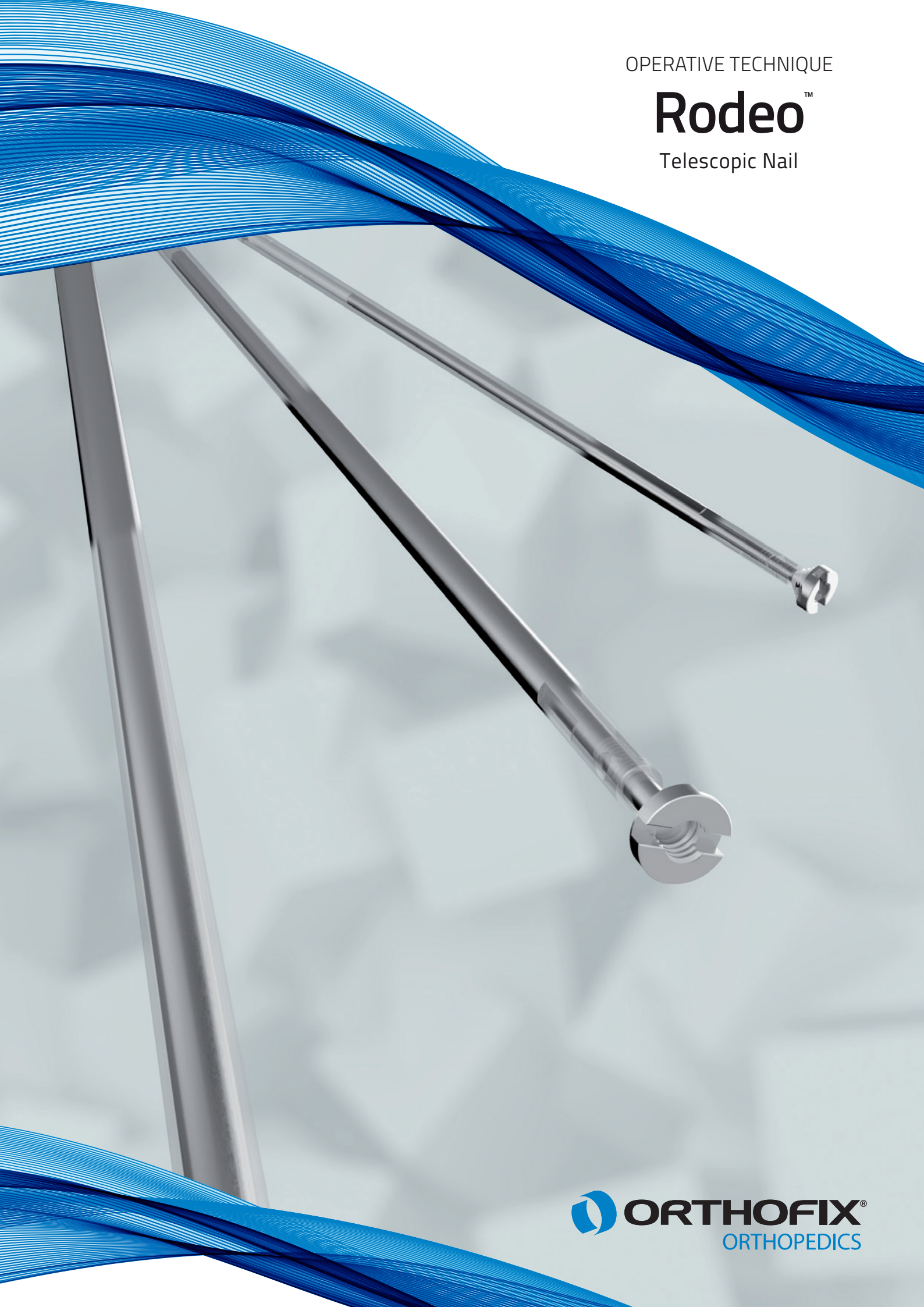
OPERATIVE TECHNIQUE

Rodeo™

Telescopic Nail



ORTHOFIX®
ORTHOPEDICS

Rodeo™

Telescopic Nail

Table of Contents

The surgical technique shown is for illustrative purposes only. The technique(s) actually employed in each case will always depend upon the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient. Please kindly refer to the product IFU PQRDO and to the reusable medical devices IFU PQRMD that contain instructions for use of the product.

RETROGRADE FEMORAL NAIL

Preoperative Planning

The RODEO™ Telescopic Nail is composed of a female nail, a male nail, a cap and an epiphyseal pin. The cap is used only for fixation in the femur, the epiphyseal pin only for fixation in the tibia. Detailed preoperative planning is important for determining appropriate nail size and details on the procedure(s) to be performed.

Surgical Technique

The operative technique listed below is designed to provide a general recommendation on the instruments and procedure required for the retrograde application of the RODEO™ Telescopic Nail on the femur.

Choice of drill bit size

Select the size of the drill bit on the basis of radiological images of the patients. During selection of drill bit diameter, if undecided between two diameters choose the smaller one.

PRECAUTION: Attention must be paid in manipulating implants, in particular during insertion avoid the application of excessive lateral and axial load on the nail through the screwdriver bearing in mind that the weight of the screwdriver alone might cause an excessive load, and in avoiding overtightening, in particular when using small size implants.

Entry Point

Part #	Description	Picture
166260	BONE AWL	

Position the patient supine with the knee flexed. Perform a percutaneus incision in the middle of the patellar tendon. Select the appropriate drill bit size and place the tip of the drill bit in the intercondylar notch, perpendicular to the articular surface. Check the position in AP and lateral view **(Fig. 1)**.

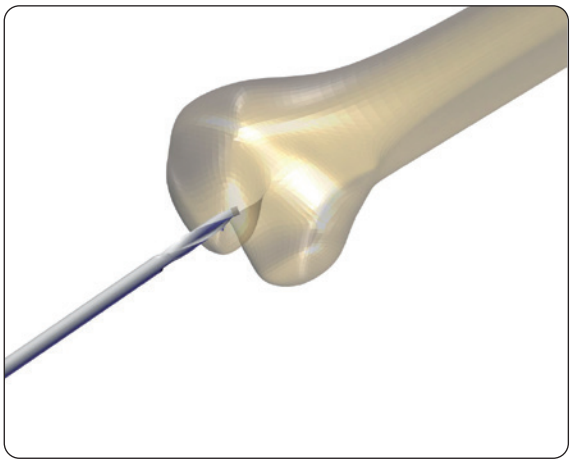


Fig. 1

If needed, open the first entry point by gently advancing the bone awl (the awl is an optional instrument available on demand) perpendicular to the bone surface with a twisting motion **(Fig. 2)**.

PRECAUTION: Instruments and implants must be inserted with full knowledge of the safe corridors to avoid damage to the anatomical structures.

PRECAUTION: The drill should be tapped through the soft tissues and drilled through the bone; it should never be drilled through soft tissues.

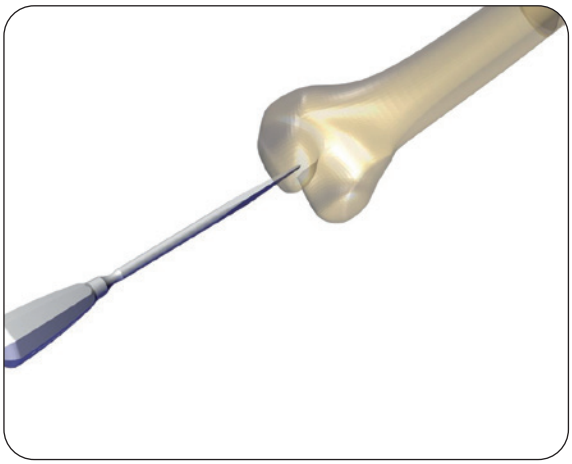
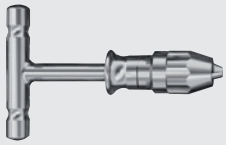


Fig. 2

Part #	Description	Picture
99-16735300R	RODEO DRILL BIT D3.5MM STERILE	
99-16740350R	RODEO DRILL BIT D4.0MM STERILE	
99-16745400R	RODEO DRILL BIT D4.5MM STERILE	
99-16750450R	RODEO DRILL BIT D5.0MM STERILE	
99-16760450R	RODEO DRILL BIT D6.0MM STERILE	
166955	NAIL INSERTER	

Start drilling the intramedullary canal, if needed with the help of the nail inserter (the nail inserter is an optional instrument available on demand) **(Fig. 3 and 4)** or the power drill (the female nail will be connected to the drill bit after the intramedullary canal is drilled).

PRECAUTION: When possible, drill the intramedullary canal by hand.

If the selected size of the drill bit is not correct, replace it with the correct size.

PRECAUTION: The nail inserter and the power drill should not be connected to the threaded portion of the drill bit, to avoid damage to the threaded connection.

