# STERILE PERCUTANEOUS BURRS

**PERCUTANEOUS BURRS** 



INDICATIONS & CONTRAINDICATIONS
COMMON APPLICATIONS.
SURGICAL TECHNIQUE
ORDERING INFORMATION

Novastep® S.A.S is a manufacturer of orthopedic implants and does not practice medicine. This surgical technique was prepared in conjunction with licensed health care professionals. The treating surgeon is responsible for determining the appropriate treatment, technique(s), and product(s) for each individual patient.

See package insert for complete list of potential adverse effects, contraindications, warnings and precautions.

A workshop training is recommended prior to performing your first surgery. All non-sterile devices must be cleaned and sterilized before use.

Multi-component instruments must be disassembled for cleaning. Please refer to the corresponding assembly/disassembly instructions, if applicable. Please remember that the compatibility of different product systems has not been tested unless specified otherwise in the product labeling.

The surgeon must discuss all relevant risks including the finite lifetime of the device with the patient.

Some implants / instruments are not available in all territories. For more information, please contact your local sales representative.

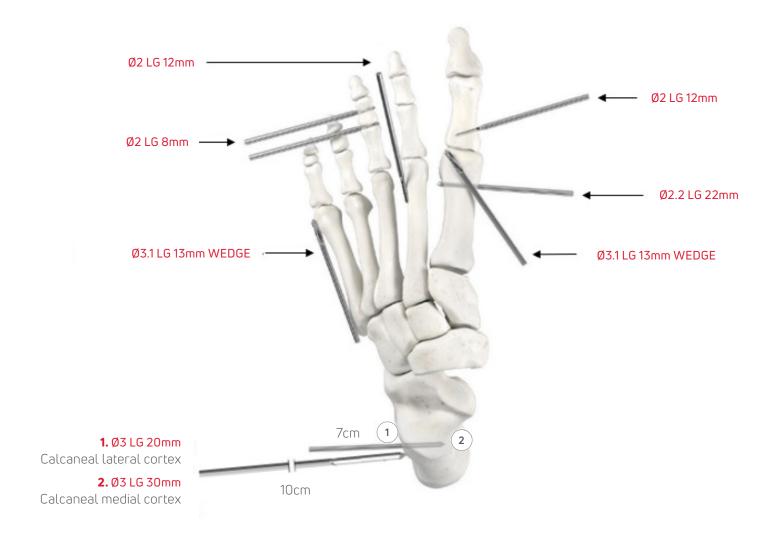
#### **INDICATIONS**

Surgical instruments are indicated: to prepare the bone site for the insertion of the dedicated implant.

NOTE: Detailed information on each medical device is provided in the instruction for use. Refer to the instruction for use for a complete list of side effects, warnings, precautions for use and directions for use.

#### **CONTRAINDICATIONS**

Hypersensitivity to one or more components.



#### PREPARATION OF THE BONE SITE

Prepare the surgical approach using a Beaver performing a minimal incision (FIGURE 1A) and remove the soft tissues from the bone with a mini bone elevator (FIGURE 1B). The different percutaneous step will be checked by X-Rays. (FIGURE 1C)





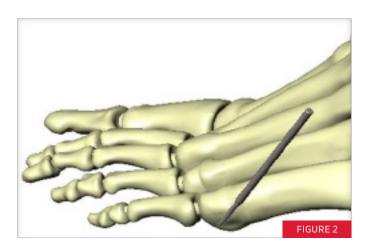


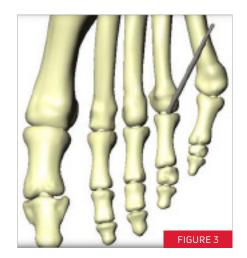
#### CONDYLECTOMY OF THE 5<sup>TH</sup> METATARSAL

Excise the lateral hypertrophied aspect of the 5th metatarsal with a Shannon recta Ø2 lg 12 burr. Perform a glancing movement with the burr to avoid irregularity. Remove by pressure on the skin the resulting bone debris. Use a bone rasp and physiological serum if necessary. (FIGURE 2)

