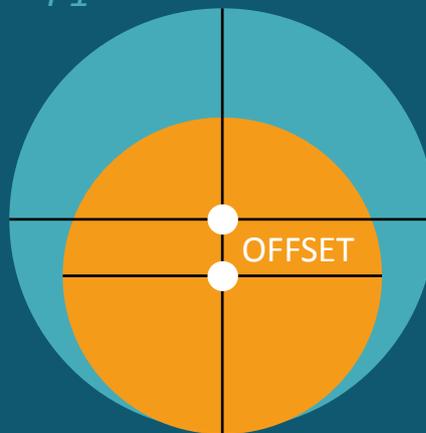


Surgical Technique

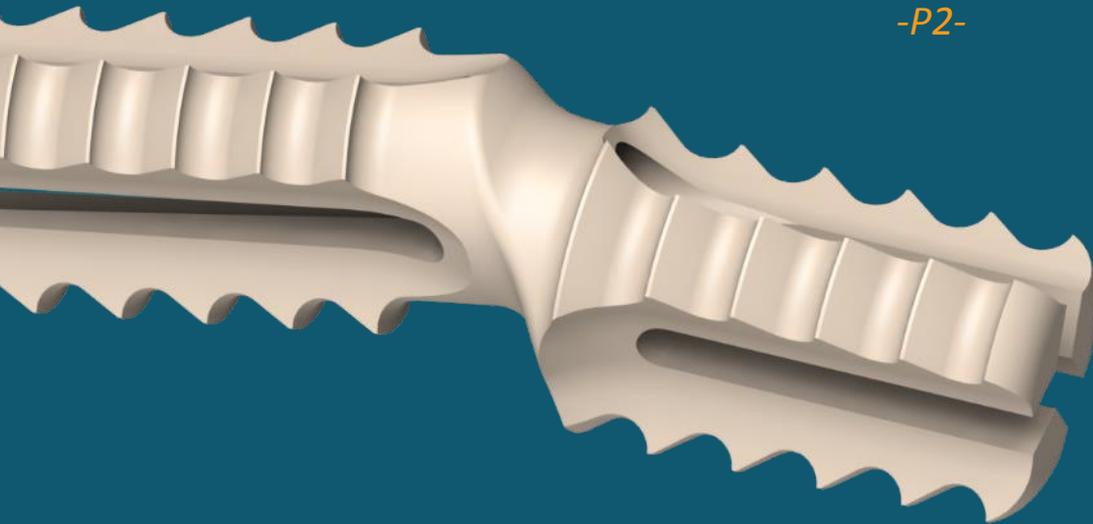
ToeGrip[®] Evo

Proximal Phalanx
-P1-



The ToeGrip[®] Evo's offset respects the anatomical offset between the center of the phalangeal joint surfaces

Middle Phalanx
-P2-



SynchroMedical

The interphalangeal reference

Distributed by **enovis** FOOT & ANKLE

Based on Anatomy

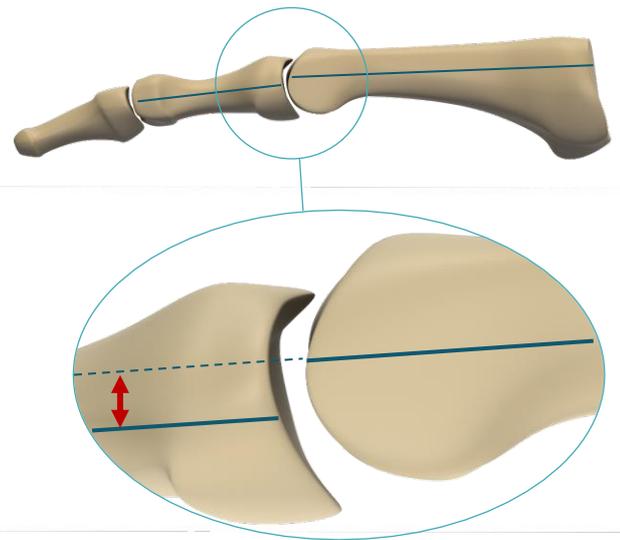
non alignment of middle and proximal phalanx

