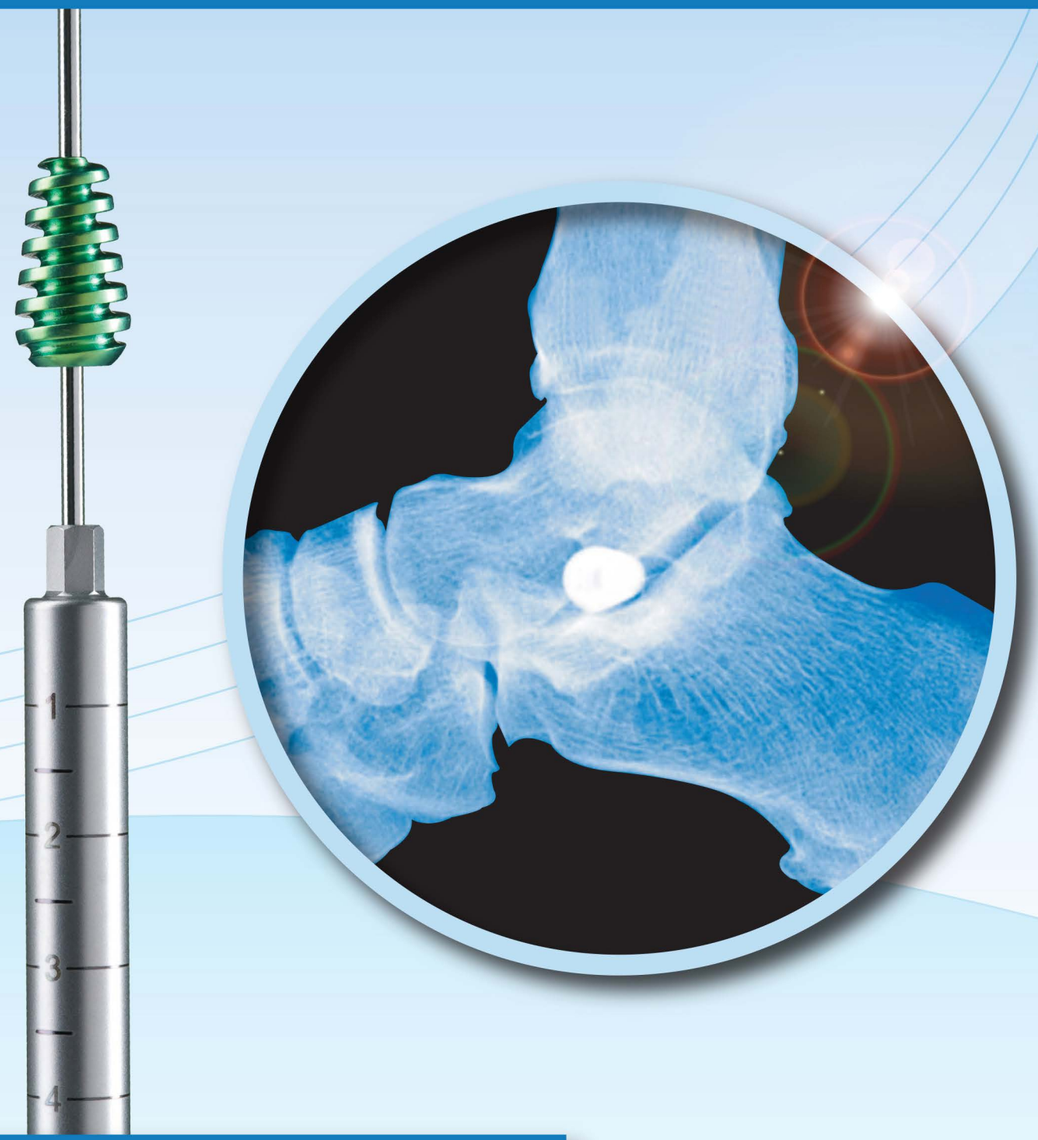
ST5002	Cannulated Hex Driver, Black

Guide Wire

ST5003	1.8mm x 305mm, Blunt, Stainless Steel

Instrument Tray

ST5004	Vacuum Formed Instrument and Implant Sterilization Container



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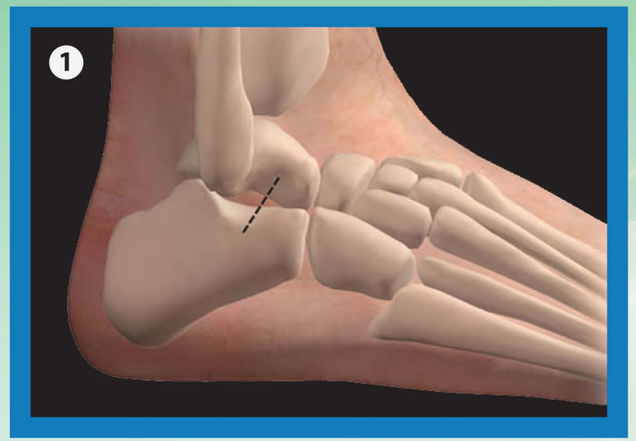
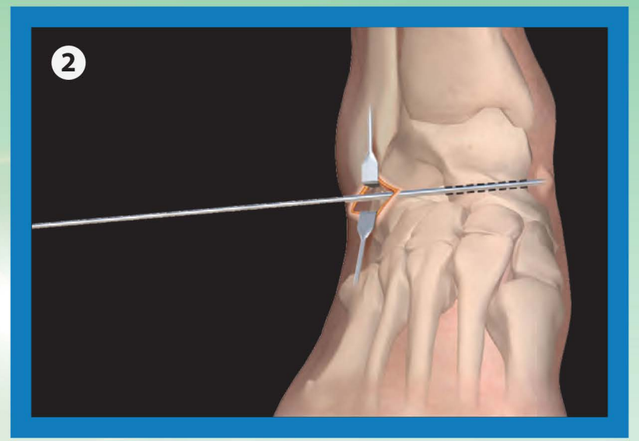
Sub-Talar Lok™

Arthroereisis Implant System

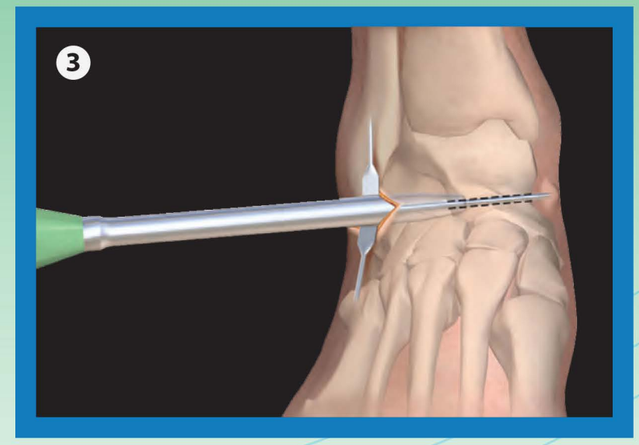
The Instratek Sub-Talar Lok™ arthroereisis system is indicated for use in the treatment and stabilization of the subtalar joint for the hyperpronated