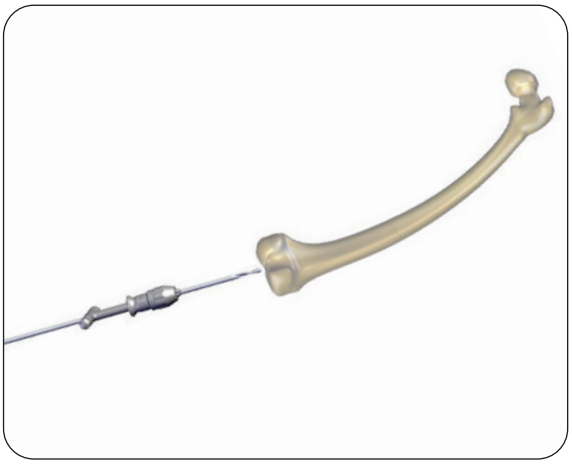


Fig. 3

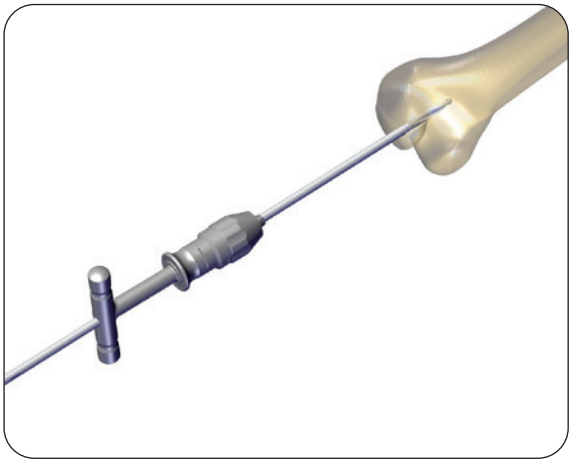


Fig. 4

When the drill bit is near the cortical bone (in the convexity of the deformity) **(Fig. 5)**, perform an osteotomy (manually, if possible, or with a small incision) just proximal to the drill bit. If needed, remove a bone wedge to align the bone **(Fig. 6)**.

PRECAUTION: During drilling, use image intensification to verify the position of the drill bit tip.

With counter pressure applied at the osteotomy site (with a mallet for example) progressively correct the deformity by gentle manipulation. When the bone is straightened, push the drill bit proximally.

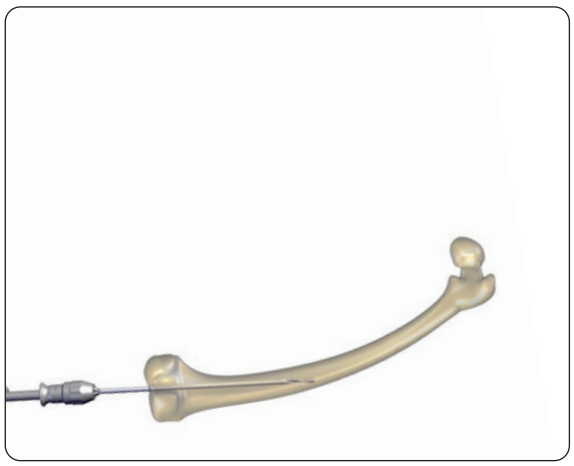


Fig. 5

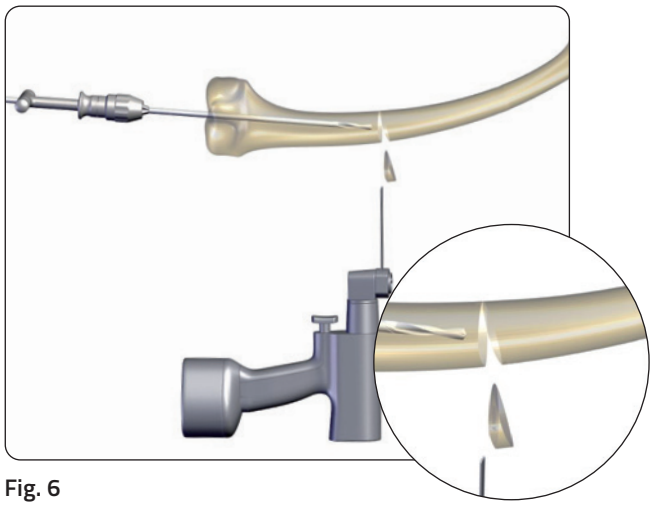


Fig. 6

Push the drill bit proximally to the apex of the second deformity. Then, perform a second osteotomy, just proximal to the drill bit, following the same procedure described in previous steps **(Fig. 7)**.

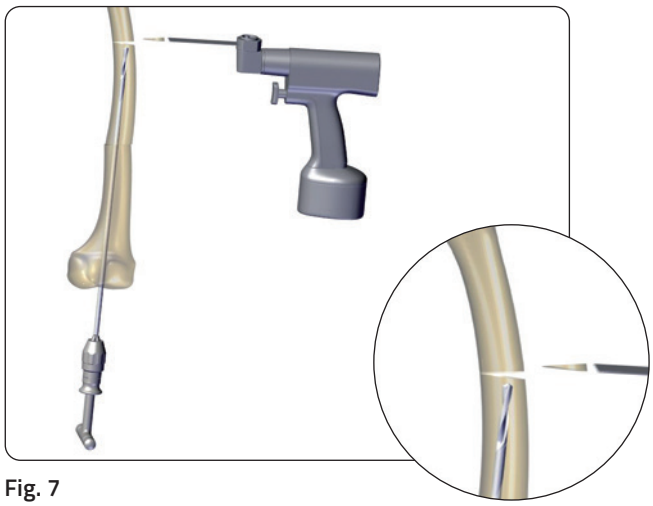


Fig. 7

If needed, perform other osteotomies until the whole length of the medullary canal is drilled **(Fig. 8)**. The appropriate location and number of osteotomies is left to the surgeon's discretion.

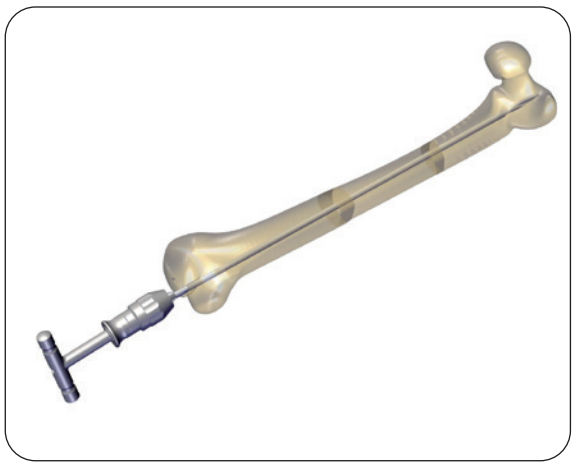


Fig. 8

Choice of nail length

Part #	Description	Picture
99-16730000R	RODEO NAILS GAUGE D3.5 AND 4.0MM STERILE	
99-16740000R	RODEO NAILS GAUGE D4.5 TO 6.0MM STERILE	

OPTION 1:

When the drill bit reaches the proximal end of the bone, remove the nail inserter or power drill and check the distal end of the drill bit to identify the correct length of the nail.

Read the length corresponding to the first notch that emerges from the bone and select the immediately shorter length of female nail. If the end of the bone corresponds to a notch, choose the shorter length **(Fig. 9)**.

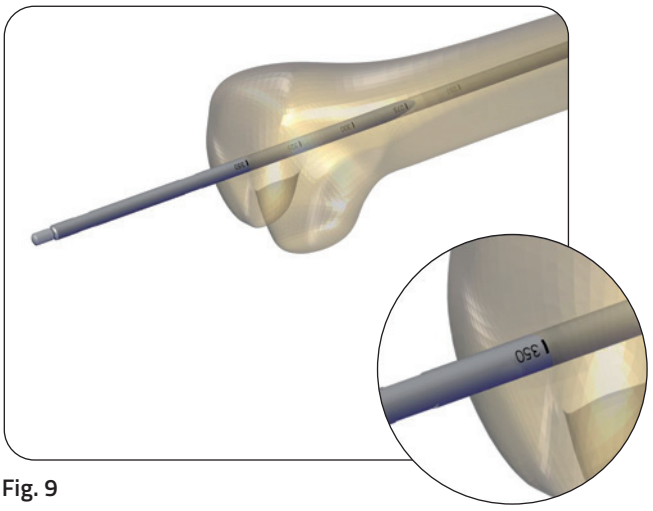


Fig. 9

OPTION 2:

When the drill bit reaches the proximal end of the bone, remove the nail inserter or power drill and position the nail gauge over the nail with the tip in contact with the distal end of the bone, to identify the correct length of the nail.

Select the appropriate scale, based on the nail diameter size, read the length corresponding to the notch in line with the end of the drill bit and select the immediately shorter length of female nail **(Fig. 10)**. If the end of the drill bit corresponds to a notch, choose the shorter length **(Fig. 11)**.

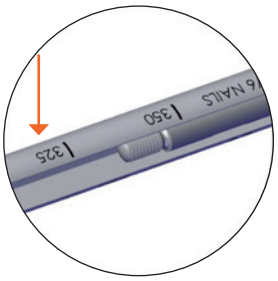


Fig. 10

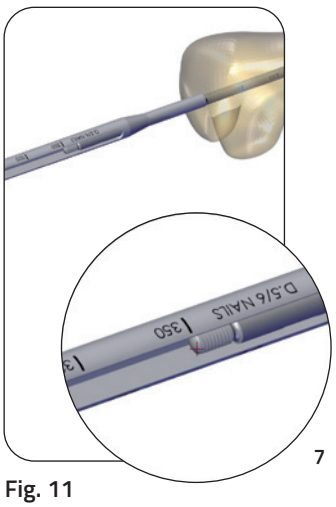


Fig. 11

Part #	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	

Perform an incision at the buttock to allow the drill bit to exit proximally, at the level of the greater trochanter.

The exit point in proximal femur must be carefully evaluated and it is important to pay attention to the femoral head vascularization.

Moreover, the bone condition of each patient (such as bone density, deformities and functioning) and the position of the osteotomies performed during the surgery to straighten the bone, can affect the choice of the exit point.

Based on previous considerations, the surgeon decides which exit point is more appropriate for each specific case.

PRECAUTION: When the drill bit exits from the proximal femur, pay attention not to damage the vessels of the femoral head, to avoid disturbing the blood supply.

With the drill bit exiting from the bone proximally, verify that it protrudes also distally, to allow connection of the female nail.

Connect the female nail to the drill bit (if needed with the help of the wrench) **(Fig. 12)**.

WARNING: When tightening the female nail to the drill bit use only one wrench. To avoid excessive tightening, use the wrench to hold the drill bit and the hand to hold the female nail.

