

 intrauma



ANTEVERSA

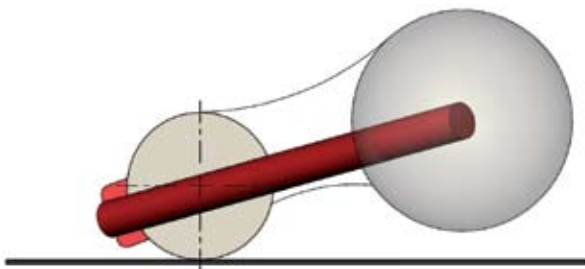
ANTEVERSA

Pertrochanteric fractures of proximal femur are common traumas and internal fixation using a tube-plate with dynamic or intramedullary screw is a standard recognized treatment. A recent analysis showed that the success in treating this type of fracture with a tube-plate is statistically superior to treatment with an intramedullary nail.

The result of the fixation of the pertrochanteric fracture depends on the positioning of the cephalic screw and the most common mode of failure of this fixation is the cut-out of it from the femur head.

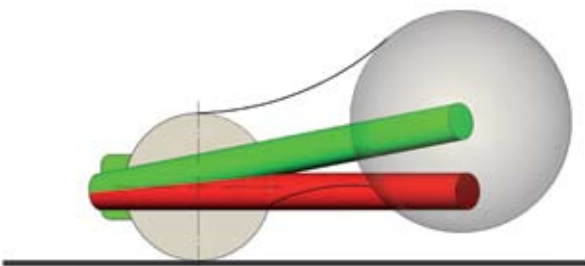
Intrauma has developed Anteverrsa, an innovative system for the treatment of pertrochanteric fractures.

The Anteverrsa tube for the cephalic screw is provided with 7° of anteversion, through which the plate can easily be positioned on the lateral and central part of the femoral diaphysis, thus allowing the screw to pass through the centre of the neck of the femur and of the head and making the placement of the support simpler and more reliable. Thanks to this system, the risk of wrong placement of the screw and of cut-out is reduced.



To prepare the site for the tube-plate and the cephalic screw, the surgeon is obliged to insert the guide wire and then to mill in the back of the femur.

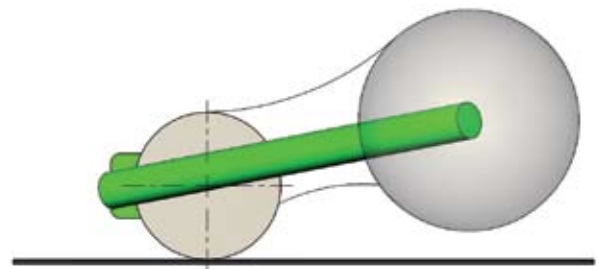
The position of the patient, the operating table and the presence of soft tissue make this job more difficult by increasing the risk of errors.



Anteverrsa plate also uses the patented mechanism of conical locking between the screw head and the plate, ensuring an optimal fixation of the femoral diaphysis and an equal distribution of strengths, thus eliminating the risk of rupture of the implant and mobilization of the screws.

The anti-rotation of the head-neck fragment of the femur is guaranteed by the presence of a nail with angular stability, essential for reducing the risks of delayed consolidation and varus angulation in unstable fractures.

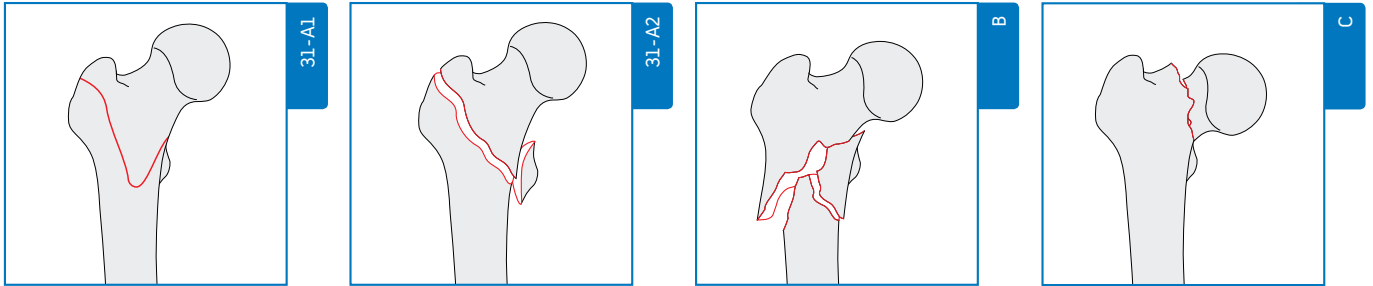
Easy to install, Anteverrsa also presents anatomical features that reduce vascular complications, allowing the patient a rapid postoperative recovery.



