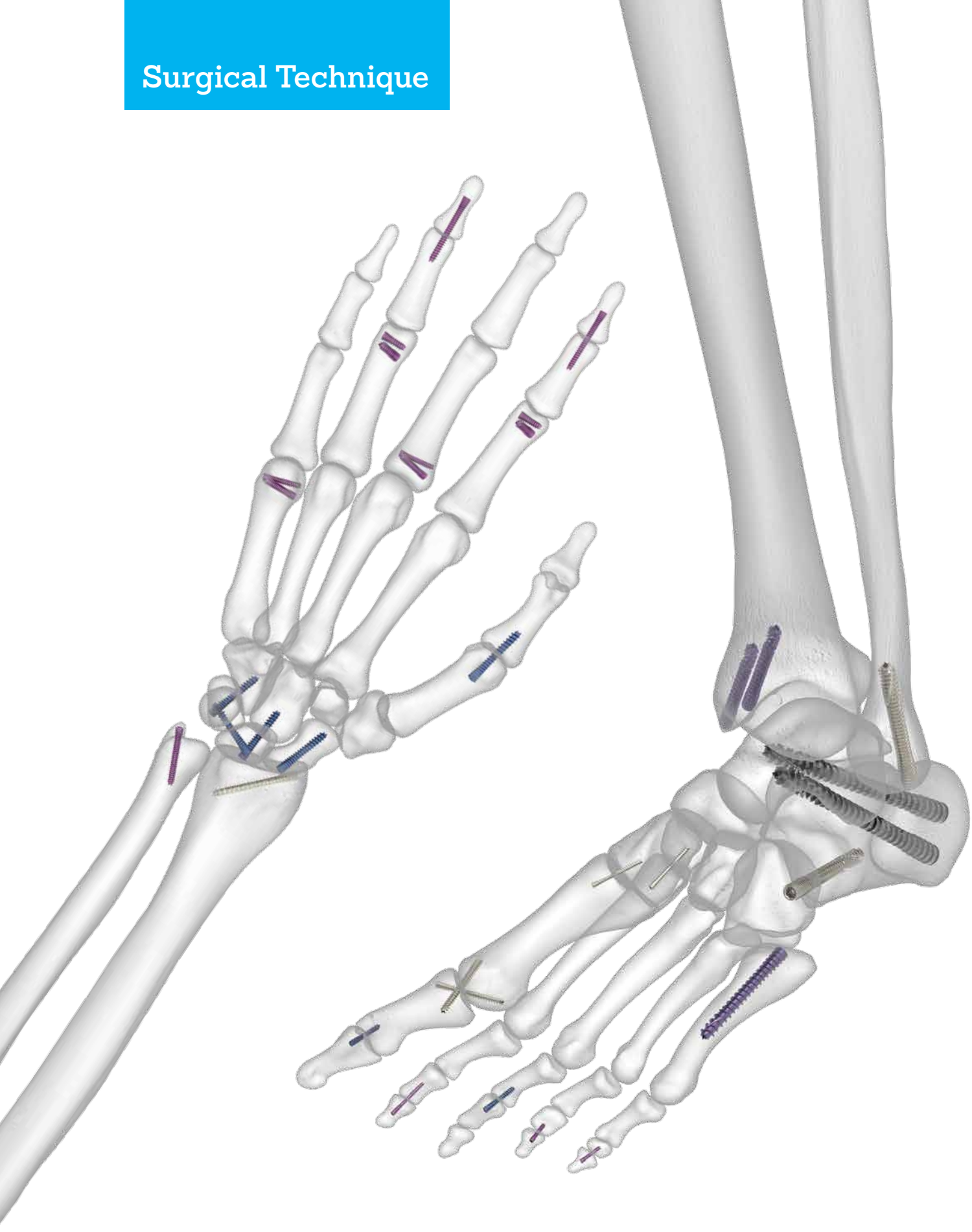
Surgical Technique



acumed®

Acutrak 2®

Headless Compression Screw System

Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods, and approaches that improve patient care.

Volar Scaphoid, Dorsal Scaphoid, and DIP Fusion Surgical Technique
Nicholas Goddard, MB, FRCS

Jones Fracture and Calcaneal Surgical Technique
Nicholas Abidi, M.D.

Acutrak 2® Headless Compression Screw System

Since its introduction in 1994, the Acutrak® Headless Compression Screw technology has revolutionized the way surgeons treat fractures, fusions, and osteotomies. The Acutrak 2 is the next generation in fully threaded headless fixation offering larger guide wires, larger hex drivers, and a tapered end reducing drill depth sensitivity. Long term surgeon feedback has helped develop this continuously variable fully threaded headless implant with instrumentation designed to simplify the surgical technique.

The Acutrak 2 family is composed of 67 unique screw size options to fit a wide variety of applications throughout the body, from 2 mm x 8 mm up to 7.5 mm x 120 mm.

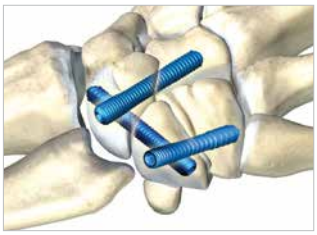
Contents

Indications for Use

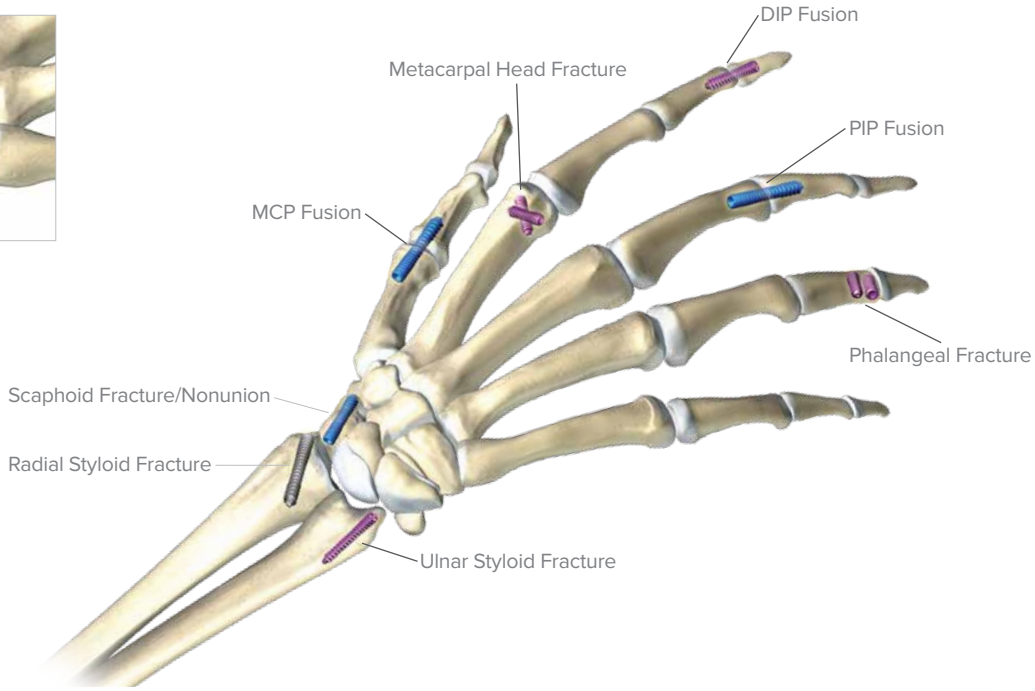
Acutrak 2 Micro, Mini, Standard, 4.7, and 5.5 are intended for use as fixation devices for small bones, bone fragments, and osteotomies. They are not intended for interference or soft tissue fixation.

