Dorsal Buttress Pin
Surgical Technique
TriMed Wrist Fixation System
Exposure (limited dorsal approach)

- Make incision over 4th dorsal compartment tendons.
- Develop interval between 3rd and 4th, or 4th and 5th compartments.
- Transpose EPL if needed.
- Expose the dorsal cortex of the distal radius.

Implant Positioning

- Insert two parallel 1.1mm (0.045”) K-wires at the location of desired distal fixation.
- The direction and angle of the K-wires will determine the direction and angle of the Dorsal Buttress Pin legs.

Implant Preparation

- Using a Pin Clamp, snap the Dorsal Buttress Pin into one of two positions on the Wireform Plate.
- Cut legs of the Dorsal Buttress Pin to desired length, leaving one leg slightly longer.
- If needed, alter the width or angle of legs using the Wire Bender.
Implant Insertion

- At the apex of the bend, snap a Pin Clamp onto the longest leg making sure it is axially aligned with the leg.
- Withdraw the K-wire corresponding to the longest leg and immediately insert.
- Switch Pin Clamp to shorter leg and repeat.
- Complete seating of each leg using the Impactor.

Final Fixation

- Align Dorsal Buttress Pin to the proximal shaft.
- Use the 1.8mm (blue) drill and 2.3mm cortical screws to fix the implant proximally.
- Confirm implant is seated and secure.
- For lowest profile, a standard washer can be used instead of a Wireform Plate.
- Overlay washer and seat screw until washer flexes to ensure fixation of Wireform.

TIPS

- Dorsal Buttress Pin can also be used to directly buttress a free intra-articular (“die punch”) fragment.
All implants made from surgical grade stainless steel

**Dorsal Buttress Pin**
- BP27 27mm
- BP32 32mm
  
  \[ L = \text{length} \]

**Wire Bender**
- BNDWIR-1.1

**Washer and Wire Plate**
- WASHR 1 Hole
- WFP3 3 Hole
- WFP5 5 Hole

**Pin Clamp**
- PINCLAMP

**Screws and Pegs**
- TRX2.3-xx
  - 10mm to 32mm
- TPEG-xx
  - 10mm & 12mm*
  - 14mm to 32mm
  
  * Special Order

**Impactor**
- IMPCT

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**X-RAYS**

- Pre-Op
- Pre-Op
- Post-Op
- Post-Op

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*The technique presented is one suggested surgical technique. The decision to use a specific implant and the surgical technique must be based on sound medical judgment by the surgeon that takes into consideration factors such as the circumstances and configuration of the injury.*