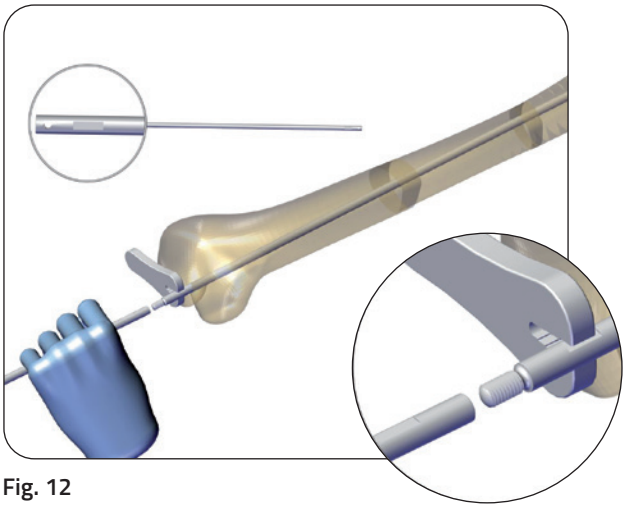


Fig. 12

Insert the female nail into the intramedullary canal, if needed with the help of the nail inserter, using the drill bit as a guide. Push the nail proximally and let the drill bit exit **(Fig. 13)**.

WARNING: To avoid extra damage to the bone or damage to the nail-drill connection, do not use the mallet or other instruments to insert the female nail, but do it manually or with the nail inserter.

The final part of the female nail should protrude from the bone distally, to allow the insertion of the male nail **(Fig. 13)**.

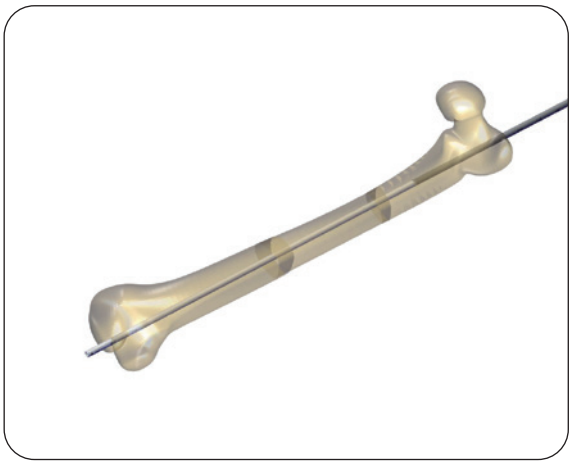


Fig. 13

Part#	Description	Picture
99-16710000R	RODEO SCREWDRIVER STERILE	

Connect the male nail to the screwdriver by turning the light-blue part of the screwdriver clockwise **(Fig. 14)**.

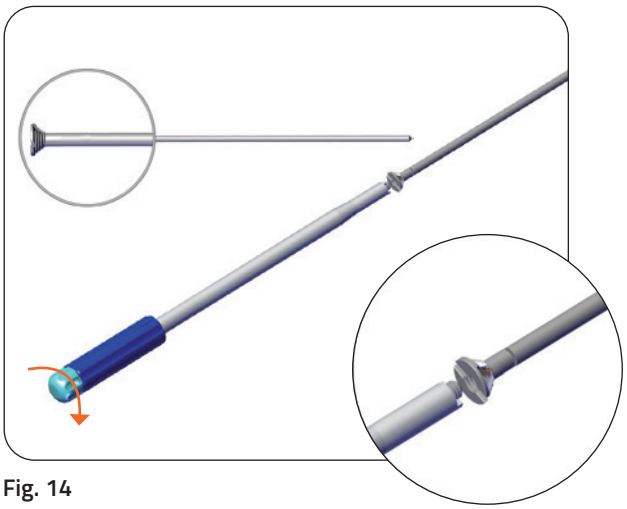


Fig. 14

Insert the male nail into the female nail, keeping the screwdriver connected to the male nail **(Fig. 15)**.

Support the screwdriver weight once connected to the nail.

PRECAUTION: Attention must be paid in manipulating implants, in particular during insertion avoid the application of excessive lateral and axial load on the nail through the screwidriver bearing in mind that the weight of the screwdriver alone migth cause an excessive load, and in avoiding overtightening, in particular when using small size implants.

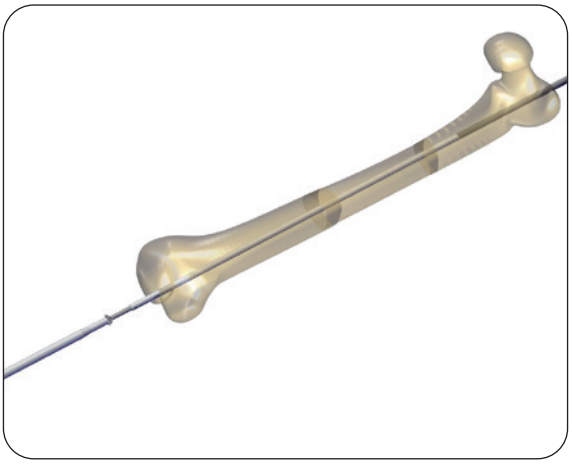


Fig. 15

Allow the drill bit to slide out the female nail from the bone proximally **(Fig. 16)**, if needed with the help of the nail inserter, until the female nail exit from the skin.

PRECAUTION: A part of the male nail should always remain inside the female nail. Verify under image intensification not to slide out the female nail completely from the core.

WARNING: Do not hold the drill bit at the cutting edge level to avoid any injury to user.

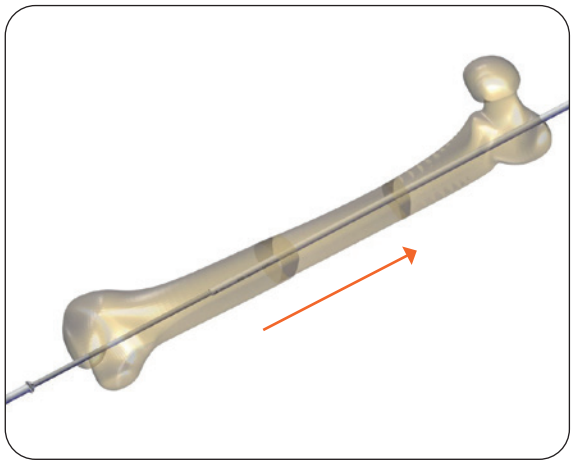


Fig. 16

Remove the drill bit from the female nail (if needed with the help of wrenches) **(Fig. 17)**.

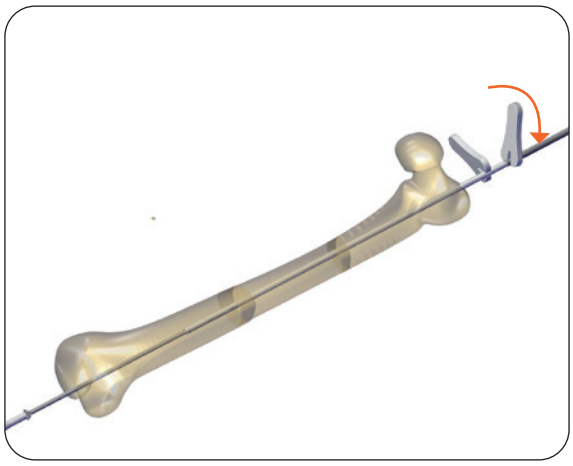


Fig. 17

Connect the cap to a second screwdriver by turning the light-blue part of the screwdriver clockwise.

Connect the cap to the distal end of the female nail by turning the blue part of the screwdriver clockwise. Stop turning when all the threaded part of the cap is inside the female nail **(Fig. 18)**.

WARNING: The thread cap must be completely inserted into the nail tube, to avoid failure of the device.

Support the screwdriver weight once connected to the nail.

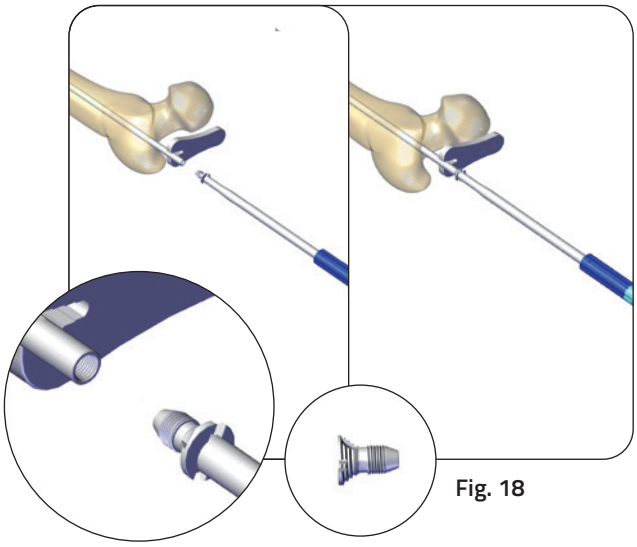


Fig. 18

Part#	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	

Once the cap is screwed into the female nail, use the screwdriver to insert the female nail into the bone, until the cap reaches the cortical bone. Tighten the external thread of the cap in the bone, to guarantee stability **(Fig. 19)**.

PRECAUTION: Attention must be paid in manipulating implants, in particular during insertion avoid the application of excessive lateral and axial load on the nail through the screwidriver bearing in mind that the weight of the screwdriver alone migth cause an excessive load, and in avoiding overtightening, in particular when using small size implants.