Acutrak 2–7.5 may be used for fusions, fractures, or osteotomies of the clavicle, humerus, radius, ulna, ilium, femur, patella, fibula, tibia, talus, malleolus, and calcaneus.

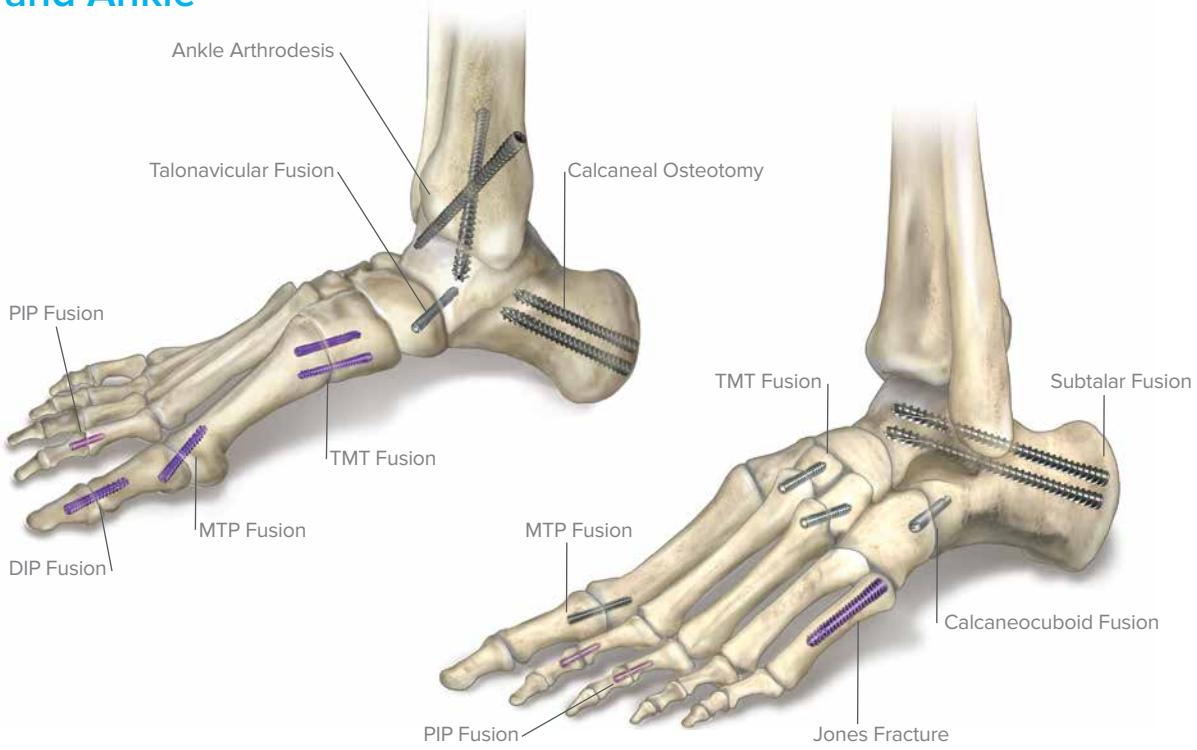
Hand and Wrist



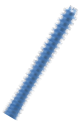
Four Corner Fusion



Foot and Ankle



Acutrak 2® Quick Reference Chart

	Diameter	Lengths	Properties
Micro 	**Tip:** 2.5 mm **Tail:** 2.8 mm	8 mm 9 mm 10 mm 11 mm 12 mm 13 mm 14 mm 16 mm 18 mm 20 mm 22 mm 24 mm 26 mm 28 mm 30 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 2.0–2.4 mm Headed Screw • 1.5 mm Hex Driver • .035″ (.88 mm) Guide Wire
Mini 	**Tip:** 3.5 mm **Tail:** 3.6 mm	16 mm 18 mm 20 mm 24 mm 26 mm 28 mm 30 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 3.5–4.0 mm Headed Screw • 2.0 mm Hex Driver • .045″ (1.1 mm) Guide Wire
Standard 	**Tip:** 4.0 mm **Tail:** 4.1 mm	16 mm 18 mm 20 mm 22 mm 24 mm 26 mm 28 mm 30 mm 32 mm 34 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 3.5–4.0 mm Headed Screw • 2.5 mm Hex Driver • .054″ (1.4 mm) Guide Wire
4.7 	**Tip:** 4.5 mm **Tail:** 4.7 mm	20 mm 22 mm 24 mm 26 mm 28 mm 30 mm 35 mm 40 mm 45 mm 50 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 4.5–6.5 mm Headed Screw • 3.0 mm Hex Driver • .062″ (1.6 mm) Guide Wire
5.5 	**Tip:** 5.2 mm **Tail:** 5.5 mm	25 mm 30 mm 35 mm 40 mm 45 mm 50 mm 55 mm 60 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 4.5–6.5 mm Headed Screw • 3.0 mm Hex Driver • .062″ (1.6 mm) Guide Wire
7.5 	**Tip:** 7.0 mm **Tail:** 7.5 mm	40 mm 45 mm 50 mm 55 mm 60 mm 65 mm 70 mm 75 mm 80 mm 85 mm 90 mm 95 mm 100 mm 105 mm 110 mm 115 mm 120 mm	• Where used to treat the indications described on page 3, it may be possible to use an Acutrak screw of similar size instead of the screws listed here • Use in lieu of a 6.0–7.5 mm Headed Screw • 4.0 mm Hex Driver • .094″ (2.4 mm) Guide Wire

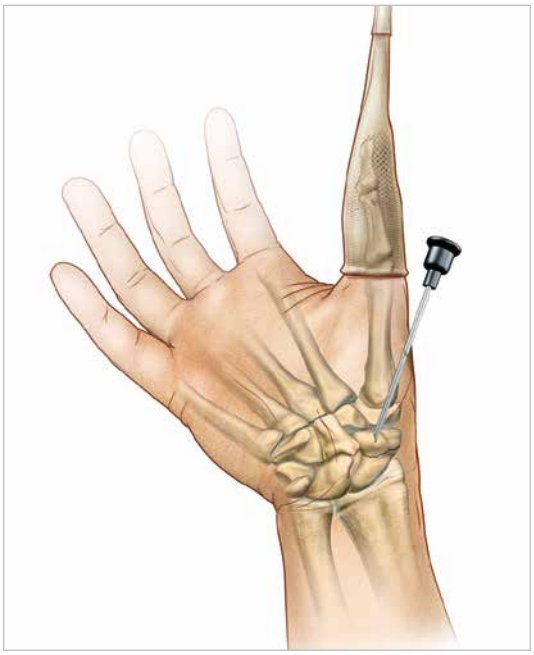
Volar Scaphoid Technique: Acutrak 2®—Micro, Mini, and Standard

NICHOLAS GODDARD, MB, FRCS

1 APPROACH AND NEEDLE INSERTION

The procedure can be carried out using the volar traction approach or using a conventional volar type approach with the arm supine on a hand table. The volar traction approach facilitates reduction of a displaced fracture and permits arthroscopy to ensure accuracy of the reduction. Fluoroscopy is used throughout.

