D.O.S. System

shoulder osteosynthesis device



Technical notes

The Gexfix external fixator is designed for treatment of diaphyseal and epiphyseal fractures. Its versatility makes osteotomy fast and efficient.

Components are completely compatible between the various models (small, large or hybrid).

- Pins can be inserted independently in any plane. They are then connected with carbon tubes to form the fixation frame.
- Pin cluster clamps holding 2 or 3 parallel pins provide a simple frame in one plane.
- Three-plane fracture reduction and intraoperative or post-operative correction of fracture alignment is possible.

Technical features

- MRI compatible.
- Titanium and surgical steel.
- Carbon fibre.
- Reduces post-op pain.
- Swiss made.
- Made of high performance composite material providing.
- The high-performance composite materials are radiolucent (transparent to X-rays), allowing better visualisation of the fracture.
- Maximum stability.
- Significantly reduced weight compared with other external fixation frames.
- High strength components result in frame configurations that are more compact than those of other systems.
- Short learning curve for the surgeon.
- Versality limited only by the anatomy.
- Configuration possibilities are limited only by the anatomy.
- Sterilisation boxed sets contain assorted components for construction of a virtually unlimited variety of frame configurations.
- Can be used for definitive or temporary fixation.

I. Presentation

Indications

The D.O.S. System was created in response to the need for a new minimally invasive reduction and osteosynthesis device for the treatment of fractures of the upper limbs (shoulder, humerus and elbow).

REF: 1030-1000

DOS Kit composition



Component list

	REF	Designation
	REF 1020-1032	K-wire 2.5x300
	REF 2015-1025	Self-drilling pin 4x145
	REF 1010-1046	9/9 connection
Real Provide American State	REF 1010-1053	9/4 reduction sleeve
255	REF 1010-1055	9/2.5 reduction sleeve
	REF 1030-1000	DOS
	REF 1010-1064 & REF 1010-1065	Carbon bar 110 mm & 150 mm
	REF 5015-1020	Universal Key

To properly use DOS, you have to respect the following surgical technique.

II. Surgical Technique

Step1: K-wire implantation (manually with wire holder)

Implant the 2 or three K-wires according conical disposition.



K-wires must be introduced through fragments. According hyper static pyramidal disposition. This will insure anti-slip construction.









Step 2: DOS assembling

Pre assembly DOS and definite which angle you will use.





Step 3: lateral pins implanting

Implant first lateral pin.









Use DOS to determinate position of second pin.



Step 4: Fixator positioning



Bend K-wires according aproximatly similar angle regarding front direction.







Adjust T rod and place connexions on wires.



Assembly connexion over or under K-wires according fracture and wires position.



Use universal key to lock your assembly.

Step 5: Checking

Inproove stability by mooving arm and pulling wires.







Adjust correct pressure, compressing or distracting by turning compression nut.

Step 6: End of intervention

Cut wires 1 or 2 millimeter over reduction sleeve.



Use your classical aseptic protocol.





Double DOS patient.



Two wires DOS.



Three wires DOS simple rod.







Typical implantation with 2 or 3 wires.

Notes:





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