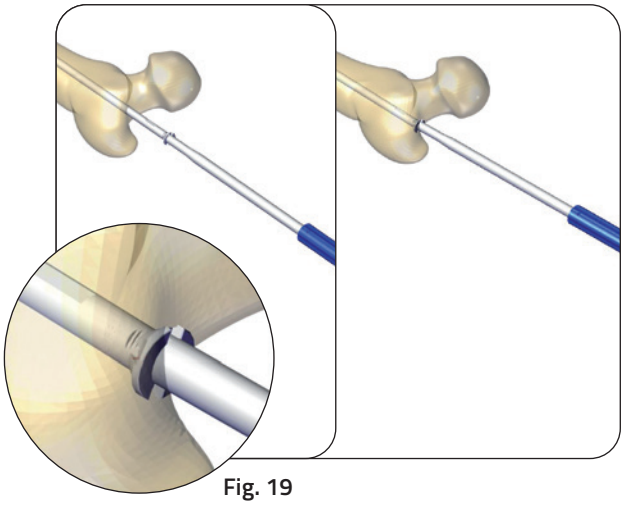


Fig. 19

Push the male nail into the female nail, until its distal part reaches the cortical bone. Tighten the external thread of distal end of the male nail in the bone, to guarantee stability **(Fig. 20)**.

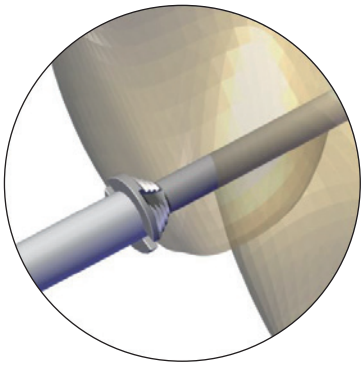


Fig. 20

After anchoring the nail to both bone extremities, use simultaneously two screwdrivers to ensure tightening of the male nail extremity and the female nail cap to the bone **(Fig. 21)**.

PRECAUTION: Check that the male nail extremity and the cap of the female nail are completely inserted into the bone, to avoid failure of the device.

Support the screwdriver weight once anchored to the bone.

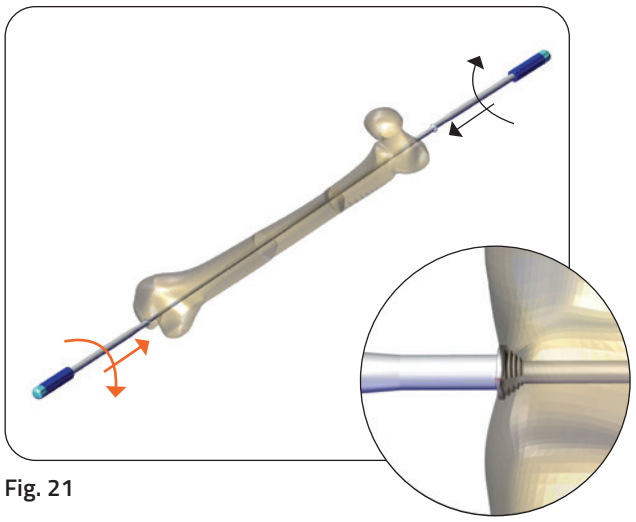


Fig. 21

Remove the screwdrivers by turning the light-blue part of the screwdriver counterclockwise **(Fig. 22)**.

Use image intensification to ensure correct implant placement and to confirm the planned correction.

PRECAUTION: During and after insertion, ensure correct positioning of the implants under image intensification.

PRECAUTION: During treatment the patient must be checked regularly and monitored radiologically.

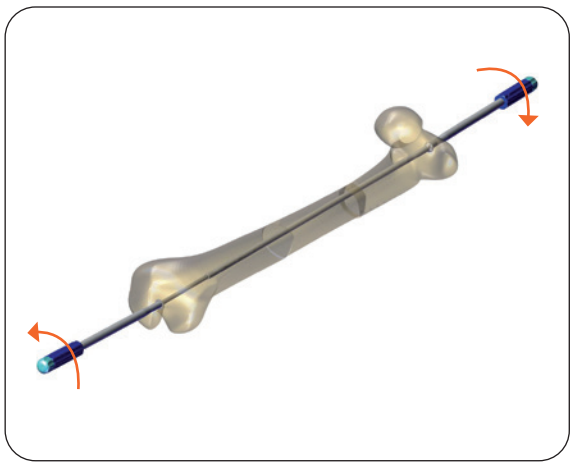


Fig. 22

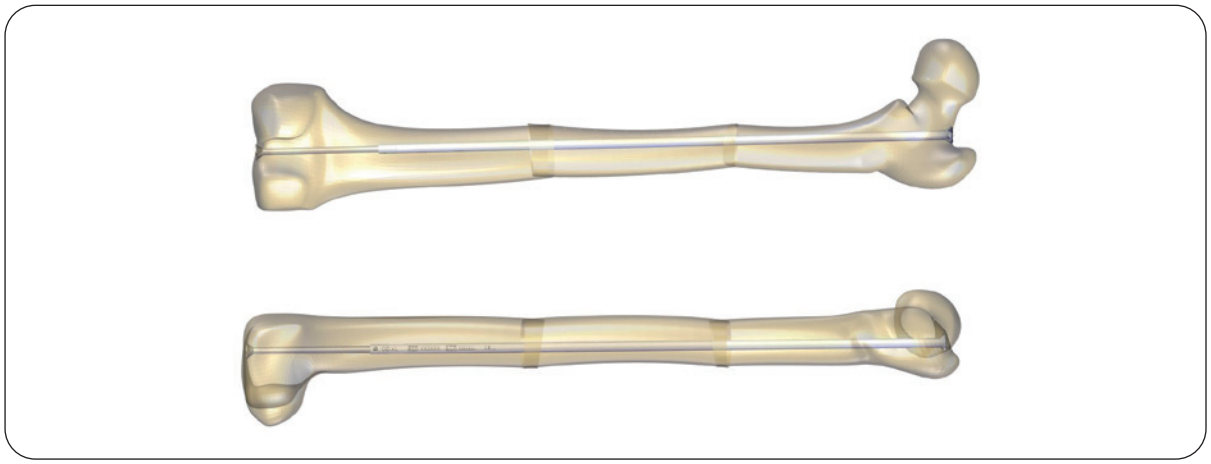


Fig. 23

Implant Removal

Part#	Description	Picture
99-16710000R	RODEO SCREWDRIVER STERILE	

Perform a percutaneus incision in the middle of the patellar tendon.

Remove any overgrown bone and engage the male nail by turning the light-blue part of the screwdriver clockwise **(Fig. 24a)**.

Remove the male nail with the screwdriver **(Fig. 24b)**.

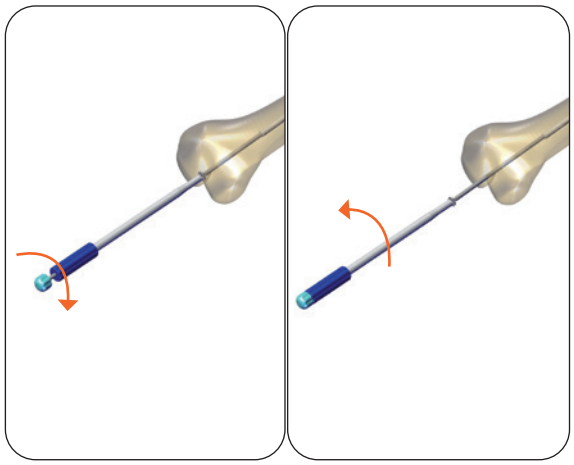


Fig. 24a **Fig. 24b**

Perform an incision at the buttock.

Remove any overgrown bone and engage the cap by turning the light-blue part of the screwdriver clockwise.

By turning the blue part of the screwdriver only one half turn counterclockwise, remove the cap and female nail.

It is possible to use two screwdrivers to remove the male and the female nail simultaneously **(Fig. 25)**.

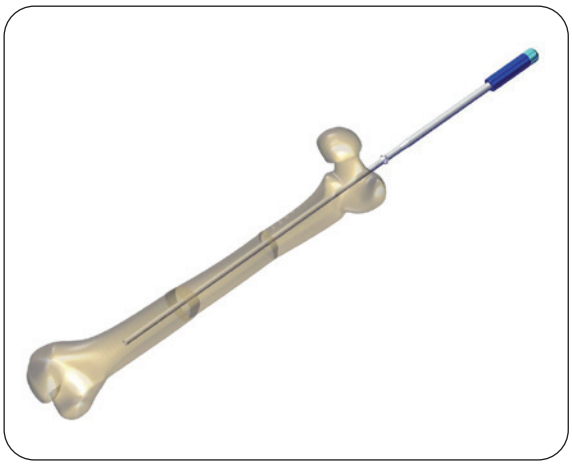


Fig. 25

ANTEGRADE TIBIAL NAIL

Preoperative Planning

The RODEO™ Telescopic Nail is composed of a female nail, a male nail, a cap and an epiphyseal pin. The cap is used only for fixation in the femur, the epiphyseal pin only for fixation in the tibia. Detailed preoperative planning is important for determining appropriate nail size and details on the procedure(s) to be performed.

Surgical Technique

The operative technique listed below is designed to provide a general recommendation on the instruments and procedure required for the antegrade application of the RODEO™ Telescopic Nail on the tibia.

Choice of drill bit size

Select the size of the drill bit on the basis of radiological images of the patients. During selection of drill bit diameter, if undecided between two diameters choose the smaller one.

PRECAUTION: Attention must be paid in manipulating implants, in particular during insertion avoid the application of excessive lateral and axial load on the nail through the screwidriver bearing in mind that the weight of the screwdriver alone migth cause an excessive load, and in avoiding overtightening, in particular when using small size implants.

Entry Point

Part#	Description	Picture
166260	BONE AWL	

Position the patient supine with the knee flexed. Perform a small incision just medial to the patellar tendon. Retract the tendon laterally, palpate the anterior margin of the tibial plateau. Gently push the fat pad posteriorly to expose the surface of the plateau anterior to the insertion of the anterior cruciate ligament. Select the appropriate drill bit size and place the tip of the drill bit on the anterior edge of the tibial plateau, perpendicular to joint surface **(Fig. 1)**.