Placing Anteverrsa in the middle and diaphyseal axis, the cephalic screw passes through the center of the femoral head and neck.



INDICATIONS

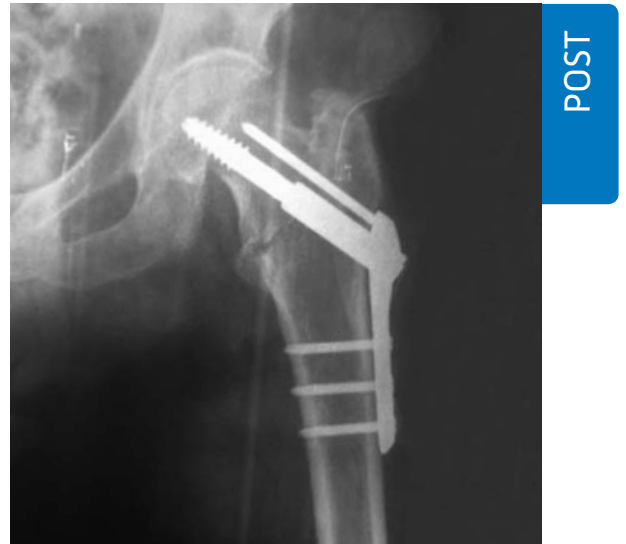


Anteversa is indicated for:

- Pertrochanteric fractures type 31-A1 and 31-A2 (AO classification)
- Intertrochanteric fractures (B)
- Trans-cervical fractures (C)



ANTEVERSA X-RAYS



BENEFITS AND ADVANTAGES

- The easy positioning of the plate reduces the risk of errors
- The cephalic screw passes through the centre of the femoral head
- Reduced risk of cut-out and cut-off
- O'Nil screws with angular stability
- Easy instruments and reduced surgical times
- Plates made of Steel AISI 316LVM-ISO 5832-1 to allow MRI



ANTEVERSA

3 holes

Left - Length 90mm (180.1101)

Right - Length 90mm (180.1102)



ANTEVERSA

5 holes

Left - Length 130mm (180.1103)

Right - Length 130mm (180.1104)