The entry point is then located using a 12 or 14 gauge IV needle introduced on the antero-radial aspect of the wrist just radial to and distal to the scaphoid tuberosity. This serves as a trochar for the guide wire and is a directional aid to establish a central path along the scaphoid. The needle is then insinuated into the scaphotrapezial joint, tilted into a more vertical position and the position is checked on the under image intensifier. By gently levering on the trapezium this maneuver brings the distal pole of the scaphoid more radial and thus ultimately facilitates screw insertion. The entry point should be approximately 1/3 the way across the scaphoid from the tuberosity in the A/P plane and central in the lateral plane.



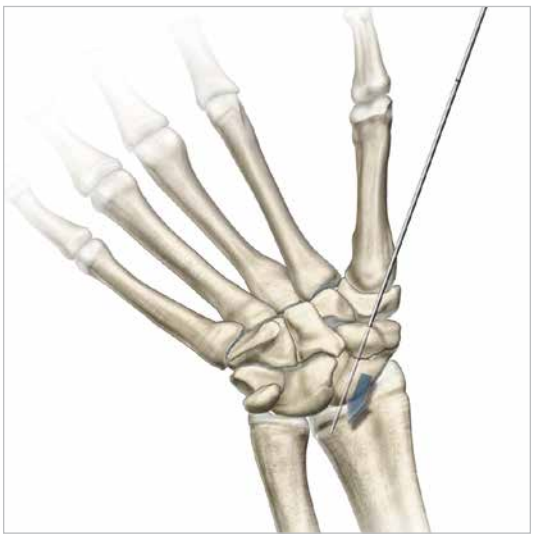
2 GUIDE WIRE INSERTION

Pass the guide wire through the needle and drill it across the fracture, continually checking the direction on the image intensifier and correcting as necessary, aiming for the radial aspect of the proximal pole. It is extremely important not to bend the guide wire and any adjustments in direction should be made using the needle as a guide rather than attempting to alter the line of the guide wire alone.

3 DETERMINE SCREW LENGTH

Advance the guide wire to stop just short of the articular surface as the wire should not breach it at this stage. The position, alignment and length are checked once more. Make a simple stab incision at the entry point of the wire, and deepen this down to the distal pole of the scaphoid using a small hemostat and blunt dissection.

Determine the length of the screw either with the appropriate depth gauge or by advancing a second guide wire of the same length up the distal cortex of the scaphoid and subtracting the difference between the two. When using the volar approach, the correct screw size is 2–4 mm shorter than the measured length so as to ensure that the proximal tip of the screw is fully buried below the cartilage and the cortical surface.

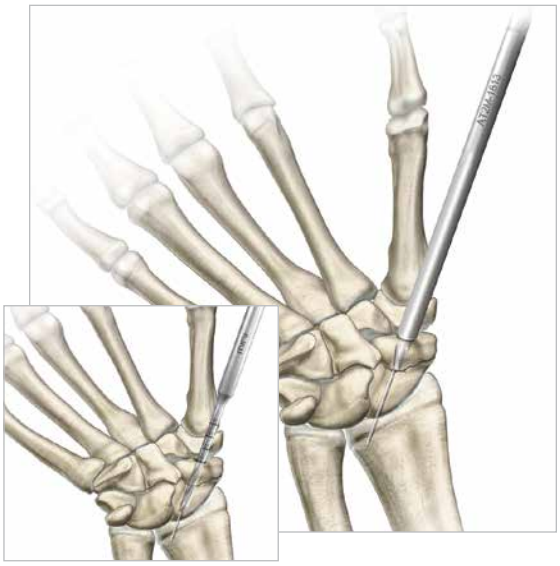


4 ADVANCE GUIDE WIRE

Advance the guide wire through the proximal pole of the scaphoid so as to exit on the dorsal aspect of the wrist. This is a precautionary measure to minimize the risk of inadvertent withdrawal of the wire during the reaming process and screw insertion and to facilitate removal of the proximal portion if the wire were to break. A second de-rotation wire can then be inserted in those cases where it is felt that there is a possibility of rotational instability of the fracture.

5 DRILL

Remove the 12 gauge needle and pass the Cannulated Profile Drill over the wire using either a power drill or by hand stopping 1–2 mm short of the articular surface. The long drill is recommended to mitigate the effects of varying bone density and distraction upon screw insertion.



6 ADVANCE SELF-TAPPING SCREW

The self-tapping screw is then advanced over the guide wire and the wire removed. Compression can then be confirmed radiographically on the image intensifier.

Dorsal Scaphoid Technique: Acutrak 2®—Micro, Mini, and Standard

NICHOLAS GODDARD, MB, FRCS

1 APPROACH AND NEEDLE INSERTION

The entry point in the proximal pole is at the tip of the scaphoid immediately adjacent to the scapholunate ligament. This can be located either using an arthroscopy or mini open dorsal approach between the third and fourth extensor compartments. Whichever approach is employed, it is essential to ensure that the guide wire does not transfix an extensor tendon.

Having established the entry point, introduce the appropriate guide wire aiming for the base of the thumb and check the position on the fluoroscope. Aim to place the leading edge of the guide wire in the subchondral surface of the distal pole of the scaphoid. Confirm the wire placement and depth under imaging.

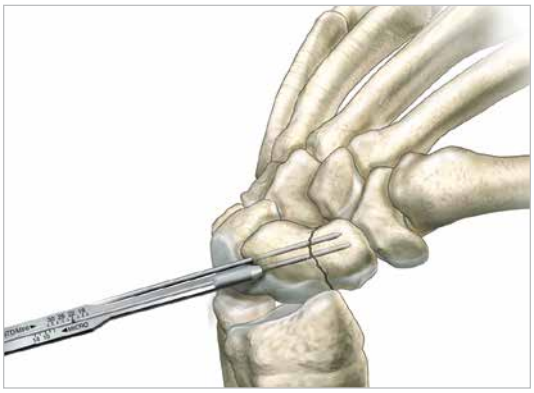
Optional: A 14 gauge IV Cannula is a useful aid in determining the entry point and acts as both a guide and soft tissue protector.

2 FRACTURE STABILIZATION

If the fracture is unstable it may be helpful to place a second parallel guide wire using the parallel wire guides which are available for all three Acutrak 2 Screw families.

3 DETERMINE SCREW LENGTH

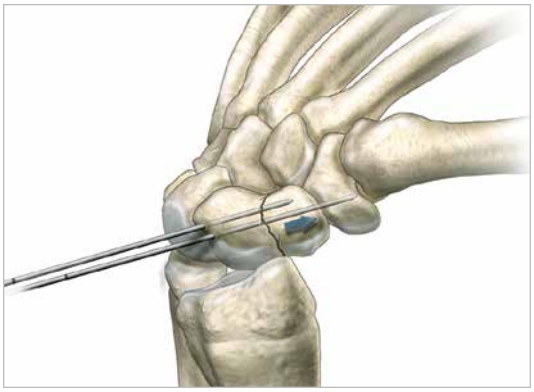
Measure guide wire length using either the percutaneous screw sizer, or by placing a second wire at the entry point and subtracting the difference. The screw sizer cannot be used with the arthroscopic technique due to the limited access. Subtract 4 mm from the measured length to ensure that both ends of the screw are buried within the bone.



4 ADVANCE GUIDE WIRE

Advance the guide wire through the far cortex so that it lies in the subcutaneous tissues. This minimizes the risk of accidental withdrawal of the guide wire while drilling and facilitates wire removal if it should break.

Tip: For most adult males the screw should not be longer than 26 mm, and in females 22 mm.