The ToeGrip® EVO implant consists of a single part implant with three flexible intramedullary prongs on each side. The prongs are inserted into each the proximal and distal phalanx. The prongs are connected by a cylindrical structure with a sagittal height offset between the proximal and distal Phalange to mimic the toe anatomy. The device anchorage relies on a press-fit contact that is supported by its tapered shape and the macrostructure, which solidly anchored once impacted. Primary stability and avoiding any displacement is key for a successful bone consolidation.

The ToeGrip® EVO is provided sterile packed and is available in a range of 5 sizes with 3 possible angulations: 0°, 10° or 20°.

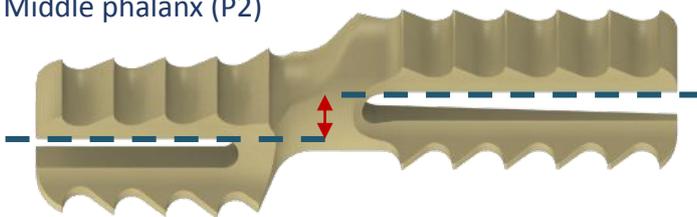
The ToeGrip® EVO is made from PEEK as per standard ASTM F2026.

Offset between 2 axes – Proximal and middle Phalanx

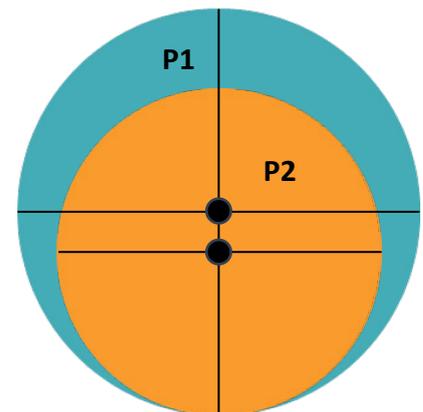


Proximal phalanx (P1)

Middle phalanx (P2)



↑↓ = offset



● Intramedullary Channel

The intramedullary canal of the middle phalanx is offset towards plantar compared to the channel of the proximal phalanx.

In more than 80% of the cases, after the reduction, a step remains between the first and middle phalanx.

The offset of the ToeGrip® EVO is anatomically adapted to the offset between axis of the two phalanx.

Indications and Contraindications

The ToeGrip® EVO interphalangeal implant is designed to relieve pain and disability of the forefoot by restoring and/or maintaining the alignment of two adjacent digital bone segments to optimize the achievement of a correct bone fusion for the concerned segments. These devices are only intended to be used for the forefoot of a mature skeleton.

Indications:

ToeGrip® EVO implant is indicated for the reconstruction of minor bones limited to the interdigital fusion of the toes on the mature skeleton in the following cases:

Rigid/fixed deformations:

- Affecting the proximal interphalangeal joint (PIJ).
- Hammertoe deformities.
- Claw toe deformities (PIP and DIP joints). 2
- Hammer toe revision surgeries.
- Shortening osteotomies of the proximal phalanx.

ATTENTION: to be used by or on the order of a licensed physician.

The licensed physician must take note of the documents accompanying the device. (IFU and surgical technique). No specific training is required for the understanding and implantation of the device. The medical doctor's qualifications and the reading of the accompanying documents are sufficient

Contraindications:

A non-exhaustive list of contraindications is as follows:

1. Any sign of generalized or local infection
2. Pathological obesity.
3. Pregnancy.
4. Any other medical or surgical condition that may compromise the success of surgery with instruments, such as the presence of malignant tumors, or serious congenital anomalies, an increase in sedimentation rates that cannot be attributed to other diseases, an increase in the number of white blood cells or a downward trend in such blood cells.
5. Suspected or known allergy or intolerance to the implant's component materials.
6. Any situation requiring the use of different materials
7. Any case not listed in the indications.
8. Any patient who is not willing to follow the postoperative instructions.
9. Any patient in whom use of the implant may interfere with anatomical organs or some expected physiological function.