foot. Sub-Talar Lok™ restricts excessive subtalar pronation in all three planes, providing a more normal subtalar joint motion in patients. Sub-Talar Lok™ is intended for the following pathological conditions hypermobile pes valgus, posterior tibial tendon dysfunction, severe pronation, subtalar instability, and hypermobile flexible congenital flat foot.



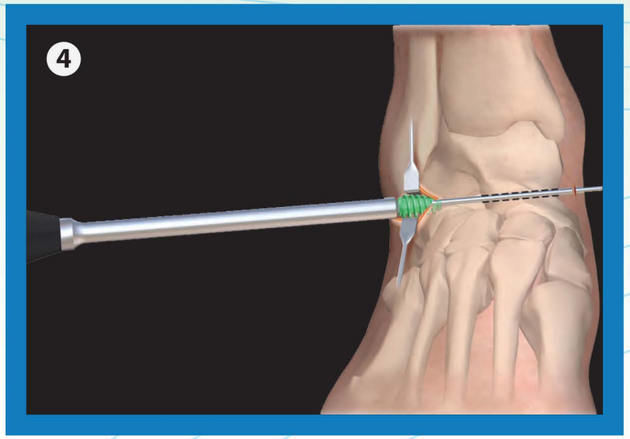
- Center a linear incision approximately 2-3cm in length over the sinus tarsi on the lateral aspect of the foot. Identify the intermediate dorsal cutaneous nerve and carefully retract.