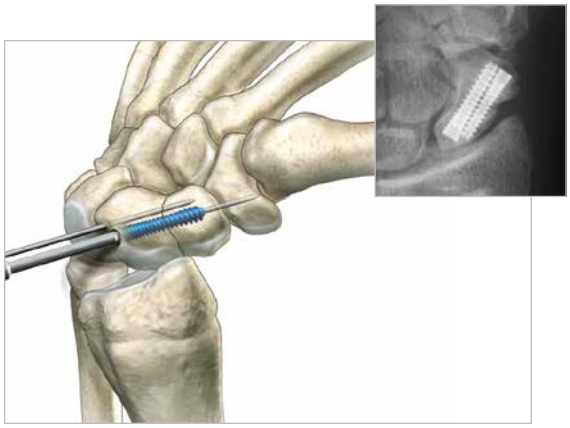
5 DRILL NEAR CORTEX

Open the near cortex with the appropriate profile drill.

6 DRILL FAR FRAGMENT

Next, drill into the far fragment with the long drill. To be effective the drill only has to advance 4–5 mm past the fracture site.

Tip: The long drill is recommended to mitigate the effects of varying bone density and distraction upon screw insertion.



7 SCREW INSERTION

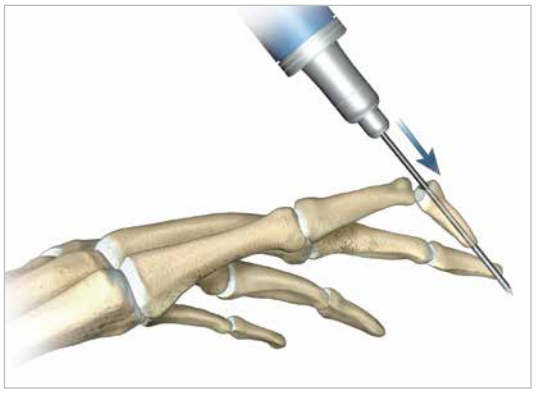
Insert the correctly sized screw with the appropriate hex driver. If resistance is met upon insertion or if distraction occurs, stop, remove the screw, redrill with the long drill, and re-insert the screw. Confirm placement and length of the screw on imaging, ensuring that both leading and trailing edges of the screw are beneath the articular surfaces. Finally remove the guide wires.

DIP Fusion Technique: Acutrak 2®—Micro Extended

NICHOLAS GODDARD, MB, FRCS

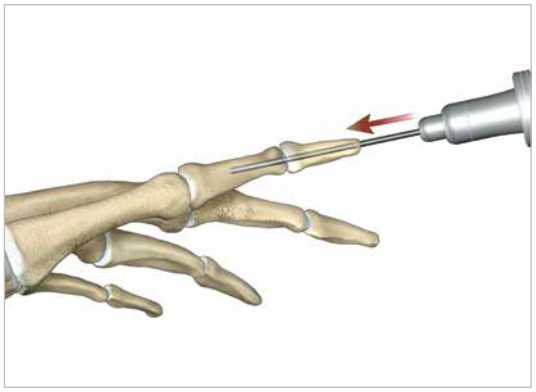
1 ADVANCE TROCAR K-WIRE

A double ended trocar K-wire is advanced into the distal phalanx through a transverse incision over the distal interphalangeal joint.



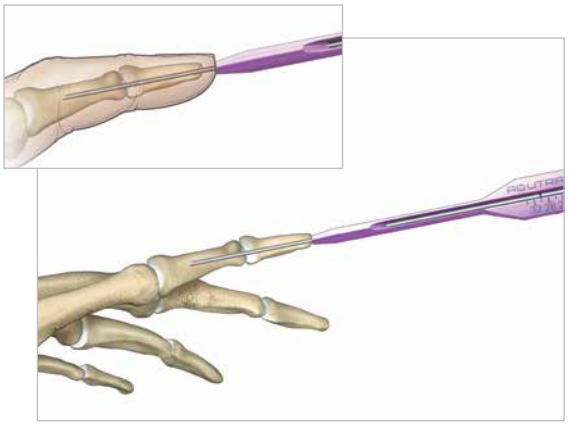
2 PROXIMAL MIDDLE PHALANX REDUCTION

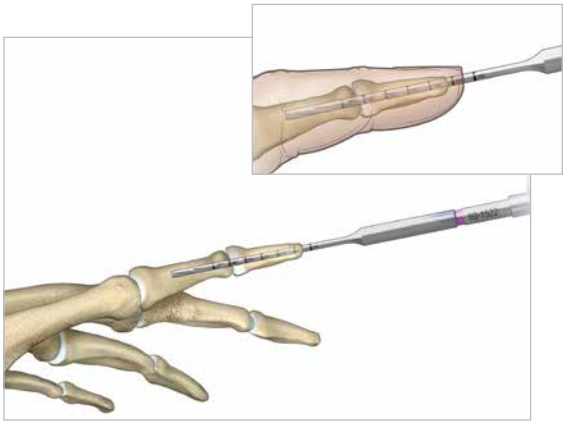
The joint is then reduced and the K-wire is driven proximally into the middle phalanx.



3 DETERMINE SCREW LENGTH

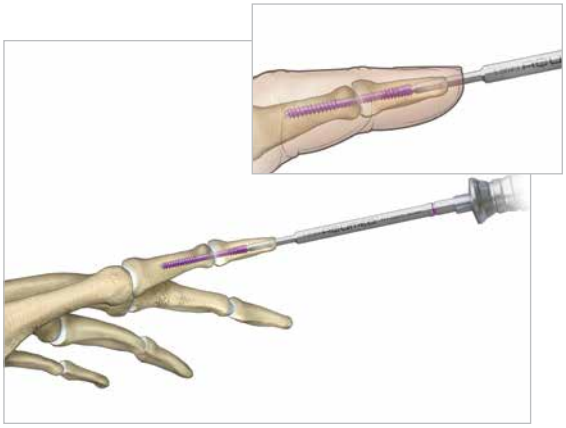
Make a short transverse (fish-mouth) incision in the tip of the distal phalanx and spread using a small (snap) clip. Measure guide wire length using either the percutaneous screw sizer, or by placing a second wire at the entry point and subtracting the difference. If it is intended to drive the screw below the surface of the distal phalanx, this must be accounted for in sizing the screw.





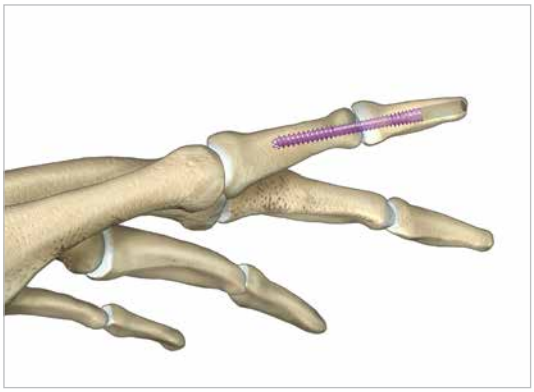
4 DRILL

Select the cannulated extended long drill and place over the wire. Drill using either a power drill or hand reamer across the joint into the middle phalanx to the desired depth. If it is intended to drive the screw below the surface of the distal phalanx, this must be accounted for in the depth of the prepared hole.