The contraindications related to these devices are similar to those related to other interphalangeal devices. These interphalangeal instruments have not been designed for, intended or sold for any use other than those indicated.

→ For more information please refer to ToeGrip® EVO instruction for use reference SUP_7.015

Surgical Technique



JOINT SURFACE PREPARATION

The inter phalangeal joint is approached through a dorsal, longitudinal or transversal incision. The proximal and middle phalanx articular surfaces are resected.



PROXIMAL PHALANX PREPARATION

The P1 compactor marked « STARTER » (Ref: TG0240-STARTER), 2.0mm diameter is used to center the proximal phalanx (P1). Then increase sequentially size by size the next compactors until the optimal fit is found to the cortical bone.

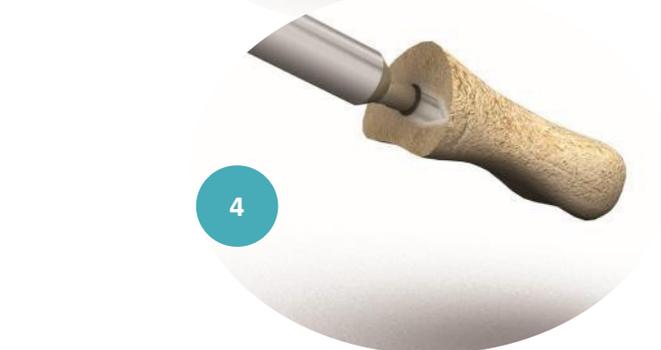


It is important to perform the preparation carefully. Indeed, this step allows to compact cancellous bone to provide the best anchorage of the implant.



MIDDLE PHALANX PREPARATION

For the middle phalanx, the use of the calcar reamer (Ref: TG0010) is recommended to preserve as much as possible the subchondral bone.



For the middle phalanx (P2), the P1 compactor marked « STARTER » (Ref: TG0240-STARTER), is used, followed by the next compactors size until the size predefined on the proximal phalanx is reached.

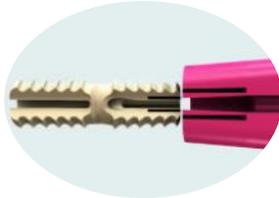
NOTE: The P1 compactor is used for both P1 and P2

OPTION CANNULATED TECHNIQUE (ON REQUEST): The ToeGrip® EVO interphalangeal implant can be inserted over a Kirschner wire as guide. In this case, place the Kirschner wire (Ref: KW10100TR) in the phalanx and use the cannulated version of the instruments : cannulated calcar reamer (Ref: TGE0010), cannulated compactors (Ref: TG0242).

Surgical Technique

Holder Assembly

5



Insert the short part of the implant into the holder. Laser marking indications are presents to help



When the implant is not in the right axis of the proximal phalanx, it may be break during the impaction as it is exposed to high shear stress. It is therefore necessary to ensure a good alignment of the implant with the phalanx axis. Any leverage on the implant at the time of impaction is prohibited.

6



The longer part of the implant is inserted into the proximal phalanx (P1) first, with the appropriate holder.

XS



SS



MM



Size – Color Coding



The holder is removed and the middle phalanx (P2) is positioned over the shorter part of the implant, using the reducer (Ref: TG0203) to center the shorter part in the middle phalanx canal.