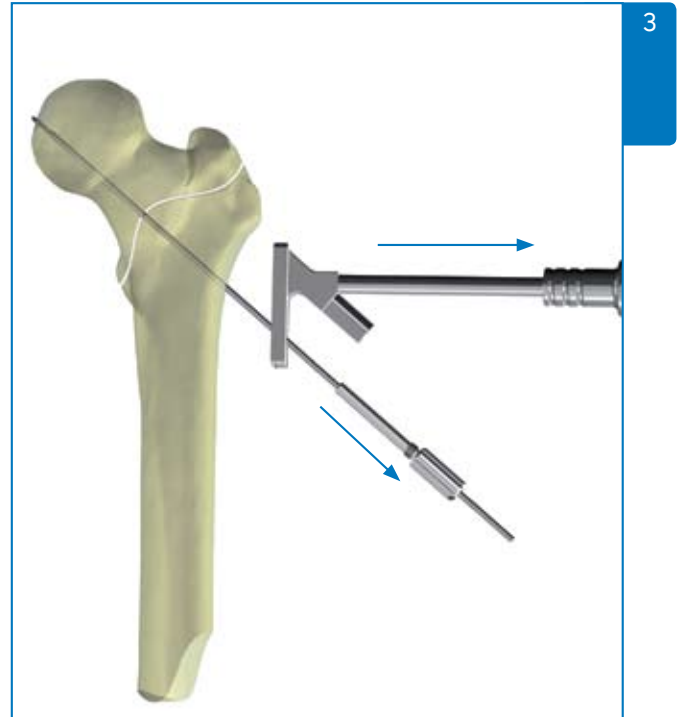
ANTEVERSA TECHNIQUE



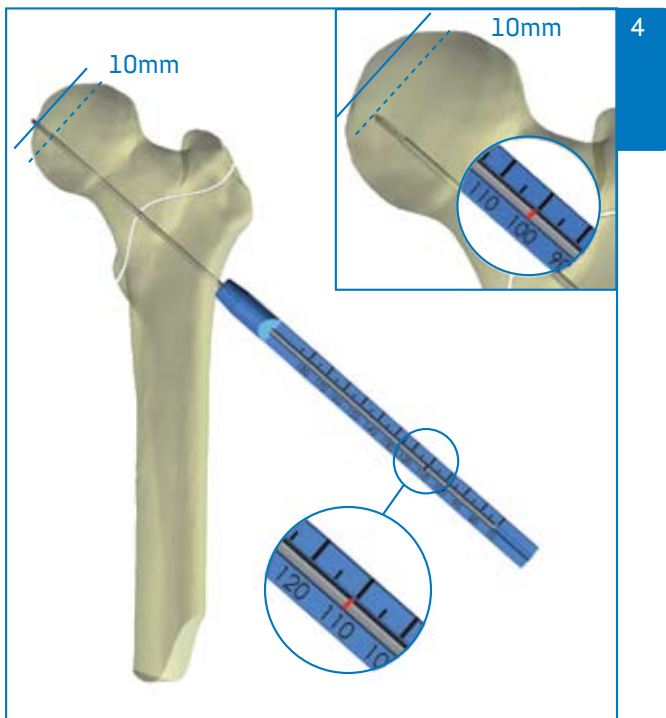
Assemble the T-handle (S140) and the wire positioning cannula (S143) to the Antevera positioner 130° left (S141) or right (S142)



Put the Antevera positioner 130° on the diaphyseal axis and insert the graduated wire guide (S102) until the subchondral tissue. The wire will be positioned with 7° of anteversion



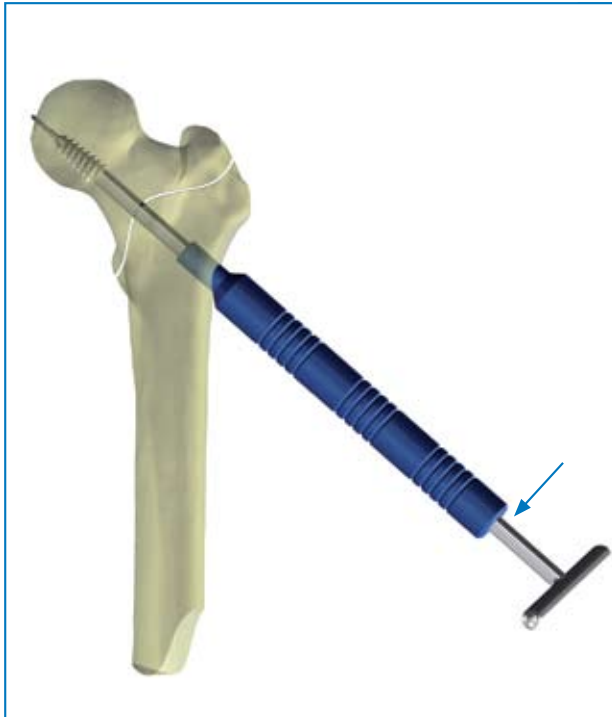
Remove the Antevera positioner 130°



Measure the length of the cephalic screw directly on the guide wire through the wire depthmeter (S105). If the guide wire is inserted until the subchondral tissue, subtract 10mm from measured length. Otherwise (as detailed in the picture), use the length measured on the wire meter.