5 INSERT SCREW

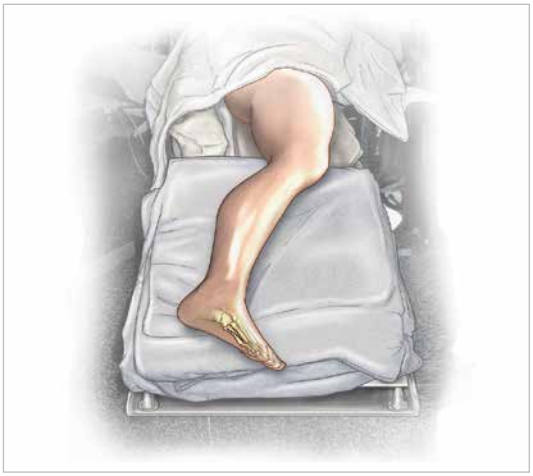
Insert the correctly sized screw with the appropriate hex driver. If resistance is met upon insertion or if distraction occurs, stop, remove the screw, re-drill with the extended long drill, and re-insert the screw. Confirm placement and length of the screw on imaging. Finally, remove the guide wire.



Jones Fracture Technique: Acutrak 2®—4.7 and 5.5

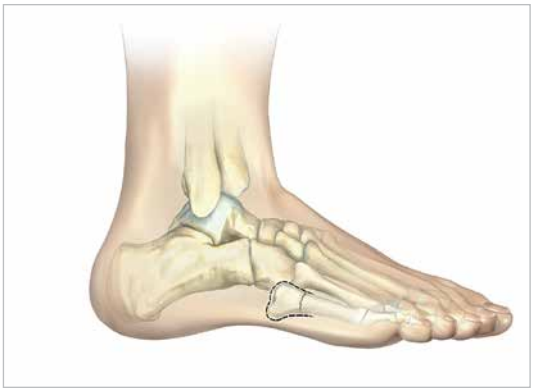
NICHOLAS ABIDI, M.D.

Purpose: Fracture in hypo-vascular zone of base of fifth metatarsal-"Jones" fracture—Torg 1, 2, and 3. Type 3 fractures may be bone grafted internally prior to screw insertion.



1 PATIENT POSITIONING

Position the patient in a semi-lateral position utilizing a bean bag body positioner. The patient should be moved to the distal end of the bed and the operative leg draped free as the side up. Exertion of the operative limb should be checked prior to prep and drape to confirm that the operative limb can be positioned on the mini c-arm during surgery.

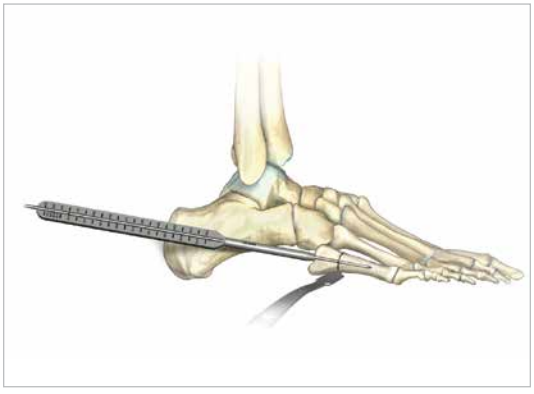


2 INDICATION AREA OUTLINE

The base of the fifth metatarsal is outlined, including the insertions of the peroneus brevis and tertius tendons.

3 APPROACH AND EXPOSURE

The guide wire, .062″, for the Acutrak 2—4.7 Screw can be positioned at the base of the fifth metatarsal under fluoroscopic guidance. A small incision is made at the base of the fifth metatarsal at the intersection of the peroneus brevis and tertius tendons. ⚠ **Care is made to identify and protect the sural nerve branches which run over the peroneal tendons.** If necessary, fibers of the lateral aponeurosis and peroneus brevis tendon are separated and retracted away from the styloid process of the base of the fifth metatarsal. A mini Hohman Retractor is placed on the plantar aspect of the base of the fifth metatarsal. The surgeon's fingers can be used to reduce the fifth metatarsal fracture by placing them in between the fourth and fifth metatarsals. This closes down the fifth metatarsal fracture site during guide wire, drill, and screw placement. A guide wire is drilled from the base of the fifth metatarsal into the central portion of the metatarsal shaft. It is maintained within the intramedullary canal in order to avoid distal penetration. Confirm placement with fluoroscopy.



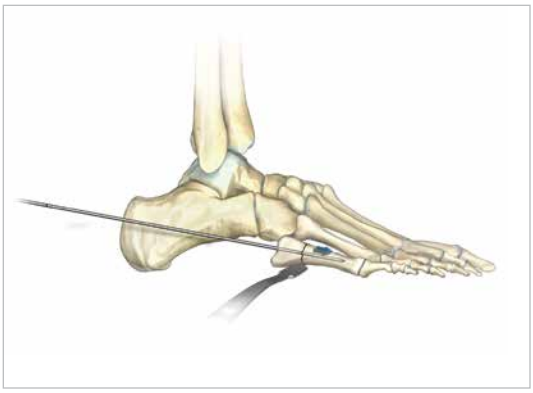
4 MEASURE DEPTH

Depth is measured from the exposed portion of the guide wire with the cannulated depth gauge.

5 ADVANCE GUIDE WIRE

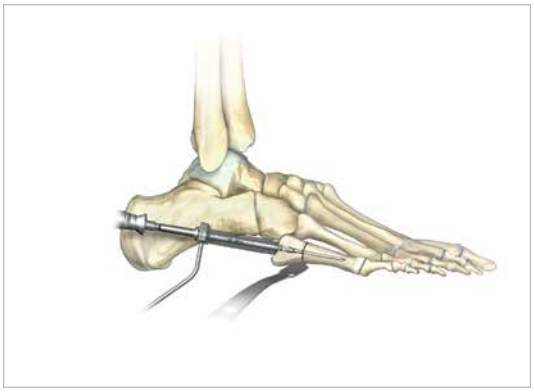
After selecting the size, advance the guide wire approximately 5 mm to maintain distal pin fixation before drilling.

Caution: Make sure not to compromise distal joint surfaces when advancing the guide wire.



6 SOFT TISSUE GUIDE PLACEMENT

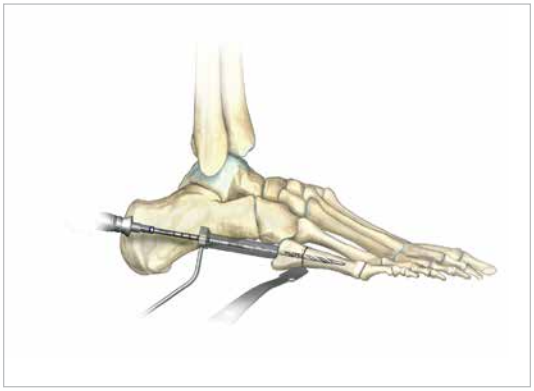
Place the soft tissue guide (the guide should be used throughout) over the guide wire and open the near cortex using the appropriate cannulated profile drill.

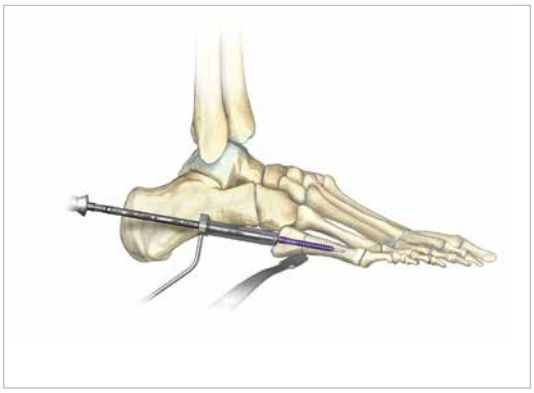


7 DRILL

Leaving the soft tissue guide in place, drill into the far fragment with the appropriate cannulated, long drill. Reference the markings on the drill to confirm desired depth.