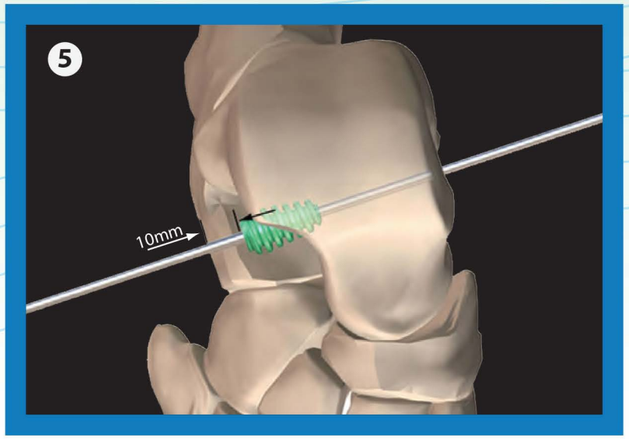
- Blunt dissection is carried down to the fascia and capsule overlying the sinus tarsi. Identify and incise.
- The blunt 1.8mm x 304mm guide wire is placed from lateral to medial into the sinus and sinus canalis. A properly positioned guidewire will result in tenting of the soft tissue on the medial aspect of the foot.



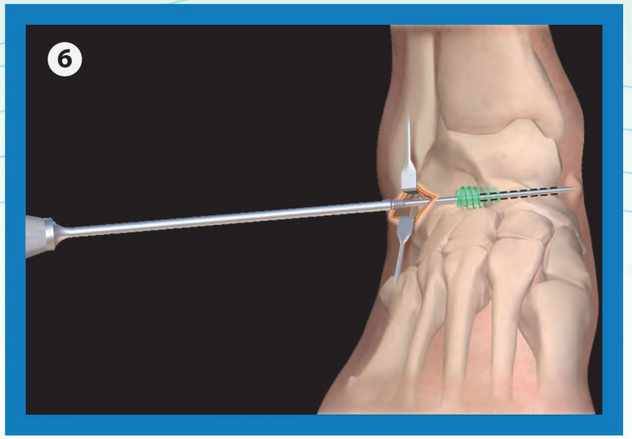
- Sequentially introduce the cannulated trial dilators over the positioned guide wire until a desired subtalar joint motion and correction is achieved.
- Verify position intra-operatively with fluoroscopy.



- Following selection of the appropriate trial dilator, remove the dilator leaving the guide wire in position.
- Select the corresponding color coded implant with the trial dilator last used.
- Place selected implant over guide wire and using the supplied cannulated hex screwdriver, seat implant to a desired depth within the subtalar joint.



- Evaluate the degree of correction and confirm the restricted subtalar joint motion.
- Intra-operative radiographs or fluoroscopic imaging in both AP and lateral views are recommended to confirm position of implant.
- The trailing end of the implant should be 10mm or more medial to the lateral wall of the calcaneus.
- The cannulated screwdriver and guide wire are removed.
- Irrigate with copious amounts of sterile saline. Evaluate subtalar joint motion followed with capsule, deep and superficial tissue closure.



Implant Extraction Technique

- Center a linear incision approximately 2-3cm in length over the sinus tarsi on the lateral aspect of the foot. Identify the intermediate dorsal cutaneous nerve and carefully retract.
- Insert the supplied 1.8mm x 304mm guide wire through the center of the subtalar implant
- Introduce the extraction driver over the guide wire. The guide wire will direct the extraction driver to the internal thread within the Sub-Talar Lok implant.
- Using light forward pressure, rotate the extraction driver counter clockwise. Continue a counter clockwise rotation until resistance is met. Once achieved, pull laterally while turning counter clockwise.
- Continue until implant is removed.
- Irrigate with copious amounts of sterile saline. Evaluate subtalar joint motion followed with capsule, deep and superficial tissue closure.

Post Operative Protocol:

Week 1-4:
Non-weight bearing with CAM type walker boot, crutches or roll-a-bout. Sutures are removed at week 2.

Week 4:
Begin weight bearing in boot as tolerated with gradual transition to regular shoe with orthodic. Pediatric patients may transition in a shorter period of time.

Week 8:
Full unrestricted activity to tolerance. Adult patients may take three months before full weight bearing.

INSTRATEK®