#### OSTEOTOMY OF THE 5<sup>TH</sup> METATARSAL

After doing the incision and removing the soft tissues from the bone, perform the osteotomy with the Shannon recta  $\emptyset$  2 lg 12 burr. (FIGURE 3)



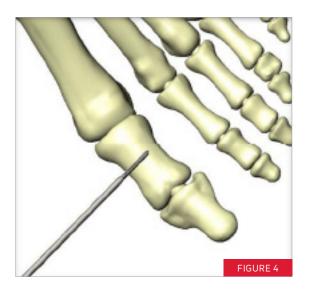


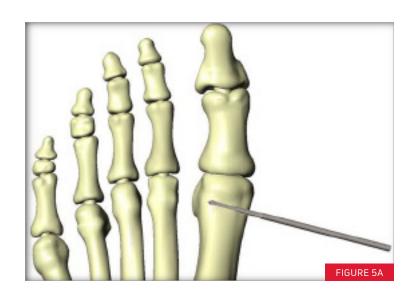
#### P1 OSTEOTOMY

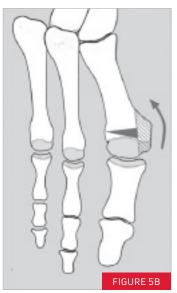
Perform the bone cut thanks to a Shannon Recta Ø2 lg 12 burr or Corta Ø2 lg 8 burr and move the distal fragment to close the osteotomy. (FIGURE 4)

#### M1 OSTEOTOMY

Access the bone site with a mini-incision and remove the soft tissues from the bone with a mini bone elevator. Perform the osteotomy of M1 with a Shannon Longa  $\emptyset$ 2,2 lg 22 burr. (FIGURE 5 A & B)

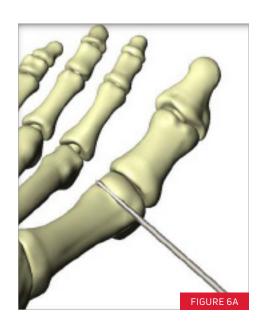




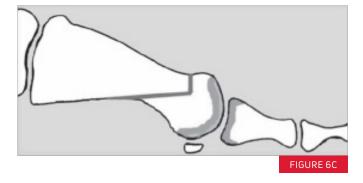


#### M1 CHEVRON OSTEOTOMY

Access the bone site with a mini-incision and remove the soft tissues from the bone with a mini bone elevator. Perform the osteotomy of M1 with a Shannon Longa  $\emptyset$ 2,2 lg 22 burr. (FIGURE 6 A & B & C)

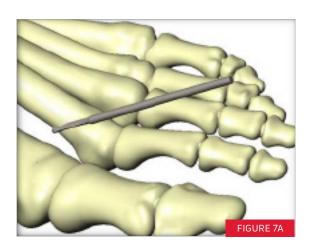




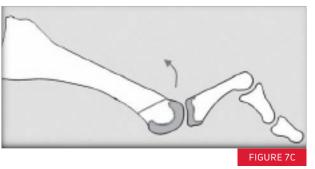


## DISTAL METATARSAL MINIMALLY INVASIVE OSTEOTOMY

Access the bone site with a mini-incision and perform the osteotomy at 45° of M1 axes with a Shannon Recta Ø2 lg 12 burr. (FIGURE 7 A & B & C)







#### PERCUTANEOUS BURRS

DESCRIPTION	PART#
SHANNON CORTA Ø2 LG 8	CRE12008
SHANNON RECTA Ø2 LG 12	CRE12012
SHANNON HELICAL Ø2 LG 12	CRE12212
SHANNON LONGA Ø2.2 LG 22	CRE12222
SHANNON LARGA Ø3 LG 20	CRE13020
SHANNON X-LARGA Ø3 LG 30	CRE13030
WEDGE Ø3.1 LG 13	CRE23113
WEDGE Ø4.1 LG 13	CRE24113

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