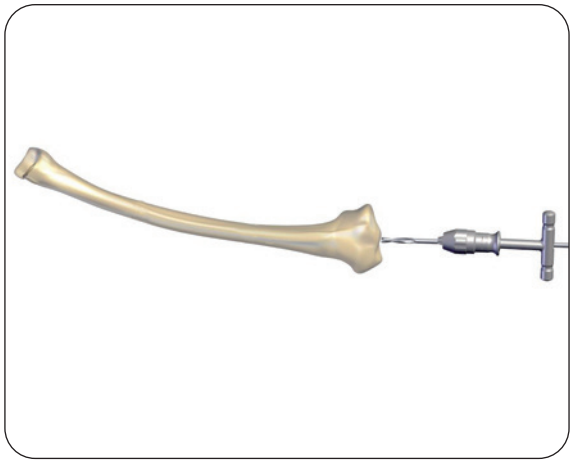


Fig. 1

If needed, open the first entry point by gently advancing the bone awl (the awl is an optional instrument available on demand) perpendicular to the bone surface with a twisting motion **(Fig. 2)**.

PRECAUTION: Instruments and implants must be inserted with full knowledge of the safe corridors to avoid damage to the anatomical structures.

PRECAUTION: The drill should be tapped through the soft tissues and drilled through the bone; it should never be drilled through soft tissues.

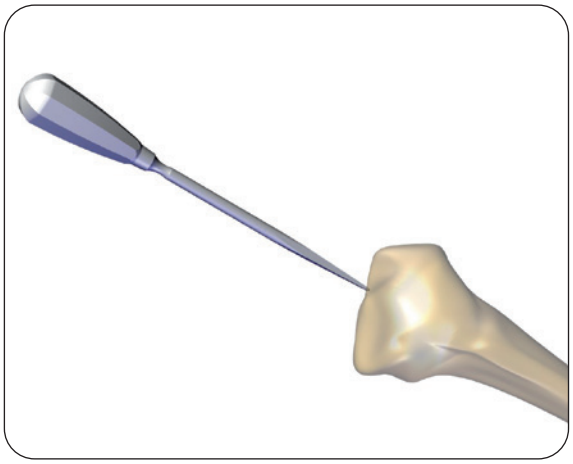


Fig. 2

Part#	Description	Picture
99-16735300R	RODEO DRILL BIT D3.5MM STERILE	
99-16740350R	RODEO DRILL BIT D4.0MM STERILE	
99-16745400R	RODEO DRILL BIT D4.5MM STERILE	
99-16750450R	RODEO DRILL BIT D5.0MM STERILE	
99-16760450R	RODEO DRILL BIT D6.0MM STERILE	
166955	NAIL INSERTER	

Start drilling the intramedullary canal, if needed with the help of the nail inserter (the nail inserter is an optional instrument available on demand) **(Fig. 3)** or the power drill (the female nail will be connected to the drill bit after the intramedullary canal is drilled).

PRECAUTION: When possible, drill the intramedullary canal by hand.

If the selected size of the drill bit is not correct, replace it with the correct size.

PRECAUTION: The nail inserter and the power drill should not be connected to the threaded portion of the drill bit, to avoid damage to the threaded connection.

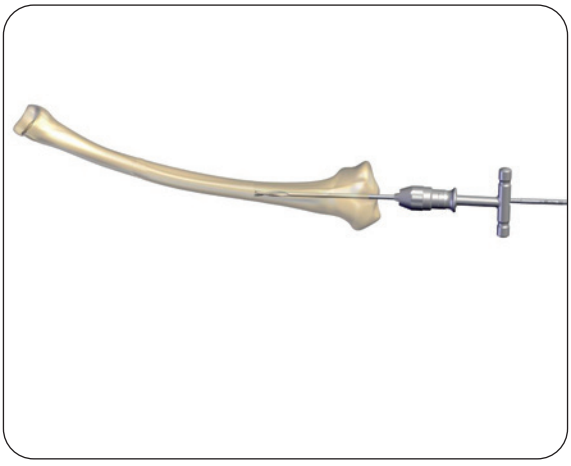


Fig. 3

When the drill bit is near the cortical bone (in the convexity of the deformity), perform an osteotomy (manually, if possible, or with a small incision) just distal to the drill bit. If needed, remove a bone wedge to align the bone **(Fig. 4)**.

PRECAUTION: During drilling, use image intensification to verify the position of the drill bit tip.

With counter pressure applied at the osteotomy site (with a mallet for example) progressively correct the deformity by gentle manipulation. When the bone is straightened, push the drill bit distally.

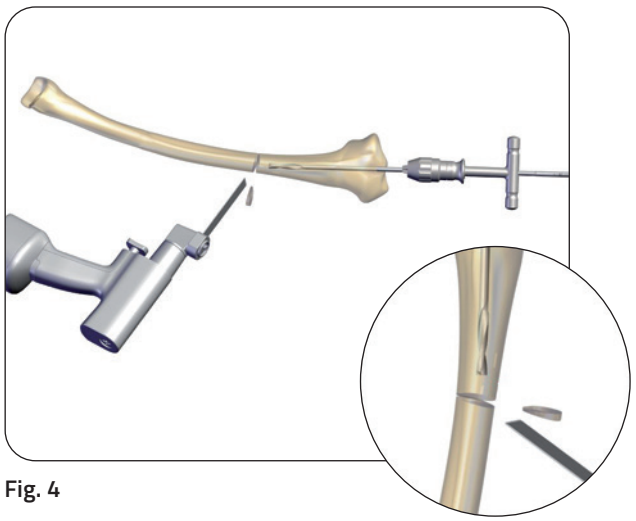


Fig. 4

Push the drill bit distally, until the apex of the second deformity. Then, perform a second osteotomy, just distal to the drill bit, following the same procedure described in previous steps **(Fig. 5)**.

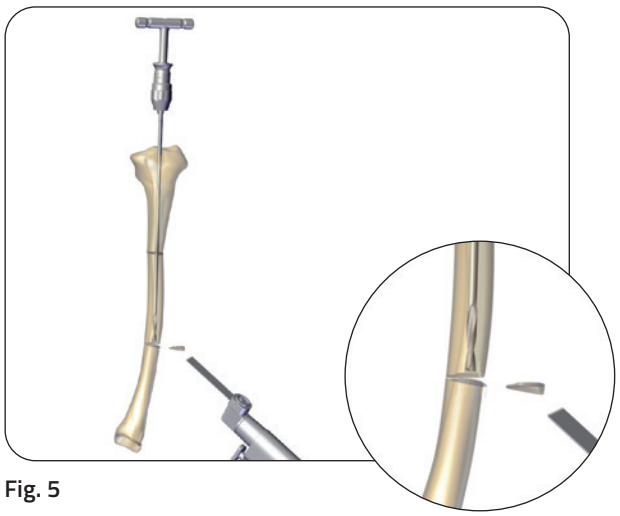


Fig. 5

If needed, perform other osteotomies, until the drill bit go through the growth plates and stop reaming before reaching the tibial plate **(Fig. 6)**.

The appropriate location and number of osteotomies is left to the surgeon's discretion.

Fig. 6

Choice of nail length

Part#	Description	Picture
99-16730000R	RODEO NAILS GAUGE D3.5 AND 4.0MM STERILE	
99-16740000R	RODEO NAILS GAUGE D4.5 TO 6.0MM STERILE	

OPTION 1:

When the drill bit reaches the distal end of the bone, remove the nail inserter or power drill and check the distal end of the drill bit to identify the correct length of the nail.

Read the length corresponding to the first notch that emerges from the bone and select the immediately shorter length of female nail. If the end of the bone corresponds to a notch, choose the shorter length **(Fig. 7)**.

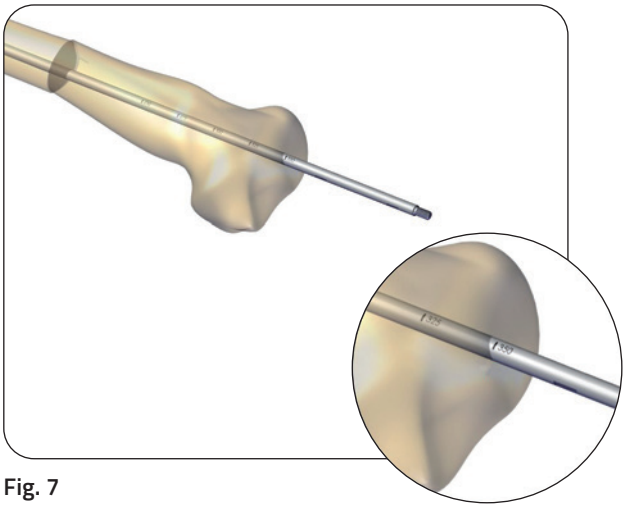


Fig. 7

OPTION 2:

When the drill bit reaches the distal end of the bone, remove the nail inserter or power drill and position the nail gauge over the nail with the tip in contact with the proximal end of the bone, to identify the correct length of the nail.

Select the appropriate scale, based on the nail diameter size, read the length corresponding to the notch in line with the end of the drill bit and select the immediately shorter length of female nail **(Fig. 8)**. If the end of the drill bit corresponds to a notch, choose the shorter length **(Fig. 9)**.

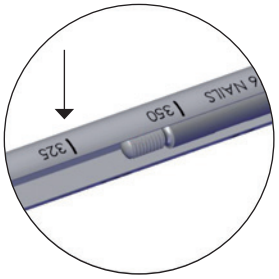


Fig. 8

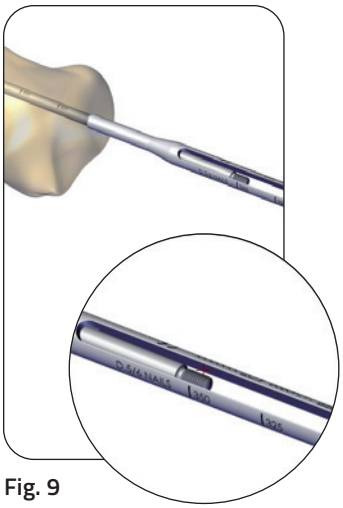


Fig. 9

Pull back the drill bit until the more distal osteotomy. Perform a small incision in the soft tissue, rotate the foot and the distal part of the tibia to allow the drill bit exit from the osteotomy **(Fig. 10)**.