Tip: The long drill is recommended to mitigate the effects of varying bone density and distraction upon screw insertion.





8 FRACTURE COMPRESSION

In order to account for countersinking and fracture compression, a screw that measures 5 mm shorter than the measured total depth is inserted over the guide wire while protecting the soft tissues with a soft tissue guide

9 SCREW INSERTION

The screw is placed while under fluoroscopic guidance in order to avoid cortical penetration.

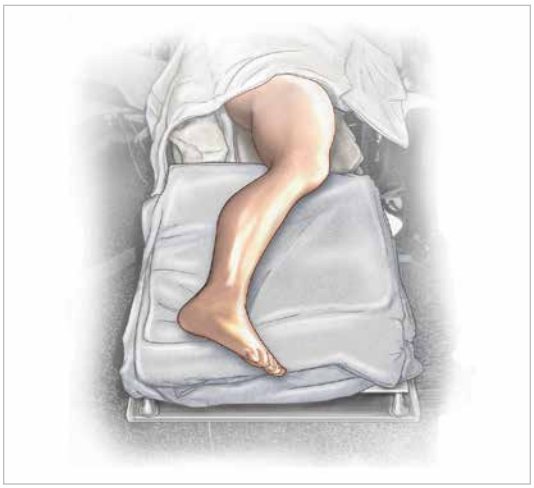
Postoperative protocol: The patient is placed into a soft dressing, supported by a fiberglass splint.

Patients can be made non-weight-bearing for a period of 2–6 weeks postoperatively depending upon Torg type of fracture, bone quality, and underlying morbidities.

Calcaneal Osteotomy Technique: Acutrak 2®—7.5

NICHOLAS ABIDI, M.D.

Purpose: Medial displacing calcaneal osteotomies are frequently performed to correct hindfoot valgus deformity. Lateral displacing calcaneal osteotomies are performed in patients with a cavus foot arising from the hindfoot. The plantar fascia must be released through a separate incision medially for a lateral displacing osteotomy, whereas the abductor hallucis muscle and medial neurovascular structures can be pushed away through the osteotomy bluntly prior to medial displacement of the osteotomized calcaneus.



1 PATIENT POSITIONING

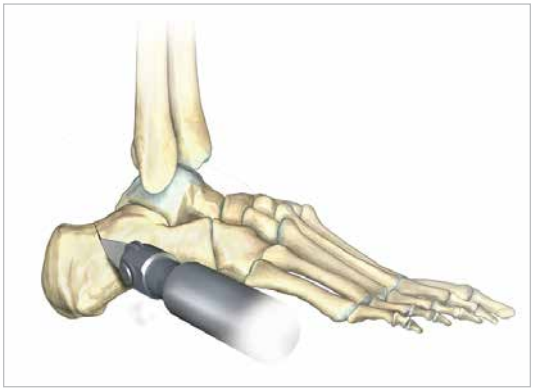
Position the patient at the end of the bed, semi-lateral. Check that the leg can be placed easily onto the mini c-arm prior to preparation of the operative limb.

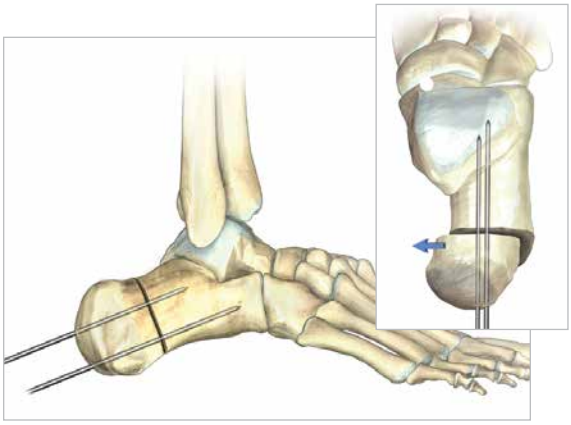
2 APPROACH AND EXPOSURE

An incision is made posterior to the peroneal tendons, perpendicular to the body of the calcaneus. Cephalad and caudal mini Hohman Retractors are placed to protect the neurovascular structures and plantar fascia. ⚠ **Care is made to preserve the peroneal tendons and the sural nerve.**

3 CREATE OSTEOTOMY

An oscillating saw is used to make the osteotomy cut perpendicular to the body of the calcaneus. The saw is not used to complete the cut through the medial cortex. This is completed with an osteotome in order to avoid damaging medial neurovascular structures.



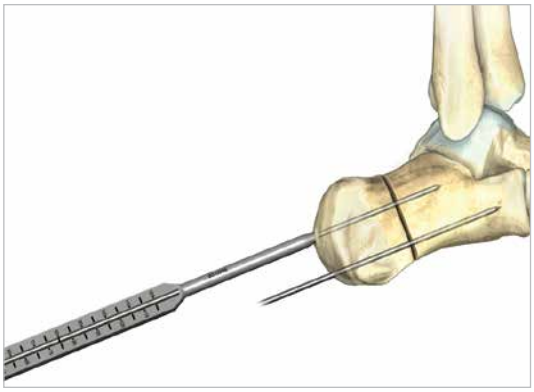


4 GUIDE WIRE PLACEMENT

The body of the calcaneus is displaced medially or laterally and held in place with two guide pins.

The distal portion of the pins are placed at the volar aspect of the angle of Gissane in order to capture solid bone distally and assist with compression of the osteotomy by the screws. Confirm guide pin placement under fluoroscopy.

Tip: The soft tissue protector and arthroscopic probe can be used to assist in guide wire placement.

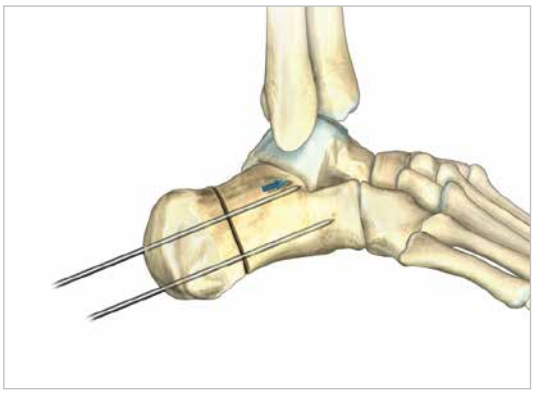


5 MEASURE DEPTH

Select a screw the same size as measured. However, to account for countersinking and compression it is common to select a screw one size shorter than the measured depth.

After selecting the size, advance the guide wire approximately 5 mm to maintain distal pin fixation before drilling.

Caution: Make sure not to compromise joint surfaces when advancing the guide wire.



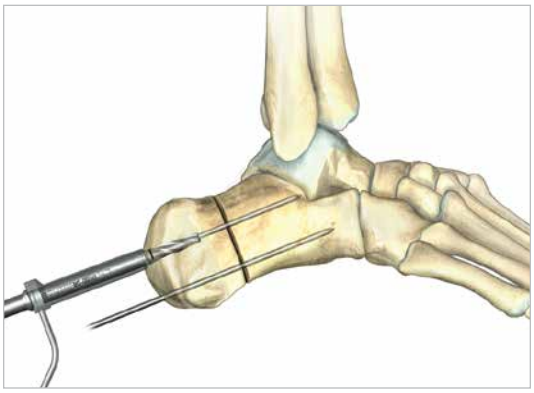
6 SELECT SCREW SIZE

Place the soft tissue guide (the guide should be used throughout) over the guide wire and open the near cortex using the appropriate cannulated profile drill.

