

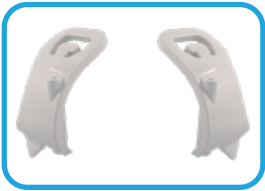


# RetractOrtho User Guide:

## Distal Radius Fracture ORIF

The RetractOrtho Retractor System is a radiolucent, self-retaining surgical retractor that enables efficient reduction and repair of metaphyseal bone fractures. The system is delivered sterile and ready for single patient use.

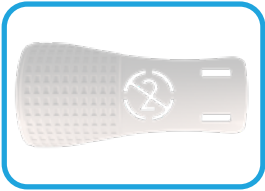
### Metaphyseal Retractor System Components



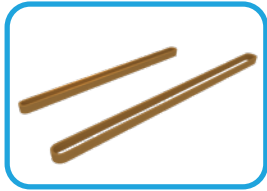
Asymmetric Single Pin Retractors (1 ea)



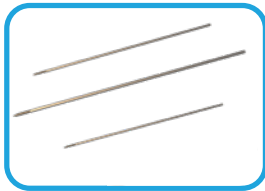
Universal Pin and Place Guide



Textured Backing Plate



4" and 6" Elastic Bands (1 ea)



Three (3) Custom Threaded 1.4mm K-wires

### Ordering Information

Manufacturer Product Code	Qty	Description
R3-META-M-01	1	Retractor kit for metaphyseal surgical procedures. Single unit.
R3-META-M-05	5	Retractor kit for metaphyseal surgical procedures. Five pack.

For product orders and inquiries please e-mail [sales@retractortho.com](mailto:sales@retractortho.com)

### Step-by-Step Guide

Use standard approach to identify fracture site and ensure it can be appropriately reduced.

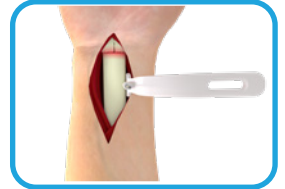
#### Precautions:

- Do not over-retract. Only use as much retraction as necessary to provide adequate exposure and access while avoiding tissue damage.
- The included K-wires are sharp. Use universal precautions to avoid inadvertent puncture.
- Ensure threaded K-wires are outside of the zone of bone injury to minimize risk of fracture line propagation.

#### RETRACT

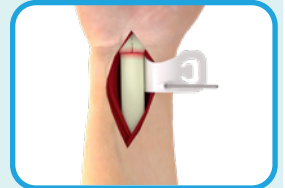
##### STEP 1

Start by placing one of the provided 1.4 mm threaded K-wires on the radial aspect of the radial shaft approximately 3 to 4 centimeters from the fracture site at a 45 degree angle. Use the provided Universal Pin and Place Guide or any drill guide. Drill only the proximal cortex.



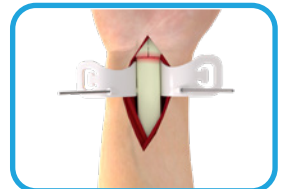
##### STEP 2

Slide the radial retractor over the threaded K-wire with the tip of the retractor engaging the side of the radial cortex.



##### STEP 3

In a similar fashion, place another provided threaded K-wire on the ulnar cortex at a 45 degree angle to the radial shaft using the Universal Pin and Place Guide. Make sure to drill only one cortex and do not interfere with the first K-wire.



##### STEP 4

Proceed with positioning the Textured Backing Plate on the dorsal surface of the wrist at the level of the radiocarpal joint. The wider texture part of the backing plate is positioned distally and the narrow part is positioned proximally.



STEP 5

Secure the Textured Backing Plate to the dorsal aspect of the forearm and wrist using one of the provided elastic bands. The elastic band is secured to the hook tabs on the Asymmetric Single Pin retractors one side at a time. Forceps may be needed to pull the elastic band into the tabs.

**Precaution:** ensure rubber bands and backing plates do not create pressure points on skin. If necessary, use a sterile towel between the backing plate and patient to protect the skin.



STEP 6

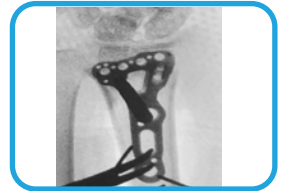
With the retractors in place, cut the threaded K-wires short and clean so they do not interfere with the surgical workflow. Keep the retractors and threaded K-wires in place until the end of the procedure. If a need arises to temporarily remove them, simply release the rubber bands and slide the retractors over the threaded K-wires.



REDUCE

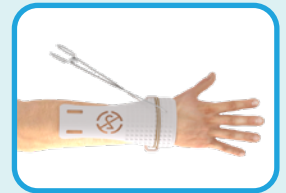
STEP 7

With the retractors now in place, use a standard approach to reduce the fracture and position the implant based on the fracture pattern and your surgical technique.



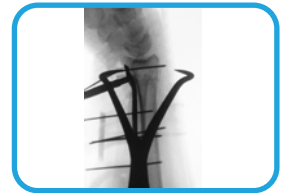
NOTE

Use the Textured Backing Plate to enable different points of leverage to help reduce the distal fragment to the implant.



STEP 8

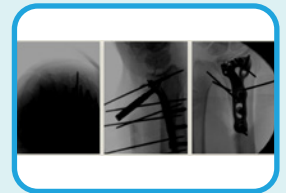
Check position of fracture, reduction, implant and screw trajectory under fluoroscopy and with direct surgical site visualization.



REPAIR

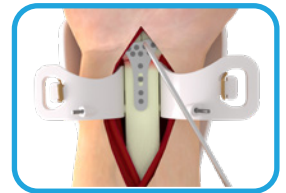
STEP 9

Proceed with screw placement and finalize fixation using appropriate screw length and trajectory, ensuring fracture stability. Obtain multiple final radiographic views with the retractors in place.



STEP 10

Once satisfied with stability and implant placement, remove the elastic band and backing plate. Retractors can be removed by sliding over the K-wires. K-wires must be removed with drill in reverse direction. Final count of Retractor System components should be completed prior to closure of incision to confirm all components have been removed from patient. Proceed with standard irrigation and closure technique.



NOTE

All tools provided in the Retractor Systems are single-use, non-reusable. After use, dispose of the device and packaging in accordance with clinic, hospital, administrative and/or local government policy.