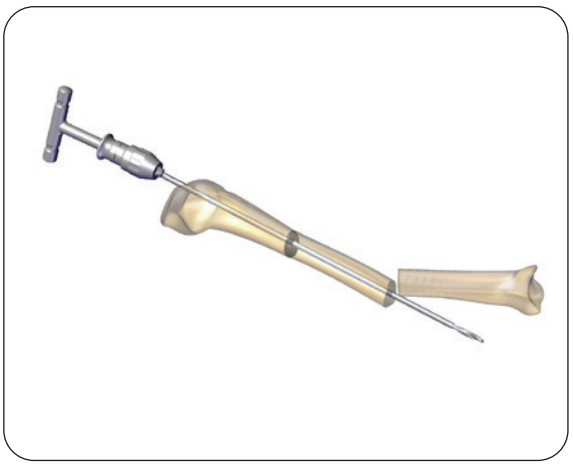


Fig. 10

Part#	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	

Connect the female nail to the drill bit (if needed with the help of the wrench) **(Fig. 11)**.

WARNING: When tightening the female nail to the drill bit use only one wrench. To avoid excessive tightening, use the wrench to hold the drill bit and the hand to hold the female nail.

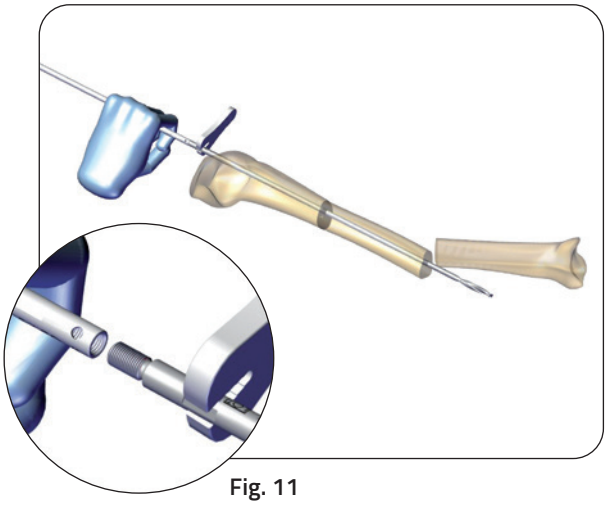


Fig. 11

Push the female nail distally, if needed with the help of a nail inserter, and allow the drill bit to exit from the bone **(Fig. 12)**.

WARNING: To avoid extra damage to the bone or damage to the nail-drill connection, do not use the mallet or other instruments to insert the female nail, but do it manually or with the nail inserter.

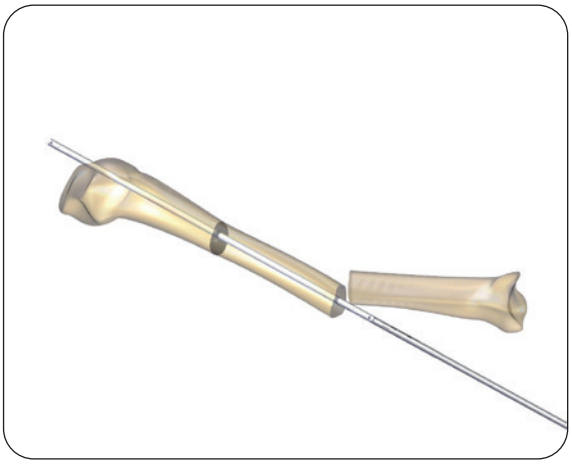


Fig. 12

Before disconnecting the drill bit from the female nail, verify that the female nail protrudes both proximally and distally **(Fig. 13)**.

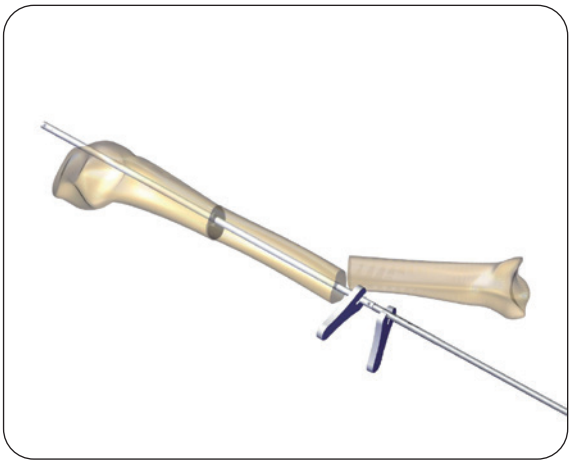


Fig. 13

Disconnect the drill bit from the female nail (if needed with the help of the wrenches) **(Fig. 14)**.

WARNING: Do not hold the drill bit at the cutting edge level to avoid any injury to the user.

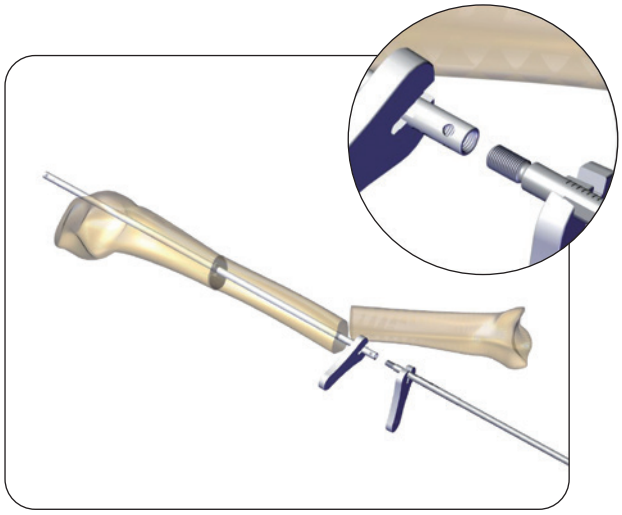


Fig. 14

Part#	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	

Connect the drill bit to the proximal female nail (if needed with the help of the wrench) **(Fig. 15)**.

WARNING: When tightening the female nail to the drill bit use only one wrench. To avoid excessive tightening, use the wrench to hold the drill bit and the hand to hold the female nail.

Use the drill bit to push the female nail distally, if needed with the help of a nail inserter, and rotate the nail until reaching the desired position: the holes in the distal part of the tube must be positioned between the growth plate and the ankle joint.

PRECAUTION: Check under image intensification that the nail is anchored to the bone beyond the growth plates, to avoid any failure in the lengthening of the system.

WARNING: To avoid extra damage to the bone or damage to the nail-drill connection, do not use the mallet or other instruments to insert the female nail, but do it manually or with the nail inserter.

WARNING: When positioning the female nail, turn the nail clockwise to avoid the disconnection of the female nail from the drill bit.

PRECAUTION: Verify the correct position of the nail holes under image intensification.

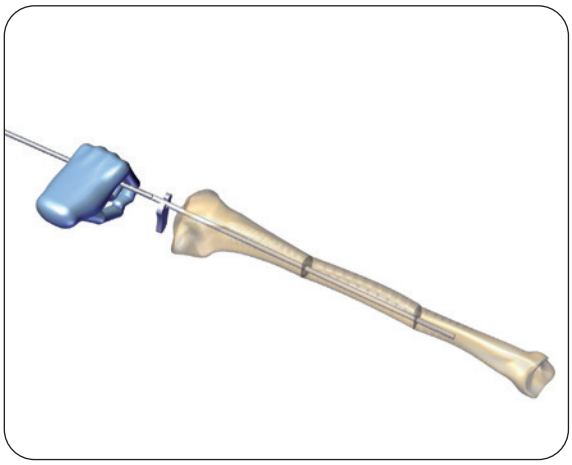


Fig. 15

Part#	Description	Picture
99-671002R	RODEO EPIPHYSEAL PIN SET NAIL D3.5MM STERILE	
99-671003R	RODEO EPIPHYSEAL PIN SET NAILS D4.0MM TO 6.0MM STERILE	
W1003	WIRE CUTTER	

OPTION 1 (FIXATION WITH EPIPHYSEAL PIN)

Under image intensification, insert manually (if needed with the help of the extractor) or with the power drill the epiphyseal pin in the holes from the medial side of the tibia, to lock the female nail distally **(Fig. 16 and 17)**. If needed, rotate the female nail from the drill bit, to help inserting the pin.

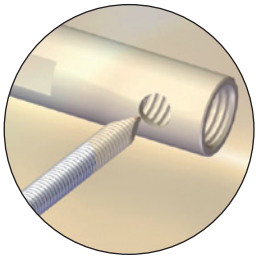


Fig. 16

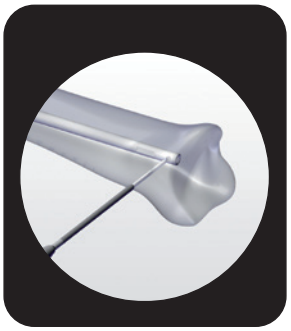


Fig. 17

The epiphyseal pin must reach the far cortex **(Fig. 18)**.

Cut the epiphyseal pin at the required length with the cutter (the wire cutter is an optional instrument available on demand).

PRECAUTION: Verify under image intensification that both portions of the epiphyseal pin in contact with the two cortices are threaded, to guarantee the anchorage to the bone.