7 SOFT TISSUE GUIDE

Place the soft tissue guide over the guide wire and open the near cortex using the appropriate cannulated profile drill.

Tip: Drills should be advanced slowly with continuous irrigation to minimize the potential of heat build-up. Clean drill periodically during each procedure to optimize performance.

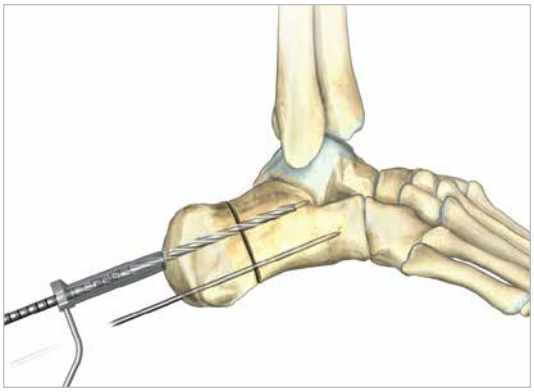


8 DRILL

Leaving the soft tissue guide in place, drill into the far fragment with the appropriate cannulated, long profile drill. Reference the markings on the drill to confirm desired depth.

Tip: The long drill is recommended to mitigate the effects of varying bone density and distraction upon screw insertion.

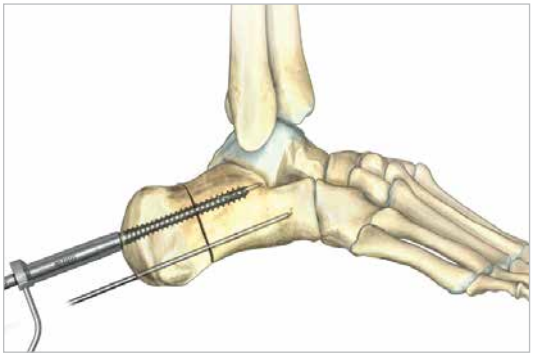
Note: The Acutrak 2—7.5 Long Drill does not show depth markings relative to the bone surface.

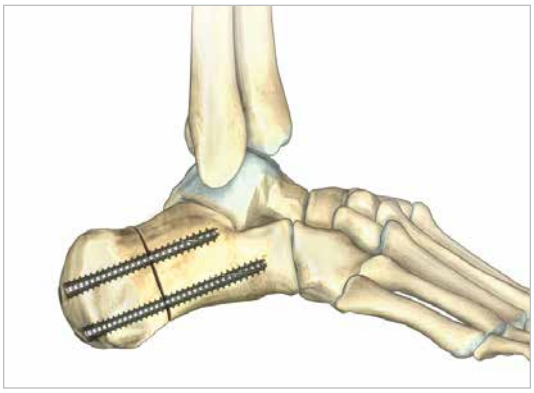


9 SCREW INSERTION

Cannulated Acutrak 2 Screws are placed. Placement is confirmed by lateral and axial fluoroscopy views in the operating room.

Caution: The marking on the driver shows when the screw is approximately flush with the end of the soft tissue protector; assure that the soft tissue protector is touching bone to accurately determine screw depth. Verify final screw position with fluoroscopy.





10 ADDITIONAL SCREW PLACEMENT

Repeat steps 5–9 for each additional screw placement.

The operative limb is placed into a bulky compression dressing. A splint is also placed. Patients are made non-weight-bearing in a cast, boot, or splint for 6 weeks after surgery.

Caution: Bone density has a great effect on the performance of drills. Peck drilling with long drills is advised.

Drills 80-0945, 80-0946, and 80-0976 should be advanced slowly with continuous irrigation to minimize the potential of heat build-up. Clean drill periodically during each procedure to optimize performance.

Ordering Information

Micro Acutrak 2® Bone Screw, Non-Sterile

8.0 mm, Micro Acutrak 2® Bone Screw	AT2-C08
9.0 mm, Micro Acutrak 2® Bone Screw	AT2-C09
10.0 mm, Micro Acutrak 2® Bone Screw	AT2-C10
11.0 mm, Micro Acutrak 2® Bone Screw	AT2-C11
12.0 mm, Micro Acutrak 2® Bone Screw	AT2-C12
13.0 mm, Micro Acutrak 2® Bone Screw	AT2-C13
14.0 mm, Micro Acutrak 2® Bone Screw	AT2-C14
16.0 mm, Micro Acutrak 2® Bone Screw	AT2-C16
18.0 mm, Micro Acutrak 2® Bone Screw	AT2-C18
20.0 mm, Micro Acutrak 2® Bone Screw	AT2-C20
22.0 mm, Micro Acutrak 2® Bone Screw	AT2-C22
24.0 mm, Micro Acutrak 2® Bone Screw	AT2-C24
26.0 mm, Micro Acutrak 2® Bone Screw	AT2-C26
28.0 mm, Micro Acutrak 2® Bone Screw	AT2-C28
30.0 mm, Micro Acutrak 2® Bone Screw	AT2-C30

Micro Acutrak 2® Instruments

.035 Diameter, Parallel Wire Guide Assembly	AT2-3500
.035″ x 5.75″ Single Trocar Guide Wire	WS-0906ST
Micro Acutrak 2® Drill	AT2-1509
Micro Acutrak 2® Drill, Long	80-0100
1.5 mm Cannulated Quick Release Driver Tip	HT-0915
Micro Acutrak 2® Extended Long Drill	80-1522
Micro Acutrak 2® Screw Sizer	80-1523
.035″ x 6″ Single Trocar Guide Wire	80-1524
.035″ x 6″ in Double Trocar Guide Wire	80-1525

Micro Acutrak 2® Tray

Micro Acutrak 2® Extension Caddy	80-1526
Micro Acutrak 2® Extension Platter	80-1527
Micro Acutrak 2® Extension Platter Lid	80-1534

Additional Items

Acutrak 2® Micro X-ray Template	ACT70-02

Ordering Information

Mini Acutrak 2® Bone Screw, Non-Sterile

16.0 mm, Mini Acutrak 2® Bone Screw	AT2-M16
18.0 mm, Mini Acutrak 2® Bone Screw	AT2-M18
20.0 mm, Mini Acutrak 2® Bone Screw	AT2-M20
22.0 mm, Mini Acutrak 2® Bone Screw	AT2-M22
24.0 mm, Mini Acutrak 2® Bone Screw	AT2-M24
26.0 mm, Mini Acutrak 2® Bone Screw	AT2-M26
28.0 mm, Mini Acutrak 2® Bone Screw	AT2-M28
30.0 mm, Mini Acutrak 2® Bone Screw	AT2-M30

Mini Acutrak 2® Instruments

.045 Diameter, Parallel Wire Guide Assembly	AT2-4500
.045″ x 6.0″ Single Trocar Guide Wire	WS-1106ST
Mini Acutrak 2® Drill	AT2M-1813
Mini Acutrak 2® Drill, Long	AT2M-L1813
2.0 mm Cannulated Quick Release Driver Tip	HT-1120

