Dorsal Hook Plate
Surgical Technique   TriMed Wrist Fixation System
**Exposure and Reduction**

- Ulnar to Lister’s incise the skin. Next, incise the dorsal retinacular sheath. Continue dissection between either 3rd and 4th or 4th and 5th compartments. Transpose EPL if needed.
- Reduce the fracture and temporarily fix with K-wires as needed.
- Apply the Dorsal Drill Guide in the desired position. (see note 1)

**Stabilize Guide and Check Position**

- Insert a 1.1mm (0.045”) K-wire through the center distal hole of the guide to verify hook positions.
- Confirm with a C-arm that the distal K-wire is subchondral to the joint.
- Insert a second K-wire into a proximal hole in the guide.

**Drill Distal Holes**

- Cut the distal K-wire about 30mm (3 sets of stripes) above the guide.
- Drill the two outer holes at the distal end of the guide with a 1.8mm (blue) drill.
- Slide guide off the K-wires.

**Note:** The Extender Guide can be used as a handle for the drill guide.
Complete Fixation

- Complete proximal fixation with 2.3mm cortical screws.
- Apply additional plates as needed.

**Note:** The proximal K-wire can be used to help guide the edge of the implant into position proximally.

Insert Dorsal Hook Plate

- Using the assembly slot in the caddy, secure the impactor onto the plate with the set screw.
- Engage the cannula of the impactor over the distal guide wire and guide the hooks into the drilled holes.
- Seat implant to bone. (see note 2)

Drill Locking Peg

- Disengage the set screw from the plate and slide impactor off the guide wire.
- Remove distal guide wire.
All implants made from surgical grade stainless steel

**Dorsal Hook Plate**
- WHD-4
- WHD-6

**Dorsal Drill Guide**
- GDWHD-1.8

**Screw and Pegs**
- TRX2.3-xx
  - 10mm to 32mm
- TPEG-xx
  - 14mm to 32mm
- UPEG-xx
  - 14mm to 28mm

**Impactor**
- IMPCT-WHD

**K-Wire**
- WIRE-1.1/100

**Extender Guide**
- XTNDRGUIDE