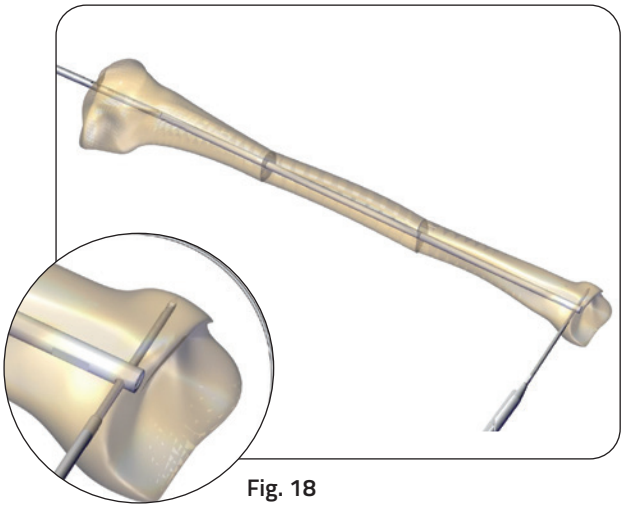


Fig. 18

OPTION 2 (FIXATION WITH K-WIRE)

Under image intensification, insert manually (if needed with the help of the extractor) or with the power drill the 1.5mm K-wire (the K-wire is an optional instrument available on demand) in the holes from the medial side of the tibia, to lock the female nail distally. If needed, rotate the female nail from the drill bit, to help inserting the K-wire.

Bend the K-Wire on both cortices to guarantee anchorage to the bone **(Fig. 19)**.

WARNING: Bending of the epiphyseal pin/K-wire during insertion must be avoided, since this may lead to breakage.

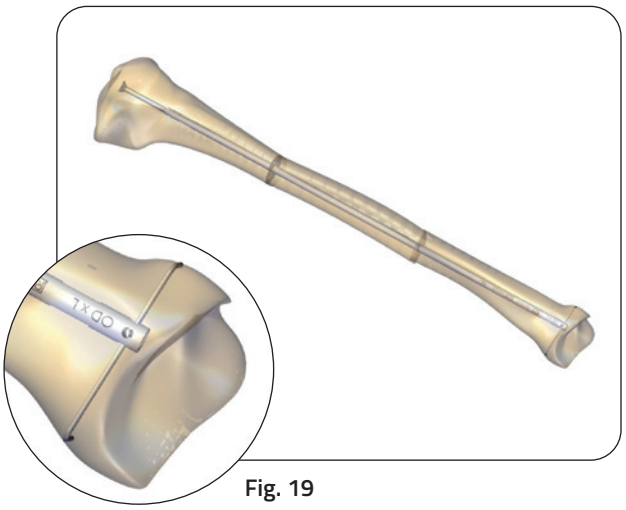


Fig. 19

Part#	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	

Disconnect the drill bit from the female nail (if needed with the help of the wrench) **(Fig. 20)**.

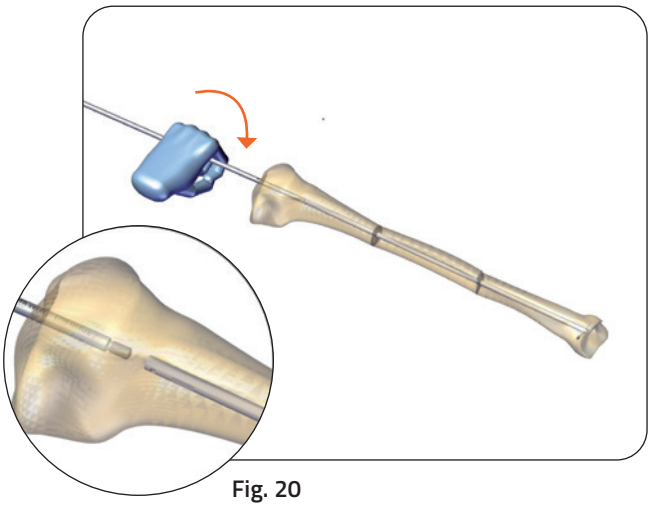


Fig. 20

Connect the male nail to the screwdriver by turning the light-blue part of the screwdriver clockwise **(Fig. 21)** and insert the male nail into the female nail **(Fig. 22)**.

Support the screwdriver weight once connected to the nail.

PRECAUTION: Attention must be paid in manipulating implants, in particular during insertion avoid the application of excessive lateral and axial load on the nail through the screwdriver bearing in mind that the weight of the screwdriver alone might cause an excessive load, and in avoiding overtightening, in particular when using small size implants.

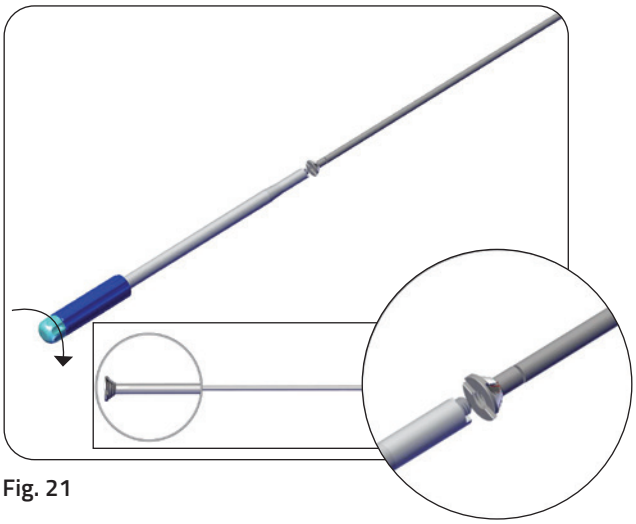


Fig. 21

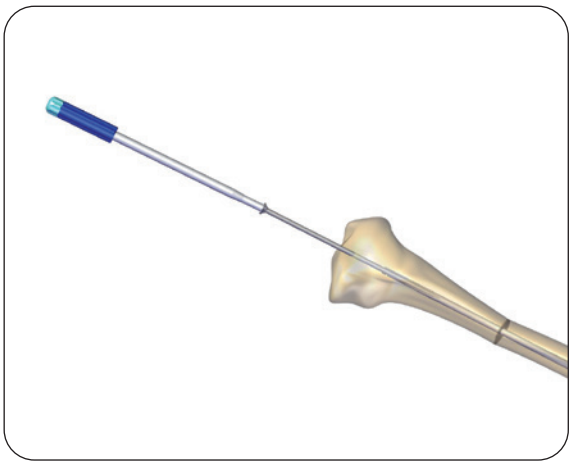


Fig. 22

Push the male nail into the female nail checking under imagine intensification the correct position, until its proximal part reaches the cortical bone. Tighten the external thread of the distal end of the male nail in the bone, to guarantee stability **(Fig. 23)**.

PRECAUTION: Check that the male nail extremity is completely inserted into the bone, to avoid failure of the device.

Remove the screwdriver from the male nail by turning the light-blue part of the screwdriver counterclockwise.

Use image intensification to ensure correct implant placement and to confirm the planned correction.

PRECAUTION: During and after insertion, ensure correct positioning of the implants under image intensification.

PRECAUTION: During treatment the patient must be checked regularly and monitored radiologically.

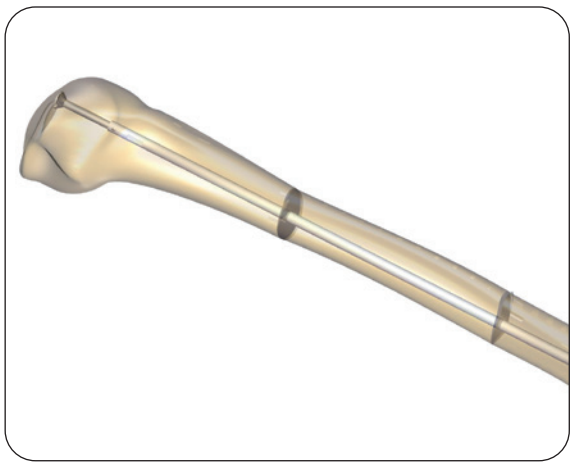


Fig. 23

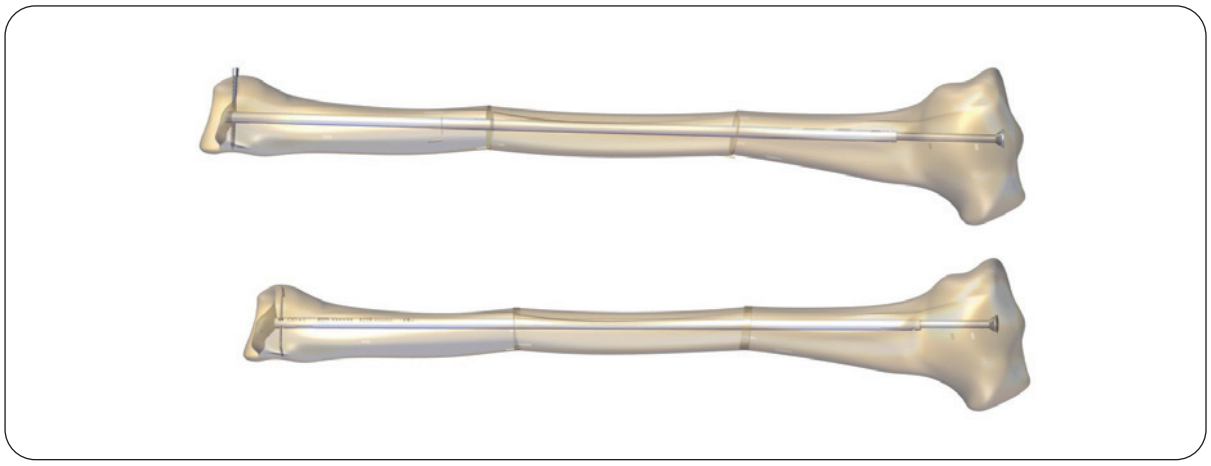


Fig. 24

Implant Removal

Part#	Description	Picture
99-16735300R	RODEO DRILL BIT D3.5MM STERILE	
99-16740350R	RODEO DRILL BIT D4.0MM STERILE	
99-16745400R	RODEO DRILL BIT D4.5MM STERILE	
99-16750450R	RODEO DRILL BIT D5.0MM STERILE	
99-16760450R	RODEO DRILL BIT D6.0MM STERILE	
99-16710000R	RODEO SCREWDRIVER STERILE	
99-671002R	RODEO EPIPHYSEAL PIN SET NAIL D3.5MM STERILE	 
99-671003R	RODEO EPIPHYSEAL PIN SET NAILS D4.0MM TO 6.0MM STERILE	

Perform a small incision just medial to the patellar tendon, retract the tendon laterally.