Additional Items

Acutrak 2® Mini X-ray Template	ACT70-03

Additional Standard, Mini, and Micro Instruments

Acutrak® Short Cannula Assembly	80-0519
Acutrak 2® Probe	AT2-0402
Acutrak 2® Screw Sizer	AT2-SMCZ
Acutrak® Plunger Assembly	AT-7060

Standard Acutrak 2® Bone Screws, Non-Sterile

16.0 mm, Standard Acutrak 2® Bone Screw	AT2-S16
18.0 mm, Standard Acutrak 2® Bone Screw	AT2-S18
20.0 mm, Standard Acutrak 2® Bone Screw	AT2-S20
22.0 mm, Standard Acutrak 2® Bone Screw	AT2-S22
24.0 mm, Standard Acutrak 2® Bone Screw	AT2-S24
26.0 mm, Standard Acutrak 2® Bone Screw	AT2-S26
28.0 mm, Standard Acutrak 2® Bone Screw	AT2-S28
30.0 mm, Standard Acutrak 2® Bone Screw	AT2-S30
32.0 mm, Standard Acutrak 2® Bone Screw	AT2-S32
34.0 mm, Standard Acutrak 2® Bone Screw	AT2-S34

Standard Acutrak 2® Instruments

.054 Diameter, Parallel Wire Guide Assembly	AT2-5400
.054″ x 7.0″ Single Trocar Guide Wire	WS-1407ST
Acutrak 2® Drill	AT2-2515
Acutrak 2® Drill, Long	AT2-L2515
2.5 mm Cannulated Quick Release, Driver Tip	HT-1725

Additional Items

Acutrak 2® Standard X-ray Template	ACT70-01

Universal Platter Standard, Mini, and Micro Tray Additional Instruments

1.5 mm Easyout, Quick Release	80-0598
2.0 mm Easyout, Quick Release	80-0599
2.5 mm Easyout, Quick Release	80-0600
Medium Ratcheting Driver Handle	80-0663
6 mm Graft Removal Paddle Assembly	BG-8064
7 mm Bone Graft Drill Assembly	PL-BG07
Universal Acutrak 2® Standard, Mini, and Micro Instrument Base	80-0808
Universal Acutrak 2® Shallow Lid	80-0809

Acutrak 2®—4.7 Screws, Non-Sterile

20.0 mm Acutrak 2®—4.7 Screw	30-0620
22.0 mm Acutrak 2®—4.7 Screw	30-0622
24.0 mm Acutrak 2®—4.7 Screw	30-0624
26.0 mm Acutrak 2®—4.7 Screw	30-0626
28.0 mm Acutrak 2®—4.7 Screw	30-0628
30.0 mm Acutrak 2®—4.7 Screw	30-0630
35.0 mm Acutrak 2®—4.7 Screw	30-0635
40.0 mm Acutrak 2®—4.7 Screw	30-0640
45.0 mm Acutrak 2®—4.7 Screw	30-0645
50.0 mm Acutrak 2®—4.7 Screw	30-0650

Acutrak 2®—4.7 Instruments

Acutrak 2®—4.7 Profile Drill	80-0945
Acutrak 2®—4.7 Long Drill	80-0946

Acutrak 2®—5.5 Screws, Non-Sterile

25.0 mm Acutrak 2®—5.5 Screw	30-0021
30.0 mm Acutrak 2®—5.5 Screw	30-0023
35.0 mm Acutrak 2®—5.5 Screw	30-0025
40.0 mm Acutrak 2®—5.5 Screw	30-0027
45.0 mm Acutrak 2®—5.5 Screw	30-0029
50.0 mm Acutrak 2®—5.5 Screw	30-0031
55.0 mm Acutrak 2®—5.5 Screw	30-0084
60.0 mm Acutrak 2®—5.5 Screw	30-0085

Acutrak 2®—5.5 Instruments

Acutrak 2®—5.5 Profile Drill Large AT2	80-0955
Acutrak 2®—5.5 Long Drill Large AT2	80-0956

Acutrak 2®—4.7 and 5.5 Instruments

1.6 mm Guide Wire Probe	80-0992
1.6 mm (.062″) x 9.25″ Guide Wire	80-0950
Acutrak 2® 3.0 mm Cannulated Quick Release Hex Driver Tip	80-0958
Acutrak 2® 3.0 mm Solid Quick Release Hex Driver Tip	80-0959

Ordering Information

Acutrak 2®—7.5 Screws, Non-Sterile

40.0 mm Acutrak 2®—7.5 Screw	30-0740
45.0 mm Acutrak 2®—7.5 Screw	30-0745
50.0 mm Acutrak 2®—7.5 Screw	30-0750
55.0 mm Acutrak 2®—7.5 Screw	30-0755
60.0 mm Acutrak 2®—7.5 Screw	30-0760
65.0 mm Acutrak 2®—7.5 Screw	30-0765
70.0 mm Acutrak 2®—7.5 Screw	30-0770
75.0 mm Acutrak 2®—7.5 Screw	30-0775
80.0 mm Acutrak 2®—7.5 Screw	30-0780
85.0 mm Acutrak 2®—7.5 Screw	30-0785
90.0 mm Acutrak 2®—7.5 Screw	30-0790
95.0 mm Acutrak 2®—7.5 Screw	30-0795
100.0 mm Acutrak 2®—7.5 Screw	30-0800
105.0 mm Acutrak 2®—7.5 Screw	30-0805
110.0 mm Acutrak 2®—7.5 Screw	30-0810
115.0 mm Acutrak 2®—7.5 Screw	30-0815
120.0 mm Acutrak 2®—7.5 Screw	30-0820

Acutrak 2®—7.5 Instruments

2.4 mm Guide Wire Probe	80-0994
2.4 mm (.094") x 9.25" Guide Wire	80-0970
2.4 mm (.094") x 9.25" Guide Wire, Threaded	80-0971
Acutrak 2®—7.5 Profile Drill	80-0975
Acutrak 2®—7.5 Long Drill	80-0976
Acutrak 2® 4.0 mm Cannulated Quick Release Hex Driver Tip	80-0978
Acutrak 2® 4.0 mm Solid Quick Release Hex Driver Tip	80-0979

Universal Platter Acutrak 2®—4.7, 5.5, and 7.5 Tray Additional Instruments

Large Acutrak 2® Drills and Drivers Platter	80-0870
Large Acutrak 2® Common Instrument Platter	80-0871
Small Ratchet Handle with Quick Release Connection	80-0398
Forceps	AT-7005
Ratchet T-Handle A/O Connection and Tri-Lobe Quick Release	80-0999
Sharp Hook	PL-CL06
3.0 mm Easyout, Quick Release	80-0601
4.0 mm Easyout, Quick Release	80-0603

Universal Platter Acutrak 2®—4.7, 5.5, and 7.5 Tray Additional Instruments (Sterile)

Large Acutrak 2® Screw System Lid	80-0869

Universal Platter Acutrak 2®—4.7, 5.5, and 7.5 Tray Additional Instruments (Non-Sterile)

Large Acutrak 2® 4.7 and 5.5 Screw Platter	80-0876
Large Acutrak 2® 7.5 Screw Platter	80-0877
Large Acutrak 2® 4.7 Screw Caddy	80-0878
Large Acutrak 2® 5.5 Screw Caddy	80-0880
Large Acutrak 2® 7.5 Screw Caddy	80-0882
Large Acutrak 2® Screw 2 x 2 Base	80-0884
Large Acutrak 2® Screw Lid	80-0885

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