Set the three step milling cutter (S106) on the measured length and perform milling



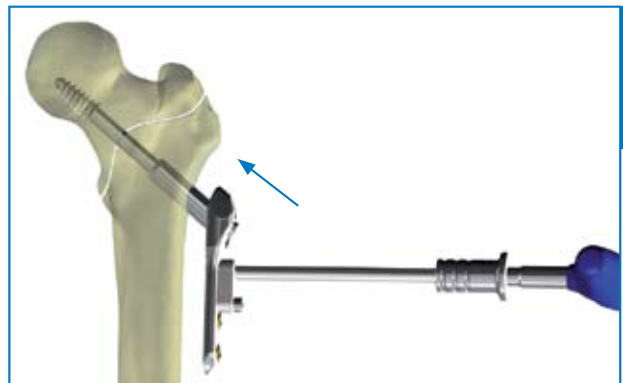
6

Assemble the cephalic screw and the cannulated T screwdriver (S144) in the guide cannula (S116).
Screw until the reference mark.



7

Assemble the Anteversa plate positioner (S145) on Anteversa (as shown in the picture)



8

Insert Anteversa sliding the tube on the cephalic screw, by checking the orientation on the femoral diaphysis



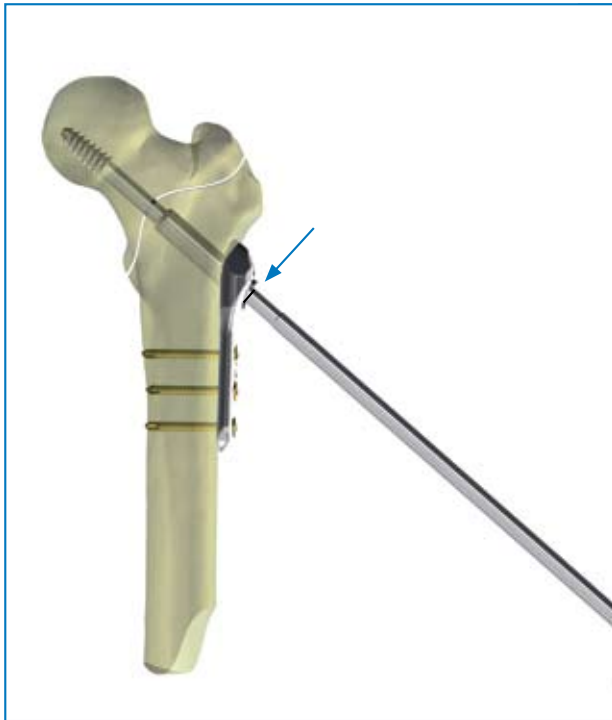
9

Fix Anteversa on the diaphysis, inserting the drillguide Ø 3,9 in the bushing and making a bicortical hole with the helical drill Ø 3,9mm



10

After determining the length, insert and tighten the screw series 5 with the hex screwdriver (S540). Go on in the same way with the remaining diaphyseal screws



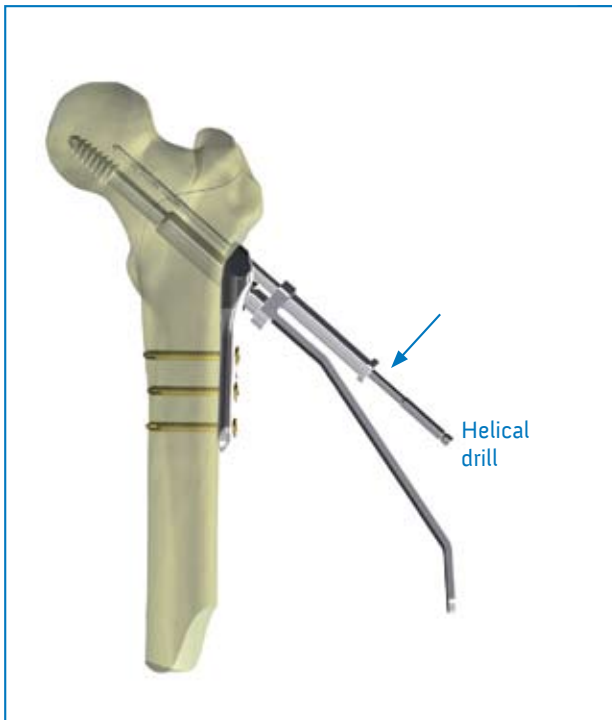
11

Adjust the depth of the cephalic screw using the T screwdriver (S148)