7



ToeGrip® EVO implanted

REMOVAL / REVISION

Should removal or revision of the implant be required:

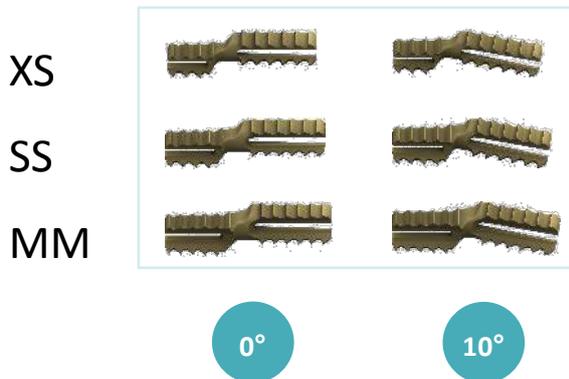
1. Expose the proximal interphalangeal joint.
2. Distract the joint space until the distal parts of the ToeGrip® EVO implant are exposed.
3. Using surgical clamp, grasp the distal side of the implant to remove it from the middle phalanx. Then, back implant out of the proximal phalanx using surgical clamp. It is also possible to cut the implant with a saw blade at the level of the joint fusion. The parts are removed from the proximal and distal phalanx with a small clamp.

Implants

ToeGrip® EVO

REFERENCE	DESIGNATION	SIZE	ANGLE
TGEXS00	ToeGrip® EVO EXTRA-SMALL 0°	XS	0°
TGEXS10	ToeGrip® EVO EXTRA-SMALL 10°	XS	10°
TGESS00	ToeGrip® EVO SMALL 0°	SS	0°
TGESS10	ToeGrip® EVO SMALL 10°	SS	10°
TGEMM00	ToeGrip® EVO MEDIUM 0°	MM	0°
TGEMM10	ToeGrip® EVO MEDIUM 10°	MM	10°

6 Sizes Core Portfolio XS, SS and MM in 0° and 10°



Instruments

NOTE: P1 Compactor is used for P1 and P2



TG0240-Starter	P1 COMPACTOR -STARTER -AO COUPLING
TG0240-XS	P1 COMPACTOR – XS – AO COUPLING
TG0240-SS	P1 COMPACTOR – S – AO COUPLING
TG0240-MM	P1 COMPACTOR – M – AO COUPLING



TG0010	CALCAR REAMER
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HV9010	AO HANDLE
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TG0203	REDUCER
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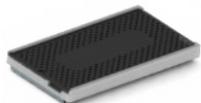
TG0020	HOLDER SIZE XS 0°
TG0025	HOLDER SIZE XS 10°



TG0021	HOLDER SIZE S 0°
TG0026	HOLDER SIZE S 10°



TG0022	HOLDER SIZE M 0°
TG0027	HOLDER SIZE M 10°



TGE9010	ToeGrip® EVO INSTRUMENT TRAY
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Legal and regulatory disclaimers

This material is intended for health care professionals. Distribution to any other recipient is prohibited. For product information, including indications, contraindications, warnings, precautions, potential adverse effects and patient counseling information, see the package insert. Check for country product clearances and reference product-specific instructions for use (SUP_7.015). This is intended for professionals authorized to perform lower limb surgery. Each surgeon should exercise his or her own independent judgment in the diagnosis and treatment of an individual patient. As with all surgical procedures, the technique used in each case will depend on the surgeon's medical judgment as the best treatment for each patient. Results will vary based on health, weight, activity and other variables. Not all patients are candidates for this product and/or procedure.

Caution: Federal (USA) law restricts this device to sale by or on the order of a surgeon.

Availability of these products might vary from a given country or region to another, as a result of specific local regulatory approval or clearance requirements for sale in such country or region. The manufacturer reserves the right, without prior notice, to modify the products in order to improve their quality.

ToeGrip® is registered trademarks of ADSM.

The ToeGrip® EVO is manufactured using PEEK material as per ASTM F2026.

MEDICAL DEVICES:

- ToeGrip® EVO implants Class IIb
- ToeGrip® EVO instruments Class IIa
- ToeGrip® EVO instruments Class Ir
- ToeGrip® EVO instruments Class I