Remove any overgrown bone and engage the male nail by turning the light-blue part of the screwdriver clockwise **(Fig. 25a)**.

Remove the male nail with the screwdriver **(Fig. 25b)**.

Select the diameter of the drill bit based on the diameter of the female nail. If needed drill the proximal part of the bone, to allow the removal of the implant.

PRECAUTION: During extraction, verify under image intensification the progression of the drilling, to avoid damage to the threaded portion of the proximal female nail.

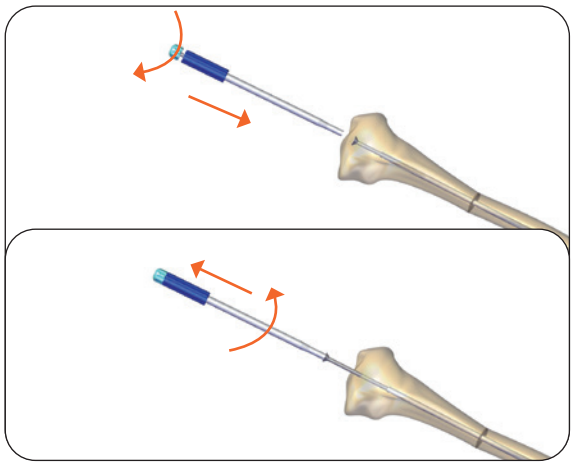


Fig. 25a (top) Fig. 25b (bottom)

Insert the threaded part of the drill bit into the bone and connect it to the female nail **(Fig. 26)**.

WARNING: During removal of the implant, do not extract the epiphyseal pin/K-wire before having connected the drill bit to the female nail to avoid a difficult connection.

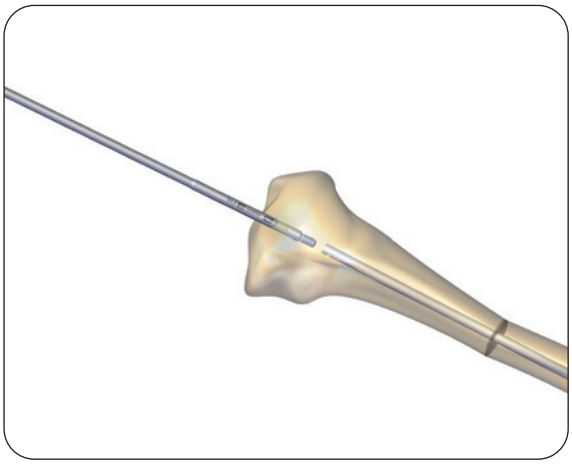


Fig. 26

OPTION 1 (REMOVAL OF EPIPHYSEAL PIN)

Use the extractor to remove the epiphyseal pin from the distal part of the tibia **(Fig. 27a)** and then pull out the female nail **(Fig. 27b)**.

If during extraction the exposed portion of the epiphyseal pin is threaded, use W1001 to grip both 1.6 and 2.2mm epiphyseal pins.

OPTION 2 (REMOVAL OF K-WIRE)

Remove the K-Wire from the distal part of the tibia and then pull out the female nail.

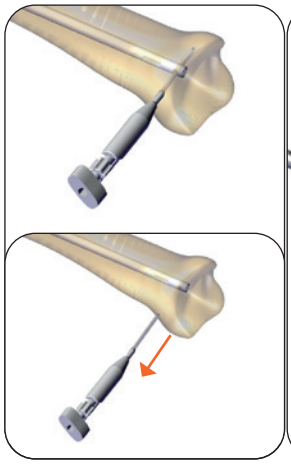


Fig. 27a

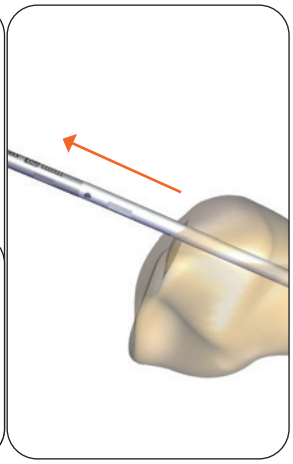


Fig. 27b

RODEO™Telescopic Nail	Picture
EXAMPLE OF TELESCOPIC NAIL PACK CONTENT	

Part#	RODEO™Telescopic Nail
99-67735100R	RODEO TELESCOPIC NAIL L100MM D3.5MM STERILE
99-67735120R	RODEO TELESCOPIC NAIL L120MM D3.5MM STERILE
99-67735130R	RODEO TELESCOPIC NAIL L130MM D3.5MM STERILE
99-67735140R	RODEO TELESCOPIC NAIL L140MM D3.5MM STERILE
99-67735150R	RODEO TELESCOPIC NAIL L150MM D3.5MM STERILE
99-67740130R	RODEO TELESCOPIC NAIL L130MM D4.0MM STERILE
99-67740155R	RODEO TELESCOPIC NAIL L155MM D4.0MM STERILE
99-67740180R	RODEO TELESCOPIC NAIL L180MM D4.0MM STERILE
99-67740205R	RODEO TELESCOPIC NAIL L205MM D4.0MM STERILE
99-67740230R	RODEO TELESCOPIC NAIL L230MM D4.0MM STERILE
99-67745160R	RODEO TELESCOPIC NAIL L160MM D4.5MM STERILE
99-67745175R	RODEO TELESCOPIC NAIL L175MM D4.5MM STERILE

Part#	RODEO™Telescopic Nail
99-67745190R	RODEO TELESCOPIC NAIL L190MM D4.5MM STERILE
99-67745205R	RODEO TELESCOPIC NAIL L205MM D4.5MM STERILE
99-67745230R	RODEO TELESCOPIC NAIL L230MM D4.5MM STERILE
99-67750250R	RODEO TELESCOPIC NAIL L250MM D5.0MM STERILE
99-67750275R	RODEO TELESCOPIC NAIL L275MM D5.0MM STERILE
99-67750300R	RODEO TELESCOPIC NAIL L300MM D5.0MM STERILE
99-67750325R	RODEO TELESCOPIC NAIL L325MM D5.0MM STERILE
99-67750350R	RODEO TELESCOPIC NAIL L350MM D5.0MM STERILE
99-67760250R	RODEO TELESCOPIC NAIL L250MM D6.0MM STERILE
99-67760275R	RODEO TELESCOPIC NAIL L275MM D6.0MM STERILE
99-67760300R	RODEO TELESCOPIC NAIL L300MM D6.0MM STERILE
99-67760325R	RODEO TELESCOPIC NAIL L325MM D6.0MM STERILE
99-67760350R	RODEO TELESCOPIC NAIL L350MM D6.0MM STERILE

Part#	Description	Picture
001-A-1502P	SS GUIDE WIRE 1.5MM, 4.0/5.5MM BITE COMPRESSION SCREW (KIT OF 2)*	

*Optional instrument

RODEO™ Telescopic Nail Instrument	Picture
EXAMPLE OF TELESCOPIC NAIL DRILL BIT	

Part#	Description
99-16735300R	RODEO DRILL BIT D3.5MM STERILE
99-16740350R	RODEO DRILL BIT D4.0MM STERILE
99-16745400R	RODEO DRILL BIT D4.5MM STERILE
99-16750450R	RODEO DRILL BIT D5.0MM STERILE
99-16760450R	RODEO DRILL BIT D6.0MM STERILE

Part#	Description	Picture
99-671001R	RODEO INSTRUMENT SET STERILE	
99-16710000R	RODEO SCREWDRIVER STERILE	
99-16730000R	RODEO NAILS GAUGE D3.5 AND 4.0MM STERILE	
99-16740000R	RODEO NAILS GAUGE D4.5 TO 6.0MM STERILE	
166260	BONE AWL*	
166955	NAIL INSERTER*	
W1003	WIRE CUTTER*	

*Optional instruments

Part#	Description	Picture
99-671002R	RODEO EPIPHYSEAL PIN SET NAIL D3.5MM STERILE	
99-671003R	RODEO EPIPHYSEAL PIN SET NAILS D4.0MM TO 6.0MM STERILE	

Please refer to the "Instructions for Use" supplied with the product for specific information on indications for use, contraindications, warnings, precautions, possible adverse events, MRI (Magnetic Resonance Imaging) safety information and sterilization.

Electronic Instructions for use available at the website http://ifu.orthofix.it

Electronic Instructions for use - Minimum requirements for consultation:
- Internet connection (56 Kbit/s)
- Device capable to visualize PDF (ISO/IEC 32000-1) files
- Disk space: 50 Mbytes

Free paper copy can be requested from customer service (delivery within 7 days):
tel: +39 045 6719301, fax: +39 045 6719370
e-mail: customerservice@orthofix.it

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician. Proper surgical procedure is the responsibility of the medical professional. Operative techniques are furnished as an informative guideline. Each surgeon must evaluate the appropriateness of a technique based on his or her personal medical credentials and experience.

Manufactured by:
ORTHOFIX Srl
Via Delle Nazioni 9, 37012 Bussolengo
(Verona), Italy
Tel: +39 045 6719000
Fax: +39 045 6719380
www.orthofix.com

Rx Only

CE 0123

Distributed by:

orthofix.com

TN-2302-OPT-E0 A 01/24 (0433199, 0433457, 0433466)

ORTHOFIX® ORTHOPEDICS