12

If necessary make compression by using cephalic screw compressor (S118)



13

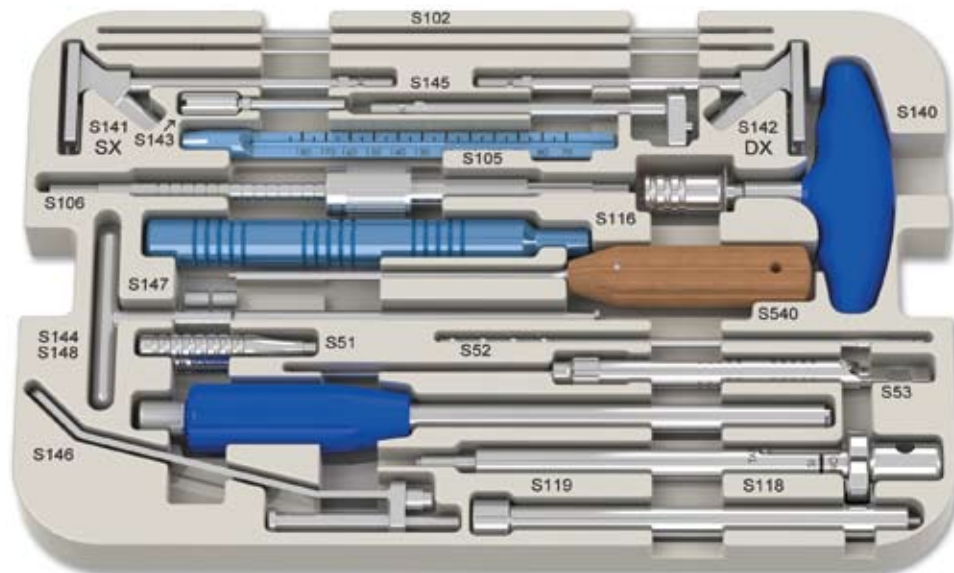
Prepare the seat of the antirotation nail, by using the antirotation drill guide (S146) and making a hole with the drill bit \varnothing 3,9mm (S52), until the reference mark



14

Push hard the antirotation nail and tighten

INSTRUMENTS



Ref	Instruments
S1100	Anteversa sterilization case
S140	Anteversa interchangeable T handle
S141	Anteversa positioner 130° (L)
S142	Anteversa positioner 130° (R)
S143	Wire positioning cannula
S102	Graduated guide wire L.270mm Ø 2,5mm
S105	Wire depthmeter
S106	Three step milling cutter
S116	Guide cannula
S144	Cannulated T screwdriver

Ref	Instruments
S145	Anteversa plate positioner
S146	Anterotation drill guide
S148	Anteversa T screwdriver
S118	Cephalic screw compressor
S119	Impactor
S51	Drill guide Ø 3,9mm
S52	Drill bit Ø 3,9mm
S53	Depth meter Series 5
S540	Hex screwdriver 3mm
S513	Drill guide Ø 3,9mm long

ORDERING INFORMATION

Ref	Product	L. mm	Holes	Material
180.1101	Anteversa Sx	90	3	Steel AISI 316 LVM - ISO 5832-1
180.1102	Anteversa Dx	90	3	Steel AISI 316 LVM - ISO 5832-1
180.1103	Anteversa Sx	130	5	Steel AISI 316 LVM - ISO 5832-1
180.1104	Anteversa Dx	130	5	Steel AISI 316 LVM - ISO 5832-1
180.3080 → 180.3120	Cephalic screw	80 to 120		Steel AISI 316 LVM - ISO 5832-1
	Anterotation nail	65 to 100		Steel AISI 316 LVM - ISO 5832-1
150.4512 → 150.4598	Autolocking screws	12 to 110		Titanium Ti6Al4V - ISO 5832-3



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